



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 DUNCAN BOOMFIELD
(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			
27 HIGH STREET MILFORD ON SEA LYMINGTON HAMPSHIRE			
Post town	LYMINGTON	Postcode	SO41 0DF
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 7100	

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)

£190.00

The Wash House

- 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname BROOMFIELD		First names DUNCAN JAMES			
I am 18 years old or over			<input checked="" type="checkbox"/> Please tick yes		
Current postal address if different from premises address		5 NEA COURT 130 LYMINGTON ROAD HIGHCLIFFE, CHRISTCHURCH			
Post town	CHRISTCHURCH	Postcode	BU23 4JZ		
Daytime contact telephone number		07889 812076			
E-mail address (optional)		duncanbroomfield@gmail.com			

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
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
03	01	2017

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)

FORMER LAUNDRETTE WHICH HAS BEEN VACANT APPROXIMATING TWO YEARS. LOCATED IN A PARADE OF SHOPS OPPOSITE THE RED LION PUBLIC HOUSE. MALE & FEMALE W.C.'S PROVIDED. FLAT ABOVE. GROUND FLOOR USED FOR ALCOHOL CONSUMPTION OFF SALES CONSUMED OFFSITE RECOMMENDED FOR CONSUMPTION IN PATRONS HOMES

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

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) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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 <u>indoors or outdoors or both</u> – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input checked="" type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (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 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				
Thur				
Fri				
Sat				
Sun				
			State any seasonal variations for the exhibition of films (please read guidance note 4)	
			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)	

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			
Tue			
Wed			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Thur			
Fri			<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)
Sat			
Sun			

D

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

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music 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)		
Mon	12.00	22.30	BACK GROUND MUSIC AT A LOW LEVEL		
Tue	12.00	22.30	JUST TO TAKE THE EDGE OFF THE SILENCE & TO ENCOURAGE CONVERSATION		
Wed	12.00	22.30	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	12.00	22.30			
Fri	12.00	22.30	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 5)		
Sat	12.00	22.30	W/D see email 11/3/17		
Sun	12.00	22.30			

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place 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	<u>Please give further details here</u> (please read guidance note 3)	
Mon				
Tue				
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)	
Thur				
Fri				
Sat			<u>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</u> (please read guidance note 5)	
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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri					
Sat			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 (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	
Mon			
Tue			<u>Please give further details here (please read guidance note 3)</u>
Wed			
Thur			<u>State any seasonal variations for the provision of late night refreshment (please read guidance note 4)</u>
Fri			
Sat			<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 (please read guidance note 5)</u>
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)
Day	Start	Finish	
Mon	0900 1130	2300	On the premises <input type="checkbox"/>
Tue	0900	2300	Off the premises <input type="checkbox"/>
Wed	0900	2300	Both <input checked="" type="checkbox"/>
Thur	0900	2300	State any seasonal variations for the supply of alcohol (please read guidance note 4) N/A
Fri	0900	2330	
Sat	0900	2330	
Sun	0900	2300	
			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) N/A

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

Name	DONCANN JAMES BROOMFIELD
Address	5 NETA COURT 130 LYMINGTON ROAD HIGHCLIFFE, CHRISTCHURCH DORSET
Postcode	BH23 4J2
Personal licence number (if known)	PA1139
Issuing licensing authority (if known)	CHRISTCHURCH BOROUGH 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).

ALL CHILDREN SUPERVISED BY A RESPONSIBLE ADULT

NO UNDER 18s WITHOUT TRAINED STAFF PERMISSION

CHALLENGE 25 POLICY

NO CHILDREN AFTER PERMITTED AFTER 2000HRS

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)
Day	Start	Finish	
Mon	0800	2300	N/A
Tue	0800	2300	
Wed	0800	2300	
Thur	0800	2300	
Fri	0800	2330	
Sat	0800	2330	
Sun	0800	2330	
			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)
			N/A

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)

INSTALL CCTV FOR SECURITY
ALL STAFF TO BE TRAINED ON LICENSING LAW PRIOR TO
SERVING ALCOHOL
ONSITE TRAINING REGARDING SPECIFIC POLICIES RELEVANT
TO THE OPERATION OF THE BUSINESS.
A RECORD OF ALL TRAINED STAFF FOR INSPECTION BY
THE LICENSING AUTHORITY OR POLICE

b) The prevention of crime and disorder

INSTALL CCTV INSIDE & OUTSIDE
PROMOTE RESPONSIBLE DRINKING
EXTERNAL LIGHTING TO DETER CRIME
STAFF TRAINING

c) Public safety

PROMOTE RESPONSIBLE DRINKING WITH NOTICES,
DESIGNATED DRIVER NOTICES. PROVIDE DRIVERS WITH
NON ALCOHOLIC DRINKS. FIRST AID BOX SUFFICIENTLY
STOCKED. FIRST AID TRAINED OPS & STAFF MEMBERS
FIRE EXTINGUISHERS ON HAND

d) The prevention of public nuisance

CCTV INSIDE & OUTSIDE, ZERO TOLERANCE ON DOORS
WINDOWS & DOORS TO BE KEPT CLOSED. VENTILATION
BY MECHANICAL MEANS. ENSURE CUSTOMERS LEAVE
IN A CONSCIENTIOUS MANNER. SOUND LIMITING
DEVICE TO BE INSTALLED BY ACOUSTIC CONSULTANT

e) The protection of children from harm

CHALLENGE 25 POLICY
 NO UNDERAGE PERSONS WITHOUT RESPONSIBLE SUPERVISION
 NO CHILDREN AFTER 2000 HRS
 STAFF TRAINED ON LICENSING ACT 2003

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	9 FEB 2017
Capacity	100

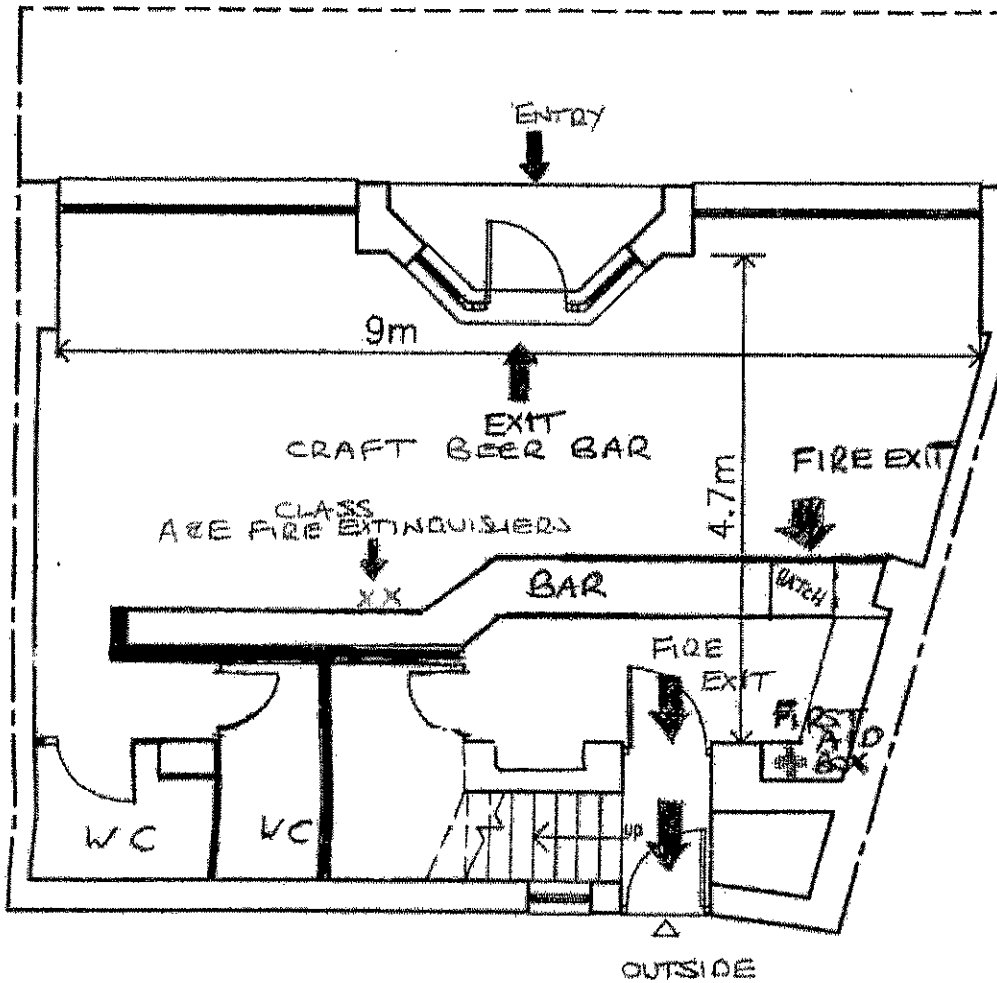
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
5 NEAF COURT 120 LYNNINGTON			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
duncan.broomfield@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.



Ground Floor 48m²

A4 sheet

Scale 1:100



Chartered and
Architectural For

Tel: 01425 618
Email: simon@simonelli
Web: www.simonelli

Client
Mr J Woodsford

Project
27 High Street
Mildford on Sea