



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 LORETTA VALENTINI & BENJAMIN PIETRO
(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 MAYSEN RESTAURANT WRECCLEHAM HOUSE WRECCLEHAM ROAD			
Post town	FARNHAM	Postcode	GU14 4PS
Telephone number at premises (if any)			
Non-domestic rateable value of premises	£ 34,000		

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)	
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)					

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <i>Yar</i>			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	MAISON RESTAURANT
Address	WRECCLESHAM HOUSE WRECCLESHAM ROAD WRECCLESHAM FARNHAM GU10 4PS
Registered number (where applicable)	13115429
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY

Telephone number (if any)
E-mail address (optional)

OK

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
29	10	2021

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)

FINE DINING RESTAURANT SEATING APPROX 18-20 COVERS, OPERATING A SINGLE SITTING SERVICE

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

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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

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	Please give further details here (please read guidance note 4)		
Mon	11:00	00:00			
Tue	11:00	00:00	ONE OFF EVENTS. SOLO SINGERS OR TWO PIECE BANDS		
Wed	11:00	00:00			
Thur	11:00	00:00	State any seasonal variations for the performance of live music (please read guidance note 5)		
Fri	11:00	00:00			
Sat	11:00	00:00	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)		
Sun	11:00	23:00			

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	11:00	00:30	Please give further details here (please read guidance note 4) MUSIC TO ACCOMPANY DINERS & CREATE AN AMBIENCE	Both	<input type="checkbox"/>
Tue	11:00	00:30			
Wed	11:00	00:30	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	11:00	00:30			
Fri	11:00	00:30	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)		
Sat	11:00	00:30			
Sun	11:00	00:30			

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 COCKTAIL MASTERCLASSES COOKING MASTERCLASSES WHICH WOULD INCLUDE WINE TASTING.		
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	11:00	00:00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	11:00	00:00	Please give further details here (please read guidance note 4)		
Wed	11:00	00:00	SMALL PRIVATE FUNCTIONS / PARTIES OF 8-12 PEOPLE.		
Thur	11:00	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	11:00	00:00			
Sat	11:00	00:00	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	11:00	00:00			

Paul Hughes

From: .>
Sent: 09 November 2021 10:57
To: Paul Hughes
Cc: Licensing Policy; Kate Halsall
Subject: Re: License application at Maison Restaurant

[** This email originates from an external source **]

RESENT

Dear Paul

>

> With regards to our conversation, just to clarify, the section for music 'anything similar', can you please make that the same as LIVE music.

>

> If you require any further information, please do not hesitate to contact me.

>

> Rgds

>

>

> Sent from my iPhone

Late night refreshment Standard days and timings (please read guidance note 8)			<u>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 4)</u>	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here (please read guidance note 5)</u> PUBLIC HOLIDAYS: CHRISTMAS EVE, NEW YEARS EVE, CHRISTMAS DAY, NEW YEARS DAY SMALL PRIVATE FUNCTIONS		
Mon	23:00	00:30			
Tue	23:00	00:30	<u>State any seasonal variations for the provision of late night refreshment (please read guidance note 6)</u>		
Wed	23:00	00:30			
Thur	23:00	00:30	<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 (please read guidance note 7)</u>		
Fri	23:00	00:30			
Sat	23:00	00:30			
Sun	23:00	00:30			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for <u>consumption</u> – 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	11:00	00:00	CHRISTMAS EVE 11:00 - 01:00 NEW YEARS EVE 11:00 - 01:00 PRIVATE FUNCTIONS & SPECIAL EVENTS 11:00 - 01:00 THE NEXT DAY.		
Tue	11:00	00:00			
Wed	11:00	00:00			
Thur	11:00	00:00			
Fri	11:00	00:00			
Sat	11:00	00:00			
Sun	11:00	00:00			
			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)		

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	LORNETTE VALENTINE
Date of birth	11/11/51
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	WOLING 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).

N/A .

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	11:00	00:00	CHRISTMAS EVE 11:00 - 01:00 CHRISTMAS DAY. NEW YEARS EVE 11:00 - 01:00 NEW YEAR DAY.
Tue	11:00	00:00	
Wed	11:00	00:00	
Thur	11:00	00:00	
Fri	11:00	00:00	
Sat	11:00	00:00	
Sun	11:00	00:00	
			<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 (please read guidance note 6)</u> AS ABOVE SMALL PRIVATE FUNCTIONS (MAX 12 FOR YEAR). 11:00 - 01:00

PLEASE SEE ADDITIONAL FORM FROM PAB CARNIE, CHIEF OFFICER OF POLICE AS APPROVED BY THE POLICE AUTHORITY.

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 RESTAURANT WILL ONLY HAVE A SMALL TEAM, WHICH WILL CONSIST OF THE OWNERS, WHO BOTH HOLD PERSONAL LICENCE AND ONE OTHER MEMBER. THIS MEMBER WILL HAVE INDUSTRY EXPERIENCE AND WILL ALSO RECEIVE REGULAR TRAINING.

b) The prevention of crime and disorder

- STOP THE SALE OF ALCOHOL TO PATRONS WE BELIEVE ARE OVER THE LIMIT
- TRAINING AND SUPERVISION OF STAFF
- MONITORING AND PROVISION OF CCTV
- EFFECTIVE & RESPONSIBLE MANAGEMENT OF PREMISES
- ADOPTION OF BEST PRACTISE GUIDANCE

c) Public safety

AS ABOVE
PROVISION OF FREE DRINKING WATER.
PROVISION & MONITORING OF CCTV WHICH WILL BE INSIDE & OUTSIDE OF THE PREMISES.

d) The prevention of public nuisance

AS ABOVE
PROMOTE ON OUR WEBSITE & BEER DRINKING SYSTEM THAT WE ARE IN A RESIDENTIAL AREA AND TO RESPECT THE NEIGHBOURS WHEN LEAVING

e) The protection of children from harm

- CHECK ID OF YOUNG DINERS
- DISPLAY SIGNAGE TO NOTIFY DINERS & PUBLIC THAT THE PREMISES OPERATES A PROOF OF AGE SCHEME
- USE OUR CCTV TO MONITOR THE OUTSIDE OF THE PREMISES. ALTHOUGH IT WILL BE RARE THAT ALCOHOL WILL BE PERMITTED TO LEAVE THE PREMISES. (ONLY UNWASHED BOTTLES OF WINE) WHICH WILL BE SEATED
- KEEP A REFUSALS REGISTER THAT ALL STAFF WILL BE TRAINED TO USE
- NO STAFF UNDER THE AGE OF 18 YRS TO SERVE ALCOHOL UNSUPERVISED
- ALL STAFF TO CHECK WITH SUPERVISOR BEFORE SALE (17 YRS) OF ANY ALCOHOL TO ANY PERSONS WHO THEY DEEM TO BE UNDERAGE.

