

wk/201703443
2/8/17



**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 CARRIE MARIE NICKSON
(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			
NEWFANGLED - 15 JUNCTION PLACE HASLEMERE SURREY			
Post town	HASLEMERE	Postcode	GU27 1LE

Telephone number at premises (if any)	01428 642881
Non-domestic rateable value of premises	£ 7000

Part 2 - Applicant details

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

Please tick as

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability) | <input type="checkbox"/> | please complete section (B) |
| iii as an unincorporated association or | <input type="checkbox"/> | 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 (by ticking yes to one box below):

- 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 checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname		First names		
NICKSON		CARLIE MARIE		
Date of birth over	25/8/88	I am 18 years old or	<input checked="" type="checkbox"/> Please tick yes	
Nationality				
Current residential address if different from premises address		69 MIDHURST ROAD LIPHOCK HAMPSHIRE		
Post town	LIPHOCK	Postcode	GU30 7UP	
Daytime contact telephone number		07713958709		
E-mail address (optional)	NEWFANGLED-@OUTLOOK.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		
Date of birth over		I am 18 years old or		<input type="checkbox"/>	Please tick yes
Nationality					
Current postal address if different from premises address		N/A			
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
N/A
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
01	10	2017

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

DD	MM	YYYY
1	1	1

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

NEUFANGLED - CAFE/BISTRO
 SERVING HOT/COLD MORNING/AFTERNOON
 & EVENING MEALS - MAIN ROOM 7-5M
 KITCHEN/BATHROOM AND A BACK GARDEN
 SERVING BOTTLED BEER AND WINE FROM LUNCH
 TILL 10PM

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all 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

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10 AM	10 PM	Please give further details here (please read guidance note 4) RADIO OR CD WILL BE PLAYED THROUGH STEREO DEPENDING ON TIME OF DAY	Both	<input type="checkbox"/>
Tue	10 AM	10 PM			
Wed	10 AM	10 PM	State any seasonal variations for the playing of recorded music (please read guidance note 5) N/A		
Thur	10 AM	10 PM			
Fri	10 AM	10 PM	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 6) N/A		
Sat	10 AM	10 PM			
Sun	10 AM	10 PM			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	11:30 AM	10 PM	N/A		
Tue	11-30 AM	10 PM			
Wed	11-30 AM	10 PM			
Thur	11-30 AM	10 PM	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 6)		
Fri	11-30 AM	10 PM	N/A		
Sat	11-30 AM	10 PM			
Sun	11-30 AM	10 PM			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	MISS CARRIE MARIE NICKSON		
Date of birth	25/8/88		
Address	69 MIDHURST Rd WIPHOOK		
Postcode	GU30 7UP		
Personal licence number (if known)	WAITING TO RECEIVE		
Issuing licensing authority (if known)	EAST HANTS 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 9).

N/A

L

Hours premises are open to the public
Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	8 AM	10 PM
Tue	8 AM	10 PM
Wed	8	10
Thur	8	10
Fri	8	10
Sat	8	10
Sun	8	10

State any seasonal variations (please read guidance note 5)

CHRISTMAS EVE WILL SHUT EARLIER

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 6)

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 10)

ALL LICENSING OBJECTIVE WILL BE CONTROLLED BY THE BISTRO BEING RUN TO A HIGH STANDARD

b) The prevention of crime and disorder

ANYBODY DISPLAYING A DRUNKEN STATE WILL BE REFUSED ALCOHOL AND OFFERED ALTERNATIVE OPTIONS ANY MIS BEHAVIOUR WILL RESULT IN BEING ASKED TO LEAVE AND AUTHORITIES CALLED IF NEEDS

c) Public safety

A STRICT ALCOHOL POLICY WILL BE IN PLACE AND STAFF WILL BE FULLY TRAINED TO HANDLE MOST SITUATIONS INCLUDING FIRST AID

d) The prevention of public nuisance

MISUSE OF ALCOHOL POSTERS MAY BE DISPLAYED AND STRICT SALES OF ALCOHOL TO THOSE WHO SEEM INTOXICATED NO BOTTLES WILL BE SOLD FOR CONSUMPTION OFF THE PREMISES, VOLUME LEVELS OF MUSIC WILL BE MONITORED ALSO

e) The protection of children from harm

DURING OPENING HOUR PARENTS WITH CHILD WILL BE MONITORED FOR ALCOHOL CONSUMPTION CERTAIN AREAS AROUND THE GARDEN WILL ALLOW FOR CHILD TO SAFELY PLAY SIGNS AND HAZZARD POSTERS WILL BE DISPLAYED -

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.
-


[Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). • The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
Signature	
Date	22/6/17