



Darlington Borough Council
 LICENSING TOWN HALL, FEETHAMS,
 DARLINGTON DL15QT

Tel: 01325 405888 - Email: licensing@darlington.gov.uk
 Website Address:- <http://www.darlington.gov.uk>

**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.

~~I/We~~ HADES 24 LIMITED
(insert name(s) of applicant)

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			
28, DUKE STREET			
Post town	DARLINGTON	Postcode	DL3 7AQ
Telephone number at premises (if any)	N/A.		
Non-domestic rateable value of premises	£ 4931.90		

Part 2 - Applicant details

- Please state whether you are applying for a premises licence as
- Please tick as appropriate
please complete section (A)
- a) an individual or individuals *
- b) a person other than an individual *
- i as a limited company/limited liability partnership please complete section (B)
- ii as a partnership (other than limited liability) 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 (by ticking yes to one box below):

- 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)	
Surname			First names		
Date of birth		I am 18 years old or over		<input type="checkbox"/>	Please tick yes
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 2 for information)					

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)	
Surname			First names		
Date of birth		I am 18 years old or over		<input type="checkbox"/> Please tick yes	
Nationality					
Current postal address if different from premises address					
Post town		Postcode			
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 2 for information)					

(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	HADES 24 LIMITED
Address	1 HAREWOOD GROVE DARLINGTON DL3 7HU
Registered number (where applicable)	15996456
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	N/A
E-mail address (optional)	david.bbf@hotmail.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
01 11 2024

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

N/A DD MM YYYY

0781 2589012

Please give a general description of the premises (please read guidance note 1)

A LICENSED RESTAURANT SITUATED ON TWO FLOORS WITH BAR FACILITIES ON BOTH FLOORS

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 and Schedules 1 and 2 to the Licensing Act 2003)

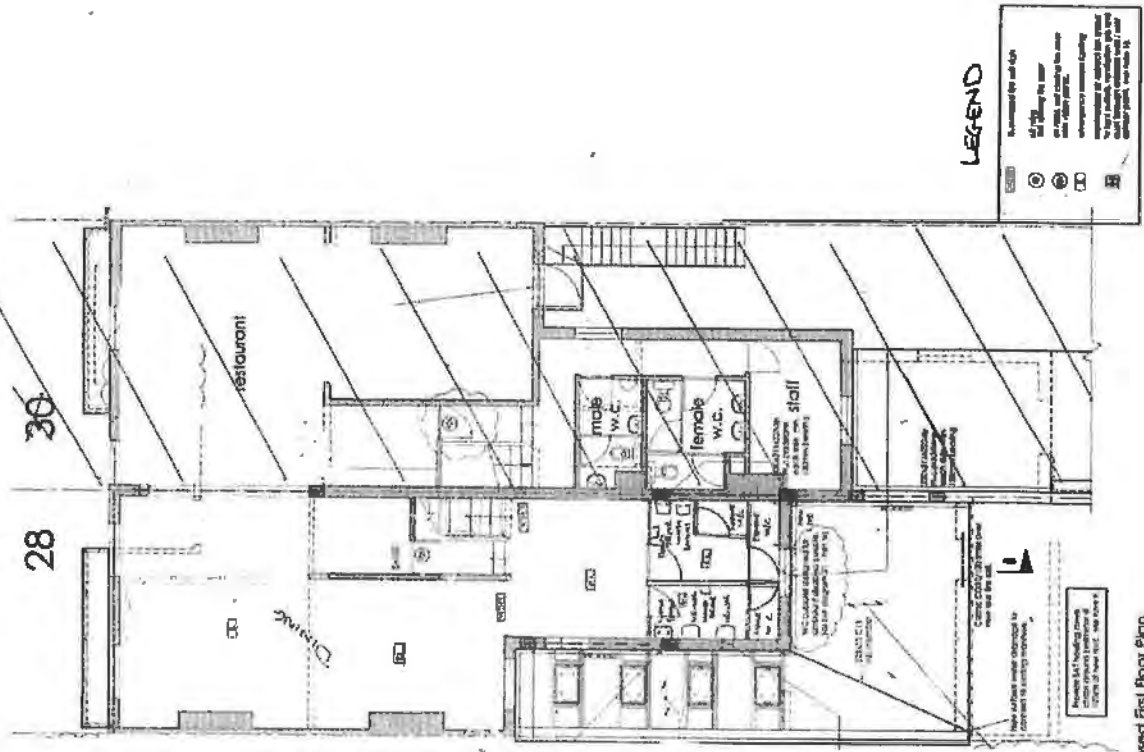
Provision of regulated entertainment (please read guidance note 2)

Please tick all 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)
anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H)
- 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

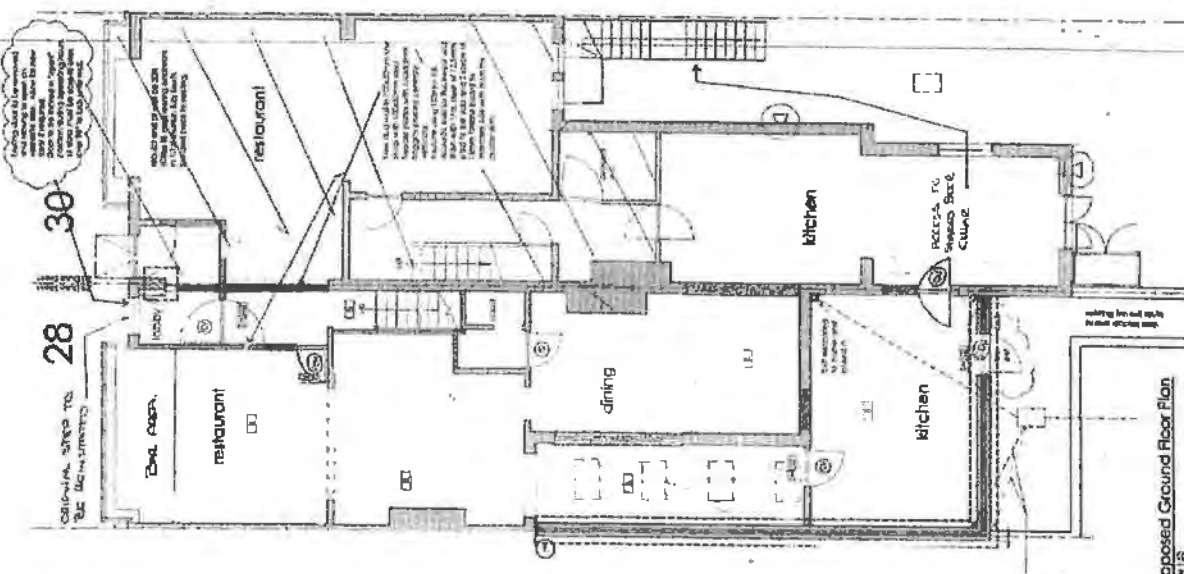
HADES 24 T/A SOL TAPAS LTD
LIMITED



Proposed First Floor Plan
Scale 1:25



200M ST LOOI
28 DUNE STREET



Proposed Ground Floor Plan
Scale 1:25

5A

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
Thur					
Fri			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 (please read guidance note 6)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
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 6)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed			
Thur			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 (please read guidance note 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)			
Mon						
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)			
Wed						
Thur			<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 6)			
Fri						
Sat						
Sun						

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place Indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	12:00	00:00	Please give further details here (please read guidance note 4) AMPLIFIED LIVE MUSIC POTENTIAL PERFORMED ON EITHER FLOOR OF THE PREMISES		
Tue	12:00	00:00			
Wed	12:00	00:00	State any seasonal variations for the performance of live music (please read guidance note 5) NONE		
Thur	12:00	00:00			
Fri	12:00	00:00	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 6) NONE		
Sat	12:00	00:00			
Sun	12:00	00:00			

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>Indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	8.00	00.00 3.00	Please give further details here (please read guidance note 4) AMPLIFIED RECORDED MUSIC PLAYED ON BOTH FLOORS OF THE PREMISES	Both	<input type="checkbox"/>
Tue	8.00	00.00 3.00			
Wed	8.00	00.00 3.00		State any seasonal variations for the playing of recorded music (please read guidance note 5) NONE	
Thur	8.00	00.00 3.00			
Fri	8.00	00.00 3.00		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 6)	
Sat	8.00	00.00 3.00		NONE	
Sun	8.00	00.00 3.00			

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
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 6)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			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 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
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 6)		
Sun					

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	23:00	2:00	Please give further details here (please read guidance note 4) THE SUPPLY OF HOT AND COLD FOOD AS WELL AS ALCOHOL ON BOTH FLOORS OF THE PREMISES	Both	<input type="checkbox"/>
Tue	23:00	2:00			
Wed	23:00	2:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur	23:00	2:00			
Fri	23:00	2:00	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 6)		
Sat	23:00	2:00			
Sun	23:00	2:00			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	8.00	3.00	State any seasonal variations for the supply of alcohol (please read guidance note 5) THE SUPPLY OF ALCOHOL ON SITE ON BOTH FLOORS UNTIL 200AM AND THE SUPPLY OF DELIVERED ALCOHOL UNTIL 10.00PM (ACTUAL DELIVERY TO POINT OF SALE)		
Tue	8.00	3.00			
Wed	8.00	3.00			
Thur	8.00	3.00			
Fri	8.00	3.00			
Sat	8.00	3.00			
Sun	8.00	3.00			
			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 6)		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	DAVID STORER
Date of birth	07/01/1965
Address	1A HAREWOOD GROVE DARLINGTON
Postcode	DL3 7HY
Personal licence number (if known)	SBC 111 935
Issuing licensing authority (if known)	STOCKTON-ON-TEES

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 9).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	8.00	9.00 3.30	NONE
Tue	8.00	9.00 3.30	
Wed	8.00	9.00 3.30	
Thur	8.00	9.00 3.30	
Fri	8.00	9.00 3.30	
Sat	8.00	9.00 3.30	
Sun	8.00	9.00 3.30	

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 10)

ALL STAFF, INCLUDING DELIVERY DRIVERS TO BE FULLY AWARE OF LICENSING LAWS AND SAFETY PROCEDURES.

b) The prevention of crime and disorder

FULL CCTV COVERAGE OF PREMISES RETAINED FOR 30 DAYS AND CHALLENGE 25 PUT IN PLACE

c) Public safety

FULL CCTV COVERAGE OF PREMISES AND AGE / EXCESSIVE CONSUMPTION GUIDE LINES ADHERED TO.

d) The prevention of public nuisance

ALL ALCOHOL PURCHASED ON SITE TO BE CONSUMED ON SITE AND AMPLIFIED MUSIC TO BE AT A CONTROLLED LEVEL

e) The protection of children from harm

CHALLENGE 25 TO BE PUT IN PLACE AND ANY MINORS DINING TO BE ACCOMPANIED BY AT LEAST ONE ADULT.

NO UNACCOMPANIED CUSTOMERS TO BE ALLOWED ON SITE.

ALL OFF SITE SUPPLY OF ALCOHOL TO BE PRE-PAID BEFORE DELIVERY AND PROOF OF AGE TO BE SUPPLIED ON DELIVERY.

January 2019

**Checklist:
agreement**

Please tick to indicate

- 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.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

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.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12).
If signing on behalf of the applicant, please state in what capacity.

Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] 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 (please read guidance note 15). • The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15).
Signature	H. Summersall
Date	23/10/24
Capacity	DIRECTOR

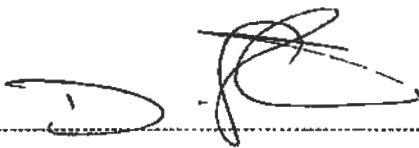
information and/or documentation applicants will need in order to access the service. Applicants who are unable to obtain a share code from the service should submit copy documents as set out above.

Consent of individual to being specified as premises supervisor

I DAVID WILLIAM STORER
[full name of prospective premises supervisor]

of 1A MAREWOOD GROVE
[home address of prospective premises supervisor]
DARLINGTON DL3 7HU

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for



[type of application] PREMISES LICENCE

by HADES 24 LIMITED
[name of applicant]

relating to a premises licence (EXPIRED) DL11/01752/PREMIS
[number of existing licence, if any]

for 28 DUKE STREET
[name and address of premises to which the application relates]
DARLINGTON
DL3 7AQ

and any premises licence to be granted or varied in respect of this application made by

[name of applicant]

MADES 24 LIMITED

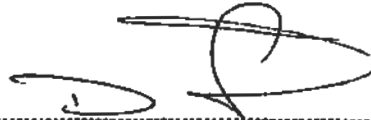
concerning the supply of alcohol at

[name and address of premises to which application relates]

28, DUKE STREET DARLINGTON
DL3 7HU

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or

currently hold a personal licence, details of which I set out below.

 (D. STORER)

Personal licence number

[insert personal licence number, if any]

SBC 111935

Personal licence issuing authority

[insert name and address and telephone number of personal licence issuing authority, if any]

STOCKTON-ON-TEES

Signed



Name (please print)

DAVID WILLIAM STORER

Date

20/10/2024