

wk/201808717  
31/12/18

2852



**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 Louis Henry Harley Richards  
(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 <u>Brown's 6 Bank Buildings 159 High Street Crawley Sussex</u>			
Post town	<u>9068BB</u>	Postcode	<u>9068BB</u>

Telephone number at premises (if any)	/
Non-domestic rateable value of premises	£

**Part 2 - Applicant details**

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> Harley Richards			<b>First names</b> Louis Henry		
<b>Date of birth</b> over 25-7-85		I am 18 years old or <input type="checkbox"/>		Please tick yes	
<b>Nationality</b> British					
<b>Current residential address if different from premises address</b>		flat 12. Pavillion Court East View Lane. Cranleigh Surrey 90685U			
<b>Post town</b> Cranleigh			<b>Postcode</b> 90685U		
<b>Daytime contact telephone number</b>			01403- 753070		
<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</b> over		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.

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
15	10	2018

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)

It is a small tea-room with about 10 tables of 2 people. We are applying for the Alcohol licence only if the odd person would like a glass of wine with their lunch.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

Definitely Not

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

<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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon	5pm	10pm			
Tue	5pm	10pm	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)		
Wed	5pm	10pm			
Thur	5pm	10pm	<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	5pm	10pm			
Sat	4pm	11pm			
Sun	4pm	11pm			

4

<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 checked="" 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	12:30	11:30			
Tue	12:30	11:30	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)		
Wed	12:30	11:30			
Thur	12:30	11:30	<b>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</b> (please read guidance note 6)		
Fri	12:30	11:30			
Sat	12:30	11:30			
Sun	12:30	11:30			

clear out

1

+

\* 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 checked="" type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)					
Mon	12pm	10pm						
Tue	12pm	10pm						
Wed	12pm	10pm						
Thur	12pm	10pm				<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	12pm	10pm						
Sat	12pm	10pm						
Sun	12pm	10pm						

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	Havin Henry Harley Richards.		
Date of birth	25-7-85		
Address	12 Pavilion Court East View Lane Crawley, Surrey		
Postcode	GU6 8 5U		
Personal licence number (if known)	LN/000006206-		
Issuing licensing authority (if known)	Waverley 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).

None.

\* 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	8 Am	11 pm	<p><b>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</b> (please read guidance note 6)</p>
Tue	8 Am	11 pm	
Wed	8 Am	11 pm	
Thur	8 Am	11 pm	
Fri	8 Am	11 pm	
Sat	8 Am	11 pm	
Sun	8 Am	11 pm	





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 four licensing objectives shall be taken into consideration by the licensee.

b) The prevention of crime and disorder

The prevention of crime + disorder will be paramount to our business. Intoxicated or rowdy people shall not be served. Intoxicated people will be asked to leave. The police shall be called if for any reason the intoxicated/rowdy person refused to leave the premises. Tap water will be served to all our guests as a accompaniment during their stay.

c) Public safety

In the matter of public safety the premises will be maintained in a safe manner at all times. All exits will be kept clear of potential hazards. Customers + Staff will be expected to behave responsibly. All health + safety regulations shall be conscientiously complied with.

d) The prevention of public nuisance

The prevention of public nuisance will be very important to our business, as we plan to engage <sup>the</sup> local community. The Cafe is small and will not house large numbers of people, therefore noise nuisance + refuse waste will be controlled + managed respectfully. Staff will be instructed and shown how to adhere to this. Notices will be displayed asking customers to leave the premises in a respectful manner.

e) The protection of children from harm

In the case of protecting children from harm, we aim to create a family friendly environment where food options and a large range of soft drinks are available. Children will only be served soft drinks or water. Staff will be trained and retrained every 12 months in checking customer ages by only accepting the following I.D. forms if there is a doubt: passports, driving licence and citizen card. Staff will not tolerate abhorrent language.

**Checklist:**

**Please tick to indicate agreement**

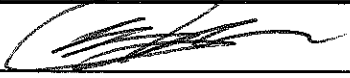
- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, 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>
Signature	
Date	31 / 8 / 2018

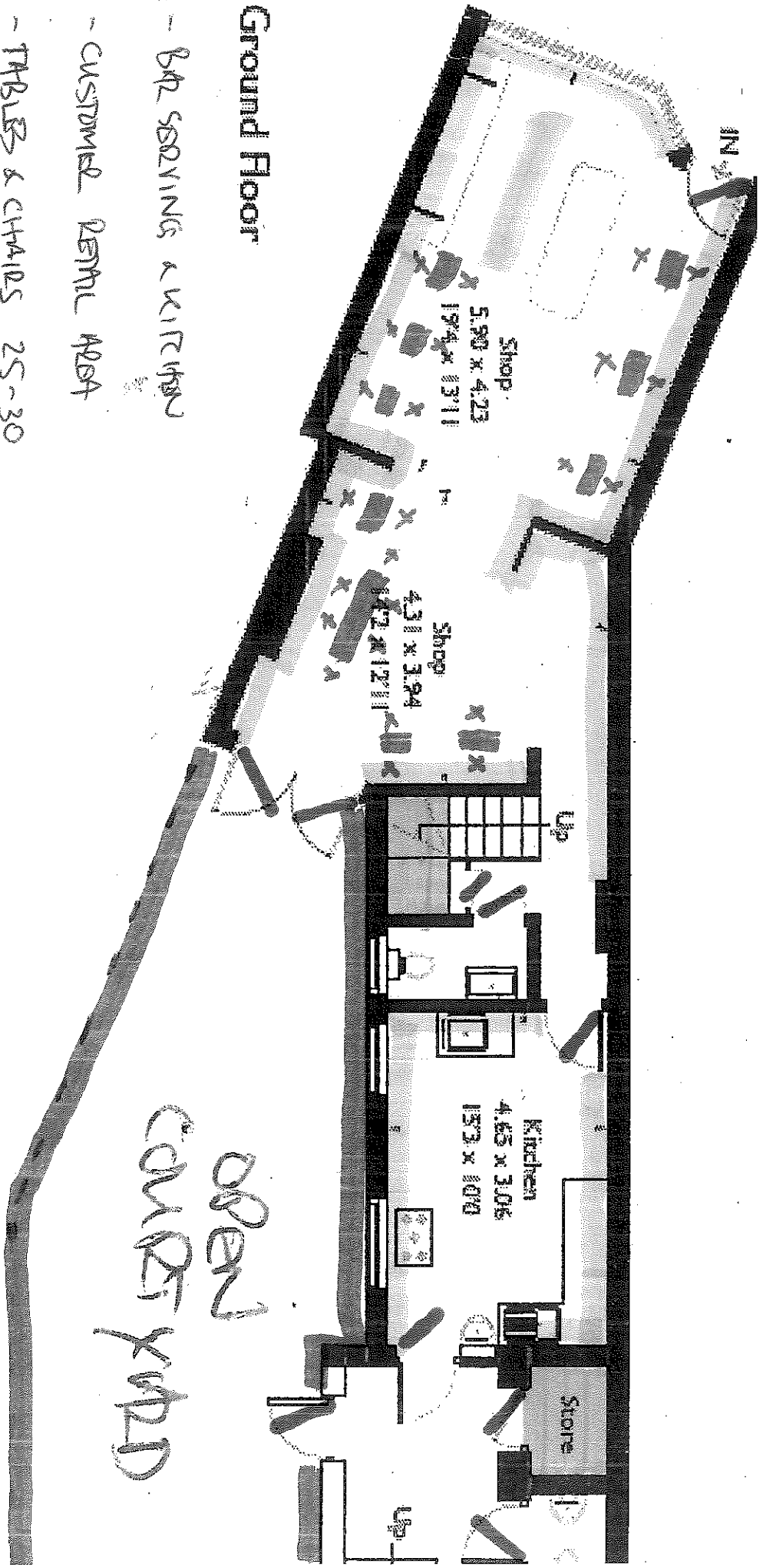
Capacity	
----------	--

**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	
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)			

Ground Floor



OPEN  
CORRIDOR

FLOORPLAN © 2016 0845 6344080. Ref

This plan is for layout guidance only. Drawn in accordance with RICS guidelines. Not drawn to scale. Whilst every care is taken in the preparation of this plan, please check all dimensions, shapes & contents.

- BAR SEATING & KITCHEN
- CUSTOMER BENCH AREA
- TABLES & CHAIRS 25-30
- STAIR OUTSIDE CORRIDOR
- LOCKABLE STAIRS AREA
- TOILET FACILITIES
- OPENING DOORS EXTERNAL LOCKABLE
- BOILER ROOM HEATING/HOT WATER