



Hackney Best Bar None Award Scheme



Off Licence
Application Form

Applicant's Details

APPLICANT NAME	
PREMISES NAME	
PREMISES ADDRESS	
TELEPHONE NUMBER	
MOBILE NUMBER	
OPERATING COMPANY	

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If you require more space to answer the questions, please add additional sheets to the Application Form.
Please complete this Application Form as fully as possible.
Please use the tick boxes where applicable.

SECTION A

PREVENTION OF CRIME & DISORDER

SECURITY

A1 Do you have any of the following in place?

- | | | |
|---|------------------------------|-----------------------------|
| Written accident recording system | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Incident recording system | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lost and found property system | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Details of persons ejected/asked to leave | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allegations against staff | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Security reviews | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other (please specify) _____

If so, how are these recorded and by whom?

A2 If doorstaff are employed, do you ensure they are SIA registered?

Yes No

A3 Do you have any of the following which may assist you in crime prevention/reduction on your premises?

- | | | |
|--|------------------------------|-----------------------------|
| Staff training | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Advice notices | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Staff lockers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Layout allowing effective observations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mirrors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| CCTV | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sufficient lighting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Audible alarm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Window locks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Premises staffed 24 hours | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Crime prevention survey | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

DRINKS / DRUNKENNESS

A4 Do you promote sensible drinking policies?

Yes No

If yes, how?

A5 On a day to day basis what do you do to ensure your customers do not drink and drive?

A6 Describe your staff training practices with regard to drunkenness. If this is documented, explain where.

THEFTS/BURGLARY

A7 Do you take any measures to discourage street drinking?

Yes No

If so, what?

DISORDER

A8 If disorder or crime occurs, what do you do to:

a) Preserve the crime scene?

b) Care for the victim (if any)?

SECTION B

PUBLIC SAFETY

FIRST AID

B1 What First Aid facilities do you have in your venue?

First aid box(es)

Yes No

Separate first aid/recovery room

Yes No

At least one appointed person on duty at all times

Yes No

B2 What Health and Safety measures have you undertaken?
Do you:

Display the Information for Employees poster (HSE)

Yes No

Inform staff of the written findings of a suitable general health and safety risk assessment where more than 5 people are employed at the premises

Yes No

B3 How many stars do you have for Scores on the Doors?

PUBLIC SECURITY

B4 How do you ensure that all doors are locked when not in use?

B5 Describe your staff training package regarding unattended/suspect packages

B6 Do you have a separate plan for building evacuation in the event of discovering a suspect package?

Yes No

FIRE SAFETY

B7 Describe your fire detection warning systems

B8 When were these last checked?

B9 Have you carried out a fire risk assessment?

Yes No

B10 Briefly describe your fire safety/emergency evacuation procedure and how staff are trained for this

B11 Outline the means of escape from your premises in an emergency situation

B12 List any equipment you have in your premises for fighting fire, such as:

- | | | |
|---|------------------------------|-----------------------------|
| Fire Extinguishers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire blanket | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emergency lighting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exit signage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Other (please specify) | | |
-
-

BUILDING SAFETY

B13 How do you ensure effective strategies are in place to prevent trips/falls?

SECTION C

PREVENTION OF PUBLIC NUISANCE

NOISE

C1 Do you provide any of the following to ensure noise from your premises is kept to a minimum?

- | | | |
|--|------------------------------|-----------------------------|
| Soundproofing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Doors/windows kept closed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Notices displayed asking customers to leave quietly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Deliveries carried out with respect for neighbouring residents/business, for example not before 7am or after 11pm. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Measures to discourage customers from congregating outside the premises | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

LITTER / WASTE

C2 Do you do any of the following to prevent or discourage customers from polluting the environment with waste/litter from your premises?

- | | | |
|---|------------------------------|-----------------------------|
| Litter bins provided inside/outside | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Notices to customers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Report incidents to appropriate authorities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Surrounding area kept clear of litter/flyers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Other (please specify) | | |
-

C3 Do you have a commercial waste agreement Yes No
Please give name of waste carrier

C4 Do you have a designated area for the storage of waste? Yes No

COMMUNITY ENGAGEMENT

C5 Are you a member of "Shop Watch" or other recognised partnership/crime prevention group? Yes No

C6 Do you attend community partnership or crime prevention groups such as Pubwatch or SNOW? Yes No

C7 Are you a member of any trade representative organisation? Yes No

SECTION D PROTECTION OF CHILDREN FROM HARM

CHILDREN

D1 What forms of identification do you accept?

- | | |
|---|--|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Driving Licence |
| <input type="checkbox"/> Cards carrying the PASS hologram | <input type="checkbox"/> Connect Card |
| <input type="checkbox"/> Other (Please Specify) | |
-
-

D2 How do you ensure under 18s do not purchase age restricted products (for example alcohol, tobacco, knives, solvents etc from your premises?)

- | | | |
|---|------------------------------|-----------------------------|
| Signage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 'Challenge 21' refusal criteria | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refusals book | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Staff training | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Other (please specify) | | |
-
-

D3 How do you ensure alcohol is not purchased on behalf of someone who is under 18?

D4 Describe your staff training package with regard to age/alcohol related offences

D5 If English is not the first language of you or a member of your staff, have you had the legal requirements translated? Yes No

SECTION E PLANNING

E1 Do you have planning permission for the existing use of the premises? Yes No

SECTION F HACKNEY'S STATEMENT OF LICENSING POLICY

F1 Have you read Hackney's Statement of Licensing Policy? Yes No

F2 Have you asked your employees to read this document? Yes No

F3 Please explain how you have utilised this Policy in the operation of your business



**Hackney Best Bar None
Award Scheme**

www.hackneybestbarnone.com

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