



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 ^{DEE} ~~BROOK~~ AMY COPLEN
(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			
Name of Premises: <u>LE KOEKOEK</u>			
Address: <u>87 GISBURN ROAD BARROWFORD</u>			
Post town	<u>NELSON</u>	Postcode	<u>BB9 6DX</u>

Telephone number at premises (if any)	
Non-domestic rateable value of premises	<u>£ 4200 Annual. NIL</u>

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 checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> | 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 checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname BROWN COPLEN		First names AMY DEE			
Date of Birth:	[REDACTED]	I am 18 years old or over	<input checked="" type="checkbox"/> Please tick yes		
Nationality: BRITISH					
Current postal address if different from premises address		[REDACTED] GISBURN ROAD BARROWFORD			
Post town	NELSON			Postcode	BB9 6EP.
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)		[REDACTED]			

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	20	52026

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

DD	MM	YYYY

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

Food and Bar .

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

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

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	12pm	12am	Please give further details here (please read guidance note 3) <i>Small bands.</i>		
Tue	12pm	12am			
Wed	12pm	12am	State any seasonal variations for the performance of live music (please read guidance note 4) <i>octoberfest Christmas.</i>		
Thur	12pm	12am			
Fri	12pm	12am	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)		
Sat	12pm	12am			
Sun	12pm	12am			

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"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 3) DJ & recorded music					
Mon	12am	12pm						
Tue	12am	12pm						
Wed	12am	12pm				State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	12am	12pm						
Fri	12pm	2am						
Sat	12pm	2am						
Sun	12pm	2am						

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"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) Bank holidays					
Mon	12pm	12am						
Tue	12pm	12am						
Wed	12pm	12am						
Thur	12pm	12am				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)		
Fri	12pm	2am						
Sat	12pm	2am						
Sun	12pm	2am						

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

Name	Amy Brown
Address	[REDACTED] GISBURN RD BARROWFORD
Postcode	BB9 6EP
Personal licence number (if known)	[REDACTED]
Issuing licensing authority (if known)	HASTINGS BOURGH

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)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	12pm	12:30am	
Tue	12pm	12:30am	
Wed	12pm	12:30am	
Thur	12pm	12:30am	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)
Fri	12pm	2:30am	ON
Sat	12pm	2:30am	
Sun	12pm	2:30am	

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)

Staff training
Management Control by appointed DPS
Incident Register
Challenge 25.

b) The Prevention of Crime and Disorder

CCTV System will be in place.
Staff training
Challenge 25

c) Public Safety

Alcohol policy in place
Health and Safety Register
Staff training

d) The Prevention of Public Nuisance

Noise control will be monitored, to ensure no disturbance to neighbours.
waste Management checks and deliveries at scheduled time

e) The Protection of Children from Harm

Challenge 25 in place.
No unaccompanied children
Staff training and Records.

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	[REDACTED]
Date	6/5/26
Capacity	OWNER

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

Consent of individual to being specified as a Premises Supervisor (DPS)

I, Amy ~~BROWN~~ COPLEN
(Full name prospective premises supervisor)

Of [REDACTED] GISBURN ROAD
BARROWFORD NELSON BB9 6EP
(Home address of prospective premises supervisor)

Hereby confirm that I, give my consent to be specified as the Designated Premises Supervisor in relation to the application for:

THE SUPPLY OF ALCOHOL NEW (Type of application)

By: Amy ~~BROWN~~ COPLEN (Name of applicant)

Relating to a Premises Licence: 1E KOEKOEK
(Number of existing licensing, if any)

For: 1E KOEKOEK 87 GISBURN ROAD
BARROWFORD NELSON BB9 6DX

(name and address of premises to which the application relates)

And any Premises Licence to be granted or varied in respect of this application made by:
AMY COPLEN (Name of applicant)

Concerning the SUPPLY OF ALCOHOL at:

For: 1E KOEKOEK 87 GISBURN ROAD
BARROWFORD NELSON BB9 6DX

(name and address of premises to which the application relates)

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, with details of which I set out below.

Personal Licence number: [REDACTED]

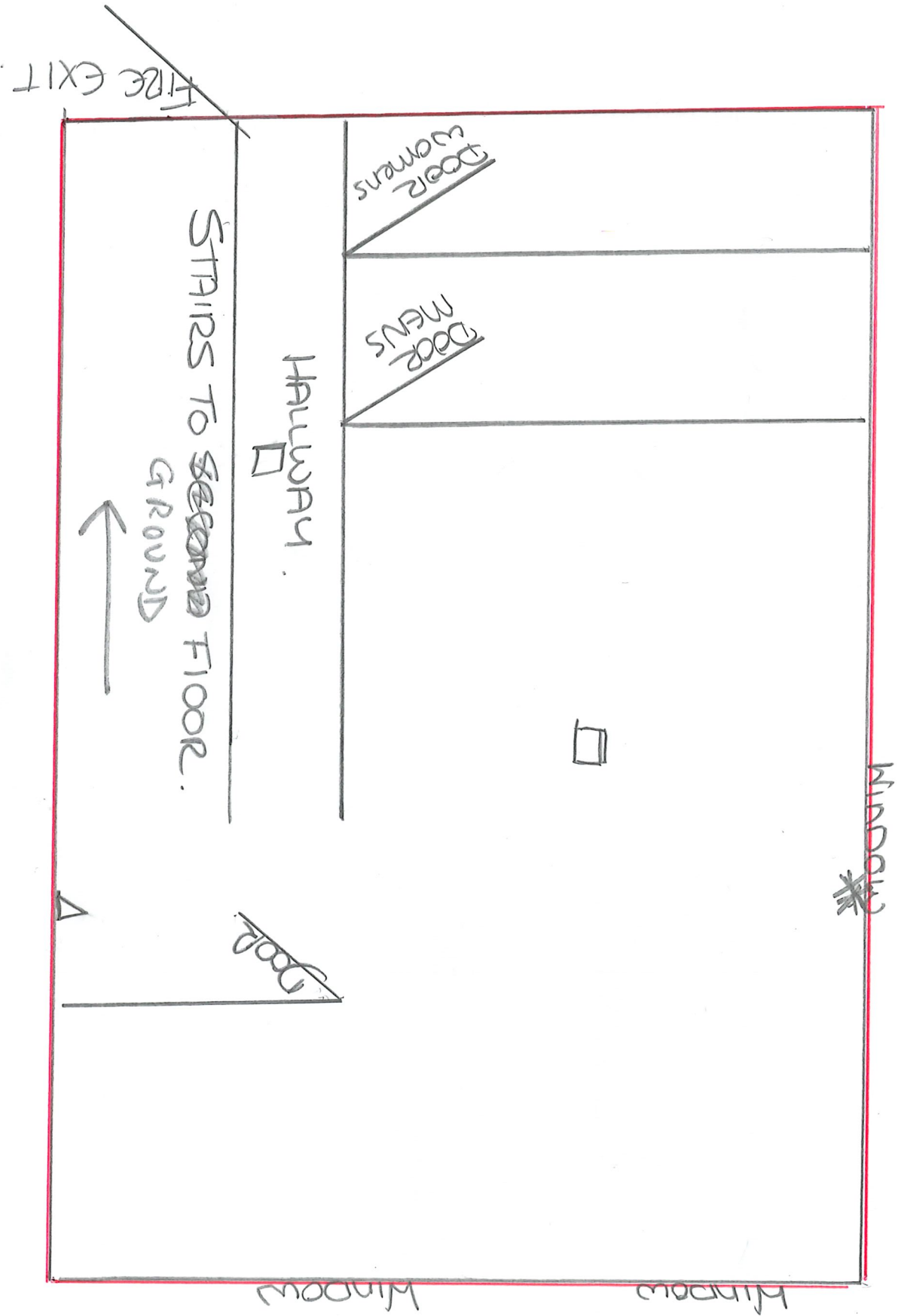
Issuing Authority: HASTINGS BOROUGH

Signed: [REDACTED]

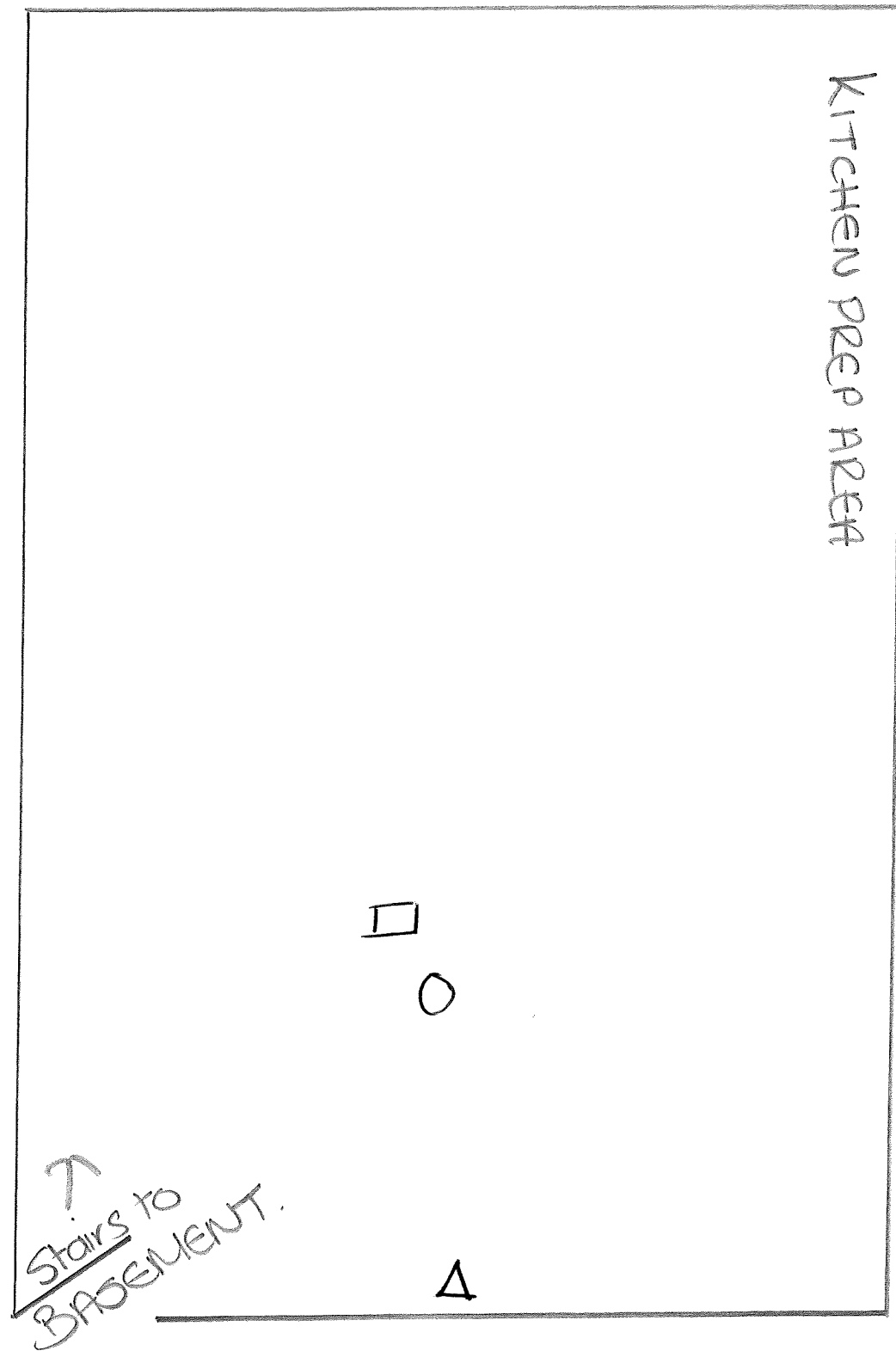
Print Name: ~~A BROWN~~ AMY COPLEN

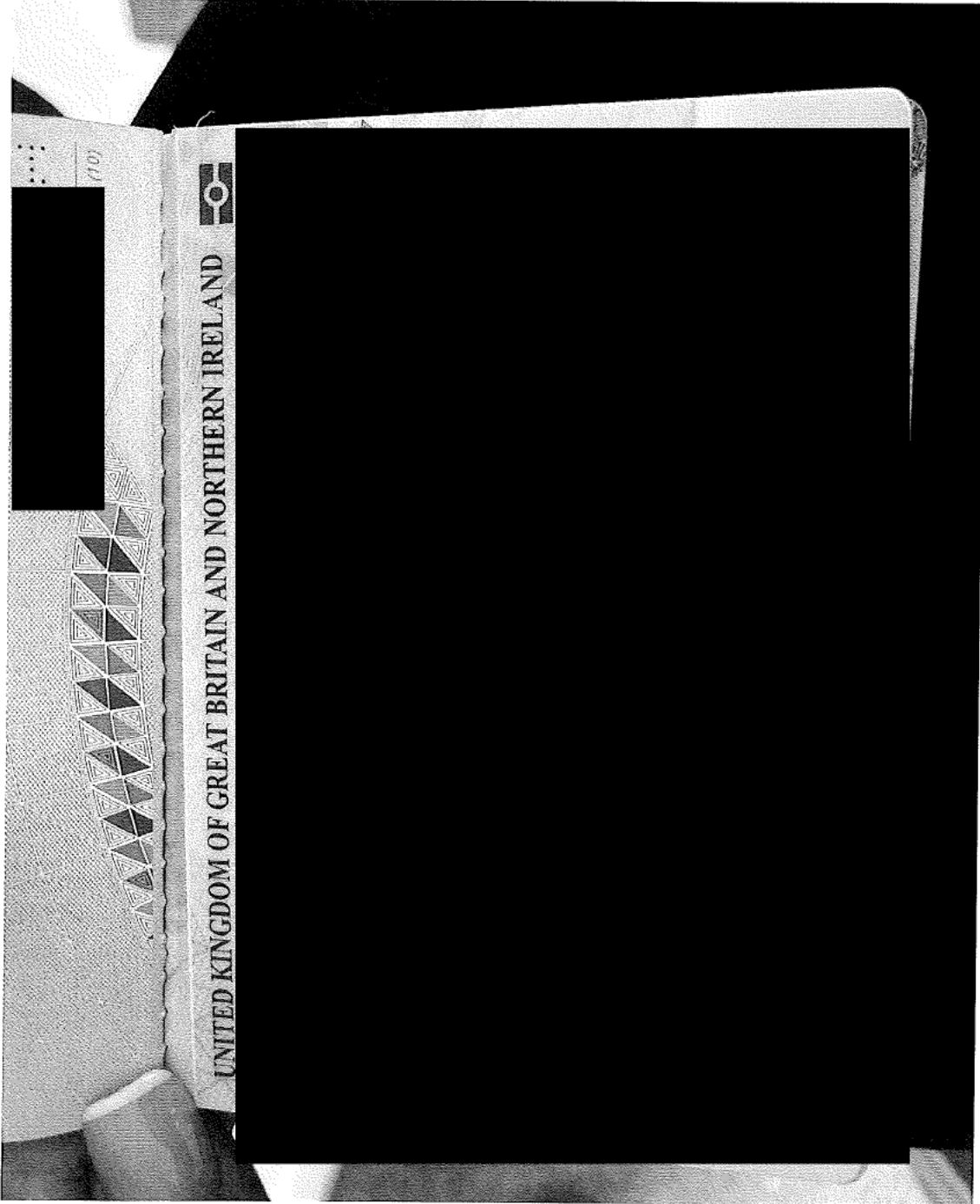
Date: 7/5/26

First Floor



Basement





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(/0)



UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

PUBLIC NOTICE – LICENSING ACT 2003

Take notice that **Amy Coplen** has applied to Pendle Borough Council under the Licensing Act 2003 for the **GRANT** of a **Premises Licence** in respect of the premises known as:

Le Koekoek, 87 Gisburn Road, Barrowford, Nelson BB9 6DX.

The proposed activities are as follows: -

Live Music (Indoors)

Monday – Sunday 12:00hrs – 00:00hrs

Recorded Music (Indoor)

Monday – Thursday 12:00hrs – 00:00hrs

Friday - Sunday 12:00hrs – 02:00hrs

Supply of Alcohol (Consumption Indoor)

Monday – Thursday 12:00hrs – 00:00hrs

Friday - Sunday 12:00hrs – 02:00hrs

Opening Hours:

Monday – Thursday 12:00hrs – 00:30hrs

Friday - Sunday 12:00hrs – 02:30hrs

A copy of the Licensing Authority register containing the full application can be inspected at Planning, Building Control and Regulatory Services, Pendle Borough Council, Town Hall, Market Street, Nelson, Lancs. BB9 7LG, between 9:30am and 12:30pm Monday to Friday by prior appointment only by sending an email to: licensing@pendle.gov.uk

An interested party or responsible authority may make representation in writing by completing a Representation Form (requested from Pendle Borough Council Licensing Section by emailing them on licensing@pendle.gov.uk) and returning by:

4th June 2026

It is an offence to knowingly or recklessly make a false statement in connection with an application and the maximum fine for which a person is liable on conviction for this offence is an unlimited fine.