

Rec'd 19/8/11
 last Ref: 18/9/11.
 Hearing by 15/10/11

11/02270/LAPRE

£100 chq to MBC

Maidstone Borough Council

The Licensing Partnership
 PO Box 182
 Sevenoaks
 Kent
 TN13 1GP

**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~~ **MR. ROBIN SMALLBONE**
 (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 | | | |
| 6, PICKERING STREET MAIDSTONE KENT ME15 9RS | | | |
| Post town | MAIDSTONE | Post code | ME15 9RS |
| Telephone number at premises (if any) | | | |
| Non-domestic rateable value of premises | | £ 1000 | |

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
 Please tick yes

- 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 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 checked="" type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other Title (for example, Rev) | |
| Surname SMALLBONE | | | First names ROBIN CHRISTOPHER | | |
| I am 18 years old or over | | | | <input checked="" type="checkbox"/> Please tick yes | |
| Current postal address if different from premises address | | | | | |
| Post Town | | | | Postcode | |
| Daytime contact telephone | | | | | |
| E-mail address (optional) | | | | | |

SECOND INDIVIDUAL APPLICANT (if applicable)

| | | | | | |
|-----------------------------|------------------------------|-------------------------------|-----------------------------|--------------------------------|--|
| Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other Title (for example, Rev) | |
| Surname | | | First names | | |

| | | | |
|---|--|--|--|
| I am 18 years old or over | | <input type="checkbox"/> Please tick yes | |
| 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 |
| 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?

Day Month Year

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 9 | 0 | 9 | 2 | 0 | 1 | 7 |
|---|---|---|---|---|---|---|---|

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

Day Month Year

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Please give a general description of the premises (please read guidance note1)

OUT BUILDING 5.2M X 2.2M CONSTRUCTED USING BREEZE BLOCKS WITH RENDERED OUTSIDE WALLS. FLAT ROOF CONSTRUCTION. PLEASE FIND ATTACHED FILE WITH PICTORIAL DETAIL.

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 yes

- 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 entertainment facilities:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

Provision of late night refreshment (if ticking yes, fill in box L)

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

A

| | | | | | | |
|---|-------|--------|--|--|----------|--------------------------|
| Plays Standard days and timings (please read guidance note 6) | | | Will the performance of a play 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 | | | | | | |
| | | | State any seasonal variations for performing plays (please read guidance note 4) | | | |
| Tue | | | | | | |
| | | | Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 5) | | | |
| Wed | | | | | | |
| | | | | | | |
| Thur | | | | | | |
| | | | | | | |
| Fri | | | | | | |
| | | | | | | |
| Sat | | | | | | |
| | | | | | | |
| Sun | | | | | | |

B

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|---|--------------|---------------|--|----------|--------------------------|
| Films Standard days and timings (please read guidance note 6) | | | <u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | |
| Mon | | | | | |
| Tue | | | <u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | <u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

C

| Indoor sporting events Standard days and timings (please read guidance note 6) | | | <u>Please give further details</u> (please read guidance note 3) |
|--|-------|--------|---|
| Day | Start | Finish | |
| Mon | | | |
| | | | |
| Tue | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4) |
| | | | |
| Wed | | | |
| | | | |
| Thur | | | <u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5) |
| | | | |
| Fri | | | |
| | | | |
| Sat | | | |
| | | | |
| Sun | | | |
| | | | |

D

| | | | | | |
|--|-------|--------|--|----------|--------------------------|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 6) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | <u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

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 type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | | | Please give further details here (please read guidance note 3) | | |
| | | | | | |
| Tue | | | State any seasonal variations for the performance of live music (please read guidance note 4) | | |
| | | | | | |
| Wed | | | 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) | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

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 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 playing of recorded music (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

G

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|---|-------|--------|--|----------|--------------------------|
| Performances of dance Standard days and timings (please read guidance note 6) | | | Will the performance of dance 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 | | | | | |
| Wed | | | State any seasonal variations for the performance of dance (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list (please read guidance note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

H

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|--|-------|--------|---|----------|--------------------------|
| <p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p> | | | <p><u>Please give a description of the type of entertainment you will be providing</u></p> | | |
| Day | Start | Finish | <p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p> | Indoors | <input type="checkbox"/> |
| Mon | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | | | <p><u>Please give further details here</u> (please read guidance note 3)</p> | | |
| Wed | | | | | |
| Thur | | | | | |
| Fri | | | <p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p> | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | <p><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5)</p> | | |

I

| | | | | |
|--|-------|--------|---|--|
| Provision of facilities for making music Standard days and timings (please read guidance note 6) | | | <u>Please give a description of the facilities for making music you will be providing</u> | |
| | | | <u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2) | |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | |
| Mon | | | | |
| Tue | | | | |
| Wed | | | | |
| Thur | | | | |
| Fri | | | | |
| Sat | | | | |
| | | | <u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4) | |
| | | | <u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | |
| Sun | | | | |

J

| | | | | | |
|---|--------------|---------------|--|----------|--------------------------|
| Provision of facilities for dancing Standard days and timings (please read guidance note 6) | | | Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give a description of the facilities for dancing you will be providing</u> | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | <u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

K

| | | | | | |
|--|-------|--------|---|----------|--------------------------|
| Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6) | | | <u>Please give a description of the type of entertainment facility you will be providing</u> | | |
| Day | Start | Finish | <u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| Mon | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| Wed | | | | | |
| Thur | | | <u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4) | | |
| Fri | | | | | |
| Sat | | | <u>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 to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Sun | | | | | |

L

| | | | | | |
|--|--------------|---------------|---|----------|--------------------------|
| Late night refreshment Standard days and timings (please read guidance note 6) | | | Will the provision of late night refreshment 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 | <u>Please give further details here</u> (please read guidance note 3) | | |
| Mon | | | | | |
| Tue | | | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | <u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

M

| | | | | | | | | |
|---|-------|--------|--|------------------|-------------------------------------|---|--|--|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7) | On the premises | <input type="checkbox"/> | | | |
| | | | | Off the premises | <input checked="" type="checkbox"/> | | | |
| | | | | Both | <input type="checkbox"/> | | | |
| Day | Start | Finish | State any seasonal variations for the supply of alcohol (please read guidance note 4) | | | | | |
| Mon | 0900 | 1700 | | | | | | |
| Tue | .. | .. | | | | | | |
| Wed | .. | .. | | | | | | |
| Thur | .. | .. | | | | 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 | .. | .. | | | | | | |
| Sat | .. | .. | | | | | | |
| Sun | .. | .. | | | | | | |

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

| | |
|--|--|
| Name | MR. ROBIN CHRISTOPHER SMALLBONE |
| Address | 6, PICKERING STREET MAIDSTONE KENT ME15 9RS |
| Postcode | ME15 9RS |
| Personal Licence number (if known) | |
| Issuing licensing authority (if known) | |

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 8)

NONE

O

| 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 | | | <p><u>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</u> (please read guidance note 5)</p> |
| Tue | | | |
| Wed | | | |
| Thur | | | |
| Fri | | | |
| Sat | | | |
| Sun | | | |

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 9)

Premises intended for storage only.
No On Sales → All sales made
off site.

b) The prevention of crime and disorder

locked and Secure Premises, no
access to Public.

c) Public safety

locked and Secure premises no
access to Public

d) The prevention of public nuisance

No volatile emissions, No noise
emitted.

e) The protection of children from harm

locked and secure premises no
access to Public.
All sales to trade only.

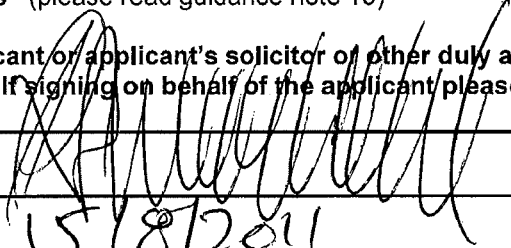
Please tick yes

- 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 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 CONVICTION TO A FINE UP TO 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 |  |
| Date | 15/8/2011 |
| Capacity | |

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

Maidstone Borough Council

The Licensing Partnership
PO Box 182
Sevenoaks
Kent
TN13 1GP

Consent of individual to being specified as premises supervisor

I MR ROBIN CHRISTOPHER SMALLBONE
[full name of prospective premises supervisor]

of 6, PICKERING STREET
MAIDSTONE
KENT
ME15 9RS

[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

ALCOHOL LICENCE PREMISES
[type of application]

by

MR. ROBIN CHRISTOPHER SMALLBONE
[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

MR. ROBIN CHRISTOPHER SMALLBONE
6, PICKERING STREET
MAIDSTONE
KENT
ME15 9RS

[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

MR. ROBIN CHRISTOPHER SMALLBONE
[name of applicant]

concerning the supply of alcohol at

MR. ROBIN CHRISTOPHER SMALLBONE
61 PILKERING STREET
MAIDSTONE
KENT
ME15 9RS

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

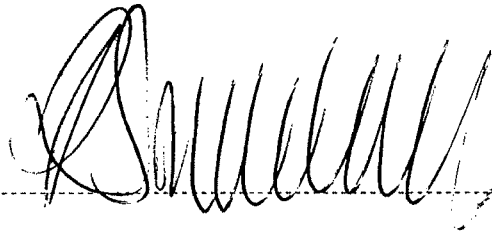
Personal licence number

INTEND TO APPLY.
[insert personal licence number, if any]

Personal licence issuing authority

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

MR. ROBIN CHRISTOPHER SMALLBONE

Date

9/8/2011

Licensing Act 2003

Notice of application to vary a Premises Licence

Notice is hereby given that Robin Christopher Smallbone has applied to Maidstone Borough Council on 22 August 2011 for the grant of a premises licence to use the premises at 6 Pickering Street, Maidstone, Kent ME15 9RS for: the off sale, by retail, of alcohol. Namely: Monday to Sunday 09:00 to 17:00. Any person who wishes to make a representation in relation to this application must give notice in writing of his/her representation by 18 September 2011 stating the grounds for making said representation to: Maidstone Borough Council Licensing Office, Maidstone House, King Street, Maidstone, Kent ME15 6JQ. The Register of Record of Application can be viewed by members of the public during office hours at Maidstone Borough Council Licensing Office, or accessed online by visiting www.digitalmaidstone/licensing. Representation shall be made in writing. It is an offence knowingly or recklessly to make a false statement in connection with an application for a premises licence. The maximum fine for which a person is liable on summary conviction for the offence is £5,000.

Smallbone, Robin

From: Claire Procter <claire.procter@downsmail.co.uk>
Sent: 16 August 2011 09:41
To: Smallbone, Robin
Subject: RE: Public notice

Many thanks

Claire Procter
Mail Publications Ltd
01622 630330 ext 230
www.downsmail.co.uk

-----Original Message-----

From: Smallbone, Robin [mailto:Robin.Smallbone@delphi.com]
Sent: 16 August 2011 08:27
To: Claire Procter
Subject: RE: Public notice

Claire, there are no correction to be applied; please proceed.

Thanks in advance for your collaboration.

Best Regards
Robin

-----Original Message-----

From: Claire Procter [mailto:claire.procter@downsmail.co.uk]
Sent: 15 August 2011 16:48
To: Smallbone, Robin
Subject: FW: Public notice

Hi Robin

Please find attached a proof of your advert. Please let me know if you are happy for this to run or if corrections are required.

Once you have cleared the copy I will make the A4 sign, and post to you.

Kind Regards

Claire Procter

Mail Publications Ltd
01622 630330 ext 230
www.downsmail.co.uk