

Wk/2018 04020

14/8/18



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 ELIZABETH CANK & MATTHEW RYAN CANK

(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			
BAT & BALL 15 BAT & BALL LANE WRECCLESHAM			
Post town	FARNHAM	Postcode	GU10 4SA

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 47,000

Part 2 - Applicant details

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

Please tick as

- 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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b> over		I am 18 years old or		<input type="checkbox"/> Please tick yes	
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth over</b>		I am 18 years old or		<input type="checkbox"/>	Please tick yes
<b>Nationality</b>					
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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.

<b>Name</b>	ELIZABETH CANK & MATTHEW RYAN CANK
<b>Address</b>	BAT & BALL 15 BAT & BALL LANE WRECCLESHAM FARNHAM GU10 4SA
<b>Registered number (where applicable)</b>	
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b>	PARTNERSHIP
<b>Telephone number (if any)</b>	
<b>E-mail address (optional)</b>	

**Part 3 Operating Schedule**

When do you want the premises licence to start?  
AS SOON AS POSSIBLE

DD	MM	YYYY

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)

PUBLIC HOUSE RESTAURANT  
IN VILLAGE LOCATION

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)  | <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 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"/>            |
| <b>Provision of late night refreshment</b> (if ticking yes, fill in box I)                                  | <input type="checkbox"/>            |
| <b>Supply of alcohol</b> (if ticking yes, fill in box J)  | <input checked="" type="checkbox"/> |

In all cases complete boxes K, L and M

A

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

**B**

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Tue					
			<b>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</b> (please read guidance note 6)		
Wed					
Thur					
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)	
Day	Start	Finish		
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)	
Tue				
Wed				
Thur				<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 6)
Fri				
Sat				
Sun				

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
Thur					
Fri			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 6)		
Sat					
Sun					



E

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

F

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)		
Wed					
Thur			<b>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</b> (please read guidance note 6)		
Fri					
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue					
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 5)		
Thur					
Fri			<b><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></b> (please read guidance note 6)		
Sat					
Sun					

H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> 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	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)		
Fri					
Sat			<b><u>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</u></b> (please read guidance note 6)		
Sun					

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
Tue			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Wed					
Thur			<b><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</u></b> (please read guidance note 6)		
Fri					
Sat					
Sun					

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (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	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)					
Mon	11.00	23.00						
Tue	11.00	23.00						
Wed	11.00	23.00						
Thur	11.00	23.00				<b>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</b> (please read guidance note 6)		
Fri	11.00	23.00						
Sat	11.00	23.00						
Sun	11.00	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	ELIZABETH CANK		
Date of birth	28.08.1981		
Address	BAT & BALL 15 BAT & BALL LANE WRECCLESHAM FARNHAM		
Postcode	GU10 4SA		
Personal licence number (if known)	LN/000002366		
Issuing licensing authority (if known)	WAVERLEY B.C.		

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)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	11.00	23.45	<u>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</u> (please read guidance note 6)
Tue	11.00	23.45	
Wed	11.00	23.45	
Thur	11.00	23.45	
Fri	11.00	23.45	
Sat	11.00	23.45	
Sun	11.00	23.45	

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)

THE DPS IS AN EXPERIENCED AND RESPONSIBLE RETAILER AND FULLY UNDERSTANDS HER ROLE & RESPONSIBILITIES CONCERNING THE FOUR LICENSING OBJECTIVES.

b) The prevention of crime and disorder

ANY PERSON APPEARING TO BE DRUNK WILL BE REFUSED ENTRY. CCTV WITH 27 CAMERAS TO BE INSTALLED. CAMERAS SITED IN ALL PUBLIC AREAS & ENTRANCES. CCTV FULLY OPERATIONAL DURING OPENING HOURS. RECORDINGS RETAINED FOR 30 DAYS AND AVAILABLE TO THE POLICE. NOTICES RE CCTV WILL BE DISPLAYED. A STAFF MEMBER ABLE TO OPERATE THE CCTV WILL BE ON DUTY AT ALL TIMES.

c) Public safety

THE MANAGEMENT WILL OPERATE A CHALLENGE 21 POLICY. A FIRST AID KIT WILL BE AVAILABLE FOR CUSTOMER USE.

d) The prevention of public nuisance

WINDOWS & DOORS WILL BE KEPT SHUT DURING INDOOR EVENTS EXCEPT FOR THE DOOR TO THE PATIO GARDEN AREA. EXTERNAL AREAS WILL BE MONITORED TO ENSURE AS FAR AS POSSIBLE THAT NUISANCE IS NOT CAUSED TO LOCAL RESIDENTS.

e) The protection of children from harm

CHILDREN ONLY ADMITTED IF ACCOMPANIED BY AN ADULT. THE MANAGEMENT WILL OPERATE A CHALLENGE 21 POLICY AND NOTICES WILL BE DISPLAYED. VALID IDENTIFICATION REQUIRED WHERE THERE IS ANY DOUBT ABOUT AGE. A REFUSALS BOOK WILL BE KEPT ON THE PREMISES. ALL STAFF WILL BE APPROPRIATELY TRAINED WITH REFRESHER TRAINING TWICE A YEAR.



**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.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [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).</li> <li>• 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)</li> </ul>
<b>Signature</b>	<i>Stephen P. ...</i>
<b>Date</b>	16 <sup>th</sup> JULY 2018

Capacity	LICENSING AGENT
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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 13). If signing on behalf of the applicant, please state in what capacity.

Signature	<i>Stephen Pickering</i>
Date	16 <sup>th</sup> JULY 2018
Capacity	LICENSING AGENT

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
STEPHEN B. PICKERING LICENSING AGENT 6 CROUTEL ROAD			
Post town	FELIXSTOWE	Postcode	IP11 7EF
Telephone number (if any)	07850 228319		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



WAVERLEY BOROUGH COUNCIL  
Licensing Team, Waverley Borough Council,  
The Burys, Godalming, Surrey GU7 1HR

Consent of individual to being specified as premises supervisor  
under the Licensing Act 2003

I ELIZABETH CANK ..... [full name of prospective premises supervisor]  
of BAT & BALL .....  
15 BAT & BALL LANE, WRECCLESHAM, .....  
FARNHAM, SURREY, GU10 4SA .....

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor  
in relation to the application for .....

VARIATION OF DPS ..... [type of application]  
by ELIZABETH CANK & MATTHEW RYAN CANK [name of applicant]  
relating to a premises licence ..... [number of existing licence, if any]  
for BAT & BALL .....  
15 BAT & BALL LANE, WRECCLESHAM, .....  
FARNHAM, SURREY, GU10 4SA .....

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by  
ELIZABETH CANK & MATTHEW RYAN CANK [name of applicant]  
concerning the supply of alcohol at BAT & BALL .....  
15 BAT & BALL LANE, WRECCLESHAM, .....  
FARNHAM, SURREY, GU10 4SA .....

(name and address of premises to which application relates).

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to  
apply for or currently hold a personal licence, details of which I set out below.

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number LN/000002366 ..... [insert personal licence number, if any]

Personal licence issuing authority WAVERLEY BC .....

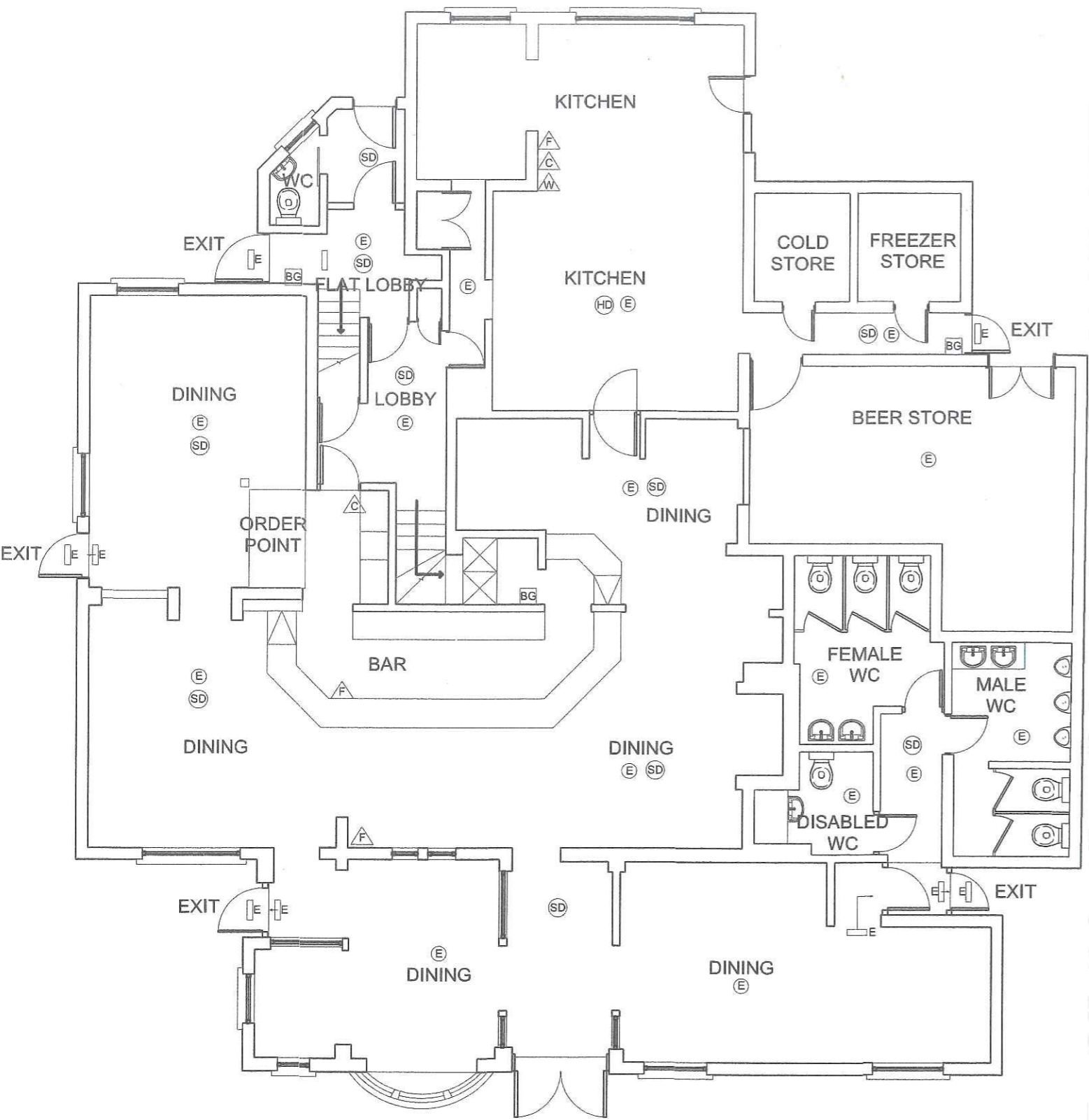
.....  
.....  
.....  
.....

[insert name and address and telephone number of personal licence issuing authority, if any]

E. Cank ..... signed

ELIZABETH CANK ..... name (please print)

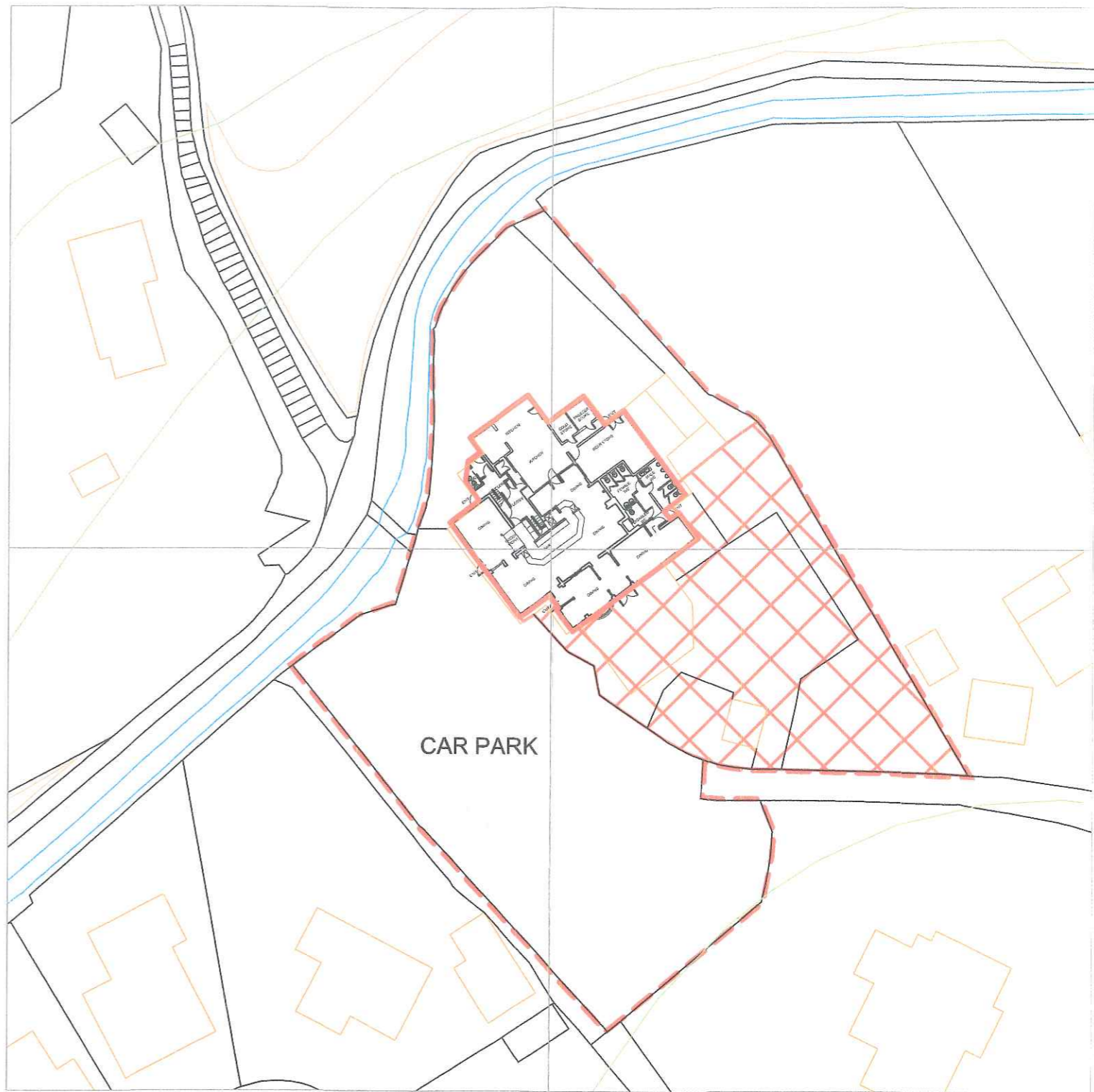
25/6/18 ..... dated



1:100 SCALE @ A3

KEY

	FOAM EXTINGUISHER		EMERGENCY LIGHTING
	CO2 EXTINGUISHER		SMOKE DETECTOR
	WET CHEMICAL EXTINGUISHER		EXTERNAL EMERGENCY LIGHT
	HEAT DETECTOR		ILLUMINATED DIRECTIONAL EXIT SIGN



1:500 SCALE @ A3

- BUILDING OUTLINE
- SITE BOUNDARY
- EXTERIOR AREA WHERE ALCOHOL IS CONSUMED

**The Bat & Ball - Licence Plan** 06/07/2018  
 Bat & Ball Lane, Wrecclesham, Farnham, Surrey, GU10 4SA