

wk/202108491

7/2/22



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 Pickle & Winch Ltd

(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			
Hilltop Kitchen, Coombe Farm Buildings, Alldens Lane			
Post town	Godalming	Postcode	GU8 4AP

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

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)					

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	Pickle & Winch Ltd
Address	Coombe Farm Buildings, Alldens Lane, Godalming, Surrey, GU8 4AP
Registered number (where applicable)	13302946
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited Company
Telephone number (if any)	
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
08	02	2022

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)
 Pickle & Winch will be re-opening Hilltop Kitchen, a venue serving coffee, snacks and a short lunch menu outside of Godalming. The premise has no in-door seating, all guests will be seated in an outdoor garden and covered area directly in front and surrounding the building. The outside space is fenced for security and safety with a quiet road at the front. Consumption of alcohol will all be carried out on premise with no take-away sales. Orders will be taken via the counter and table service. The premise will be serving a limited alcoholic offering.
 Normal operating hours will be 09:00 - 18:00. Small 20-40 guest pop-up evening events will be hosted at the venue occasionally which will be ticketed or private.
 Guests will order from a short drinks list via table service.

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

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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) Opening hours will be reduced in the winter months of November, December and February. The venue is likely to be closed for the whole of January along with Christmas day.		
Mon	12:00	18:00			
Tue	12:00	18:00			
Wed	12:00	18:00			
Thur	12:00	23:00			
Fri	12:00	23:00			
Sat	12:00	23:00			
Sun	12:00	23:00			
			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	Alexander Richard Winch
Date of birth	
Address	
Postcode	
Personal licence number (if known)	LN/1
Issuing licensing authority (if known)	WAVERLEY

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)			<u>State any seasonal variations</u> (please read guidance note 5) Opening hours will be reduced in the winter months of November, December and February. The venue is likely to be closed for the whole of January along with Christmas Day.
Day	Start	Finish	
Mon	09:00	18:00	<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</u> (please read guidance note 6)
Tue	09:00	18:00	
Wed	09:00	18:00	
Thur	09:00	23:00	
Fri	09:00	23:00	
Sat	09:00	23:00	
Sun	09:00	23:00	

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)

Staff training in the safe sale of alcohol, using clear signage throughout the venue, ensuring policies are in place to safeguard all four licensing objectives. To work closely with the local authority and police.

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

Ensure the property is secure when left overnight and install anti-theft devices. Employ management and train staff to enforce the safe consumption of alcohol on site and ensure guests do not carry out any disorder. Provide over night car parking area and train staff to look out for signs of potential DUI issues to reduce risk of guests driving under the influence. Provide low or non-alcoholic drink alternatives to drivers.

c) **Public safety**

Carry out a health and safety report of the site prior to opening. Ensure the public stay within the venue and safe garden area. Provide adequate signage throughout the premise. Designate and promote clear car parking area which is designed to separate traffic from public spaces. Train a staff-member in health and safety and first aid. Provide adequate PPE for staff members. Monitor any public safety issues.

d) **The prevention of public nuisance**

Design opening times to only serve alcohol during afternoon hours to reduce late night public disturbance to the local community. Request pop-up dinner guests leave quietly without causing disturbance. Advertise premise as a location for walkers and cyclists to reduce car traffic. The site will not be playing loud music in order to keep noise to a minimum. Provide signage and train staff to requests guests do not cause a public nuisance. Work closely with local community to reduce risk of public nuisance.

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

Provide a safe space for children. Ensure fencing is installed to keep children from traffic or other high risk areas. Train staff in child health and safety and first aid. Make sure guests are responsible for children.

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	04.01.22