

LICPR /16/00481



APPENDIX 1

LICENSING SERVICES  
28 JAN 2016  
RECEIVED

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 YOYO Salisbury Ltd

(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			
YOYO 5 - 7 Christchurch Road			
Post town	Ringwood	Postcode	BH24 1DG

Telephone number at premises (if any)	07729 358968
Non-domestic rateable value of premises	£4300 - 33000 Band B

Part 2 - Applicant Details

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

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
  - i. as a limited company  please complete section (B)
  - ii. as a partnership  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:

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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal address if different from premises address					
Post town		Postcode			
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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.**

<b>Name</b>	YOYO Salisbury Ltd      T/A YOYO Ringwood
<b>Address</b>	c/o Rawlence & Browne Accountants Unit 17 Sarum Business Park Lancaster Road Salisbury Wilts SP4 6FB
<b>Registered number (where applicable)</b>	07751268
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b>	Limited Company
<b>Telephone number (if any)</b>	01722 411535
<b>E-mail address (optional)</b>	Mr Andrew Perry - andrew@rawlenceandbrowne.co.uk

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
1	9	0 2 2 0 1 6

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)

Vintage themed cocktail lounge, also selling craft beers, with an individual style, large amount of seating, background music.  
Customer age range +25

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

N/A
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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 any 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

**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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon				<b>Please give further details here</b> (please read guidance note 3)	
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Wed					
Thur			<b>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</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Tue			
Wed			
Thur			<b><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></b> (please read guidance note 5)
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)			
			Indoors	<input type="checkbox"/>		
			Outdoors	<input type="checkbox"/>		
			Both	<input type="checkbox"/>		
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)			
Mon						
Tue						
Wed					<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)	
Thur						
Fri						
Sat					<b><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></b> (please read guidance note 5)	
Sun						



**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)		
Mon	08.00	02.00	The recorded music we wish to use is from an iPod through speakers placed around the customer area, as background music		
Tue	08.00	02.00			
Wed	08.00	02.00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur	08.00	02.00	<b>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</b> (please read guidance note 5)		
Fri	08.00	02.00			
Sat	08.00	02.00			
Sun	08.00	02.00	Sundays prior to Bank Holiday Mondays, Good Friday, Christmas Eve, Boxing Day, New Years Eve until 02.00 and for an additional hour on the morning of the day the clocks for forward for British Summer Time		

**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 type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 3)		
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)		
Fri					
Sat			<b>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</b> (please read guidance note 5)		
Sun					

I

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	23.00	02.00	<b><u>Please give further details here</u></b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	23.00	02.00			
Wed	23.00	02.00	<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Thur	23.00	02.00			
Fri	23.00	02.00	<b><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></b> (please read guidance note 5)  Sundays prior to Bank Holiday Mondays, Good Friday, Christmas Eve, Boxing Day, New Years Eve until 02.00 and for an additional hour on day the clocks go forward for British Summer Time.		
Sat	23.00	02.00			
Sun	23.00	02.00			

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> – <b>please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	08.00	02.00			
Tue	08.00	02.00			
Wed	08.00	02.00			
Thur	08.00	02.00			
Fri	08.00	02.00			
Sat	08.00	02.00			
Sun	08.00	02.00	<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 5)  Sundays prior to Bank Holiday Mondays, Good Friday, Christmas Eve, Boxing Day, New Years Eve until 02.00 and for an additional hour on the morning of the day the clocks go forward for British Summer Time		

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

<b>Name</b> Kevin Leslie Welch	
<b>Address</b> 6 Pineholt Close St Ives Ringwood Hants	
<b>Postcode</b>	BH24 2NE
<b>Personal licence number (if known)</b> PER1027	
<b>Issuing licensing authority (if known)</b> Salisbury Wiltshire	

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 8).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon	08.00	02.00	<p><b><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></b> (please read guidance note 5)</p> <p>Sundays prior to Bank Holiday Mondays, Good Friday, Christmas Eve, Boxing Day, New Years Eve until 02.00 and for an additional hour on the morning of the day the clocks go forward for British Summer Time</p>
Tue	08.00	02.00	
Wed	08.00	02.00	
Thur	08.00	02.00	
Fri	08.00	02.00	
Sat	08.00	02.00	
Sun	08.00	02.00	

**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 9)**

- \* Installation of internal and external CCTV
- \* Promotion of the "Challenge 25"
- \* Valid photo ID (driving license or passport)
- \* Full Bar Staff Training
- \* Music volume managed

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

- \* CCTV will be installed internally and externally, recording 24 hours a day. Recordings will be kept for 30 days and will be readily available if required by Police or any other authority.
- \* Incident Book for refusals and ejections, which will be logged in conjunction with CCTV

**c) Public safety**

- \* Rejection of service to intoxicated customers
- \* CCTV throughout the premises
- \* Risk assesment will be undertaken - covering Fire, Health & Safety, Staff Training, First Aid

**d) The prevention of public nuisance**

- \* Prominent signage asking customers to leave quietly and to respect our neighbours
- \* Intoxicated persons will not be served alcohol at the bar and asked to leave quietly
- \* Music level will be kept to a background level only
- \* Wall ashtrays to be provided at the front of the premises as there is not a designated smoking area

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



- \* We propose to adhere to the "Challenge 25" rule
- \* Anyone suspected to be under 25 will be asked to show legal ID such as a valid provisional or full driving license or a valid passport
- \* Prominent signage will be displayed explaining our ID rules
- \* Bar staff will be fully trained in how to check ID throughly espicially for false identification

**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.

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	Mrs K M Welch
Date	21.01.16
Capacity	Director

**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 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)

Mrs K M Welch  
6 Pineholt Close  
St Ives

Post town	Ringwood	Postcode	BH24 2NE
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Telephone number (if any)	07729 358968
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

### Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

**Consent of individual to being specified as premises supervisor**

I Kevin Leslie Welch  
*[full name of prospective premises supervisor]*

of  
6 Pineholt Close  
St Ives  
Ringwood  
Hants  
BH24 2NE

*[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

Premises License  
*[type of application]*

by

YOYO Salisbury Ltd  
*[name of applicant]*

relating to a premises licence N/A  
*[number of existing licence, if any]*

for

YOYO  
5 - 7 Christchurch Road  
Ringwood  
Hants  
BH24 1DG

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

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

N/A

*[name of applicant]*

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concerning the supply of alcohol at

*[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

PER1027

*[insert personal licence number, if any]*

---

Personal licence issuing authority

Wiltshire Council

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

---

Signed

Name (please print)

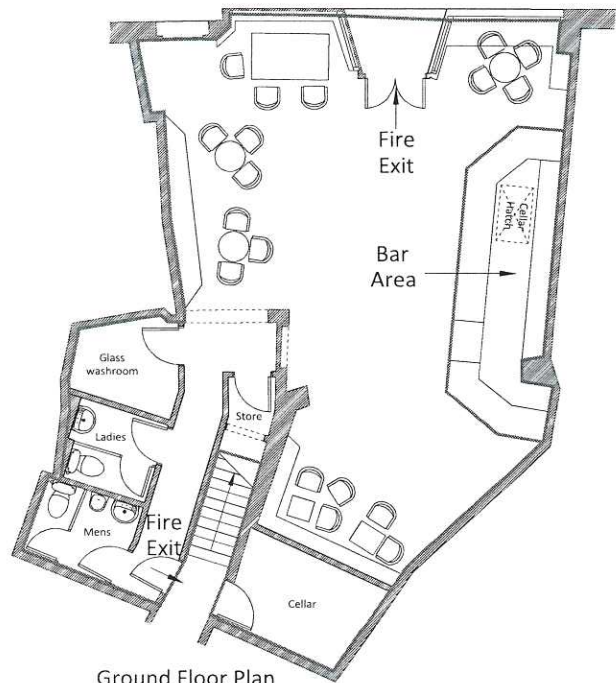
Mr Kevin Leslie Welch

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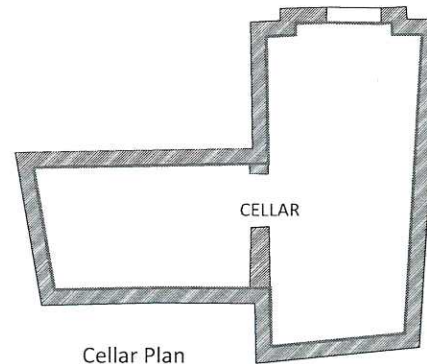
Date

22.01.16

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Ground Floor Plan  
Scale 1:100



Cellar Plan  
Scale 1:100

Notes.

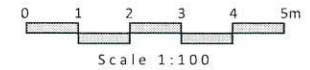
The copyright of this drawing is vested in Lacey Architectural Services and it must not be copied, reproduced or disclosed, in part or full, without consent.

This drawing must not be scaled. All dimensions are to be checked on site before work is commenced. Any discrepancies or omissions are to be reported immediately to Lacey Architectural Services.

Materials and workmanship are to comply in all respects with current British Standard Specifications, British Standards Code of Practice and Building Regulations.

This drawing should be read in conjunction with all other relevant drawings, specifications and schedules issued by Lacey Architectural Services or other specialists.

All dimensions are in millimeters, unless expressly noted otherwise.



REV	DESCRIPTION	DATE	INITIAL
 <p><b>Lacey Architectural Services</b> 115 Owls Road Verwood Dorset BH21 6AH Tel: 01202 904411 Mob: 07974312334 Email: zak@laceyarchitectural.co.uk Web: www.laceyarchitectural.co.uk</p>			
Client:			
Yoyo Salisbury			
Project:			
5-7 Christchurch Road Ringwood			
Drawing:			
Licensing Plan			
Scale:	Paper Size:	Date:	
As Shown	A3	Jan 2016	
Drawing Number:		Revision:	
J200-005			