

Licensing Authority: *The Licensing Partnership*

Licensing Partnership
P.O. Box 182
Sevenoaks
Kent TN13 1GP

Ref:

Application for a Premises Licence under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes found at bottom of Page 4 of this form.

Use the blank page at the end of the form to provide further details if necessary.

When it is complete you can submit the form directly to us - click on the Submit Form button.

You may wish to print and keep a copy of the completed form for your records.

For help information about filling in this type of electronic form, click on the help information button.

I / We **kelli newman** 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

17 High Street
Headcorn
Kent

Post town

ashford

Post code

TN27 9NH

Telephone number of premises (if any)

07736553661

Non-domestic rateable value of premises

£ 5400

If the premises is under construction please check here

If the premises hasn't been assigned a rateable value yet, please check here

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please make selection with an "x"

- 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 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 make selection with an "x"

- 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)

Title

Mrs

Surname

Newman

First names

Kelli

Are you 18 years or older? Yes
 No

Date of Birth [Redacted]

Nationality [Redacted]

Current postal address if different from premises address

[Redacted]

Post Town [Redacted]

Postcode [Redacted]

Daytime contact telephone number [Redacted]

Email address (optional) [Redacted]

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Title

Surname

First names

**Date of Birth
(you must be 18
years old or over)**

Nationality

**Current postal
address
if different from
premises address**

Postcode

Post Town

Daytime contact telephone number

**Email address
(optional)**

(B) OTHER APPLICANTS *You do not have to fill in this section.*

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name

Address

Registered number (where applicable)

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

Telephone number (if any)

E-mail address (optional)

Part 3 - Operating Schedule

When do you want the premises licence to start?

01/05/2021

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

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

General description of premises (please read guidance note 1)

Entering the premises from the High Street in Headcorn, you pass through 2 doors to come into an area of 24 square metres. This leads onto a small area which will have 2 separate toilets. a doorway to the left from this area leads into a small garden area 3 square metres.

Plan for the premises is to open as a 'micropub'. We will be selling alcohol to the public as well as providing a small food menu for customers. We will use the garden to give an outside area for smoking, also tables and chairs for garden drinking and eating. All inside and outside areas documented in the plan will be available for customers to utilise.

What licensable activities do you intend to carry on from the premises?
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please check all relevant boxes

Provision of regulated entertainment (please read guidance note 2)

- 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 L)

Supply of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both - please make selection with an "x" (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
Mon	12:00	21:00	Please give further details here (please read guidance note 4)	Both	
Tue	12:00	21:00			
Wed	12:00	21:00	State any seasonal variations for performance of live music (please read guidance note 5)		
Thur	12:00	21:00			
Fri	12:00	22:00	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 6)		
Sat	12:00	22:00			
Sun	12:00	16:00			

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both - please make selection with an "x" (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
Mon	12:00	21:00	Please give further details here (please read guidance note 4)	Both	
Tue	12:00	21:00			
Wed	12:00	21:00	State any seasonal variations for playing recorded music (please read guidance note 5)		
Thur	12:00	21:00			
Fri	12:00	22:00	Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat	12:00	22:00			
Sun	12:00	16:00			

M

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption please make selection with an "X" (please read guidance note 8)	On the premises
Day	Start	Finish		Off the premises
Mon	12:00	21:00		<input checked="" type="checkbox"/>
Tue	12:00	21:00	State any proposed seasonal variations for the supply of alcohol (please read guidance note 5)	<input checked="" type="checkbox"/>
Wed	12:00	21:00		
Thur	12:00	21:00		
Fri	12:00	22:00		
Sat	12:00	22:00	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 6)	
Sun	12:00	16:00		

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):

Title	Mrs
Surname	Newman
First Name(s)	Kelli
Date of Birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal Licence number (if known)	Residency 21/00229/LAPER
Issuing licensing authority (if known)	Maidstone Borough Council

Please print the 'Consent of individual to being specified as premises supervisor' form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.

N

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)

none

O

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variation (please read guidance note 5)
Day	Start	Finish	
Mon	12:00	21:00	<p><u>Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list</u> (please read guidance note 6)</p>
Tue	12:00	21:00	
Wed	12:00	21:00	
Thur	12:00	21:00	
Fri	12:00	22:00	
Sat	12:00	22:00	
Sun	12:00	16:00	

P Describe the steps you intend to take to promote the four licensing objectives:

a) General - all four licensing objectives (b,c,d,e) (please read guidance note 10)

In addition to the licensing objectives and always acting with due diligence, we see the below as our responsibilities as taking on the serious responsibility of serving alcohol to the public.

b) The prevention of crime and disorder

Earlier closing times means restricted hours of drinking.

Not serving any person we believe to be drunk and disorderly.

Age limit posters to be put up in premises and caution to be taken when serving anybody. Making sure I.D. is asked for whenever any doubt.

We have an anti-drugs policy

c) Public safety

Again, being aware of our customers state at all times. Making sure drunk and disorderly behaviour is not created from our ignorance.

All bottles, cans, glasses will be removed as soon as empty to remove hazards.

No opened bottles or glasses to be taken off the premises.

Violence will not be tolerated, Police will be contacted to report if necessary.

d) The prevention of public nuisance

Advising customers to be respectful of neighbours etc when leaving the premises.

Doors and windows will be kept closed when regulated entertainment takes place.

Staff will clear any litter outside of premises daily to a distance of 3 metres.

Noise levels will be checked and regulated to make sure no noise nuisance.

e) The protection of children from harm

Advising parents to be responsible for their children at all times, if we feel the child is unsupervised then dealing with the responsible adult in an appropriate way.

A clear policy to outline if children are on premises with a responsible adult the expectations. Including supervision, ~~responsibilities~~

Removing empty glasses to minimise opportunities for children to access left over alcohol.

Please make selection with an "x"

I have enclosed the plan of the premises

I have enclosed the consent form completed by the individual I wish to be 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

[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 (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.

Part 5 - Declaration (please read guidance note 11)

Confirmation of applicant or applicant's solicitor or other duly authorised agent. (See guidance note 12) If confirming on behalf of the applicant please state in what capacity.

• [Applicable to all 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, if appropriate (please see note 15).

Confirmation

Name Date

Capacity

Please print the 'Consent of individual to being specified as premises supervisor form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.

For joint applications confirmation of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 13) If confirming on behalf of the applicant please state in what capacity.

Confirmation

Name Date

Capacity

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

Name

Address

Post Town

Postcode

Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

**Use this page if there is any other information that you think we should know about.
Information entered on this page will be sent to us, along with the data on the rest of the form when you use the "Submit" option.**

A large, empty rectangular box with a thin black border, occupying most of the page below the instructions. It is intended for the user to provide additional information.

Notes for Guidance are available online