

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 **Tania Cizmic/ Jules Blackmore** 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

**The Cavendish
8 Cavendish Way
Bearsted
Kent**

Post town

Maidstone

Post code

ME15 8PW

Telephone number of premises (if any)

01622 737114

Non-domestic rateable value of premises

£ **18750**

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* | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual* | |
| i as a limited company | <input checked="" type="checkbox"/> please complete section (B) |
| ii as a partnership | <input type="checkbox"/> please complete section (B) |
| iii as an unincorporated association or | <input type="checkbox"/> please complete section (B) |
| iv other (for example a statutory corporation) | <input type="checkbox"/> please complete section (B) |
| c) A recognised club | <input type="checkbox"/> please complete section (B) |
| d) a charity | <input type="checkbox"/> please complete section (B) |

- | | | |
|----|--|--|
| e) | the proprietor of an educational establishment | <input type="checkbox"/> please complete section (B) |
| f) | a health service body | <input type="checkbox"/> 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 | <input type="checkbox"/> please complete section (B) |
| h) | the chief officer of police of a police force in England and Wales | <input type="checkbox"/> 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)

You do not have to answer the questions in this section.

Title

Surname

First names

Are you 18 years or older?

- ☐ Yes
☐ No

Date of Birth

Nationality

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

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**

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

Court Lodge Kitchen LTD

Address

The Cavendish,
8 Cavendish Way
Bearsted
Maidstone
Kent
ME15 8PW

Registered number (where applicable)

117 259 21

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

limited company

Telephone number (if any)

01622 737114

E-mail address (optional)

hello@courtldgekitchen.co.uk

Part 3 - Operating Schedule

When do you want the premises licence to start?

30/09/2019

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)

The Cafe is just off the Ashford Road in Bearsted, and it has a small car park behind it. We have a small patio area out the front with 4 wooden tables and some smaller tables which we would like to include in the area where alcohol is consumed. We have seating for around 45 people inside the shop. We have two small kitchens which are used all day for preparing food and washing up etc. There is a small counter as you walk in where we serve the customers on the till. Lastly there is a disabled unisex toilet.

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) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H) | <input type="checkbox"/> |

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 <u>indoors or outdoors</u> or both - please make selection with an "x" (please read guidance note 3).	Indoors	
Day	Start	Finish		Outdoors	
				Both	X
Mon	10:00	23:00	Please give further details here (please read guidance note 4)		
Tue	10:00	23:00			
Wed	10:00	23:00	State any seasonal variations for performance of live music (please read guidance note 5)		
Thur	10:00	23:00			
Fri	10:00	23:00	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	10:00	23:00			
Sun	10:00	23:00			

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>indoors or outdoors</u> or both - please make selection with an "x" (please read guidance note 3).	Indoors	
Day	Start	Finish		Outdoors	
				Both	X
Mon	08:00	23:00	Please give further details here (please read guidance note 4)		
Tue	08:00	23:00			
Wed	08:00	23:00	State any seasonal variations for playing recorded music (please read guidance note 5)		
Thur	08:00	23:00			
Fri	08:00	23:00	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	08:00	23:00			
Sun	08:00	23:00			

K

Provision of facilities for entertainment of a similar description to that falling within J or K Standard days and timings (please read guidance note 7)			<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 make selection with an "x" (please read guidance note 3).</u>	Indoors	
				Outdoors	
				Both	
Mon			<u>Please give further details here (please read guidance note 4)</u>		
Tue					
Wed					
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within J or K (please read guidance note 5)</u>		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for provision of facilities for entertainment of a similar description to that falling within J or K at different times to those listed in the column on the left, please list (please read guidance note 6)</u>		
Sun					

L

Late night refreshment Standard days and timings (please read guidance note 7)			<u>Will the provision of late night refreshment be indoors or outdoors or both - please make selection with an "x" (please read guidance note 3).</u>	Indoors	X
Day	Start	Finish		Outdoors	
				Both	
Mon	08:00	23:00	<u>Please give further details here (please read guidance note 4)</u>		
Tue	08:00	23:00			
Wed	08:00	23:00			
Thur	08:00	23:00	<u>State any seasonal variations for provision of late night refreshment (please read guidance note 5)</u>		
Fri	08:00	23:00			
Sat	08:00	23:00	<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 (please read guidance note 6)</u>		
Sun	08:00	23:00			

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	X
Day	Start	Finish		Off the premises	
Mon	8	11		Both	
Tue	8	11	State any proposed seasonal variations for the supply of alcohol (please read guidance note 5)		
Wed	8	11			
Thur	8	11			
Fri	8	11	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)		
Sat	08:00	11			
Sun	8	11			

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	Miss
Surname	Blackmore
First Name(s)	Julie
Date of Birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal Licence number (if known)	18/03290/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)

n/a

O

Hours premises are open to the public

Standard days and timings
(please read guidance note 7)

Day	Start	Finish
Mon	08:00	23:00
Tue	08:00	23:00
Wed	08:00	23:00
Thur	08:00	23:00
Fri	08:00	23:00
Sat	08:00	23:00
Sun	08:00	23:00

State any seasonal variation (please read guidance note 5)

n/a

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 (please read guidance note 6)

n/a

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)

Challenge 21 and Challenge 25 scheme, if the customer looks under 21 we will ask for ID proof of age. Alcohol will only be sold by persons 18 years and older. All our staff will be trained on this and informed of the necessary safety measures. All sales of alcohol will have to be authorised by a personal licence holder. We will not promote any irresponsible drinks promotions and always have free water on site. We will always have small measures (glass sizes etc.)

b) The prevention of crime and disorder

We will not serve alcohol to anyone visibly drunk or over the limit, or anyone who looks as though they are going to drive. We will never serve alcohol to anyone who looks as though they are buying alcohol to persons under aged.

c) Public safety

We will never have more than 100 customers at any one time to avoid over crowding and noise disturbance. We have first aiders, 2 personal licence holders and fire blankets/extinguishers on site. Have local taxi services available and on a poster for customers to see. We will always make customers aware of percentage if they ask.

d) The prevention of public nuisance

Ensure public leave quietly and quickly to avoid disturbance to local community, provide rubbish bins inside and outside to avoid littering. Close windows and doors to prevent loud noise.

e) The protection of children from harm

Challenge 21/25 scheme.
No children under the age of 16 will be allowed on the premises during sale of alcohol unless accompanied by an adult.

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 166 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

Julie Blackmore

Date

05/09/2019

Capacity

Director

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

Tania Cizmici

Date

05/09/2019

Capacity

Director

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

Name

Tania Cizmici

Address

[Redacted Address]

Post Town

[Redacted Post Town]

Postcode

[Redacted Postcode]

Telephone number (if any)

[Redacted Telephone Number]

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

hello@courtlodgekitchen.co.uk

