

WVC/201707682
1/12/17



**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 WAVERLEY BOROUGH COUNCIL
(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			
FARNHAM MEMORIAL HALL WEST STREET FARNHAM SURREY			
Post town	FARNHAM	Postcode	GU9 7EE

Telephone number at premises (if any)	01483 523129
Non-domestic rateable value of premises	£ 7500

Part 2 - Applicant details

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

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/limited liability partnership please complete section (B)
 - ii as a partnership (other than limited liability) 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 (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 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 residential 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		
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					
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	WAUGERLEY BOROUGH COUNCIL
Address	THE BURLYS GODALMING SURREY
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	LOCAL AUTHORITY
Telephone number (if any)	01483 5230333
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
28	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)

A COMMUNITY CENTRE WITH HIREABLE SPACES FOR MULTI USE ONLY AN ON LICENCE IS REQUIRED. THE BUILDING IS NEAR THE TOWN CENTRE, JUST OFF THE MAIN ROAD.

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

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	09.00	23.00	Please give further details here (please read guidance note 4)		
Tue	09.00	23.00			
Wed	09.00	23.00	State any seasonal variations for performing plays (please read guidance note 5)		
Thur	09.00	23.00			
Fri	09.00	23.30	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 6)		
Sat	09.00	23.30			
Sun	10.00	23.00			

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	09.00	23.00	Please give further details here (please read guidance note 4) FOR THE PLAYING OF VIDEO RECORDINGS FOR SUCH THINGS AS CHARITY RACE NIGHTS. SHOWING OF FILMS FOR FILM CLUBS		
Tue	09.00	23.00			
Wed	09.00	23.00	State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur	09.00	23.00			
Fri	09.00	23.30	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 6) NEW YEARS EVE UNTIL 2AM		
Sat	09.00	23.30			
Sun	10.00	23.00			

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	09.00	00.00	Please give further details here (please read guidance note 4) AMPLIFIED MUSIC ON AN OCCASIONAL BASIS. CHURCH ORGAN AS AN EXAMPLE. UNAMPLIFIED ON AN OCCASIONAL BASIS.		
Tue	09.00	00.00			
Wed	09.00	00.00	State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	09.00	00.00			
Fri	09.00	01.00	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 6) NEW YEARS EVE UNTIL 2AM		
Sat	09.00	01.00			
Sun	10.00	23.30			

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	09.00	00.00	Please give further details here (please read guidance note 4) OCCASIONAL DISCO EVENTS, MUSIC FOR DANCE CLASSES & OTHER SIMILAR ACTIVITIES		
Tue	09.00	00.00			
Wed	09.00	00.00	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	09.00	00.00			
Fri	09.00	01.00	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) NEW YEARS EVE UNTIL 2AM		
Sat	09.00	01.00			
Sun	10.00	23.30			

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	09.00	00.00	Please give further details here (please read guidance note 4) TO COINCIDE WITH LIVE AND RECORDED MUSIC		
Tue	09.00	00.00			
Wed	09.00	00.00	State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur	09.00	00.00			
Fri	09.00	01.00	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 6) NEW YEARS EVE UNTIL 2AM		
Sat	09.00	01.00			
Sun	10.00	23.30			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			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 3)	Indoors	<input checked="" type="checkbox"/>
Mon	09.00	00.00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	09.00	00.00	Please give further details here (please read guidance note 4)		
Wed	09.00	00.00			
Thur	09.00	00.00	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri	09.00	01.00			
Sat	09.00	01.00	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 6)		
Sun	10.00	23.30			

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	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 4) TO SERVE HOT FOOD AND DRINKS		
Mon	23.00	00.00			
Tue	23.00	00.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Wed	23.00	00.00			
Thur	23.00	00.00	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 6) NEW YEARS EVE UNTIL 2AM		
Fri	23.00	01.00			
Sat	23.00	01.00			
Sun	23.00	00.00			

J

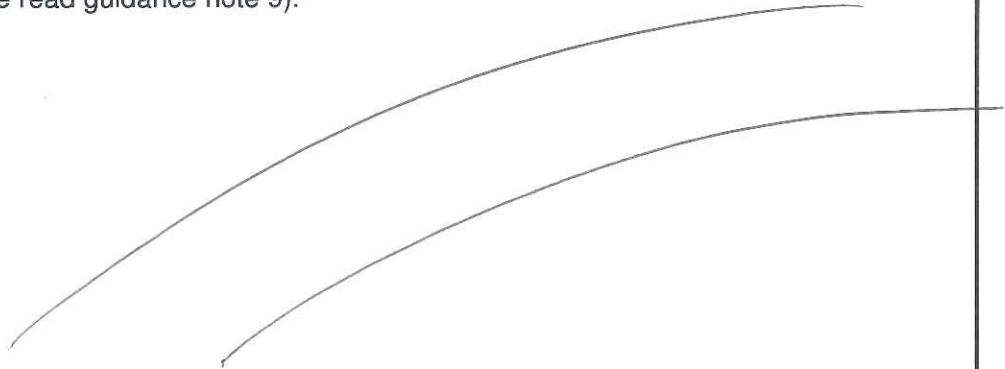
Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	12.00	23.30	<p>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)</p> <p>NEW YEARS EVE UNTIL 01.30</p>		
Tue	12.00	23.30			
Wed	12.00	23.30			
Thur	12.00	23.30			
Fri	12.00	00.30			
Sat	12.00	00.30			
Sun	12.00	23.00			

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	DAVID COPPING		
Date of birth	01.10.1972		
Address	10 BINScombe CRESCENT GODALMING SURREY		
Postcode	GU7 3RB		
Personal licence number (if known)	WAV2006 PER/0589		
Issuing licensing authority (if known)	WANDLEY 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 9).



L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	08.00	00.00	<p>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)</p> <p>+ NEW YEARS EVE UNTIL 2AM</p>
Tue	08.00	00.00	
Wed	08.00	00.00	
Thur	08.00	00.00	
Fri	08.00	01.00	
Sat	08.00	01.00	
Sun	08.00	23.30	

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)

A COMPREHENSIVE 'TERMS & CONDITIONS' WILL BE ISSUED TO ALL CUSTOMERS AND HIRES THAT CLEARLY OUTLINE ALL OF OUR LICENSING OBJECTIVES.
EACH CLIENT WILL SIGN THESE T'S & C'S STATING THAT THEY HAVE A FULL UNDERSTANDING

b) The prevention of crime and disorder

THERE WILL BE STAFF TRAINING IN THE LAW REGARDING THE SALE OF ALCOHOL & THESE TRAINING SESSIONS WILL BE KEPT FOR INSPECTION.
ALSO, AN INCIDENT LOG WILL BE KEPT & INCLUDE: ALL CRIMES, ANY EJECTIONS, COMPLAINTS ABOUT LICENSABLE ACTIVITIES, INCIDENTS OF DISORDER, SEIZURES OF DRUGS ETC, ANY REFUSALS TO SELL ALCOHOL AND ANY VISIT BY A RELEVANT AUTHORITY OR EMERGENCY SERVICE.

c) Public safety

CLEAR NOTICES TO PROMOTE THE NEEDS & RESPECT OF NEARBY RESIDENTS.
THINGS LIKE EMPTY BOTTLES WILL ONLY BE TAKEN OUTSIDE IN DECENT, DAYLIGHT HOURS.
HEALTH & SAFETY POLICY, FIRE SAFETY POLICY & FOOD SAFETY POLICY SHALL BE REVIEWED ANNUALLY.

d) The prevention of public nuisance

SIGNS WILL BE IN PLACE REQUESTING THAT CLIENTS & CUSTOMERS LEAVE THE PREMISES QUIETLY, & WITH RESPECT
A MANAGER, OR STEWARD, WILL ALWAYS BE ON DUTY WHEN THE BUILDING IS OPEN & USED FOR HIRE.

e) The protection of children from harm

THERE WILL BE A POLICY IN PLACE, NAMELY 'CHALLENGE 25', WHICH WILL INVOLVE ANY CHALLENGES BEING ASKED FOR IN THE FORM OF PASSPORT, PHOTO DRIVING LICENSE OR THE ID CARDS BEARING THE 'PASS' HOLOGRAM.
AGAIN - ANY CHALLENGES TO THE ID REQUEST ETC WILL BE LOGGED

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.**

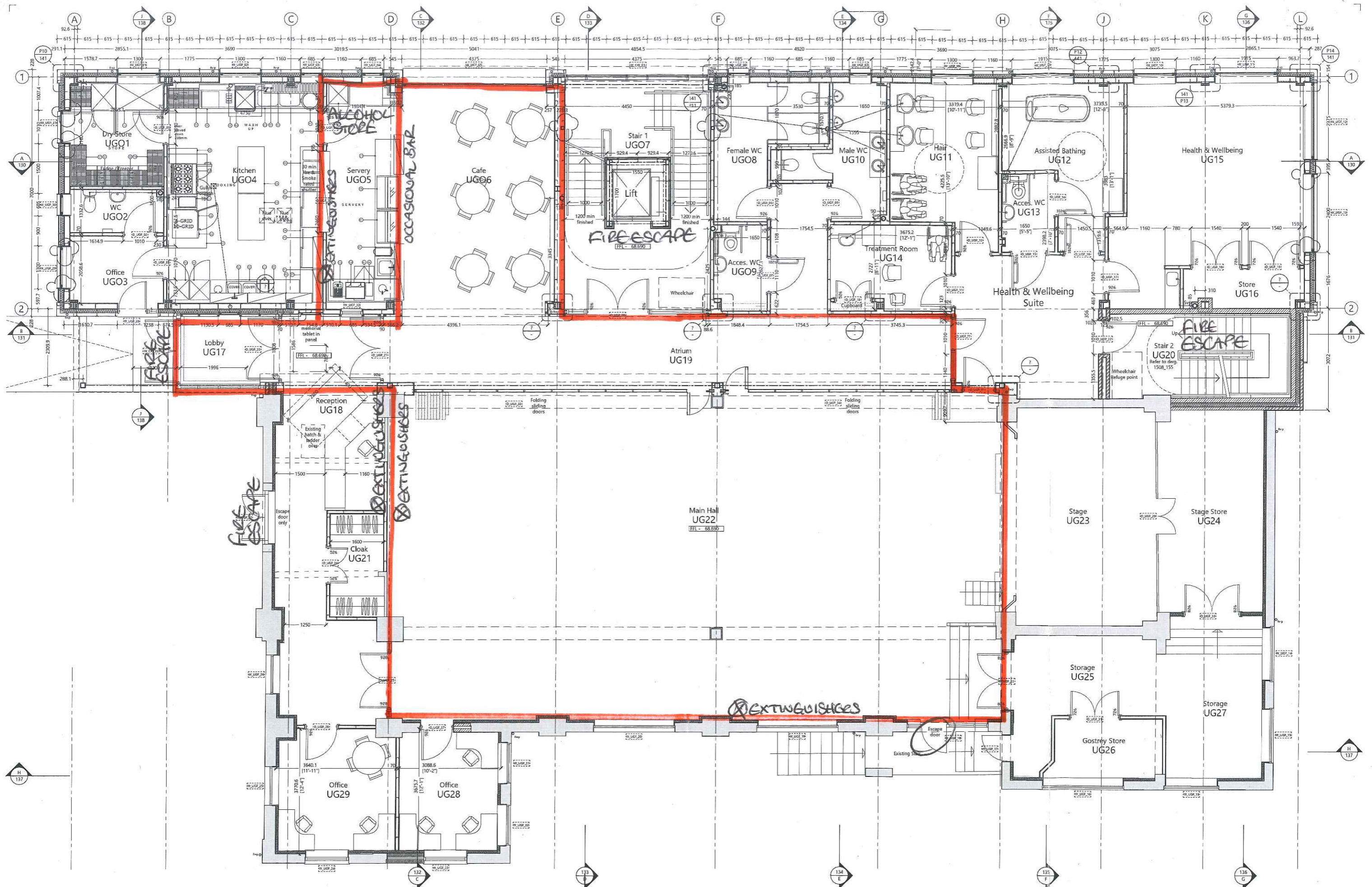
Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am 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	28.10.17

Capacity	VENUE MANAGER	WBC
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For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). 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 14)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



CONSTRUCTION ISSUE
 The client has requested that the contractor ensure that the fire escape route is clearly marked and unobstructed. The contractor should ensure that the fire escape route is clearly marked and unobstructed. The contractor should ensure that the fire escape route is clearly marked and unobstructed.

Lytle Associates ARCHITECTS
 THE MOUNTAIN HEAD, QUARRY STREET, SUDBURY, SUFFOLK, IP11 3UT, 01432 50166, LYTLE-ASSOCIATES.CO.UK

CLIENT: Waverley Borough Council
 PROJECT: Farham Memorial Hall
 TITLE: Upper Ground Floor Plan
 DRAWING NUMBER: 1508_110
 REV: H

SCALE: 1:50 (A1)
 DATE: 16.02.17