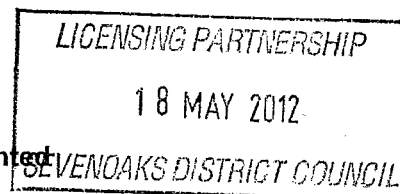


APPENDIX A



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 SANJAY RAVAL

(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 EARLS PUBLIC HOUSE 30 EARL STREET			
Post town	MAIDSTONE, KENT	Post code	ME14 1PS
Telephone number at premises (if any)		01622 751286	
Non-domestic rateable value of premises		£50,000	

Part 2 - Applicant Details

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

- | | | | |
|----|---|-------------------------------------|-----------------------------|
| a) | an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) | a person other than an individual * | | |
| | i. as a limited company | <input 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 in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England ☐ 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 Raval			First names Sanjay		
I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes					
Current postal address if different from premises address		120 High Street			
Post Town	Rochester, Kent			Postcode	ME1 1JT
Daytime contact telephone number		01634 832366			
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			
2	0	0	5	2	0	1	2

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

Day		Month		Year			
1	1	1	1	1	1	1	1

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

Licensed Premises – public house. Please see attached plans.

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) | <input 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 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) (if ticking yes, fill in box H) | <input checked="" type="checkbox"/> |

Provision of entertainment facilities:

- | | |
|---|-------------------------------------|
| i) making music (if ticking yes, fill in box I) | <input checked="" type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input checked="" type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <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

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			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Film and/or video shows or relays may be provided from time to time whether of a musical and/or sporting nature or otherwise and whether forming the principal entertainment offered or as ancillary to other entertainment, e.g. music and dancing.		
Mon	07:00	00:00			
Tue	07:00	00:00			
			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Wed	07:00	00:00			
Thur	07:00	01:00			
			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 (please read guidance note 5) Please refer to box M for non-standard timings.		
Fri	07:00	03:00			
Sat	07:00	03:00			
Sun	07:00	00:00			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3) Such indoor sporting events as may be undertaken on the premises from time to time including, for example, pool, snooker etc.
Day	Start	Finish	
Mon	07:00	00:00	
Tue	07:00	00:00	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed	07:00	00:00	
Thur	07:00	01:00	<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) Please refer to box M for non-standard timings.
Fri	07:00	03:00	
Sat	07:00	03:00	
Sun	07:00	00:00	

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"/>
Day	Start	Finish		Both	<input type="checkbox"/>
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)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" 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) The applicant wishes to be able to provided both live amplified and unamplified music and singing as may from time to time compliment the range of entertainment being provided at the premises whether as the principal entertainment or in conjunction with dancing and/or any other permitted activity.		
Mon	07:00	00:00			
Tue	07:00	00:00			
Wed	07:00	00:00			
Thur	07:00	01:00	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Fri	07:00	03:00			
Sat	07:00	03:00	<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> (please read guidance note 5) Please refer to box M for non-standard timings.		
Sun	07:00	00:00			

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" 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) The applicants wish to have the facility for the provision of recorded music whether as the principal entertainment provided or in conjunction with dancing or any other permitted activity. Recorded music will only be provided outside within the seasonal times outlined below.		
Mon	07:00	00:00			
Tue	07:00	00:00			
Wed	07:00	00:00			
Thur	07:00	01:00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Fri	07:00	03:00			
Sat	07:00	03:00	<u>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</u> (please read guidance note 5) Please refer to box M for non-standard timings.		
Sun	07:00	00:00			

G

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) The applicants wish to provide such performance of dance as may be required from time to time to compliment the range of entertainment or in conjunction with dancing or any other permitted activity		
Mon	07:00	00:00			
Tue	07:00	00:00	State any seasonal variations for the performance of dance (please read guidance note 4)		
Wed	07:00	00:00			
Thur	07:00	01:00	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) Please refer to box M for non-standard timings.		
Fri	07:00	03:00			
Sat	07:00	03:00			
Sun	07:00	00:00			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u> Anything of a similar description and not specified elsewhere in this application.		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon	07:00	00:00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	07:00	00:00	<u>Please give further details here</u> (please read guidance note 3) The applicant wishes to provide such other entertainment of a like kind as may be required from time to time to compliment the range of entertainment or in conjunction with dancing or any other permitted activity.		
Wed	07:00	00:00			
			<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)		
Thur	07:00	01:00			
Fri	07:00	03:00			
			<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) Please refer to box M for non-standard timings.		
Sat	07:00	03:00			
Sun	07:00	00:00			

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing All necessary equipment and/or instruments	
			Will the facilities for making music be indoors or outdoors or both – please tick (please read guidance note 2)	
			Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) The applicant wishes to have the facility for the provision of making music whether as the principal entertainment provided or in conjunction with dancing or any other permitted activity	
Mon	07:00	00:00		
Tue	07:00	00:00		
Wed	07:00	00:00	State any seasonal variations for the provision of facilities for making music (please read guidance note 4)	
Thur	07:00	01:00		
Fri	07:00	03:00		
Sat	07:00	03:00	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 (please read guidance note 5) Please refer to box M for non-standard timings.	
Sun	07:00	00:00		

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
			<u>Please give a description of the facilities for dancing you will be providing</u> See plan of premises		
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) The applicant wishes to be able to provide facilities for dancing as may be required from time to time to compliment the range of entertainment or in conjunction with dancing or any other permitted activity		
Mon	07:00	00:00			
Tue	07:00	00:00			
Wed	07:00	00:00	<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)		
Thur	07:00	01:00			
Fri	07:00	03:00			
Sat	07:00	03:00	<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) Please refer to box M for non-standard timings.		
Sun	07:00	00:00			

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 checked="" 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) The applicants wish to be able to provide facilities for late night refreshment as may be required from time to time to compliment the range of activities (whether licensable or not) being provided at the premises whether as principal or in conjunction any other permitted activity		
Mon	23:00	00:30			
Tue	23:00	00:30			
Wed	23:00	00:30	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur	23:00	01:30			
Fri	23:00	03:30			
Sat	23:00	03:30	<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) Bank Holiday Sunday, Christmas Eve, Boxing Day, St Patricks Day, St Georges Day and Hallowe'en – all the above until 03:30		
Sun	23:00	00:30			

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 type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	07:00	00:00			
Tue	07:00	00:00			
Wed	07:00	00:00			
Thur	07:00	01:00	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 5) Bank Holiday Sunday, Christmas Eve, Boxing Day, St Patricks Day, St Georges Day and Hallowe'en – all the above until 03:00 hours.		
Fri	07:00	03:00			
Sat	07:00	03:00	From the end of permitted hours on New Years Eve to the start of permitted hours on New Years Day.		
Sun	07:00	00:00			

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

Name Mr David Greenslade	
Address 30 Market Street Maidstone Kent	
Postcode	ME14 1QA
Personal Licence number (if known) MAID0185/LP/0957	
Issuing licensing authority (if known) Maidstone Borough Council	

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	07:00	01:00	
Tue	07:00	01:00	
Wed	07:00	01:00	
Thur	07:00	02:00	
Fri	07:00	03:30	
			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 (please read guidance note 5) Bank Holiday Sunday, Christmas Eve, Boxing Day, St Patricks Day, St Georges Day and Hallowe'en – all the above until 03:30. From the end of permitted hours on New Years Eve to the start of permitted hours on New Years Day.
Sat	07:00	03:30	
Sun	07:00	01:00	

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 9)

Please refer to that attached continuation sheet.

b) The prevention of crime and disorder

As above.

c) Public safety

As above.

d) The prevention of public nuisance

As above.

e) The protection of children from harm

As above.

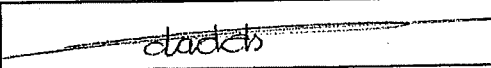
Please tick yes

- 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	17. MAY 2012.
Capacity	Applicant's Solicitor/Advocate

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)
Dadds LLP Licensing Solicitors
Crescent House, 51 High Street

Post town	Billericay, Essex	Post code	CM12 9AX
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Telephone number (if any)	01277 631 811
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If you would prefer us to correspond with you by e-mail your e-mail address (optional)

CONTINUATION SHEET

Prevention of Crime and Disorder

1. CCTV must be installed in and around the location of the premises with particular attention as to the siting of cameras covering all entrances and exits, public areas, areas where the public, club members and guests may congregate to gain entry or leave the premises and all other areas where the public, club members and guests may have access.
2. A sign or written notice shall be displayed in all public areas informing those persons at the premises or entering or leaving the premises that they will be subject to recording by means of CCTV or other recording device.
3. All CCTV cameras and recording equipment, including video tapes, shall be well maintained, kept in good working order and be subject to regular testing and inspection.
4. Where CCTV has not been installed, or there are specific requirements for further CCTV coverage in or around the premises, guidance must be sought from the Chief Officer of Police, officers or other representatives of, the Police Authority
5. Any Recording made (during the hours open to the public) via the use of CCTV or other recording equipment, must be of a continuous nature and shall be retained and stored securely for a six month period. All recording, howsoever made, must be stored securely for one month, the first day of storage being the last date of the continuous recording. Each video tape/recording material shall be labelled with the following;
 - (i) The date(s) of the recording period(s).
 - (ii) The time(s) the recording period(s) began and concluded including any breaks in the recording of the video tape/recording material. Where breaks in recording occur, all reasons for the said breaks.
 - (iii) The name(s) and position(s) of all persons entering the above information, illustrating the date(s) and recording period(s) each person is responsible for.
 - (iv) Where a "working video tape" and a "copy video tape" is made from a master video tape material, each "working video tape" and "copy video tape" must be labelled with information concerning all date(s) and time(s) copying took place, the name(s) and position(s) of all persons which made the "working video tape" and the "copy video tape" and reasons copies were made.
 - (v) The location of all master video tapes/recordings materials and copies. Footnote: all video tapes/ recording material shall be accessible at all times to members of the Police Authority, Licensing Authority, or other responsible Authorities.
 - (vi) Warning sign: All video tapes/recording materials shall be kept in a safe and secure location and should not be accessible to members of the public or any other unauthorised persons.

- (vii) Warning Sign: All video tapes/ recordings materials must be kept for a minimum of one month, All video tapes/recording materials must be stored securely for a minimum period of one month, the first day of storage being the last date of the continuous recording. All video tapes/recording materials shall be stored in accordance with subsection (vi) above.

Public Nuisance

The following licensed activities that have the potential to create public nuisance shall not be permitted unless they are done so in accordance with the controls below:

(1) Activity control

- a. Performances of Music, Film, Amplified Speech or Sound. All doors and windows to be shut after 23.00hrs,
- b. After 22.00hrs sound levels will be regularly monitored from the outside to ensure there is no noise nuisance being created.
- c. The level of music/sound shall be controlled so that no noise is discernible at the façade or inside the nearest noise sensitive dwellings.
- d. Prominent, clear notices shall be displayed at all exits/ in the beer garden/ outside areas, requesting customers to respect the needs of local residents and leave the premises and the area quietly.
- e. A 'freephone' taxi line/ Telephone numbers for local taxi companies must be available to assist with the peaceful dispersal of patrons from the premises.

Protection of Children from harm

Anyone who appears to be under 18 and is attempting to purchase alcohol in the licensed premises/club or is consuming alcohol in the licensed premises/club shall, upon request, provide any member of staff of the licensed premises/club with adequate and acceptable proof of age.

Proof of age may be illustrated by a:-

- Connexions card – as promoted by Kent trading Standards and Kent Police.
- 'New type' driving licence with photograph.
- Valid UK Passport
- Official identity card issued by HM armed forces.

It may be acceptable for children under the age of 18 to consume alcohol as a part of a meal whilst under adult supervision. In this instance, it may not be necessary to require proof of age.

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

SANJAY RAVAL

[name of applicant]

concerning the supply of alcohol at

EARLS PUBLIC HOUSE
30 EARL STREET
MAIDSTONE
KENT
ME14 1PS

[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

MAID0185/LP/0957

[insert personal licence number, if any]

Personal licence issuing authority

MAIDSTONE BOROUGH COUNCIL

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

Signed



Name (please print)

MR DAVID GREENSLADE

Date

20.04.12

LICENSING PARTNERSHIP

18 MAY 2012

SEVENOAKS DISTRICT COUNCIL

Consent of individual to being specified as premises supervisor

MR DAVID GREENSLADE

[full name of prospective premises supervisor]

of

EARLS
30 MARKET STREET
MAIDSTONE
KENT
ME14 1QA

[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

NEW PREMISES LICENCE

[type of application]

by

SANJAY RAVAL

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

EARLS PUBLIC HOUSE
30 EARL STREET
MAIDSTONE
KENT
ME14 1PS

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