

LICPR/16/07106

Appendix 1

Chq: 100001

VG Ventures Ltd



New Forest DISTRICT COUNCIL

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 VG VENTURES LIMITED

(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 of		<div style="border: 1px solid black; padding: 5px; text-align: center;"> LICENSING SERVICES - 1 NOV 2016 RECEIVED </div>	
9 GOSPORT STREET			
Post town	LYMINGTON	Postcode	SO41 9BG

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£16,500

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)	
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)					

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	VG VENTURES LTD
Address	2 EUSTACE HOUSE OLD PARADISE STREET LONDON SE11 6AN
Registered number (where applicable)	10274586
Description of applicant (for example, partnership, company, unincorporated association etc.)	LTD. Co.
Telephone number (if any)	07748076990
E-mail address (optional)	albert.gallordini@gmail.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
18	10	2016

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 RESTAURANT WANTS TO CREATE A WARM FRIENDLY ENVIRONMENT WHERE CUSTOMERS CAN BE SERVED A TOP QUALITY CUISINE.

THE AIM IS TO ATTRACT A MORE MATURE CLIENTELE, AND AS A RESULT THERE WILL BE SOMETHING FOR EVERYONE, WITH FOOD, DRINK AND AMBIENCE.

DAYTIME TRADING WILL BE OPEN TO THE PUBLIC.

MOST OF THE EVENING HOURS (6PM ONWARDS) WILL BE BOOKING ONLY, IN AN EFFORT TO REGULATE THE OBJECTIVES FAR MORE EFFECTIVELY AND CAUSE MINIMAL DISRUPTION TO LOCAL RESIDENCE.

WITH RETAIL MAINLY FOCUSING ON FOOD, THE PREMISES WILL WELCOME A PLACE TO EAT, ACCOMPANIED WITH REFRESHMENTS, EITHER SOFT OR ALCOHOLIC SHOULD YOU CHOOSE.

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 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"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
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) ACTIVITY TO TAKE PLACE WITHIN THE STATED HOURS, IN THE SOUND PROOFED SNUG.		
Mon	12 00	24 00			
Tue	12 00	24 00			
Wed	12 00	24 00	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur	12 00	24 00			
Fri	12 00	24 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)		
Sat	12 00	24 00			
Sun	12 00	24 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)	
Day	Start	Finish		
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)	
Tue				
Wed				
Thur				<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)
Fri				
Sat				
Sun				

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment 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	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	12 00	24 00	MUSIC WILL BE AMPLIFIED, HOWEVER WILL ALWAYS TERMINATE BY 2100 OUTSIDE. WILL THEN MOVE INSIDE WITH WINDOWS AND DOORS BEING KEPT CLOSED TO REDUCE DISTURBANCE.		
Tue	1200	2400			
Wed	1200	2400	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	12 00	24 00	CHRISTMAS EVE 1000 - 2400 NEW YEARS EVE 1000 - 0200		
Fri	12 00	24 00	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 5)		
Sat	12 00	24 00			
Sun	12 00	24 00			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
			Both	<input checked="" type="checkbox"/>	
Mon	0800	2400	Please give further details here (please read guidance note 3) MOST RECORDED MUSIC WILL BE PLAYED AS BACK GROUND MUSIC UNLESS A SPECIFIC EVENT IS TAKING PLACE. IT WILL BE MONITORED ACCORDINGLY. AFTER 2100 OUTSIDE MUSIC WILL TERMINATE.		
Tue	0800	2400			
Wed	0800	2400	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	0800	2400			
Fri	0800	2400	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 5) CHRISTMAS EVE WILL TERMINATE AT 0100. NYE WILL TERMINATE AT 0200.		
Sat	0800	0100			
Sun	0800	2400			

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

H

Anything of a similar description to that falling within (e), (f) or (g) 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	<u>Will this entertainment take place 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 entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<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)		
Sun					

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 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)		
Mon					
Tue			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption - please tick (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) CHRISTMAS DAY ^{EVE} 1000 - 0100 NEW YEARS EVE 1000 - 0300		
Mon	0800	2400			
Tue	0800	2400			
Wed	0800	2400			
Thur	0800	2400			
Fri	0800	2400			
Sat	0800	0100			
Sun	1000	2400			
			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)		

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

Name	MICHELE ALEXANDRA Mc CALL WILSON
Address	MARLWOOD HOUSE SILVER STREET SWAY LYMINGTON HAMPSHIRE
Postcode	SO41 6DG
Personal licence number (if known)	2525/1
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 8).

L

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)
			CHRISTMAS EVE 0100 NEW YEARS EVE 0300
Day	Start	Finish	
Mon	0800	2400	
Tue	0800	2400	
Wed	0800	2430	
Thur	0800	2430	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)
Fri	0800	0130	
Sat	0800	0130	
Sun	0800	2430	

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)

STRONG MANAGEMENT CONTROLS AND EFFECTIVE TRAINING OF ALL STAFF SO THAT THEY ARE AWARE OF THE PREMISES LICENCE AND THE REQUIREMENTS TO MEET THE FOUR OBJECTIVES WITH PARTICULAR ATTENTION TO:- 1. NO SELLING OF ALCOHOL TO UNDERAGE PEOPLE. 2. NO DRUNK AND DISORDERLY BEHAVIOUR ON THE PREMISES. 3. VIGILANCE IN PREVENTING THE USE AND SALE OF ILLEGAL DRUGS AT THE RETAIL AREA. 4. NO VIOLENT AND ANTI SOCIAL BEHAVIOUR 5. NO/ANY HARM TO CHILDREN.

- OPERATING SCHEDULE PROVIDING THE HOURS OF OPERATION AND LICENSABLE ACTIVITIES DURING THOSE HOURS.
- DESIGNATED PREMISES SUPERVISOR, DAY TO DAY CONTROL, PROVIDING GOOD TRAINING ON THE LICENSING ACT (TRAINING RECORD), AUTHORIZE EACH SALE OF ALCOHOL.
- CLEAR CHALLENGE 25, INFORMATION TO PREVENT SUPPLY OF ALCOHOL TO UNDERAGE DRINKERS.

b) The prevention of crime and disorder

A CLEAR AND LEGIBLE NOTICE OUTSIDE THE PREMISES INDICATING THE NORMAL HOURS OF TRADE. NON SELLING OF ALCOHOL TO DRUNK OR INTOXICATED PERSONS. CUSTOMERS WILL BE DISCOURAGED FROM STANDING OUTSIDE THE FRONT OF THE PREMISES FOR LONGER THAN NECESSARY. NO DRINKS TO BE CONSUMED OUTSIDE THE FRONT OF THE PREMISES. STAFF WILL BE TRAINED IN ASKING CUSTOMERS TO USE THE PREMISES IN AN ORDERLY MANNER.

c) Public safety

INTERNAL AND EXTERNAL LIGHTING FIXED TO PROMOTE THE PUBLIC SAFETY OBJECTIVE. WELL TRAINED STAFF ADHERENCE TO ENVIRONMENTAL HEALTH REQUIREMENTS. TRAINING AND IMPLEMENTATION OF UNDERAGE ID CHECKS. A LOG BOOK OR RECORDING SYSTEM IN WHICH SHALL BE ENTERED PARTICULARS OF INSPECTIONS MADE: THOSE REQUIRED TO BE MADE BY STATUTE, AND INFORMATION COMPILED TO COMPLY WITH ANY PUBLIC SAFETY CONDITION ATTACHED TO THE PREMISES LICENSE THAT REQUIRE THE RECORDING OF SUCH INFORMATION. ALL PARTS OF THE PREMISES AND ALL FITTINGS AND APPARATUS THEREIN WILL BE MAINTAINED AT ALL TIMES IN GOOD ORDER AND IN SAFE CONDITION.

d) The prevention of public nuisance

THE GARDEN AREA WILL BE CLOSED OFF FROM 11pm ONWARDS AND LOCKED. IN THE EVENT OF AMPLIFIED OR ACOUSTIC MUSIC BEING PLAYED, ALL WINDOWS AND DOORS WILL BE CLOSED AFTER 2100. THIS WILL BE MONITORED AND TERMINATE BY 2400, REDUCING TO BACKGROUND MUSIC THEREAFTER. ANY VISUAL EVENTS BEING HELD IN THE SNUG WILL END AT LATEST 2400. BINS AND RECYCLING WILL NOT BE EMPTIED BETWEEN THE HOURS OF 2100-0700 TO REDUCE DISTURBANCE. WASTE COLLECTION, DELIVERIES OR CONTRACTORS WILL NOT BE ACTIVE BETWEEN 1900-0700. ANY KITCHEN EXTRACTION FANS WILL BE TURNED OFF WHEN THEY ARENT REQUIRED. AT EACH EXIT POINT A CLEAR NOTICE WILL BE DISPLAYED REQUESTING CUSTOMERS TO LEAVE RESPECTFULLY. A LIST OF LOCAL TAXI FIRMS WILL BE DISPLAYED TO DISCOURAGE LOITERING OUTSIDE AT THE END OF EVENING. NO DRINKS TO BE CONSUMED OUTSIDE THE FRONT OF THE BUILDING TO REDUCE NOISE DISTURBANCE.

e) The protection of children from harm

THE DPS IS TO BE TRAINED IN SAFEGUARDING OF CHILDREN AND PEDIATRIC 1ST AID. THERE WILL BE A STRICT POLICY OF NO UNACCOMPANIED MINORS (UNDER 16) ON PREMISES AT ANY TIME UNDER 18'S WILL NOT BE SERVED ALCOHOL AT ANY TIME, REGARDLESS OF THE ACCOMPANYING ADULT REQUEST A STRICT UNDER 21 ID POLICY IN PLACE. ALL UNDER 21'S REQUIRED TO PRESENT LEGAL FORM OF ID. IN THE CASE OF AN EVENT NOT BEING APPROPRIATE FOR CHILDREN TO ATTEND, THERE WILL BE A STRICT BAN ON UNDER 18'S ATTENDING. ALL FILMS BEING PLAYED WILL ONLY BE VIEWED BY PERSONS EQUAL TO OR OLDER THAN THE STATED AGE BY THE BBFC.

CONTINUED PREVENTION OF PUBLIC NUISANCE

THE SHUTTERS AT THE FRONT OF THE PREMISES CAN BE CLOSED TO ALSO REDUCE NOISE AND ELIMINATE ANY LIGHT POLLUTION DURING EVENING FUNCTIONS.
A CONSTANT MONITOR OF GENERAL NOISE, LIGHT POLLUTION, NOXIOUS SMELLS AND LITTER WILL BE COMPLETED.

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	
Date	13/10/16
Capacity	DIRECTOR

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)

ALBERT BACCARDINI, 2 EUSTACE HOUSE, OLD PARADISE STREET
8/

Post town	CONDON	Postcode	SEH 6AW
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Telephone number (if any)	07748076850
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

ALBERT.BACCARDINI@GMAIL.COM

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 MICHELE ALEXANDRA McCALL WILSON
[full name of prospective premises supervisor]

of MARLWOOD HOUSE
SILVER STREET
SWAY
LYMINGTON
HAMPSHIRE
SO41 6DG

[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

[type of application]

by

MICHELE ALEXANDRA McCALL WILSON
[name of applicant]

relating to a premises licence -----
[number of existing licence, if any]

for

V6 VENTURES
9 GOSPORT STREET
LYMINGTON
SO41 9BG

[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

MICHELE ALEXANDRA MCCALL WILSON

[name of applicant]

concerning the supply of alcohol at

VG VENTURES
9 GOSPORT STREET
LYMINGTON
SO41 9BG

[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

2525 / 1

[insert personal licence number, if any]

Personal licence issuing authority

NEW FOREST DISTRICT COUNCIL

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

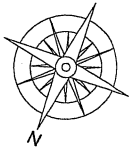
Signed

Name (please print)

MISS M A M WILSON




Date

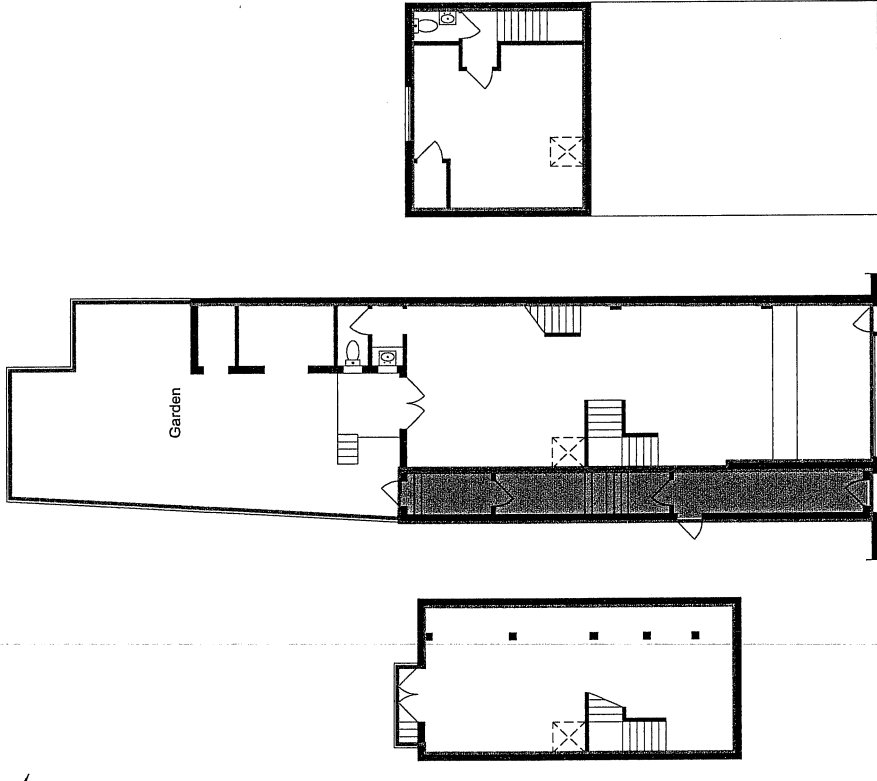
13 / 10 / 16



LOCATION PLAN

SCALE: 1:1250

-  The Building
-  Rights Over Common Parts
-  The Property



Lower Ground Floor Ground Floor First Floor

EPC Assure Ltd
 20-22 Wenlock Road
 London, N1 7GU
 T: 0845 388 3814

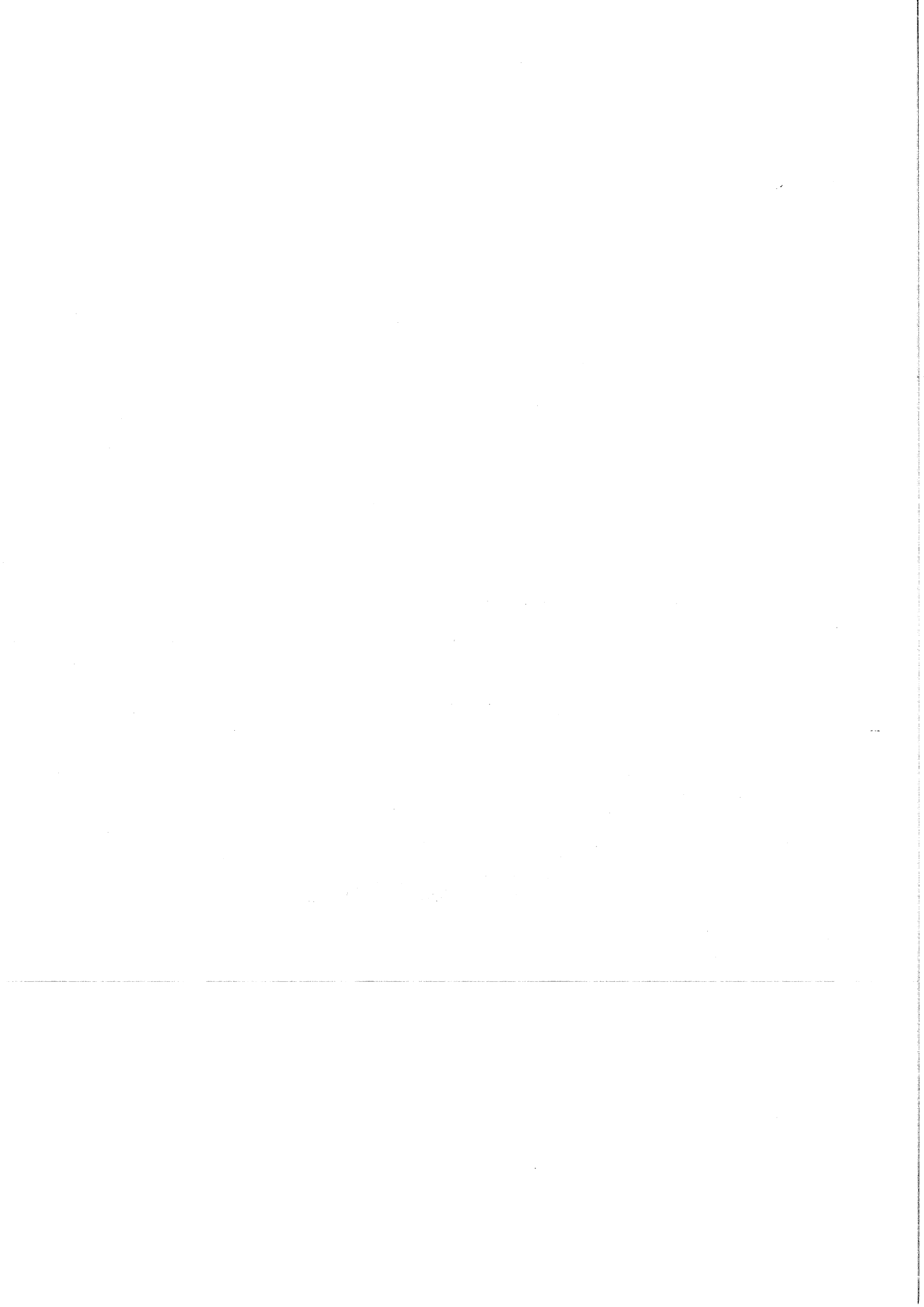
Drawing No.
 1 of 1

Address
 9 Gosport Street
 Lymington
 SO41 9BG

Title
 Lower Ground, Ground,
 First Floor
 Lease Plan

Scale
 1:200 @ A4

Date
 September, 2016



NO THANKS YES

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YESSS Electrical
Southern Group Office

Southern Daily Echo

Lymington Sea School

Haver

SAL Marine

Gosport St

Mill Ln

Partlett Motorcycles & Scooters

Loose Ends

In These Shoes

Ciao Belli

Quba & Co

Lal Qui Lia

Catholic Church

Our Lady of Mercy

Lymington Fish Bar

Dials Antique Clocks

Oriana

Hair Villa

The Elderflower

Karina's on Quay Street

Sophie's Coffee House

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Send feedback 20 m

Navigation icons: zoom in (+), zoom out (-), street view (pegman), compass, location sharing, print, share, search, close.

