

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 **Century Buildings (Rochester) Limited** 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

87-88 Bank Street

Post town

Maidstone

Post code

ME14 1SD

Telephone number of premises (if any)

NA

Non-domestic rateable value of premises

£ 76500

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  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)

***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

**Century Buildings (Rochester) Limited**

Address

**Victoria & Bull Hotel  
16-18 High Street  
Rochester  
Kent  
ME1 1PX**

Registered number (where applicable)

**06907911**Description of applicant (for example,  
partnership, company, unincorporated  
association etc.)**Limited Company**

Telephone number (if any)

**01634400655**

E-mail address (optional)



**Part 3 - Operating Schedule**

When do you want the premises licence to start?

20/12/2019

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

20/12/2019

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)**

**Shadow License application for landlords of nightclub premises as detailed on plan**

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

## A

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of a play take place indoors or outdoors or both - please make selection with an "x"</u></b> (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
Mon	1000	0300	<b><u>Please give further details here</u></b> (please read guidance note 4) <b>Theatrical Pefromance</b>	Both	
Tue	1000	0300			
Wed	1000	0300	<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5) <b>NA</b>		
Thur	1000	0300			
Fri	1000	0300	<b><u>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</u></b> (please read guidance note 6) <b>NA</b>		
Sat	1000	0300			
Sun	1000	0300			

## B

<b>Films</b> Standard days and timings (please read guidance note 7)			<b><u>Will the exhibition of films take place indoors or outdoors or both - please make selection with an "x"</u></b> (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
Mon	1000	0300	<b><u>Please give further details here</u></b> (please read guidance note 4) <b>Showing of film</b>	Both	
Tue	1000	0300			
Wed	1000	0300	<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 5) <b>NA</b>		
Thur	1000	0300			
Fri	1000	0300	<b><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></b> (please read guidance note 6) <b>NA</b>		
Sat	1000	0300			
Sun	1000	0300			

## C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon	1000	0300	<b>Ring Sports</b>
Tue	1000	0300	
Wed	1000	0300	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Thur	1000	0300	
Fri	1000	0300	NA
Sat	1000	0300	
Sun	1000	0300	
			<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 6)

## D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both - please make selection with an "x"</u> (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
Mon	1000	0300	<u>Please give further details here</u> (please read guidance note 4)	<b>Boxing Events</b>	
Tue	1000	0300			
Wed	1000	0300	<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)	NA	
Thur	1000	0300			
Fri	1000	0300	<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 6)	NA	
Sat	1000	0300			
Sun	1000	0300			

## E

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of live music take place indoors or outdoors or both - please make selection with an "x"</u></b> (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
				Both	
Mon	1000	0300	<b><u>Please give further details here</u></b> (please read guidance note 4) <b>Group performance</b>		
Tue	1000	0300			
Wed	1000	0300	<b><u>State any seasonal variations for performance of live music</u></b> (please read guidance note 5) <b>NA</b>		
Thur	1000	0300			
Fri	1000	0300	<b><u>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</u></b> (please read guidance note 6) <b>NA</b>		
Sat	1000	0300			
Sun	1000	0300			

## F

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the playing of recorded music take place indoors or outdoors or both - please make selection with an "x"</u></b> (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
				Both	
Mon	1000	0300	<b><u>Please give further details here</u></b> (please read guidance note 4) <b>Playing of music</b>		
Tue	1000	0300			
Wed	1000	0300	<b><u>State any seasonal variations for playing recorded music</u></b> (please read guidance note 5) <b>NA</b>		
Thur	1000	0300			
Fri	1000	0300	<b><u>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</u></b> (please read guidance note 6) <b>NA</b>		
Sat	1000	0300			
Sun	1000	0300			



**G**

<b>Performance of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both - please make selection with an "x"</b> (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
Mon	1000	0300	<b>Please give further details here</b> (please read guidance note 4) <b>Dance shows</b>	Both	
Tue	1000	0300			
Wed	1000	0300	<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5) <b>NA</b>		
Thur	1000	0300			
Fri	1000	0300	<b>Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 6) <b>NA</b>		
Sat	1000	0300			
Sun	1000	0300			

**H**

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			<b>Please give a description of the type of entertainment you will be providing</b> <b>Variations of E,F,G</b>		
Day	Start	Finish	<b>Will the entertainment take place indoors or outdoors or both - please make selection with an "x"</b> (please read guidance note 3).	Indoors	X
Mon	1000	0300		<b>Please give further details here</b> (please read guidance note 4) <b>Variations of E,F,G</b>	Outdoors
Tue	1000	0300	Both		
Wed	1000	0300	<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5) <b>NA</b>		
Thur	1000	0300			
Fri	1000	0300			
Sat	1000	0300	<b>Non standard timings. Where you intend to use the premises for 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</b> (please read guidance note 6) <b>NA</b>		
Sun	1000	0300			

## 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"</u> (please read guidance note 3).	Indoors	
				Outdoors	
				Both	
Mon					
Tue			<u>Please give further details here</u> (please read guidance note 4)		
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</u> (please read guidance note 5)		
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</u> (please read guidance note 6)		
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"</u> (please read guidance note 3).		
Day	Start	Finish		Indoors	X
				Outdoors	
				Both	
Mon	2300	0300	<u>Please give further details here</u> (please read guidance note 4) <b>Provision of hot food and drink</b>		
Tue	2300	0300			
Wed	2300	0300	<u>State any seasonal variations for provision of late night refreshment</u> (please read guidance note 5) <b>NA</b>		
Thur	2300	0300			
Fri	2300	0300	<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 6) <b>NA</b>		
Sat	2300	0300			
Sun	2300	0300			

**M**

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption</u> <u>please make selection with an "x"</u> (please read guidance note 8).	On the premises	<b>X</b>
Day	Start	Finish		Off the premises	
Mon	<b>1000</b>	<b>0300</b>			
Tue	<b>1000</b>	<b>0300</b>	<u>State any proposed seasonal variations for the supply of alcohol</u> (please read guidance note 5)  <b>NA</b>		
Wed	<b>1000</b>	<b>0300</b>			
Thur	<b>1000</b>	<b>0300</b>			
Fri	<b>1000</b>	<b>0300</b>			
Sat	<b>1000</b>	<b>0300</b>	<u>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</u> (please read guidance note 6)  <b>NA</b>		
Sun	<b>1000</b>	<b>0300</b>			

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	<b>Mr</b>
Surname	<b>Hutchins</b>
First Name(s)	<b>Steven Ross</b>
Date of Birth	
Address	
Postcode	
Personal Licence number (if known)	<b>MEDWAY-05-PL-0111</b>
Issuing licensing authority (if known)	<b>Medway</b>

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)

**Any activity of an adult nature will require under 16s to leave the venue by 2300 unless at a prebooked private function**

## O

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<u>State any seasonal variation</u> (please read guidance note 5)
Day	Start	Finish	<b>NA</b>
Mon	10:00	03:30	
Tue	10:00	03:30	
Wed	10:00	03:30	
Thur	10:00	03:30	
Fri	10:00	03:30	
Sat	10:00	03:30	
Sun	10:00	03:30	

**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)

**Generic Conditions as per previous license – additional specific conditions in separate document.**

**b) The prevention of crime and disorder**

**Age verification policy in place for staff of Challenge 25 in line with general objectives and training  
Incident and refusal book to be used in line with general objectives  
Staff training as detailed in general objectives  
CCTV in use as detailed in general objectives  
SIA Door Supervisors will be used as required**

**c) Public safety**

**Age verification policy in place for staff of Challenge 25 in line with general objectives and training  
Incident and refusal book to be used in line with general objectives  
Staff training as detailed in general objectives  
CCTV in use as detailed in general objectives  
SIA Door Supervisors will be used as required**

**d) The prevention of public nuisance**

**DPS are manager will monitor noise levels in and around the property and take action as required so not to a nuisance.Promote guests to arrive and leave in a quiet manner. This includes signage at the venue exit  
Ensure where possible doors and windows are kept closed. Specifically, if amplified music is taking place  
Complaints will be recorded by staff/management in the incident log. Repetitive issues and significant breeches will be investigated by the DPS  
Smoking – This will be monitored by staff and management  
Give consideration to overall noise level of property and adjust such things as background music to lower levels**

**e) The protection of children from harm**

**Age verification policy in place for staff of Challenge 21 in line with general objectives and training  
Incident and refusal book to be used in line with general objectives  
Staff training as detailed in general objectives  
CCTV in use as detailed in general objectives**

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.

Additional Conditions as uploaded in 87 88 Bank Street additional conditions file.

Notes for Guidance are available online



## Consent of individual to being specified as premises supervisor

Please print this form and ask the person being specified as premises supervisor to fill in the below.

Certain details have been pre-populated from data given on this online form. Please amend any incorrect information or add details where necessary.

Please return this completed form to:

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

I, **Mr Steven Ross Hutchins**

[Full name of prospective premises supervisor]

of

[Redacted address]

[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

**A premises licence**

[Type of application]

by **Century Buildings (Rochester) Limited**

[name of applicant]

relating to a premises licence

[Number of existing licence, if any]

for **87-88 Bank Street  
Maidstone**

[Name and address of the premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

**Century Buildings (Rochester) Limited**

[Name of applicant]

concerning the supply of alcohol at

**87-88 Bank Street  
Maidstone**

[Name and address of the premises to which the application relates]

## Consent of individual to being specified as premises supervisor (cont.)

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

**MEDWAY-05-PL-0111**

[insert personal licence number, if any]

Personal licence issuing authority

**Medway**

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

**Signed**

**Name (please print)**

**Date**

## Form end

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You have now reached the end of the form. If you have entered all the necessary information, and read all the guidance notes, please now submit the form.

XML Specific

Application Type

Licence Case Type

Licence Status

XML Template

CAPS Reference

Payments request

CallingAppID

CallingAppRef

PaymentSourceCode

Customer Message

Empty text area for Customer Message

Response response

PaymentAuthorisationCode

IncomeManagementReceiptNumber

OriginatorsReference

CardScheme

CardType

PaymentAmount

ResponseCode

ResponseDescription

Number of payment lines

Service Message

Empty text area for Service Message

Payment 1

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue  VAT

Paid

Payment Date

Fund

Reference

Payment 2

Receipt Number

DueDate

PaymentType

Pay Description

XMLDescription

PaymentDue  VAT

Paid

Payment Date

Fund

Reference

Payment 3

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue  VAT

Paid

Payment Date

Fund

Reference

Payment 4

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue  VAT

Paid

Payment Date

Fund

Reference

Payment 5

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue  VAT

Paid

Payment Date

Fund

Reference

**Case Overview**

Form file name:	<input type="text"/>	Current Date	<input type="text"/>
Form data set reference	<input type="text" value="Century Buildings (Rochester) Limited/"/>	Date From	<input type="text"/>
Has been E-Signed	<input type="checkbox"/> Date/Time E-Signed <input type="text"/>		
Date/Time Submitted to main server	<input type="text"/>	Data Validation Reference	<input type="text"/>
Date/Time Submitted to external server	<input type="text"/>	Date/Time form Started	<input type="text" value="12/11/2019 16:52:21"/>

**Automatic Messaging**

Receipt Email Address	<input type="text"/>	Notification Email Address	<input type="text"/>
Receipt Email Subject	<input type="text"/>	Notification Email Subject	<input type="text"/>
Receipt Email Message	<input type="text"/>	Notification Email Message	<input type="text"/>
Mobile Number	<input type="text"/>		

**Case Notes**

**CRM Integration**

CRM Case Ref

**Form History**

16/11/2019 14:20:09 | Received on Remote Server  
 16/11/2019 14:24:21 | Submitted | (anon, , ) | Application for a premises licence (1.0).wdf, 42898, Licence Inc Bexley, new | Ref: 042898-91116-DKC1XG4  
 16/11/2019 14:20:09 | Received on Remote Server  
 16/11/2019 14:24:21 | Submitted | (anon, , ) | Application for a premises licence (1.0).wdf, 42898, Licence Inc Bexley, new | Ref: 042898-91116-DKC1XG4

**Form Database**

Primary Record ID	<input type="text"/>	Secondary Record ID	<input type="text"/>
Department Name	<input type="text"/>	Form Status	<input type="text"/>
Depart Classification / Priority	<input type="text"/>	Search Field 3	<input type="text" value="87-88 Bank Street ME14 1SD"/>
Dept Case Reference	<input type="text"/>		
Date Record Started	<input type="text"/>		
Date Last Modified	<input type="text"/>		

**Current User**

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	User Record Id	<input type="text"/>
Tel No	<input type="text"/>	Email address	<input type="text"/>		Address	<input type="text"/>	
User Classification	<input type="text"/>						
Portal Username	<input type="text"/>	Expert for this form	<input type="text"/>				

**System Data**

Pages active with dynamic paging

Data Locked for Editing  Date of offline forms creation  Enable high-quality print (WDF)

Type of form - ufx, wdf or txt   If TXT - Optimised for screen-readers  Enable top controls on opening

Start page for expert users  Print Collation Config

**Form Design Settings**

Dynamic paging enabled  Use page titles for page menu  ESigning is available  After ESigning/Submission - go to page No?  TXT form is available

Pages with forced error checking

Pages that override forced error checking

Last visible page: Unregistered users  Registered users:  Expert users:  Override for TXT version

Default branding file:  e.g. 'UK Revenues & Benefits Branding (1.0)'

Shared Data Dictionary  e.g. 'Victoria Forms UK Government Data (1.0)'

HTML pages within WDF  Page no for thumbnail