



**The Licensing Team**  
Environmental Health & Housing  
North Devon Council  
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**APPLICATION FOR A PREMISES LICENCE TO BE GRANTED UNDER THE LICENSING ACT 2003**

Form Ref: LA03/PL 9

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We may need to share your information with other departments in North Devon Council or external/ third parties, where this is necessary to perform our public functions & services as provided by law.

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If you require this document in an alternative format, please contact us.

**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 or typed in black ink. Use additional sheets if necessary. You should keep a copy of the completed form for your records.

**APPLICATION FOR A PREMISES LICENCE TO BE GRANTED UNDER THE  
LICENSING ACT 2003**

\* We MB Restaurant Group Ltd

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and \* 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 name and address of premises or, if none, ordnance survey map reference or description **Roku**

**6 Hobbs Hill, Croyde**

Post Town **Braunton** Postcode **EX33 1LZ**

Telephone number at premises (if any)

Non-domestic rateable value of premises £ 8,700

**Part 2 – Applicant details**

Please state whether you are applying for a premises licence as

Please select 'X'

a) \*  please complete section (A)

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  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:



<ul style="list-style-type: none"> <li>• I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or <input type="checkbox"/></li> <li>• I am making the application pursuant to a <ul style="list-style-type: none"> <li>□ statutory function or <input type="checkbox"/></li> <li>□ a function discharged by virtue of Her Majesty's prerogative <input type="checkbox"/></li> </ul> </li> </ul>
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**(A) INDIVIDUAL APPLICANTS (fill in as applicable)**

Title: Mr  Mrs  Miss  Ms  Dr  Other (please specify)

Surname

Forenames

Date of birth I am 18 years old or over. Please select 'X' YES  NO

Nationality

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the applicant is registered with that service (please see note 15 for information) **NOT APPLICABLE**

Current residential address if different from premises address

Post Town

Postcode

Daytime contact telephone number

E-mail address (optional)

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Title: Mr  Mrs  Miss  Ms  Dr  Other (please specify)

Surname

Forenames

Date of birth I am 18 years old or over. Please select 'X' YES  NO

Nationality

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the applicant is registered with that service (please see note 15 for information) **NOT APPLICABLE**

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	MB Restaurant Group Ltd		
Address	Suite 2 Riverside Court, Castle Street, Barnstaple, Devon, United Kingdom, EX31 1DR		
Post Town	Braunton	Postcode	EX33 1FL
Registered number (where applicable)	12724163		
Description of applicant (for example partnership, company, unincorporated association etc)	Limited Company		
Telephone number (if any)			
E-mail address (optional)			

### Part 3 – Operating Schedule

When do you want the premises licence to start?	Day	Month	Year
	01	04	2025
If you wish the licence to be valid only for a limited period, when do you want it to end?	Day	Month	Year
If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.			
Please give a general description of the premises (please read guidance note 1)	<p>The premise is a small restaurant with a small back garden and a bar area, 20 covers, 7 tables, no bigger groups that 6 apart from rare special occasions. The restaurant is between a shop and an ice cream shop on a main road in Croyde village.</p>		
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)			
	<i>(please select 'x')</i>		
<b>Provision of regulated entertainment</b>			
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 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 similar description to that falling within (e),(f) or (g) (if ticking yes, fill in box H)	<input type="checkbox"/>		
<b>Provision of late night refreshment</b> (if ticking yes, fill in box L)	<input checked="" type="checkbox"/>		
<b>Supply of alcohol</b> (if ticking yes, fill in box M)	<input checked="" type="checkbox"/>		
<b>In all cases complete boxes N, O and P</b>			



**A**

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 4)	
Mon			<b>NOT APPLICABLE</b>	
Tue				
Wed			performing plays (please read guidance note 5)	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of plays at different times from those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				
Sun				

**B**

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 4)	
Mon			<b>NOT APPLICABLE</b>	
Tue				
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times from those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				

Sun			

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b>Please give further details</b> (please read guidance note 4)
Day	Start	Finish	
Mon			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 5)
Tue			
Wed			
Thur			<b>Non standard timings. Where you intend to use the premises for indoor sporting events at different times from those listed in the column on the left, please list</b> (please read guidance note 6)
Fri			
Sat			
Sun			

**NOT APPLICABLE**

D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)	
Mon				
Tue			<b>NOT APPLICABLE</b>	
Wed				
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for boxing or wrestling at different times from those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				

boxing or wrestling (please read guidance note 3)

Sun			

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)	
Mon			<b>NOT APPLICABLE</b> the performance of live music	
Tue				
Wed				
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of live music at different times from those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				
Sun				

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)	
Mon	12:00	23:00	<b>We plan to have small Sonos speakers playing recorded music at a level comfortable for a dinner setting. This will be background music played at a pleasant level and will never be the main attraction.</b>	
Tue	12:00	23:00		
Wed	12:00	23:00	<b>State any seasonal variations for playing recorded music</b> (please read guidance note 5) <b>Less frequent in the winter.</b>	
Thur	12:00	23:00		



Fri	12:00	23:00	<b>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times from those listed in the column on the left, please list (please read guidance note 6)</b>  <b>New Years Eve we would look to have recorded music until 00:30 on New Years Day</b>
Sat	12:00	23:00	
Sun	12:00	23:00	

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here (please read guidance note 4)</b>	
Mon			<div style="background-color: orange; color: black; padding: 10px; font-weight: bold; font-size: 1.2em;">NOT APPLICABLE</div>	
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			<b>Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times from those listed in the column on the left, please list (please read guidance note 6)</b>	

**H**

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			<b>Please give a description of the type of entertainment you will be providing</b>	<b>Will the entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here (please read guidance note 4)</b>		
Mon			<div style="background-color: orange; color: black; padding: 10px; font-weight: bold; font-size: 1.2em;">NOT APPLICABLE</div>		
Tue					



Wed			<p><b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)</b></p> <p><b>Non standard timings. Where you intend to use the premises for this entertainment of a similar description to that falling within (e), (f) or (g) at different times from those listed in the column on the left, please list (please read guidance note 6)</b></p>
Thur			
Fri			
Sat			
Sun			

1

<p><b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)</p>			<p><b>Please give a description of the type of facilities for making music you will be providing</b></p>	
			<p><b>Will the facilities for making music take place indoors or outdoors or both – please tick (please read guidance note 2)</b></p>	<p>Indoors <input type="checkbox"/></p> <p>Outdoors <input type="checkbox"/></p> <p>Both <input type="checkbox"/></p>
Day	Start	Finish	<p><b>Please give further details here (please read guidance note 3)</b></p>	
Mon			<p><b>NOT APPLICABLE</b></p>	
Tue				
Wed			<p><b>State any seasonal variations for the provision of facilities for making music (please read guidance note 4)</b></p>	
Thur				
Fri			<p><b>Non standard timings. Where you intend to use the premises for the provision of facilities for making music at different times from those listed in the column on the left, please list (please read guidance note 5)</b></p>	
Sat				
Sun				

J

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of facilities for dancing you will be providing</b>		
			<b>Will the facilities for dancing take place indoors or outdoors or both – please tick</b> (see guidance note 2)		Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<div style="background-color: orange; color: black; padding: 5px; display: inline-block;"><b>NOT APPLICABLE</b></div>		
Wed			(please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the provision of dancing facilities at different times from those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility that you will be providing
			Will the entertainment facility 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			State any seasonal variations for the provision of facilities for on to that falling within i or j
Wed			
Thur			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

**NOT APPLICABLE**

**L**

<b>Late night refreshment</b> 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"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon			
Tue			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)
Wed			
Thur			Non standard timings. Where the you to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list (please read guidance note 6)
Fri			
Sat			We would not require late night refreshment in the usual course of business, however on New Years Eve we would look to offer late night refreshment until 00:30 on New Years day.
Sun			



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**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises <input checked="" type="checkbox"/>
				Off the premises <input type="checkbox"/>
				Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations</b> (please read guidance note 35)	
Mon	12:00	23:00	<b>In the Summer we would expect to be serving more and in the winter less.</b>	
Tue	12:00	23:00		
Wed	12:00	23:00		
Thur	12:00	23:00	<b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list</b> (please read guidance note 6)	
Fri	12:00	23:00		
Sat	12:00	23:00	<b>New Years Eve we would look to sell alcohol until 00:30 on New Years Day</b>	
Sun	12:00	23:00		

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

Name **Matthew Beveridge**

Date of birth

Address

Post Town

Postcode

Personal Licence number (if known)

**NDEVPA2254**

Issuing licensing authority (if known)

**North Devon Council**

**N**

Please highlight any adult entertainment or services, activities, or 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)

**NOT APPLICABLE**

O

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	
Mon	12:00	23:30	Summer months April - October we will open more with an aim to be 7 days a week when the schools are on holiday and 6 days in peak season as it is our busy period and in the winter (off season) Nov-March we will shut more down to 4 days a week.
Tue	12:00	23:30	
Wed	12:00	23:30	<b>Non standard timings. Where you intend to use the premises to be open to the public at different times from those listed in the column on the left, please list</b> (please read guidance note 6)
Thur	12:00	23:30	
Fri	12:00	23:30	<b>New Years Eve we would look to extend the opening hours until 01:00 on New Years Day</b>
Sat	12:00	23:30	
Sun	12:00	23:30	

P

<b>Describe the steps you intend to take to promote the four licensing objectives:</b>	
a) <b>General – all four licensing objectives (b,c,d,e)</b> (please read guidance note 9)	N/A
b) <b>The prevention of crime and disorder</b>	<p>We take bookings for all of our customers so have details for everyone in the building. We will have CCTV, senior staff on site at all times who are trained in what to do if disorder should happen. We do staff training on how to handle difficult situations. We will train staff on how to prevent crime and disorder.</p> <p><b>We will have an incident log to record any incidents which will be kept for 12 months</b></p>
c) <b>Public safety</b>	<p>Public safety is very important to us and we take duty care of our customers very seriously. All staff will be properly trained on potential risk points in the business. We will test every element of the business to ensure safety, with risk assessments created for all potential issues.</p>



**d) The prevention of public nuisance**

Our services are targeted at customers who are expected to behave in a certain way being a high end restaurant. We will also be taking details for every booking and kindly ask all of our guests to leave the premises in a normal quiet fashion in respect to our neighbours. We will train staff on how to deal with nuisance and we will outline the importance of noise late at night in our booking process.

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

We will rarely deal with children as we won't be offering a child specific service within our business, however we will get a small number of child which we will train to ensure safety in the restaurant with toilets and special seating available for parents to bring.

We will have a challenge 25 policy in place to ask for ID from anyone looking under 25.

<b>Checklist</b>	<b>Please tick ✓</b>
• I have made or enclosed payment of the fee	X
• I have enclosed the plan of the premises	X
• I have sent copies of this application and plan to the responsible authorities and others where applicable	X
• I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable	X
• I understand that I must now advertise my application	X
• I understand that if I do not comply with the above requirements my application will be rejected	X
• [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 or my share code issued by the Home Office online right to work checking service (please read note 15).	<input type="checkbox"/>

**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**

[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:



Date 05.02.2025

Capacity Director

**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 13) If signing on behalf of the applicant please state in what capacity.**

Signature:

Date

Capacity

**Part 5 – Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)**

Post town

Post code

Telephone number (if any)

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