

Lancaster City Council

Application for a premises licence to be granted

under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

We

(Insert name(s) of applicant)

LNL FOOD LIMITED

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description			
19 DALTON SQUARE LANCASTER LA1 1PL			
Post town	LANCASTER	Postcode	LA1 1PL

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£12000

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | |
|--|---|
| a) an individual or individuals * | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i. as a limited company | <input checked="" type="checkbox"/> please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> please complete section (B) |

- iii as an unincorporated association or ☐ please complete section (B)
- iv. other (for example a statutory corporation) ☐ please complete section (B)
- c) a recognised club ☐ please complete section (B)
- d) a charity ☐ please complete section (B)
- e) the proprietor of an educational establishment ☐ please complete section (B)
- f) a health service body ☐ please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England ☐ please complete section (B)
- h) the chief officer of police of a police force in England and Wales ☐ please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☒

I am making the application pursuant to a

statutory function or ☒

a function discharged by virtue of Her Majesty's prerogative ☒

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

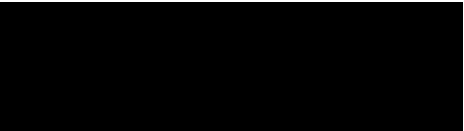
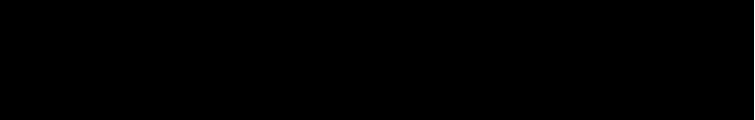
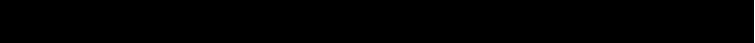
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other Title (for example, Rev) <input type="checkbox"/>			
Surname		First names	
I am 18 years old or over		<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address			
Post town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>		Mrs <input type="checkbox"/>		Miss <input type="checkbox"/>		Ms <input type="checkbox"/>		Other Title (for example, Rev) <input type="checkbox"/>	
Surname					First names				
I am 18 years old or over <input type="checkbox"/> Please tick yes									
Current postal address if different from premises address									
Post town						Postcode			
Daytime contact telephone number									
E-mail address (optional)									

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name		LNL FOOD LIMITED	
Address		 / TRADING ADDRESS 19 DALTON SQUARE LAL1 1PL	
Registered number (where applicable)			
Company Number: 16125890			
Description of applicant (for example, partnership, company, unincorporated association etc.)			
Limited Company			
Telephone number (if any)			
E-mail address (optional)		T. 	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
~~10~~ 08 20 25

22

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD MM YYYY
 [] [] [] [] [] [] [] []

NO

NO -

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

N/A

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

- a) plays (if ticking yes, fill in box A) ☐
- b) films (if ticking yes, fill in box B) ☐
- c) indoor sporting events (if ticking yes, fill in box C) ☐
- d) boxing or wrestling entertainment (if ticking yes, fill in box D) ☐
- e) live music (if ticking yes, fill in box E) ☒
- f) recorded music (if ticking yes, fill in box F) ☒
- g) performances of dance (if ticking yes, fill in box G) ☐
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) ☐

Provision of late night refreshment (if ticking yes, fill in box I)

☐

Supply of alcohol (if ticking yes, fill in box J)

☒

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day Start Finish					Both <input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
Tue				
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)	
Thur				
Fri				
Sat			Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sun				

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>	
				Outdoors	<input type="checkbox"/>	
Day	Start	Finish	Both			
Mon	10:00	23:00	Please give further details here (please read guidance note 3) The music will be amplified for kitchen and dining Area use.			
Tue	10:00	23:00				
Wed	10:00	23:00	State any seasonal variations for the playing of recorded music (please read guidance note 4) None			
Thur	10:00	23:00				
Fri	10:00	23:00	Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5) Christmas Eve, Christmas N/A			
Sat	10:00	23:00				
Sun	10:00	23:00				

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

H

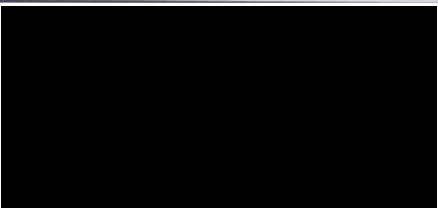
Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri					
Sat			Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sun					

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri					
Sat			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 5)		
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	12:00	22:30	State any seasonal variations for the supply of alcohol (please read guidance note 4) N/A Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5) N/A		
Tue	12:00	22:30			
Wed	12:00	22:30			
Thur	12:00	22:30			
Fri	12:00	22:30			
Sat	12:00	22:30			
Sun	12:00	22:30			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

Name		
Address	Trade address 1a Dalton Square LA11PL	
Postcode	LA11XF / LA11PL	
Personal licence number (if known)	PA4908	
Issuing licensing authority (if known)	Wakefield Council	

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8).

L

Hours premises are open to the public
Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	10:00	23:00
Tue	10:00	23:00
Wed	10:00	23:00
Thur	10:00	23:00
Fri	10:00	23:00
Sat	10:00	23:00
Sun	10:00	23:00

State any seasonal variations (please read guidance note 4)

N/A

Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)
Not applicable

N/A

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)

Only selling Alcohol in the Dining Area and within the operation time
Make sure all the staff are following the rules and guidelines.
Always take Challenge 25 to customers.
Making sure CCTV and fire safety equipments are in function at all time.

b) The prevention of crime and disorder

Install and maintain high-quality CCTV systems inside and outside the premises, covering entry/exit points and key areas. Footage will be stored for at least 31 days and made available to the police upon request.

Train all staff in crime prevention, conflict resolution, and how to identify and handle potentially criminal or antisocial behavior.

Adopt a zero-tolerance policy toward drugs and weapons, with clear signage and regular checks of toilet areas and secluded spaces.

Employ licensed security staff (SIA-registered door supervisors) at peak times to maintain order and conduct ID checks.

Collaborate closely with local police and community safety initiatives to address local concerns and trends.

c) Public safety

Ensure that the premises comply with all health and safety regulations, including regular fire risk assessments, clear emergency exits, and visible signage.

Maintain safe capacity limits and manage crowd control effectively to avoid overcrowding.

Conduct regular safety checks of electrical systems, lighting, and emergency equipment such as fire extinguishers and first aid kits.

Train staff in first aid, evacuation procedures, and the use of fire safety equipment.

Provide sufficient lighting inside and outside the premises, including entryways and paths, to ensure safety.

d) The prevention of public nuisance

Implement noise control measures such as soundproofing, limiting the volume of music, and keeping doors/windows closed when amplified music is playing.

Display prominent signs asking patrons to leave the premises quietly and respect local residents.

Manage the dispersal of customers at closing time by using staggered exits and offering information on local transport.

Ensure proper waste management, including regular litter picking outside the venue and timely disposal of rubbish.

Monitor and limit the use of outdoor areas during late hours to prevent disturbance to nearby properties.

e) The protection of children from harm

Operate a **Challenge 25** policy to prevent the sale of alcohol to anyone underage, and train staff in age verification procedures.

Use only approved forms of ID (passport, photocard driving licence, or PASS-accredited cards).

Restrict children's access to areas where alcohol is being consumed unless they are accompanied by an adult and it is appropriate.

Avoid hosting or promoting events that may encourage underage drinking or inappropriate behavior.

Display clear signage regarding age restrictions and ensure age-appropriate content in any entertainment offered.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee. ☐
- I have enclosed the plan of the premises. ☐
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☐
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. ☐
- I understand that I must now advertise my application. ☐
- I understand that if I do not comply with the above requirements my application will be rejected. ☐

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED

I confirm that I am entitled to work in the UK and I am not subject to conditions preventing me from doing work relating to a licensable activity. I enclose a copy of my proof of entitlement to work.

I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK

Part 4 – Signatures (please read guidance note 10)

Please tick to indicate agreement

- I have made or enclosed payment of the fee. ☒
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. ☒
- I understand that I must now advertise my application. ☒
- I understand that if I do not comply with the above requirements my application will be rejected. ☒

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Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 11). If signing on behalf of the applicant, please state in what capacity.

Signature	<i>Ping Lee</i>
Date	10/07/2025
Capacity	

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Signature	
-----------	--

Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
<div style="background-color: black; width: 100%; height: 40px;"></div>			
Post town	<div style="background-color: black; width: 100%; height: 20px;"></div>	Postcode	<div style="background-color: black; width: 100%; height: 20px;"></div>
Telephone number (if	<div style="background-color: black; width: 100%; height: 20px;"></div>		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
<div style="background-color: black; width: 100%; height: 20px;"></div>			

Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

www.wakefield.gov.uk



Communities, Environment and Climate Change

**Service Director
Regulatory Services**

Gary Blenkinsop

Licensing
Wakefield One
PO Box 700
Burton Street
Wakefield
WF1 2EB

Telephone - 01924 302932

E-mail - licensingoffice@wakefield.gov.uk

Typetalk calls welcome

Dear Sir or Madam:

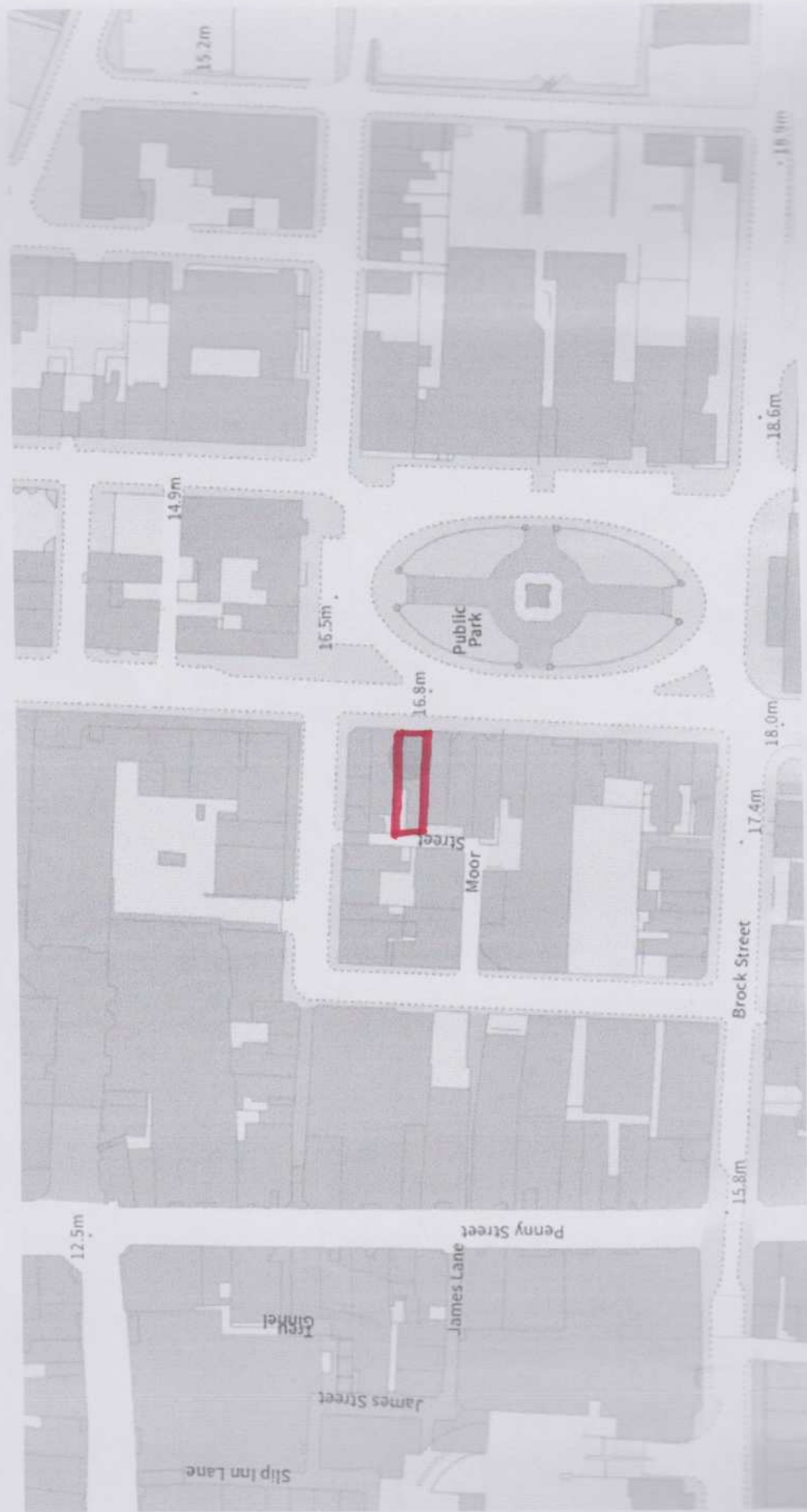
Licensing Act 2003 Personal Licence - Supply of Alcohol

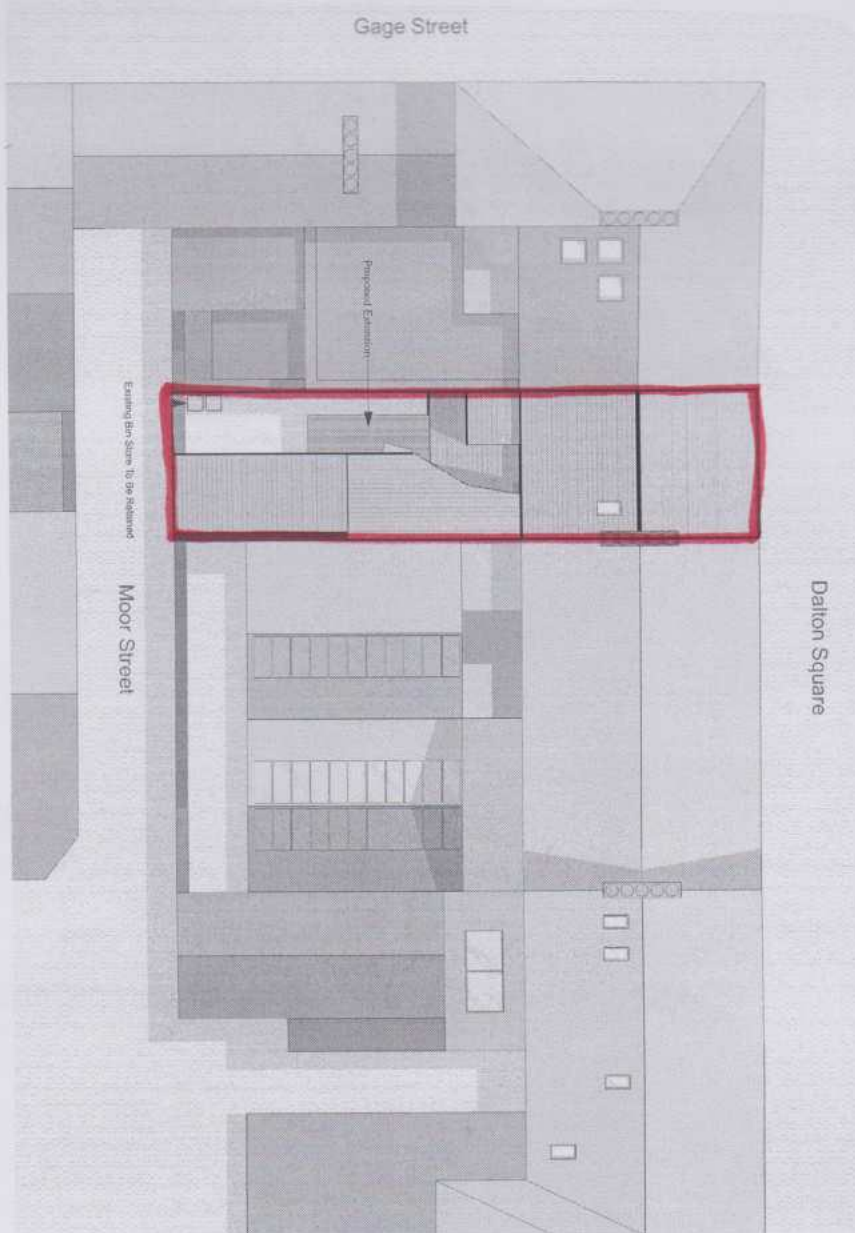
Please find enclosed the following personal licence and photocard together with guidance for personal licence holders.;

If you have any queries please contact licensing on (01924) 302932.

Yours faithfully

**Joanne
Assistant Licensing Officer**





Scale 1:200 in meters

0m 2 4 6 8 10m



A - Updated to show amended corridor roof and existing outriggers rooftop pd 12.05.25

Rev. Initial Date Issue

PLANNING

project 19 Dalton Square

Roof Plan

drawing file: As (proposed)

Drawings are subject to change without notice. The client is responsible for ensuring that the drawings are used in accordance with the terms of the contract. The client is also responsible for ensuring that the drawings are used in accordance with the terms of the contract.

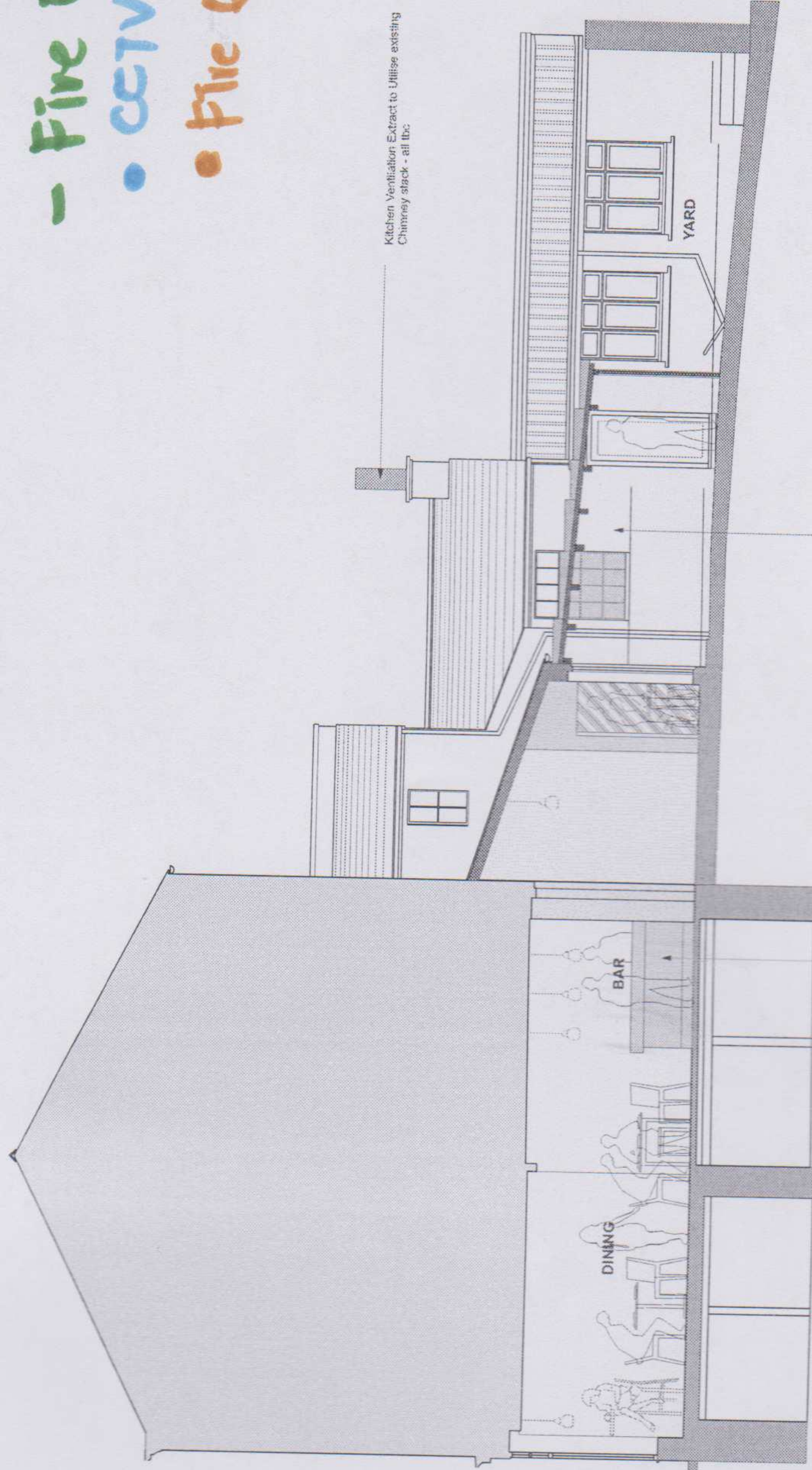
- Dining Area

- Fire Exit

• CCTV Point(s)

• Fire Extinguisher

fire blanket

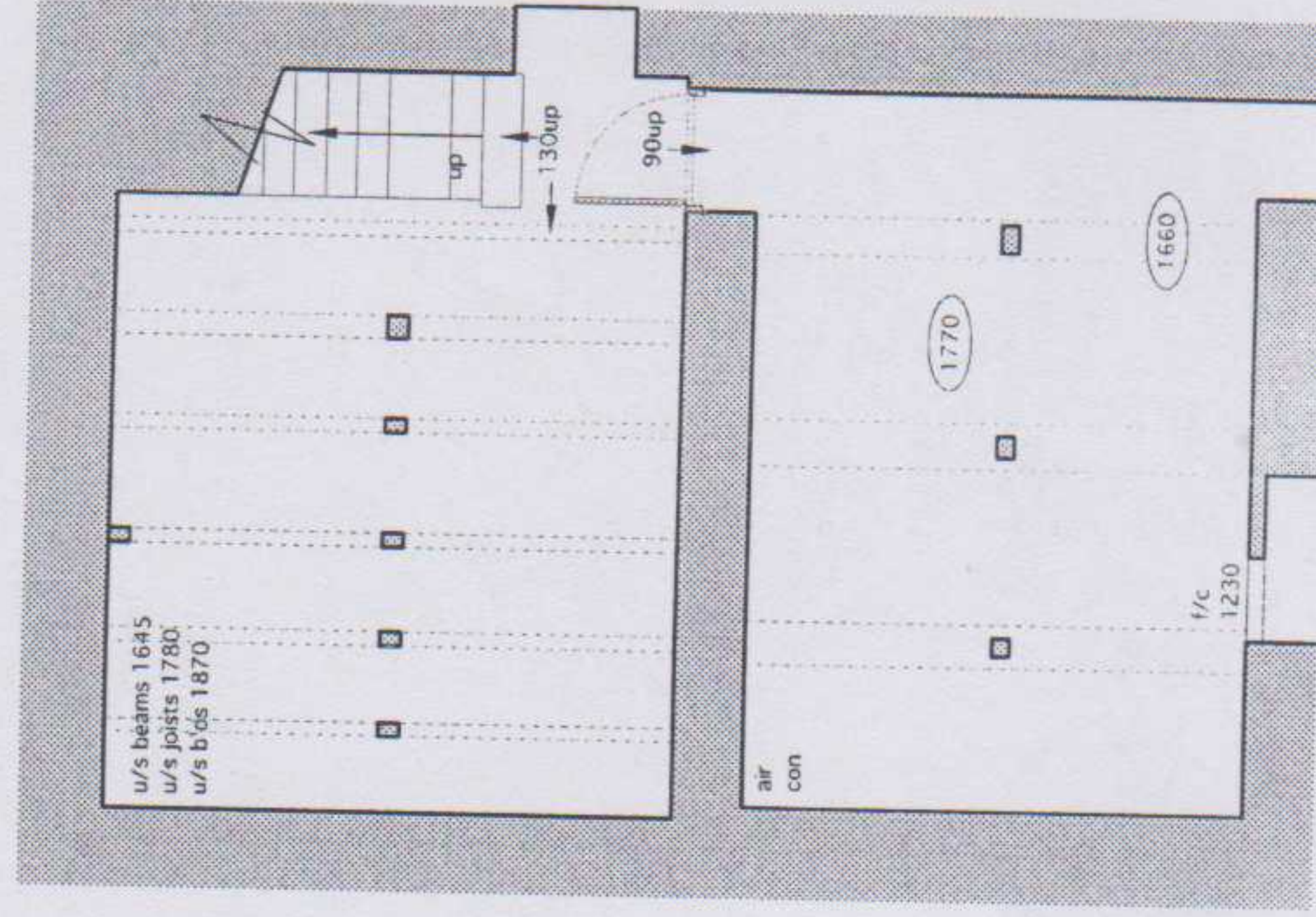


2 NORTH ELEVATION & SECTION
1:50

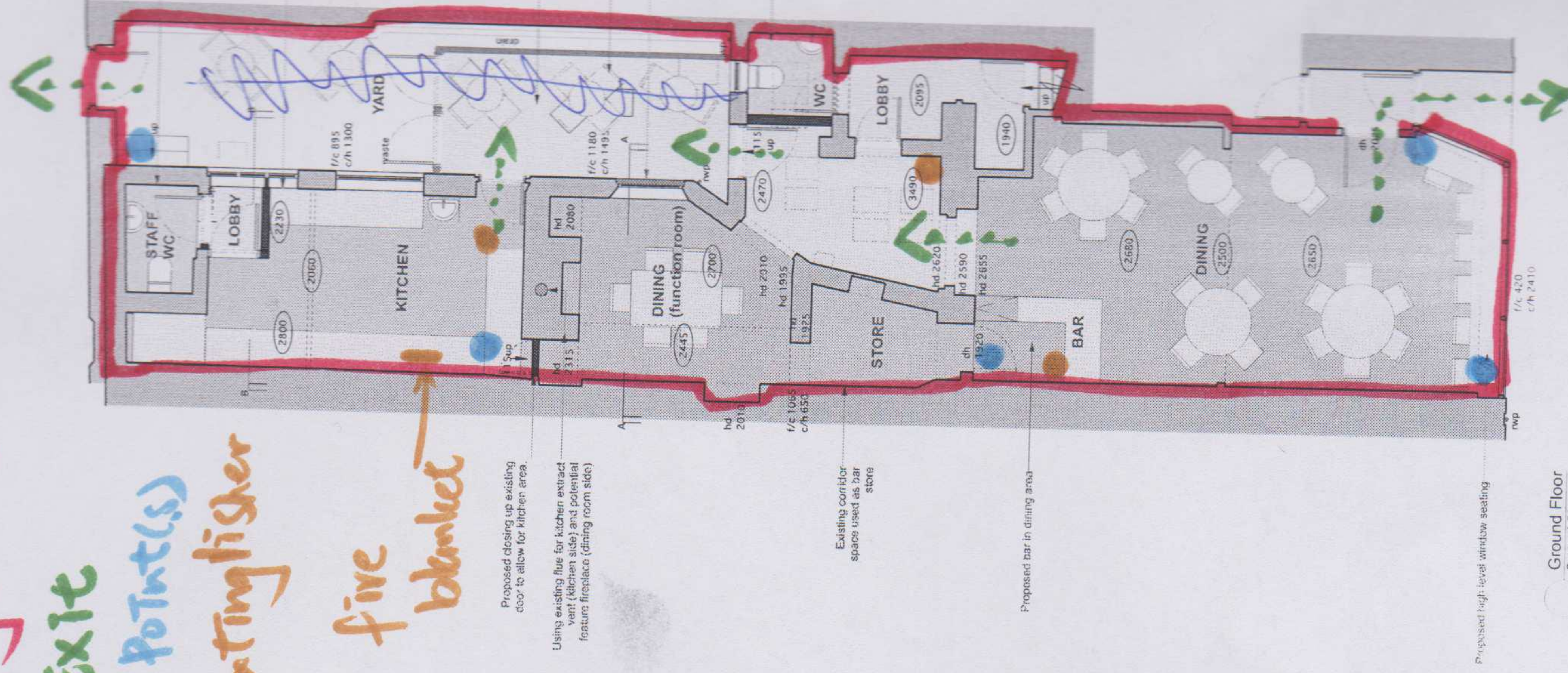
Proposed extension - covered out door space allowing secure access between kitchen and front of house

Proposed bar in dining area

Kitchen Ventilation Extract to Utilise existing Chimney stack - all fire



Basement Level
Scale: 1:50



Ground Floor
Scale: 1:50

Existing WC retained to form Staff WC

Lobby created from off the kitchen to access the WC and dry store.

Proposed extension - covered out door space allowing secure access between kitchen and front of house

Existing main table location to be adjusted to allow for new wall (block up window at low level)

Proposed public WC formed by new internal wall and by opening the cut of the existing window to form an internal door.



Revision:
B - Addition of section and revised covered yard area 03/25

Revision:
A - Revised kitchen layout - remove dry store and reduce size of WC Lobby. 03/25

Rev. Date: 03/25

WORK IN PROGRESS

19 Dalton Square

Arch: [Redacted]

Rev: 03/25

19 Dalton Square
Arch: [Redacted]
Rev: 03/25