

wk/202106604

18/11/21



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 DOMINIQUE MAXWELL
(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
8 DOWNING STREET, FARNHAM, GU9 7PB

Post town	FARNHAM	Postcode	GU9 7PB
-----------	---------	----------	---------

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 21,500

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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname MAXWELL		First names DOMINIQUE		
Date of birth over		I am 18 years old or <input checked="" type="checkbox"/> Please tick yes		
Nationality BRITISH				
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)

NIA

SECOND INDIVIDUAL APPLICANT (if applicable) NIA

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 NIA

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
05	11	2021

18/11/2021

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)
 A 1920S art deco designed cafe lounge, serving ANTI PASTI, CHARCUTERIE BOARDS, ARTISAN CHEESES, DELI FOODS ALONGSIDE CLASSIC AND REINVENTED DRINKS + ALCOHOL WITH APPROX 50 COVERS ACROSS ONE FLOOR ALSO AVAILABE ON OCCASION FOR PRIVATE HIRE AND FUNCTIONS

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

NIA

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

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"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	1100	0000	State any seasonal variations for the supply of alcohol (please read guidance note 5) NIA		
Tue	1100	0000			
Wed	1100	0000			
Thur	1100	0100	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	1100	0100			
Sat	1100	0100			
Sun	1100	2330			

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	DOMINIQUE MAXWELL
Date of birth	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	

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).

NIA.

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	1100	0000	NIA
Tue	1100	0000	
Wed	1100	0000	
Thur	1100	0000 0100	
Fri	1100	0100	
Sat	1100	0100	
Sun	1100	2300	
			<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>NIA</p>

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)

THIS WILL BE OUR SECOND LICENSED PREMISES IN FARNHAM, AND WILL BE OPERATED BY A HIGHLY EXPERIENCED HOSPITALITY TEAM. WE WILL OPERATE OUR BUSINESS WITH A PURPOSE OF PROMOTING ALL LICENSING OBJECTIVES WITH STRONG MANAGEMENT TEAM, REGULAR TRAINING SO ALL AWARE OF LICENSING REQUIREMENTS PARTICULARLY 1) NO ALCOHOL TO UNDERAGE OR INTOXICATED 2) NO HARM TO CHILDREN 3) VIGILANCE TO PREVENTION OF DRUG USE.

b) **The prevention of crime and disorder**

- DISPLAY LICENSE
- NO SALE OF ~~ANY~~ ALCOHOL TO ANYONE SEEMING INTOXICATED
- CLOAK ROOM AVAILABLE TO GUESTS
- LOGGING ANY LOST + FOUND PROPERTY
- ZERO DRUGS TOLERANCE
- FORMULATION OF DISPERSAL POLICY

c) **Public safety**

- INTERNAL + EXTERNAL LIGHTING
- STAFF TRAINING INC. COSHH, FIRE, FOOD HANDLING
- TRAINING ON ID CHECKS
- ALL FIXTURES + FITTINGS IN GOOD + SAFE WORKING ORDER
- NO PROMOTIONS THAT PROMOTE BINGE OR EXCESSIVE DRINKING
- FREE AVAILABILITY OF FREE DRINKING WATER
- FIRE SAFETY, EVACUATION, SIGNAGE + NOTICES

d) **The prevention of public nuisance**

- SIGNAGE FOR PATRONS TO LEAVE QUIETLY + RESPECT NEIGHBOUR'S
- MOVEMENT OF RUBBISH TO BE KEPT TO MINIMUM AFTER 23:00
- TO KEEP AREA IN IMMEDIATE SURROUNDS OF PREMISES CLEAR + CLEAN OF LITTER.
- DELIVERIES, WHERE POSSIBLE, TO PREVENT NUISANCE + DISTURBANCE

e) **The protection of children from harm**

- FOR THOSE BUYING ALCOHOL TO HAVE VALID ID PASS HOLOGRAM, PASSPORT OR DRIVING LICENSE WITH "CHALLENGE 25 POLICY"
- STAFF TRAINED ON ID CHECKS + AGE ESTABLISHMENT

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 or my share code issued by the Home Office online right to work checking service (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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
--------------------	--

Signature	
Date	14/10/21
Capacity	DIRECTOR + DPS

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.

N/A

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)			