



APPENDIX A



Sevenoaks **Application for a premises licence Licensing Act 2003**

For help contact licensing@sevenoaks.gov.uk Telephone: 01732 227004

		* required information
Section 1 of 19		
You can save the form at any	time and resume it later. You do not need to be	e logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	Kent Scouts	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on be	ehalf of the applicant? No	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	lan	
* Family name	Foulsham	
* E-mail	centre.manager@kentscouts.org.uk	
Main telephone number	01622766840	Include country code.
Other telephone number	07855743609	a mini A mangang
	uld prefer not to be contacted by telephone	
Are you:		
Applying as a business of Applying as an individu	or organisation, including as a sole trader al	A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
* Is your business registered in the UK with Companies House?	○ Yes	
* Is your business registered outside the UK?	○ Yes	
* Business name	Kent County Scout Council	If your business is registered, use its registered name.
* VAT number	None	Put "none" if you are not registered for VAT.
* Legal status	Charity or Association	

Continued from previous page		
	Contro Managor	
* Your position in the business	Centre Manager	The country where the headquarters of your
Home country	United Kingdom	business is located.
Business Address		If you have one, this should be your official address - that is an address required of you
* Building number or name	Kent Scouts Activity Centre, Lower Grange Farm	by law for receiving communications.
* Street	Grange Lane	
District	Sandling	
* City or town	Maidstone	
County or administrative area	Kent	
* Postcode	ME14 3DA	
* Country	United Kingdom	
Section 2 of 19		
PREMISES DETAILS		
described in section 2 below (in accordance with section 12 Premises Address		tion to you as the relevant licensing authority
	al address, OS map reference or description of	the premises?
	p reference O Description	ad other address to the control of t
Postal Address Of Premises		
Building number or name	Kent Scouts Activity Centre, Lower Grange Farm	
Street	Grange Lane	
District	Sandling	
City or town	Maidstone	
County or administrative area	Kent	
Postcode	ME14 3DA	
Country	United Kingdom	
Further Details		
Telephone number	01622 766844	

APPLICATION DETAILS In what capacity are you applying for the premises licence? An individual or individuals A limited company A partnership An unincorporated association A recognised club A charity The proprietor of an educational establishment	
In what capacity are you applying for the premises licence? ☐ An individual or individuals ☐ A limited company ☐ A partnership ☐ An unincorporated association ☐ A recognised club ☑ A charity	
 □ An individual or individuals □ A limited company □ A partnership □ An unincorporated association □ A recognised club ☑ A charity 	
 □ A limited company □ A partnership □ An unincorporated association □ A recognised club ☑ A charity 	
 □ A partnership □ An unincorporated association □ A recognised club ☑ A charity 	
 ☐ An unincorporated association ☐ A recognised club ☑ A charity 	
☐ A recognised club ☐ A charity	
□ A charity	
☐ The proprietor of an educational establishment	
☐ A health service body	
A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales	
A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England	
☐ The chief officer of police of a police force in England and Wales	
Other (for example a statutory corporation)	oli sa istrata
Section 4 of 19	
NON INDIVIDUAL APPLICANTS	
Provide name and registered address of applicant in full. Where appropriate give any registered number. In the opartnership or other joint venture (other than a body corporate), give the name and address of each party concerns.	
Non Individual Applicant's Name	
Name	
Details	
Registered number (where applicable)	
Description of applicant (for example partnership, company, unincorporated association etc)	

Continued from previous page	
Address	
Building number or name	
Street	
District	
City or town	
County or administrative area	
Postcode	
	United Kingdom
Country	Officed Kingdom
Contact Details	
E-mail	
Telephone number	
Other telephone number	
	Add another applicant
	Add another applicant
Section 5 of 19	
OPERATING SCHEDULE	
When do you want the premises licence to start?	01 / 10 / 2014 dd mm yyyy
If you wish the licence to be valid only for a limited period when do you want it to end	, / /
Provide a general description	of the premises
For example the type of prem	nises, its general situation and layout and any other information which could be relevant to the our application includes off-supplies of alcohol and you intend to provide a place for oplies you must include a description of where the place will be and its proximity to the
Scout Activity Centre with Ke	ntish Barn used for Large Scouting Meetings and Events and Weddings
If 5,000 or more people are	
expected to attend the premises at any one time, state the number expected to attend	
Section 6 of 19	
PROVISION OF PLAYS	

Continued from previous					
Will you be providing p	olays?				
○ Yes	● N	No			
Section 7 of 19					
PROVISION OF FILMS					
Will you be providing f	ilms?				
○ Yes		lo			
Section 8 of 19					
PROVISION OF INDOO	R SPORTING	EVENTS			
Will you be providing in	ndoor sportin	ng events?			
○ Yes		lo			
Section 9 of 19					
PROVISION OF BOXIN	G OR WREST	LING ENTERT	AINMENTS		
Will you be providing b	oxing or wre	stling entertair	nments?		
○ Yes		lo			
Section 10 of 19					
PROVISION OF LIVE M	USIC				
Will you be providing li	ve music?				
Yes	\bigcirc N	lo			
Standard Days And Ti	mings				
MONDAY					
leastrics orbins	Start 12:00	0	End	23:59	Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days
	Start		End		of the week when you intend the premises
THECDAY	Start		LIIG		to be used for the activity.
TUESDAY					
	Start 12:00	0	End	23:59	
	Start		End		
WEDNESDAY					
	Start 12:00)	End	23:59	
	Start		End		
THURSDAY	-				
	Start 12:00		End	23:59	
		,		23.39	
	Start		End		
FRIDAY					
	Start 12:00)	End	23:59	
	Start		End		

Continued from previous page				
SATURDAY				
Start	12:00	End	23:59	
Start		End		
SUNDAY				
Start	12:00	End	23:59	
Start	[72.00]	End		
Will the performance of live m	usis take place inde		or both?	Where taking place in a building or other
Indoors	Outdoors	C Both		structure tick as appropriate. Indoors may include a tent.
State type of activity to be aut exclusively) whether or not m	horised, if not alreadusic will be amplifie	dy stated, and g d or unamplified	ive relevan [.] d.	further details, for example (but not
State any seasonal variations				
For example (but not exclusiv Mainly April to September bu		ity will occur on	additional	days during the summer months.
Mainly April to September but Non-standard timings. Where in the column on the left, list	t not exclusively the premises will b	e used for the p	erformance	of live music at different times from those listed
Mainly April to September but Non-standard timings. Where in the column on the left, list	t not exclusively the premises will b	e used for the p	erformance	days during the summer months. of live music at different times from those listed er on a particular day e.g. Christmas Eve.
Mainly April to September but Non-standard timings. Where in the column on the left, list	t not exclusively the premises will b	e used for the p	erformance	of live music at different times from those listed
Mainly April to September but Non-standard timings. Where in the column on the left, list For example (but not exclusive	t not exclusively the premises will b below vely), where you wis	e used for the p	erformance	of live music at different times from those listed
Non-standard timings. Where in the column on the left, list For example (but not exclusive) Section 11 of 19	t not exclusively the premises will below vely), where you wis	e used for the p	erformance	of live music at different times from those listed
Non-standard timings. Where in the column on the left, list For example (but not exclusive section 11 of 19 PROVISION OF RECORDED IN	t not exclusively the premises will below vely), where you wis	e used for the p	erformance	of live music at different times from those listed
Non-standard timings. Where in the column on the left, list. For example (but not exclusive section 11 of 19) PROVISION OF RECORDED IN Will you be providing recorded.	t not exclusively the premises will below vely), where you wis	e used for the p	erformance	of live music at different times from those listed
Non-standard timings. Where in the column on the left, list For example (but not exclusive) Section 11 of 19 PROVISION OF RECORDED IN Will you be providing records Yes	t not exclusively the premises will below vely), where you wis	e used for the p	erformance	of live music at different times from those listed er on a particular day e.g. Christmas Eve. Give timings in 24 hour clock.
Non-standard timings. Where in the column on the left, list. For example (but not exclusive) Section 11 of 19 PROVISION OF RECORDED IN Will you be providing recorded Yes Standard Days And Timing	t not exclusively the premises will below vely), where you wis	e used for the p	erformance go on long	of live music at different times from those listed

c .:				
Continued from previou	s page			
TUESDAY			la l	
	Start 12:00	End	23:59	
	Start	End		
WEDNESDAY				
	Start 12:00	End	23:59	
	Start	End		
THURSDAY				and the state of t
1,1,01,00,11	Start 12:00	End	23:59]
	Start	End		
FDIDAY	Start	LIIU		
FRIDAY	Start 12.00	F1	22.50	1
	Start 12:00	End	23:59	
	Start	End		
SATURDAY				
	Start 12:00	End	23:59	
	Start	End		
SUNDAY				
	Start 12:00	End	23:59	
	Start	End		10 miles 40 p
Will the playing of reco	orded music take place inc	doors or outdoors	or both?	Where taking place in a building or other
Indoors	Outdoors	○ Both		structure tick as appropriate. Indoors may include a tent.
	be authorised, if not alre r not music will be amplifi			urther details, for example (but not
	door Barn. We have a nois			happen mainly at weekend between 12pm Il outdoor noise levels at 30 minute intervals
State any seasonal vari	ations for playing recorde	ed music	w ==	
For example (but not e	xclusively) where the acti	vity will occur on a	additional da	ays during the summer months.
All year round mainly a	it weekends but not exclu	sively		
Non-standard timings. in the column on the le		oe used for the pla	ying of reco	rded music at different times from those listed

The support of the state of the state of the section of the sectio	
-or example (but not exclusively), where you wish the detivity to go on.	longer on a particular day e.g. Christmas Eve.
Section 12 of 19	
PROVISION OF PERFORMANCES OF DANCE	
Will you be providing performances of dance?	
○ Yes	
Section 13 of 19	
PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUS	SIC, RECORDED MUSIC OR PERFORMANCES OF
DANCE	
Will you be providing anything similar to live music, recorded music or performances of dance?	
C Yes No	
Section 14 of 19	
LATE NIGHT REFRESHMENT	
Will you be providing late night refreshment?	
○ Yes	
Section 15 of 19	
SUPPLY OF ALCOHOL	
Will you be selling or supplying alcohol?	
○ Yes	
PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT	
How will the consent form of the proposed designated premises supe	rvisor
be supplied to the authority?	
 Electronically, by the proposed designated premises supervisor 	
As an attachment to this application	
Reference number for consent	If the consent form is already submitted, as
form (if known)	the proposed designated premises supervisor for its 'system reference' or 'you
	reference'.
Section 16 of 19	
ADULT ENTERTAINMENT	and the second
Highlight any adult entertainment or services, activities, or other enter premises that may give rise to concern in respect of children	
Give information about anything intended to occur at the premises or rise to concern in respect of children, regardless of whether you intend (but not exclusively) nudity or semi-nudity, films for restricted age gro	d children to have access to the premises, for examp

Section 17 of 19			
	OPEN TO THE PUBLIC		
Standard Days And Ti	mings		
MONDAY		Civa timin	as in 24 hour clock
	Start 12:00	End 23:59 (e.g., 16:00	gs in 24 hour clock.)) and only give details for the day
	Start		k when you intend the premises for the activity.
TUESDAY			
102357.1	Start 12:00	End 23:59	
	Start	End	
WEDNESDAY	Start		
WEDNESDAY	6	5	
	Start 12:00	End 23:59	
	Start	End	
THURSDAY			
	Start 12:00	End 23:59	
	Start	End	
FRIDAY			
	Start 12:00	End 23:59	
	Start	End	
SATURDAY			
	Start 12:00	End 23:59	
	Start	End	
SUNDAY			
30113711	Start 12:00	End 23:59	
	Start	End	
State any seasonal vari			
		y will occur on additional days during tl	he summer months.
The site is open by app		, , ,	
The site is open by app	omenicine omy.		

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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Section 18 of 19	
LICENSING OBJECTIVES	
Describe the steps you inte	nd to take to promote the four licensing objectives:
a) General – all four licensin	g objectives (b,c,d,e)
List here steps you will take	to promote all four licensing objectives together.
displayed on site. We have a	or our site that can be provided to customers as well as a health and safety policy that will be a child protection policy that will be available through our web site. We have a responsible ents to make sure that the public are safe, disruptions are kept to a minimum, and noise is kept
b) The prevention of crime	and disorder
We have a person on site m	onitoring the event
c) Public safety	
We have a health and safety assesements	statement and risk assessments for the site and work with events to have their own risk
d) The prevention of public	nuisance
We have a person on site fo	r all events monitoring noise and public nuisance
e) The protection of childre	n from harm
We have a child protection	policy and recommend customers to read it.
Section 19 of 19	
DECLARATION	
This section should be combehalf of the applicant?"	pleted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	lan Foulsham
* Capacity	Centre Manager

Continued from previous page	
* Date	27 / 02 / 2014 dd mm yyyy
	Add another signatory
with your application.	
	N SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION
OFFICE USE ONLY	
Applicant reference number	Kent Scouts
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	
<pre>< Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u></pre>	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 Next>