

**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 Linthorpe Evolution 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 <b>Skins &amp; Needles 170 – 172 Linthorpe Road Middlesbrough</b>			
<b>Post town</b>	Middlesbrough	<b>Postcode</b>	TS1 3RB

Telephone number at premises (if any)	<b>01642 913632</b>
Non-domestic rateable value of premises	<b>£31,250</b>

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
- i. as a limited company  please complete section (B)
- ii. as a partnership  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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		<b>Home Address</b>			
Post town			Postcode		
<b>Daytime contact telephone number</b>			Mob:		
<b>E-mail address (optional)</b>					

**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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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 Linthorpe Evolution LTD
Address 170-172 Linthorpe Road Middlesbrough TS1 3RB
Registered number (where applicable) 10744889
Description of applicant (for example, partnership, company, unincorporated association etc.)  Company
Telephone number (if any)
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

As a business we supply our clients with tattoos and piercing, as well as a barbers. With the dedication and hard work of the team, we are now recognised as one of the biggest and best studios in the North East. However as a business we are looking to provide our clients with the complete service and bespoke experience. As a business we feel that being able to offer alcoholic drinks would help us realise our vision in growth. We plan to serve alcohol inside the premises, but allow clients to relax outside with their drinks on tables and chairs as an additional option. There will be no music playing outside. Tables and chairs will be purchased along with barriers to close off the area from public footpaths.

We are proposing to have the alcohol license to be able to serve drinks to clients and artists once work has been completed. No alcohol is permitted to clients prior to be being tattooed, only once the work is finished. This will allow both the artist and client to have a drink in a relaxed environment to discuss future tattoos and build a relationship between customers and the business.

Alcohol will be kept behind the desk in a fridge, it will not be accessible to anyone other than staff members.

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

No

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)  | <input type="checkbox"/>            |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/>            |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/>            |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/>            |
| e) live music (if ticking yes, fill in box E)   | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/>            |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/>            |

**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**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon				Both	<input type="checkbox"/>
				<b><u>Please give further details here</u></b> (please read guidance note 3)	
Tue			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Wed					
Thur			<b><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></b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)					
Mon								
Tue								
Wed						<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Thur								
Fri						<b><u>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</u></b> (please read guidance note 5)		
Sat								
Sun								

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Tue			
Wed			
Thur			<b><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></b> (please read guidance note 5)
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)			
Tue						
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)			
Thur						
Fri			<b><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></b> (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 <b>indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	12:00	23:00	<b>Please give further details here</b> (please read guidance note 3) We would like to have local bands perform and help promote our studio. These events would not take place on a daily basis, and may not even take place but it is our vision to promote unique and bespoke studio.		
Tue	12:00	23:00			
Wed	12:00	23:00	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur	12:00	23:00			
Fri	12:00	23:00	<b>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</b> (please read guidance note 5)		
Sat	12:00	23:00			
Sun	12:00	23:00			

**F**

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <b>indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	9:00	23:00	<b>Please give further details here</b> (please read guidance note 3) We would like to play music through the studios sound system at a reasonable volume to take others into consideration.		
Tue	9:00	23:00			
Wed	9:00	23:00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur	9:00	23:00			
Fri	9:00	23:00	<b>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</b> (please read guidance note 5)		
Sat	9:00	23:00			
Sun	9:00	23:00			

# G

Performances of dance Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 5)		
Sat					
Sun					

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing The option to put football matches on during our allotted time,		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon	12:00	23:00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	12:00	23:00	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed	12:00	23:00			
Thur	12:00	23:00	<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri	12:00	23:00			
Sat	12:00	23:00	<b><u>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</u></b> (please read guidance note 5)		
Sun	12:00	23:00			

# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				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 the provision of late night refreshment</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)  We will have an outdoor seating area, tables and chairs which will be cornered off.  We would like to stay open until 23:30 hours, last orders being 23:00 hours. This will allow enough time to tidy and clean before closing at 23:30 hours.	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  Although we usually close on a Sunday at 18:00 hours, we would like to have to option to extend the closing time on a Sunday with the premises license.  <b>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</b> (please read guidance note 5)		
Mon	12:00	23:30			
Tue	12:00	23:30			
Wed	12:00	23:30			
Thur	12:00	23:30			
Fri	12:00	23:30			
Sat	12:00	23:30			
Sun	12:00	23:30			

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

Name Josh Peter Johnson	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known) Middlesbrough 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).

None

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b><u>State any seasonal variations</u></b> (please read guidance note 4)
Day	Start	Finish	<p>We would like to stay open until 23:30 hours, last orders being 23:00 hours. This will allow enough time to tidy and clean before closing at 23:30 hours. We would like to be able to have the option to extend our closing time on Sunday with the premises license. 0</p> <p><b><u>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</u></b> (please read guidance note 5)</p>
Mon	08:00	22:00	
Tue	08:00	22:00	
Wed	08:00	22:00	
Thur	08:00	22:00	
Fri	08:00	22:00	
Sat	08:00	22:00	
Sun	10:00	18:00	

**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)**

A digital Closed Circuit Television System (CCTV) is installed and maintained in good working order and correctly timed and date stamped. The system incorporates sufficient built-in hard-drive capacity to suit the number of cameras installed, whilst complying with Data Protection legislation. CCTV will be capable of providing pictures of evidential quality, particularly facial recognition. Cameras will encompass all areas inside and outside the premises where alcohol is sold and consumed by the public. There will be a minimum of 31 days recording. The system will record at all times when licensable activities are occurring. The Digital recorder will be securely stored to prevent unauthorised access, tampering, or deletion of images. Best practice will be that at all times a member of staff will be available who is trained in the use of the equipment and upon receipt of a request for footage from a governing body, such as Cleveland Police or any other Responsible Authority, be able to produce the footage within a reasonable time, e.g. 24hrs routine or immediately if urgently required for investigation of serious crime. If through illness/ holiday leave no person is available, then CCTV will still be produced within 48 hours by another staff member who can attend the premises and obtain the footage as requested.

The licensing activity will be for the service of alcohol. The studio is open to the public Monday to Sunday. Opening hours are as follows:

Monday: 8am – 8pm

Tuesday: 8am – 10pm

Wednesday: 8am – 10pm

Thursday: 8am – 10pm

Friday: 8am – 10pm

Saturday: 8am – 10pm

Sunday: 10am – 6pm

We would like to stay open until 23:30 hours, last orders being 23:00 hours. This will allow enough time to tidy and clean before closing at 23:30 hours.

We have 4 first aid trained individuals within the business and we intend on training more staff. We will not and do not have anyone employed under the age of 18 years old. A record of all training will be stored appropriately, along with the premises license which will be accessible to the DPS.

No alcohol will be displayed or stored within three meters of any entrance or exit point.

No super strength Cider or Perry above 6.5% ABV will be sold from the premises

No single cans of super strength Cider with an ABV above 6.5% will be sold from the premises.

No bottles of super strength Cider or Perry with an ABV above 6.5%, and with a physical volume of over 2 litres will be sold from the premises.

**b) The prevention of crime and disorder**

A digital Closed Circuit Television System (CCTV) is installed and maintained in good working order and correctly timed and date stamped. The system incorporates sufficient built-in hard-drive capacity to suit the number of cameras installed, whilst complying with Data Protection legislation. CCTV will be capable of providing pictures of evidential quality, particularly facial recognition. Cameras will encompass all areas inside and outside the premises where alcohol is sold and consumed by the public. There will be a minimum of 31 days recording. The system will record at all times when licensable activities are occurring. The Digital recorder will be securely stored to prevent unauthorised access, tampering, or deletion of images. Best practice will be that at all times a member of staff will be



available who is trained in the use of the equipment and upon receipt of a request for footage from a governing body, such as Cleveland Police or any other Responsible Authority, be able to produce the footage within a reasonable time, e.g. 24hrs routine or immediately if urgently required for investigation of serious crime. If through illness/ holiday leave no person is available, then CCTV will still be produced within 48 hours by another staff member who can attend the premises and obtain the footage as requested.

The premises will keep and maintain an incident/ refusals book. This will be used to record all incidents of crime and disorder, anti-social behaviour and refusals that occur at the premises. The incident/ refusals book will be solely used for this purpose, will be kept at the premises and will be made available for inspection by the Police or any other responsible authority.

### **c) Public safety**

If the premises were to remain open after 0030 hours on a Friday or Saturday night, then 2x SIA door staff will be employed from 2100hrs the following day. This will also apply to any special occasion such as bank holidays (Sunday into Monday) and New Year's Eve/ Christmas Eve etc should the occasion fall during the week.

### **d) The prevention of public nuisance**

If the premises remain open after 0030 hours on a Friday or Saturday night, then 2x SIA door staff will be employed from 2100hrs the following day. This will also apply to any special occasion such as bank holidays (Sunday into Monday) and New Years Eve/ Christmas Eve etc should the occasion fall during the week.

All drinks taken outside will be decanted into plastic drinking vessels. Hourly checks will be conducted by staff members to ensure that the area is clear of rubbish and debris. Staff will encourage all users of the patio to respect the residents and pedestrians using the footpath, by keeping noise to a reasonable level as would be expected by any reasonable person. All furniture will be cleared and taken into the premises at the end of trading and any rubbish collected and disposed of appropriately. The outside patio area will be closed to drinkers from 2200hrs daily.

### **e) The protection of children from harm**

A Challenge 25 policy will be implemented at the premises, with all staff insisting on evidence of proof of age by means of a photo style driving licence, passport or other approved recognised proof of age scheme card, from any person who appears to be under the age of 25 and who is attempting to purchase alcohol. There will be at least two notices/posters in prominent positions inside the premises informing customers that a Challenge 25 policy is in operation.

All staff will be trained with regard to the sale of alcohol. The training will include the laws relating to the sale of alcohol to under aged persons, persons buying alcohol on behalf of persons under 18 (proxy sales) and persons who are drunk and are attempting to buy alcohol. All staff must be trained prior to commencing employment at the premises and all staff will be retrained every 12 months. Training records will be kept at the premises and must be made available for inspection when requested by Cleveland Police or any other responsible authority. The training records must be signed and dated by the DPS and/or Manager and the trainee detailing what training has been provided.

**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.**

**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	
Date	07/03/2023
Capacity	Director/Owner

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)

Post town		Postcode	
Telephone number (if any)	Mob:		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

## 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.