

New Premises Licence

Premises Details

Premises Address *

TACO BELL 22C CROMWELL ROAD WISBECH
CAMBRIDGESHIRE PE14 0RG

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 0

Applicant Details

I/We 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.

Please state whether you are applying for a premises licence as:

a person other than an individual -as a limited company/
limited liability partnership

Applicant Details

If you are applying as a person described in one of the above please confirm: *

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

Other Applicant (Non Individual)

Name *

Taco Bell UK and Europe Limited

Registered Address *

Orion Gate

Address line 2

Guildford Road

Address line 3

Town/City *

Woking

County

Surrey

Other Applicant (Non Individual)

Postcode *

GU22 7NJ

Registered Number (where applicable)

00928917

Description of applicant (for example partnership, company, unincorporated association, etc) *

Company

Telephone Number

03330 060201

Email *

Matthew.Phipps@TLT.com

Operating Schedule

When do you want the premises licence to start? *

20/01/2026

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

Please give a general description of the premises. *

Restaurant and takeaway.

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

Operating Schedule

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 read guidance note 2) *

☐

Plays

☐

Films

☐

Indoor Sporting Events

☐

Boxing or Wrestling

☐

Live Music

Operating Schedule

☐

Recorded Music

☐

Performances of Dance

☐

Anything of a similar description falling under Music or Dance

☒

Provision of late night refreshment

☐

Supply of Alcohol

Late Night Refreshment Standard Times

Standard days and timings, where you intend to use the premises for late night refreshment.(please read guidance note 7) *
Please enter times in 24hr format (HH:MM)

Day *

Monday to Thursday

23:00

00:00

Late Night Refreshment Standard Times

Standard days and timings, where you intend to use the premises for late night refreshment.(please read guidance note 7) *
Please enter times in 24hr format (HH:MM)

Day *

Friday to Saturday

23:00

03:00

Late Night Refreshment Standard Times

Standard days and timings, where you intend to use the premises for late night refreshment.(please read guidance note 7) *
Please enter times in 24hr format (HH:MM)

Late Night Refreshment Standard Times

Day *

Sunday

23:00

00:00

Late Night Refreshment

Will the provision of late night refreshment take place indoors or outdoors or both? (please read guidance note 3) *

Both

Please provide further details.(please read guidance note 4)

23:00 to 00:00 – Sunday through to Saturday for customers, collecting or dining in (restaurant). 23:00 to 03:00 the following morning – Friday, Saturday and any Bank Holiday Sunday (for delivery collection). (No customer access into the restaurant after midnight).

State any seasonal variations for the provision of late night refreshment.(please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for late night refreshment at different times from the Standard days and times listed?(please read guidance note 6)

23:00 to 03:00 the following morning on any Bank Holiday Sunday (for delivery collection only after midnight).

Adult Entertainment

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

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Monday to Thursday

09:00

00:00

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Friday to Saturday

09:00

03:00

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Sunday

09:00

00:00

Opening Hours

State any seasonal variations. (please read guidance note 5)

Please state any Non-standard timings, where you intend the premises to be open to the public at different times from the Standard days and times listed? (please read guidance note 6)

09:00 until 03:00 the following morning on any Bank Holiday Sunday. After 00:00 on Friday, Saturday and any Bank Holiday Sunday the premises will operate a delivery service only. (No customer access into the restaurant after midnight).

Licensing Objectives

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) *

Operating schedule attached

b) The prevention of crime and disorder *

Operating schedule attached

c) Public safety *

Operating schedule attached

d) The prevention of public nuisance *

Operating schedule attached

Licensing Objectives

e) The protection of children from harm *

Operating schedule attached

Declarations

Declaration Type *

Sole Applicant - Individual or Other

Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand 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 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.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 12). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.



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, if appropriate (please see note 15).

Full Name *

Matthew Phipps - TLT Solicitors

Date *

22/12/2025

Capacity *

Applicant's Solicitor



Declaration made

Do you wish to provide alternative correspondence details? *

Yes

Declarations

Alternative Correspondence

Please provide Contact Name and postal address for correspondence associated with this application.

Title

Mr

First name

Matthew

Surname

Phipps

Street address *

TLT Solicitors

Address line 2

1 Redcliff Street

Address line 3

Town/City *

Bristol

County

Postcode *

BS1 6TP

Telephone Number

03330060201

Email *

Matthew.Phipps@TLT.com

Email confirmation

On submission an email confirmation will be sent using the details below

Forename

Matthew

Surname /Company Name

Phipps

Email *

Matthew.Phipps@TLT.com

Telephone

03330060201