



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.

~~NAME~~ STANLEY GRISCTI

(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		
THE DUTCH BARN WOODFALLS CROSS FARM HALE RD HALE FORDINGBRIDGE HANTS		
Post town	FORDINGBRIDGE	Postcode
		SP6 2NW
Telephone number at premises (if any)	[REDACTED]	
Non-domestic rateable value of premises	£ NOT YET RATED	

Part 2 - Applicant details

Please state whether you are applying for a premises licence as appropriate

Please tick

a) an individual or individuals *

please complete section (A)

- b) a person other than an individual *
- i as a limited company/limited liability partnership please complete section (B)
 - ii as a partnership (other than limited liability) 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 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 (by ticking yes to one box below):

- 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 <i>GRISCTI</i>			First names <i>STANLEY</i>		
Date of birth		I am 18 years old or over <input checked="" type="checkbox"/>		Please tick yes	
Nationality					

Current residential address if different from premises address	<i>AS ABOVE.</i>		
Post town		Postcode	
Daytime contact telephone number	[REDACTED]		
E-mail address (optional)	[REDACTED]		

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		
Date of birth over		I am 18 years old or		<input type="checkbox"/> Please tick yes	
Nationality					
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?

DD	MM	YYYY
13	11	2020

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

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

THE BUILDING IS A STEEL FRAMED DUTCH BARN, CLAD IN TIMBER AND TIN. PLEASE SEE ATTACHED SITE PLAN.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- 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 late night refreshment (if ticking yes, fill in box I)

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

In all cases complete boxes K, L and M

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	14.00	23.30	Please give further details here (please read guidance note 4) <i>AMPLIFIED MUSIC</i>		
Tue	14.00	23.30			
Wed	14.00	23.30	State any seasonal variations for the performance of live music (please read guidance note 5) <i>BANK HOLIDAY SUNDAYS AND MONDAYS 11.00 TO 23.30. NEW YEAR'S EVE: 11.00 TO 00.30.</i>		
Thur	14.00	23.30			
Fri	11.00	23.30	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) <i>BANK HOLIDAY SUNDAYS AND MONDAYS 11.00 TO 23.30. NEW YEAR'S EVE: 11.00 TO 00.30.</i>		
Sat	11.00	23.30			
Sun					

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	14.00	23.30	Please give further details here (please read guidance note 4) <i>AMPLIFIED MUSIC.</i>	Both	<input type="checkbox"/>
Tue	14.00	23.30			
Wed	14.00	23.30	State any seasonal variations for the playing of recorded music (please read guidance note 5) <i>BANK HOLIDAY SUNDAYS AND MONDAYS 11.00 TO 23.30. NEW YEAR'S EVE: 11.00 TO 00.30.</i>		
Thur	14.00	23.30			
Fri	11.00	23.30	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 6) <i>BANK HOLIDAYS SUNDAYS AND MONDAYS 11.00 TO 23.30. NEW YEAR'S EVE: 11.00 TO 00.30.</i>		
Sat	11.00	23.30			
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	08.00	23.30	State any seasonal variations for the supply of alcohol (please read guidance note 5) <i>BANK HOLIDAY SUNDAYS 10.00 TO 23.30. NEW YEAR'S EVE; 08.00 TO 00.30.</i>		
Tue	08.00	23.30			
Wed	08.00	23.30			
Thur	08.00	23.30			
Fri	08.00	23.30			
Sat	08.00	23.30			
Sun	10.00	17.00			
			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 8) <i>BANK HOLIDAY SUNDAYS 10.00 TO 23.30 NEW YEAR'S EVE; 08.00 TO 00.30.</i>		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	STANLEY GRISCTI
Date of birth	[REDACTED]
Address	WOODFALLS CROSS FARM HALE RD HALE FORDINGBRIDGE.
Postcode	SP6 2NW
Personal licence number (if known)	PER0099
Issuing licensing authority (if known)	SALISBURY DISTRICT.



K

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).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5) <i>BANK HOLIDAY SUNDAYS 10.00 TO 23.30. NEW YEAR'S EVE: 08.00 TO 00.30.</i>
Day	Start	Finish	
Mon	08.00	23.30	
Tue	08.00	23.30	
Wed	08.00	23.30	
Thur	08.00	23.30	
Fri	08.00	23.30	
Sat	08.00	23.30	
Sun	10.00	17.00	

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 6)
*BANK HOLIDAY SUNDAYS 10.00 TO 23.30
NEW YEAR'S EVE: 08.00 TO 00.30.*

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

- NO PERSON IN POSSESSION OF A DRINK IN A SEALED OR UNSEALED CONTAINER SHALL BE ALLOWED TO ENTER THE PREMISES EXCEPT FOR THE PURPOSE OF DELIVERY.
- NO DRINK SHALL BE REMOVED FROM THE PREMISES IN AN UNSEALED CONTAINER.
- A NOTICE SHALL BE DISPLAYED IN THE BAR AREA TO INDICATE THAT IT IS UNLAWFUL FOR PERSONS UNDER THE AGE OF 18 TO PURCHASE ALCOHOL OR FOR ANY PERSON TO PURCHASE ALCOHOL ON BEHALF OF A PERSON UNDER 18.

PLEASE
SEE
OVER
→

b) The prevention of crime and disorder

- ANY OUTSIDE AREA USED FOR THE CONSUMPTION OF ALCOHOL SHALL BE COVERED BY CCTV.
- THE PREMISES SHALL HAVE SUFFICIENT CAMERAS LOCATED TO COVER ALL INSIDE AND OUTSIDE PUBLIC AREAS, ENTRANCES AND EXITS.
- CCTV WARNING SIGNS TO BE FITTED IN PUBLIC PLACES.
- THE CCTV SYSTEM WILL BE OPERATING AT ALL TIMES WHILST THE PREMISES ARE OPEN FOR LICENSABLE ACTIVITY.

PLEASE
SEE
OVER
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c) Public safety

- THE EVENTS WE HOLD WILL EITHER BE PRE-ARRANGED WITH SET NUMBERS AND/OR THERE WILL BE A MEMBER OF STAFF ON THE DOOR COUNTING GUEST NUMBERS TO ENSURE IT STAYS WITHIN THE SAFE CAPACITY OF THE BUILDING.
- ALL STAFF WILL BE TRAINED ON RESPONSIBLE DRINKING AND SAFETY PROCEDURES AND THERE WILL NOT BE 'HAPPY HOUR' PROMOTIONS.

PLEASE
SEE
OVER
→

d) The prevention of public nuisance

- STAFF WILL REGULARLY PATROL THE PREMISES BOTH INSIDE AND OUT.
- NOTICES ASKING PEOPLE TO LEAVE QUIETLY WILL BE DISPLAYED.
- THE VOLUME OF MUSIC WILL BE CONTROLLED BY A NOISE LIMITER.

M

a) GENERAL.

- THERE SHALL BE IN PLACE FOR THE PREMISES A WRITTEN POLICY TO PREVENT THE SALE OR SUPPLY OF ALCOHOL TO PERSONS UNDER 18 YEARS OF AGE. THAT POLICY SHALL REQUIRE ANY PERSON WHO APPEARS TO BE UNDER THE AGE OF 25 YEARS TO PRODUCE A RECOGNISED PROOF OF AGE CARD ACCREDITED UNDER THE PROOF OF AGE STANDARDS SCHEME (PASS) OR IF A PROOF OF AGE CARD IS NOT AVAILABLE A PHOTO DRIVING LICENCE INDICATING THAT THEY ARE OVER 18 YEARS OF AGE.

b) THE PREVENTION OF CRIME AND DISORDER

- ALL CCTV EQUIPMENT SHALL HAVE A CONSTANT AND ACCURATE TIME AND DATE GENERATION.
- THE RECORDING SYSTEM WILL BE ABLE TO CAPTURE A MINIMUM OF 4 FRAMES PER SECOND AND ALL RECORDED FOOTAGE WILL BE SECURELY RETAINED FOR A MINIMUM OF 28 DAYS.
- RECORDS WILL BE MADE ON A WEEKLY BASIS AND KEPT FOR INSPECTION TO SHOW THAT THE CCTV SYSTEM IS FUNCTIONING CORRECTLY AND THAT DATA IS BEING SECURELY RETAINED. THE SYSTEM WILL BE PASSWORD PROTECTED.
- THERE SHALL BE SUFFICIENT MEMBERS OF TRAINED STAFF AT THE PREMISES DURING OPERATING HOURS TO BE ABLE TO PROVIDE VIEWABLE COPIES IMMEDIATELY TO HAMPSHIRE CONSTABULARY OR LICENSING OFFICERS ON REQUEST WHEN INVESTIGATING ALLEGATIONS OF OFFENCES OR CRIMINAL ACTIVITY.
- AN INCIDENT BOOK WILL BE PROVIDED AND MAINTAINED AT THE PREMISES. IT WILL REMAIN ON THE PREMISES AT ALL TIMES AND WILL BE AVAILABLE TO HAMPSHIRE CONSTABULARY OR LICENSING OFFICERS FOR INSPECTION UPON REQUEST.
- A WRITTEN LOG SHALL BE KEPT OF ALL REFUSALS INCLUDING REFUSALS TO SELL ALCOHOL. THE PREMISES LICENCE HOLDER SHALL ENSURE THAT THE REFUSALS LOG IS CHECKED, SIGNED AND DATED ON A WEEKLY BASIS.
- THE REFUSALS LOG WILL BE KEPT AND MAINTAINED AT THE PREMISES AND WILL BE AVAILABLE FOR INSPECTION IMMEDIATELY UPON REQUEST BY HAMPSHIRE CONSTABULARY, NFDL LICENSING OFFICERS AND ANY OTHER OFFICERS FROM A RESPONSIBLE AUTHORITY.
- THE RECORD OF REFUSALS WILL BE RETAINED FOR 12 MONTHS.
- THERE WILL BE A CHALLENGE 25 POLICY OPERATING AT THE PREMISES. EVERY INDIVIDUAL WHO VISIBLY APPEARS TO BE UNDER 25 YEARS OF AGE AND IS SEEKING TO PURCHASE OR BE SUPPLIED WITH ALCOHOL AT THE PREMISES OR FROM THE PREMISES, SHALL PRODUCE IDENTIFICATION PROVING THAT INDIVIDUAL TO BE 18 YEARS OF AGE OR OLDER. ACCEPTABLE IDENTIFICATION FOR THE PURPOSES OF AGE

VERIFICATION WILL INCLUDE A DRIVING LICENCE, PASSPORT OR PHOTOGRAPHIC IDENTIFICATION BEARING A HOLOGRAPHIC MARK OR THE 'PASS' LOGO AND THE PERSON'S DATE OF BIRTH.

- IF THE PERSON SEEKING ALCOHOL IS UNABLE TO PRODUCE ACCEPTABLE MEANS OF IDENTIFICATION, NO SALE OR SUPPLY OF ALCOHOL WILL BE MADE TO OR FOR THAT PERSON.
- CHALLENGE 25 POSTERS SHALL BE DISPLAYED IN PROMINENT POSITIONS AT THE PREMISES.
- STAFF WILL BE TRAINED REGARDING APPROPRIATE PRECAUTIONS TO PREVENT THE SALE OF ALCOHOL TO PERSONS UNDER THE AGE OF 18, THE SIGNS AND SYMPTOMS OF DRUNK PERSONS AND THE REFUSAL OF SALE DUE TO INTOXICATION. RECORDS WILL BE KEPT OF SUCH TRAINING WHICH MUST BE SIGNED AND DATED BY THE MEMBER OF STAFF WHO HAS RECEIVED THAT TRAINING.
- A DISPERSAL PROCEDURE WILL BE ADOPTED DURING THE LAST TRADING HOUR TO ENSURE MINIMAL DISTURBANCE TO NEIGHBOURS AND TO TACKLE THE PROBLEM OF ANTI-SOCIAL BEHAVIOUR AND CRIME. THIS WILL INCLUDE:
 - DURING THE LAST 30 MINUTES OF TRADING THE SERVICE POINTS AT THE BAR WILL BE REDUCED AND CERTAIN STAFF REALLOCATED TO COLLECT GLASSES.
 - MUSIC VOLUME WILL BE REDUCED DURING THE LAST 30 MINUTES OF TRADING, LIGHTING LEVELS WILL BE RAISED TO ENCOURAGE THE GRADUAL DISPERSAL OF CUSTOMERS.
 - DJ ANNOUNCEMENTS WILL BE USED TO ENCOURAGE GRADUAL DISPERSAL AND TO REMIND CUSTOMERS TO LEAVE QUIETLY.
 - STAFF WILL REMOVE ALL BOTTLES AND GLASSES FROM ANY CUSTOMER WHO ATTEMPTS TO LEAVE THE VENUE CARRYING ONE.
- ALL AREAS OF THE PREMISES WILL BE CHECKED AT THE END OF EACH EVENING TO ENSURE ALL CUSTOMERS HAVE LEFT SAFELY AND A SIGNED RECORD OF THESE CHECKS ARE TO BE KEPT ON THE PREMISES AT ALL TIMES AND TO BE MADE AVAILABLE TO HAMPSHIRE CONSTABULARY OR AUTHORISED OFFICERS UPON REQUEST.
- FREQUENT COLLECTION OF GLASSES AND BOTTLES WILL BE UNDERTAKEN TO ENSURE THAT EMPTY CONTAINERS DO NOT ACCUMULATE IN OR AROUND THE LICENSED PREMISES.

C) PUBLIC SAFETY

- FREE DRINKING WATER WILL BE AVAILABLE AT ALL TIMES.
- THE TELEPHONE NUMBERS OF TAXI DRIVERS WILL BE DISPLAYED PROMINENTLY.
- ALL GLASSES AND BOTTLES WILL BE REMOVED FROM PUBLIC AREAS REGULARLY.
- ALL ELECTRICAL EQUIPMENT WILL MEET SAFETY STANDARDS, FIRE

WILL BE AVAILABLE .

- CLEAR AND UNOBSTRUCTED ACCESS SHALL BE AVAILABLE TO THE PREMISES FOR USE BY THE EMERGENCY SERVICES AND EMERGENCY SERVICE VEHICLES AT ALL TIMES .

e) The protection of children from harm

Checklist:

Please tick to indicate agreement


- I have made or enclosed payment of the fee. *PLEASE CALL FOR PAYMENT.*
- 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 designated 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 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> • [Applicable to 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)
Signature	
Date	13/11/20
Capacity	OWNER

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). **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 14)			
Post town		Postcode	
Telephone number (if any)			