



**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 VIVIEN SHERIFF

*(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			
HARRY'S MEADOW CAMPSITE HALE PARK FOLDINGBRIDGE			
Post town	FOLDINGBRIDGE	Postcode	SP6 2RE

Telephone number at premises (if any)	—
Non-domestic rateable value of premises	£ N/A - FIELD

**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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input checked="" type="checkbox"/>	Other Title (for example, Rev)	
Surname <b>SHERIFF</b>			First names <b>VIVIEN</b>		
Date of birth <b>[REDACTED]</b>		I am 18 years old or over <input checked="" type="checkbox"/>		Please tick yes	
Nationality <b>BRITISH</b>					

Current residential address if different from premises address	2 HILL CLOSE WOODGREEN		
Post town	FORDINGBRIDGE	Postcode	SP6 2BG
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
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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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

THE PREMISES WILL BE A CONVERTED HORSEBOX IN AN AREA WHERE THERE IS A STRETCH TENT + HAY BALES. THIS IS SET IN 30 ACRES OF LAND USED AS A CAMPSITE (NOT SOL) AT FULL CAPACITY.

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 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**

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Mon	17.00	22.00			
Tue	17.00	22.00			
Wed	17.00	22.00			
Thur	17.00	22.00			
Fri	17.00	22.00			
Sat	17.00	22.00			
Sun	17.00	22.00			
			<b>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</b> (please read guidance note 6)		

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	VIVIEN SHERIFF
Date of birth	[REDACTED]
Address	2 HILL CLOSE WOODGREEN FORDINGBRIDGE
Postcode	SP6 2BG
Personal licence number (if known)	3164/1
Issuing licensing authority (if known)	NEW FOREST DISTRICT COUNCIL

□□□□

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).

NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon			<u>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</u> (please read guidance note 6)  NOT OPEN TO THE GENERAL PUBLIC. ONLY CAMPEERS MAY USE THE BAR DURING LICENSED HOURS.
Tue			
Wed			
Thur		24/7	
Fri			
Sat			
Sun			

**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)**

This premises licence shall have effect for the month of August each year.  
Our strategy and approach towards the supplying of alcohol to our campers aligns very closely with the founding 4 licensing objectives, and therefore takes place within a highly safe and regulated manner.  
We achieve this by a site manager/security warden on hand 24hrs a day to enforce: the 23:00 hrs noise curfew; controlled number of guests (no walk-ins allowed); guests are not contained within a building; bar area far from surrounding residential dwellings.

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

Strict bar opening times adhered to.  
No sale of alcohol to anyone who appears to be intoxicated.  
Site security guards at weekends when busier.  
Site manager on hand 24hrs a day.  
All guests are sent campsite guidelines prior to arrival and given 5-minute briefing on the campsite rules and safety upon arrival.

**c) Public safety**

All drinks served in plastic not glass cups.  
No happy hours or drinks promotions.  
First aid kit located at reception.  
Access to truck, from which alcohol is served, is kept clear for emergency vehicles at all times.  
Fire assembly points around the campsite and buckets of water and sand.  
Good lighting around communal areas.

**d) The prevention of public nuisance**

22:00 hrs bar curfew.  
23:00 hrs noise curfew enforced by site security/site manager.  
No amplified music allowed on site at any time.  
No large group bookings or hen/stag parties permitted on site.  
Food sold alongside alcohol and free fresh water drinking points on site.  
Rubbish cleared regularly.

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

Legal drinking ages to be carefully monitored and enforced. ID required if staff in any doubt (proof of age policy).



**Checklist:**

Please tick to indicate agreement


- 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 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.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>[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).</li> <li>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)</li> </ul>
Signature	
Date	21/6/22
Capacity	APPLICANT

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)			
2 HILL CLOSE WOODGREEN			
Post town	FRADINGBURY	Postcode	SP6 2BG
Telephone number (if any)	