

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.

| des the | (insert name(s) of applicant) by for a premises licence under sectoribed in Part 1 below (the premises relevant licensing authority in account 1 – Premises Details | ilon 17 of the Lic | aking this appl | ication to vou se |
|------------|---|--|---|--|
| Pos | al address of premises or, if none, ord | nance survey ma | reference or d | escription |
| 2 | HIGH STREET | | | |
| M | ufold on sea | | | |
| 1 | MINGTON | | | |
| MA | MPSHIRE | | | |
| Pos | town LYMINGTON | ************************************** | Postcode | SELU OOF |
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| - | chone number at premises (If any) | | | kki alikuli ilikula kalikula kalendari kalendari kalikula kalikula kalikula ilikula kalikula kalikula kalikula |
| Non- | domestic rateable value of premises | F 7100 | *************************************** | |
| Part | 2 - Applicant Details | | | |
| Plea | se state whether you are applying for a | | as I dok as appropr | ista |
| a) | an individual or individuals * | Z | please com | plete section (A) |
| b) | a person other than an individual * | | | |
| | I. as a limited company | 4 | please com | plete section (B) |
| | ii. as a partnership | g-we-spor | please com | plete section (B) |
| | III. as an unincorporated association | on or | please com | plete section (B) |
| | iv. other (for example a statutory of | orporation) | please com | plete section (B) |
| c) | a recognised club | lane de la companya d | please com | plete section (8) |
| d) | a charity | Consul | please com | plete section (B) |

· £190.00

| 0) | the proprietor of | f an educational establis | irment | | please com | plete section | (B) |
|---|--|---|---|-------------------------------|--|--|--------------------------------|
| 1) | a health service | body | | aller for | piease com | olete section | (B) |
| g) | a person who is Care Standards independent her | registered under Part 2 Act 2000 (c14) in respe spital in Wales | of the ict of an | | please com | olete section | (B) |
| ga) | a person who is Part 1 of the He (within the mear Independent hos | please com | oleté section | (8) | | | |
| h) | the chief officer England and Wa | olete section | (B) | | | | |
| * If you | u are applying as | a person described in (| a) or (b) ple | ease c | onlim; | | |
| Please | e 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 n | naking the applications tatutory function | ation pursuant to a | | | | | r1 |
| | | arged by virtue of Her N | //aiestv's pri | erocal | lve | | |
| (A) IN | DIVIDUAL APPL | JCANTS (fill in as applic | able) | • | 4 | | |
| Mr | Ø Mrs 🛛 | Miss [] | Мв 🗍 | | r Title (for nple, Rev) | | |
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| Post to | M CHOIS | STEHOOCH | | | Postcode | Bu23 | 4JZ |
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| E-mail (option | address nal) | duncarbroom | ide |)m/c | دی د لاید | | |
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| I am 18 year | s old or | over | File 3 A Did de la Jacob (in lace espera, espera | | | ###################################### | ☐ Plea | sé lick yes |
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| E-mail addr (optional) | ess | | | | | | | |
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| | Registered number (where applicable) | | | | | | | |
| | / | | ample, pa | artnership |), compa | ny, unin | corporated a | essociation etc.) |
| Telephone n | | | | 10) Yujuk (Marijana | | · | | |
| Eymail addre | ss (opti | onal) | | | | | | |

Part 3 Operating Schedule DD MM When do you want the premises licence to start? 0300201 If you wish the licence to be valid only for a limited period, when do MM you want it to end? Please give a general description of the premises (please read guidance note 1) FORMER LAUNDRETTE WHICH HAS REEN VACANT APPROACHING TWO YEARS LOCATED IN OF SHOPS OPPOSITE THE DEP HOW PUBLIC HOUSE. POON DED, FLAT mae a fenale was GROOMS FLOOR OSED FOR ALCOHOL CONSUMPTION off sales consomed offsite recommended FOR SOMETION IN PATRONS HOWES If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend. What licensable activities do you intend to carry on from the premises? (Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003) Please tick any that Provision of regulated entertainment apply #2 plays (if ticking yes, fill in box A) bì films (If ticking yes, fill in box B) indoor sporting events (if ticking yes, fill in box C)

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boxing or wrestling entertainment (if ticking yes, fill in box D)

anything of a similar description to that falling within (e), (f) or (g)

live music (if ticking yes, fill in box E)

(If ticking yes, fill in box H)

recorded music (if ticking yes, fill in box F)

performances of dance (if ticking yes, fill in box G)

C)

d)

f)

g)

h)

| Provision of late night refreshment (if ticking yes, fill in box I) | |
|---|---|
| Supply of alcohol (if licking yes, fill in box J) | Ø |
| in all cases complete boxes K, L and M | |
| ٨ | |

Plays Standard days and timings (please read

guidance note 6)

Start

Oay

Mon

Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)

Indoors

Outdoors

Finish Both

Please give further details here (please read guidance note 3)

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)

Set

Sun

| Films Standard days and timings (please read | | | Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | |
|--|--|--|--|-----------------|----|
| guidar | ice note 6 |) | | Outdoors | |
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| Indoor sporting events Standard days and timings (please read guidance note 6) | | | Please give further details (please read guidence note 3) |
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| Boxing or wrestling entertainments Standard days and timings (please read guidance note 6) | | ınd read | please tick (please read guidance note 2) | ndoors Outdoors | D |
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| Live music Standard days and timings (please read | | | Will the performance of live music take place indoors or outdoors or both - please tick (please read guidance note 2) | Indoors | |
| guidance note 6) | | | A service of the control of the cont | Outdoors | |
| Day | Start | Finish | | Both | |
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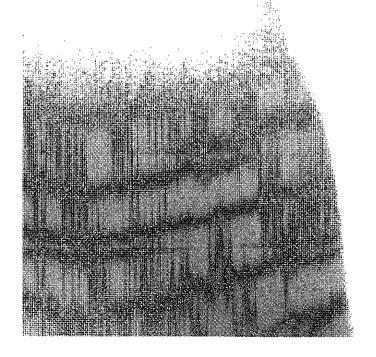
| Performances of dance Standard days and | | | Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | |
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| Day | Start | Finish | | Both | |
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| 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 | Indoors | | |
| Mon | | | outdoors or both - please tick (please read guidance note 2) | Outdoors | | |
| and objective/sensessing | | | | Both | To | |
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|---|--|--|--|---|--|--|
| Late night refreshment Standard days and timings (please read | | | Will the provision of late night refreshment take place indoors or outdoors or both - indoors please tick (please read guidance note 2) | | | |
| guidance note 6) | | | Outdoors | | | |
| Day | Start | Finish | Both | | | |
| Men | | | Please give further details here (please read guidance note 3) | | | |
| Tue | | garant ganaganan a sal das ba A Adalan | | : | | |
| Wed | ····································· | | State any seasonal variations for the provision of late night refreshment (please read guidance note 4) | | | |
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| Fr | | | Non standard timings. Where you intend to use the premi the prevision of late night refreshment at different times, to those listed in the column on the left, please list (please re- | Ø | | |
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| Supply of alcohol Standard days and timings (please read | | | Will the supply of alcohol be for consumption please tick (please read guidance note 7) | On the premises | |
| guidance note 6) | | | | Off the premises | |
| Day | Start | Finish | | Both | Z |
| Mon | | 2300 | State any seasonal variations for the supply of read guidance note 4) | <u>alcohol</u> (pleas | 0 |
| Tue | 5500 | 230 | N/A | | |
| Wed | Seco. | 2 3CO | | | |
| Thur | \$300 | 230 | Non standard timings. Where you intend to use the supply of alcohol at different times to those column on the left, please list (please read guida | listed in the | <u>s for</u> |
| Fri | 9 00 | 2330. | N/A | | |
| Sal | 340 | 2530 | i e d | | |
| Sun | <u>ටඉල</u> | 2500 | | | |

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

| Name | CDONCAD | TANKS | BROWFIELD |) | |
|---------|--|----------------|--|------------|----------------|
| Addres | 5 NEA 130 LYM HIGHCLIFF JOOBSET | E, CHO | ROMO ASTOLIOPELA | _ | |
| Postco | te 6 423 | 432 | A STATE OF THE STA | | · P . B / M La |
| L | al ficence number | | | | |
| Issuing | licensing authority | (if known) CHC | SIZTOHOSCH | BODOOU COM | 16 |

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 CHLOREN SOPERVISED BY A RESPONSIBLE

NO ONDER 185 WITHOUT TRAINED STAFF
PERMISSION

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 | N/A |
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| Tue | | | |
| Wed | | 23© | |
| | | | Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the |
| | and the same of th | 220 | column on the left, please list (please read guidance note 5) |
| m | esco. | on partie of the state of the s | |
| | | -tra tra transingel der priffikal blagminne | N/A |
| Sit | | 2330 | , ,, , |
| Sun | | | |
| | | | |

M Describe the steps you intend to take to promote the four licensing objectives:

a) General - all four licensing objectives (b, c, d and e) (please read guidance note 9)

INSTALL CCTY FOR SECURITY

ALL STAFF TO BE TRAINED ON LICENSING LAW PRIOR TO SERVING ALTOHOL.

ONSITE TRAINING RECARDING SPECIFIC POLICIES RELEVANT TO THE OPERATION OF THE BOSINESS.

A RESORD OF ALL TRAINED STAFF FOR INSPECTION BY

THE LICENSING ANTHORITY OR POLICE

b) The prevention of crime and disorder

INSTAL ECTÝ INSIDE & OUTSIDE
PROMOTE RESPONSIBLE DOINLUNG
EXTERNAL LIGUTING TO DETER CRIME
STAFF TRAINING

c) Public safety

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

d) The prevention of public nuisance

CCTY INSIDE & OUTSIDE, ZERO TOLERANCE ON DROWS
WHOLOUGH WEARS. ENSURE CUSTOMERS LEAVE
IN A CONSCIENTIONS MANNER. SOUND LIMITING
DEVICE TO BE INSTALLED BY ACCOUNTIC CONTOLITANT

e) The protection of children from harm

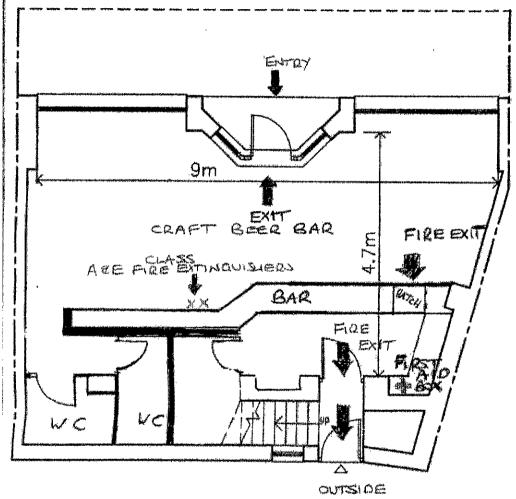
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| Checklist: | | | | | | | |
| | Please tick to indicate agrees | nent | | | | | |
| | le or enclosed payment of the fee. | Ø | | | | | |
| | losed the plan of the premises. | 团 | | | | | |
| | copies of this application and the plan to responsible authorities and reapplicable. | Ø | | | | | |
| | osed the consent form completed by the individual I wish to be designated. upervisor, if applicable. | Ø | | | | | |
| • I understar | ed that I must now advertise my application. | Ø | | | | | |
| I understan rejected. | I understand that if I do not comply with the above requirements my application will be | | | | | | |
| 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) | | | | | | | |
| | plicant or applicant's solicitor or other duly authorised agent (see guida ing on behalf of the applicant, please state in what capacity. | mce | | | | | |
| Signature | | | | | | | |
| Date | 9 FEB 2017 | · | | | | | |
| Capacity 100 | | | | | | | |
| For joint applications, signature of 2 nd applicant or 2 nd 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

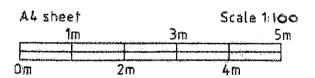
| Contact nam with this app | ie (where not predication (please redication (please redication)) | viously given) and ead guidance note COURT TRICTON | postal address 13) | for correspon | dence associated |
|---|---|--|-----------------------|---------------|---|
| Post town | | ALL THE PROPERTY OF THE PROPER | | Postcode | ana disabutu da ngamaya sa manguya sa sang sa |
| 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.
- Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
- 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.
- 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.
- 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 lick '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) nuclity or semi-nuclity, 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







call havetrail's of termostikes.

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

Client

Mr J Woodsford

Project

27 High Street