

LICPR/16/08084



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 Michael Le Rocq + Amanda Le Rocq  
(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			
CYPRUS LOG CIGARS SOUTHAMPTON ROAD, GARDENHILL FARDINGBRIDGE HANTS SP6 2LE			
Post town	FARDINGBRIDGE	Postcode	SP6 2LE
Telephone number at premises (if any)	01456 656262		
Non-domestic rateable value of premises	£ 2,100		

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)

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2-9 DEC 2016  
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- 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	MICHAEL LE RICHE & AMANDA LE RICHE
Address (as seen)	CYPRESS SOUTHAMPTON ROAD OTTENHILL FORDWATER BRIDGE, HANTS SP6 2LE
Registered number (where applicable)	NA
Description of applicant (for example, partnership, company, unincorporated association etc)	Partnership
Telephone number (if any)	01425 656300
E-mail address (optional)	CYPRESS LOG CABINS @ LIVE.CO.UK

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
07	02	2017

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

NA

DD	MM	YYYY

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

A SMALL BED + BREAKFAST BUSINESS WITH A MAXIMUM OF 8 STAYING GUESTS WHOSE FULLY EXCISED, TO WHICH WE WOULD LIKE TO OFFER A COMPLIMENTARY BOTTLE OF WINE AND THE OPTION TO PURCHASE ALCOHOL TO CONSUME WITHIN THEIR ACCOMMODATION DURING THEIR STAY.

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

NA

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 (a), (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 times (please read guidance note 1)			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 times. 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**

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

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			<del>State any seasonal variations for indoor sporting events (please read guidance note 4)</del>  <del>Non standard timings: Where you intend to use the premises for indoor sporting events at different times to those listed in the columns on the left please list (please read guidance note 5)</del>
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

D

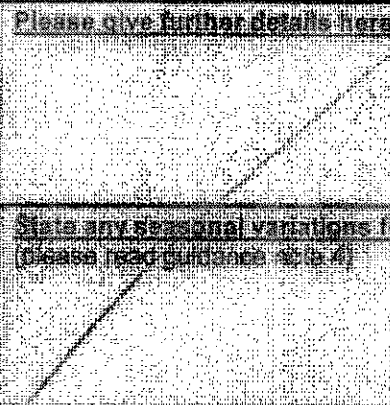
<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>All the boxing or wrestling entertainments take place indoors or outdoors or both – please tick (please read guidance note 3)</b>	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
Day	Start	Finish		Both <input type="checkbox"/>
Mon			<b>Please give further details here (please read guidance note 3)</b>	
Tue				
Wed			<b>State any seasonal variations for boxing or wrestling entertainments (please read guidance note 6)</b>	
Thur				
Fri			<b>Not 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 6)</b>	
Sat				
Sun				



E

Live music Standard days and times (please read guidance note 5)			Will the performance of live music take place <u>Indoors or outdoors or both – please tick</u> (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 the performance of live music (please read guidance note 4)	
Thur			/	
Fri				
Sat			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)	
Sun				

**F**

<b>Recorded music</b> <b>Standard days and</b> <b>timings (please read</b> <b>guidance note 6)</b>			<b>Will the playing of recorded music take place</b> <b>indoors or outdoors or both – please tick</b> <b>(please read guidance note 2)</b>		<b>Indoors</b> <input type="checkbox"/>
					<b>Outdoors</b> <input type="checkbox"/>
					<b>Both</b> <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here (please read guidance note 3)</b>		
<b>Mon</b>					
<b>Tue</b>					
<b>Wed</b>			<b>State any seasonal variations for the playing of recorded music</b> <b>(please read guidance note 4)</b>		
<b>Thur</b>			<b>Non standard times: Where you intend to use the premises for</b> <b>the playing of recorded music at different times to those listed in</b> <b>the column on the left, please list (please read guidance note 5)</b>		
<b>Fri</b>					
<b>Sat</b>					
<b>Sun</b>					

**C**

<b>Performances of dance</b> Standard days and times (please read guidance note 6)			<b>Will the performance of dance 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 (please read guidance note 3)</b>	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)	
			<b>Non standard timings: If you intend to use the premises for the performance of dance at different times to those listed in the column of the left, please list (please read guidance note 5)</b>	

H

<p>Anything of a similar description to that falling within (a), (f) or (g)          Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p>Will the entertainment take place indoors or outdoors or both – please tick (please read guidance note 7)</p>	Indoors	<input type="checkbox"/>
Mon			<p>Please give further details here (please read guidance note 8)</p>	Outdoors	<input type="checkbox"/>
Tue				Both	<input type="checkbox"/>
Wed					
Thur			<p>State any seasonal variations for entertainment of a similar description to that falling within (a), (f) or (g) (please read guidance note 4)</p>		
Fri					
Sat			<p>Non standard timings. Where you intend to use the facilities for the entertainment of a similar description to that falling within (a), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 5)</p>		
Sun					

Late night refreshment Standard days and times (please read guidance note 5)			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	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri					
Sat			Non standard times. 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 (please read guidance note 5)		
Sun					

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 checked="" type="checkbox"/>		
Day	Start	Finish	Off the premises <input type="checkbox"/>	Both <input type="checkbox"/>		
Mon	11am	11pm	State any seasonal variations for the supply of alcohol (please read guidance note 4)  N/A			
Tue	11am	11pm				
Wed	11am	11pm				
Thur	11am	11pm			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 tick (please read guidance note 6)	
Fri	11am	11pm			N/A	
Sat	11am	11pm				
Sun	11am	11pm				

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

Name	MICHAEL LE RIDGE
Address	CYPRESS BODMILL FOLDINGBRIDGE LIANTS SP6 2LE
Postcode	SP6 2LE
Personal licence number (if known)	To follow (JAN 17)
Issuing licensing authority (if known)	To follow (JAN 17)

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).

None as B+B guests must be aged 18+ to stay on site and are not permitted to bring visitors back to accommodation at any time. Therefore no children will be on site at any time, as detailed in our terms and conditions of booking.

L

Hours premises are open to the public Standard days and timings (please read guidance note 5)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	24 HOURS		NA
Tue	24 HOURS		
Wed	24 HOURS		
Thur	24 HOURS		
Fri	24 HOURS		
Sat	24 HOURS		
Sun	24 HOURS		
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)			

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)

- A maximum of 9 guests on site if fully booked.
- Guests must be aged 18+ to stay at premises
- Guests are not allowed to bring visitors on site

b) The prevention of crime and disorder

- Owners of the bed + breakfast live on site and supervise site at all times to deal with any crime or disorder.
- CCTV operates the one access point to the rear of property

c) Public safety

- Regular health + safety reviews are carried out to assess all risks and any concerns are dealt with immediately.

d) The prevention of public nuisance

- With on site CCTV and owners living on site any potential public nuisance would be dealt with without delay.

e) The protection of children from harm

PTO



NO CHILDREN ARE PERMITTED ON SITE EITHER AS  
A PAYING GUEST OR VISITOR

**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 188 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	<i>[Handwritten Signature]</i>
Date	23 <sup>rd</sup> DEC 2016
Capacity	OWNER - PARTNER

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	<i>[Handwritten Signature]</i>
Date	23 <sup>rd</sup> DEC 2016
Capacity	OWNER - PARTNER

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

As detailed previously

Post town

Postcode

Telephone number (if any)

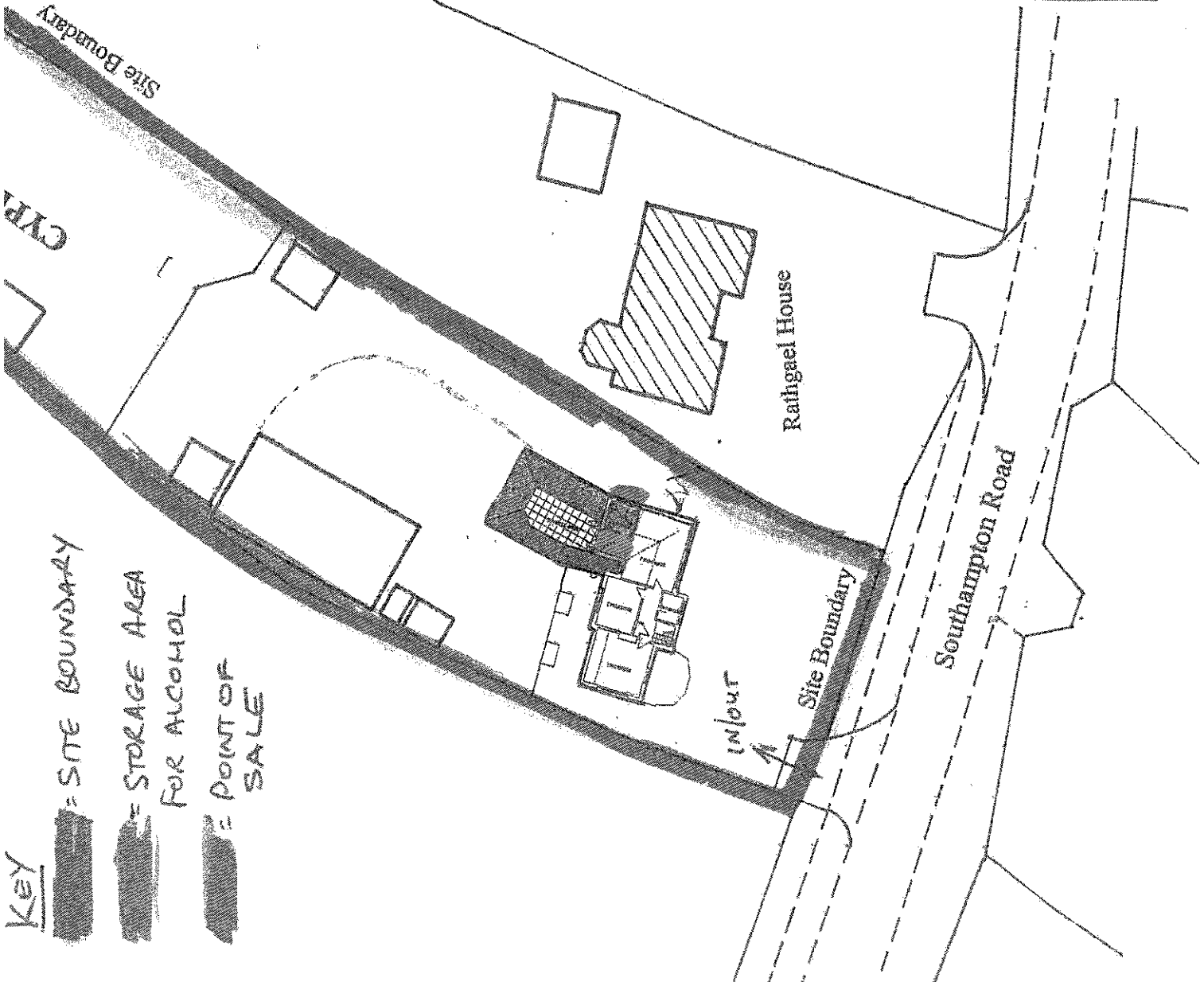
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

### 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. 18.00) 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 auxiliary 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.

Key

- [Thick black line] = SITE BOUNDARY
- [Hatched area] = STORAGE AREA FOR ALCOHOL
- [Dotted area] = POINT OF SALE

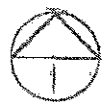


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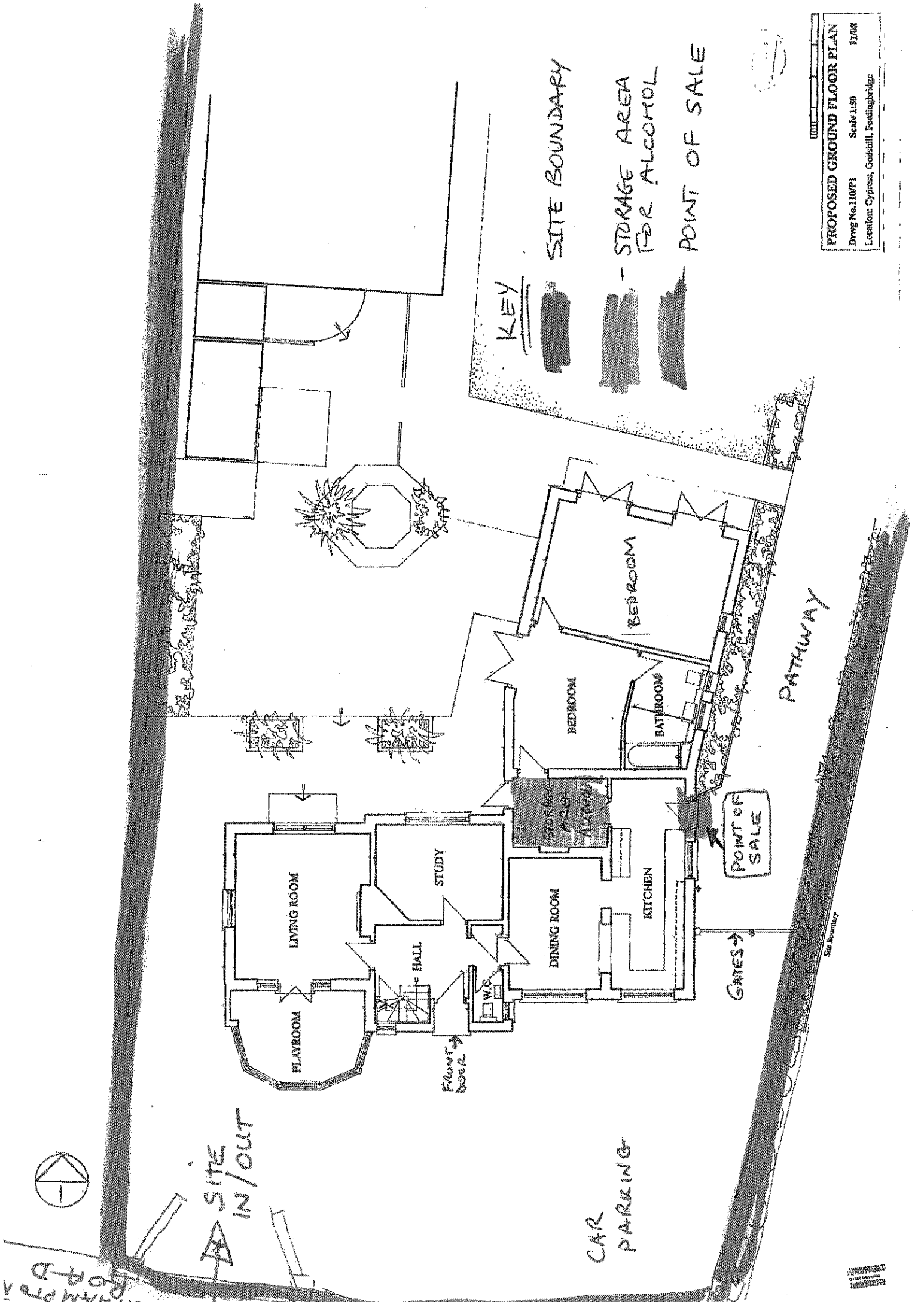
Drwg No.110/P8    Scale 1:500    12/08

Location: Cypress, Godshill, Fordingbridge

ROAD



SITE IN/OUT



PROPOSED GROUND FLOOR PLAN  
 Drawg No. 110/P1 Scale 1:50  
 Location: Cypress, Godshill, Fordingbridge

11/08