WK/202203569 Waverley 30/8/22 14/10/22 Fge?

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.

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You	may	wish to keep a copy of the com	pleted form fo	or you	records.			
prer to y	ly for nise: ou a	sert name(s) of applicant) r a premises licence under set s described in Part 1 below (the sthe relevant licensing autho g Act 2003	ction 17 of th	and I	/we are makin	g this applicatio	n	
Part	:1-	Premises details	-					
5	on i	Idress of premises or, if none, or CRANES FAMILY WHALL PAVILLION ONLE LANE RANLEIGH	rdnance surve SPOK: N	ey map	oreference or o	description		
Pos	t tow	m GWLDFORD			Postcode	C46 83	Jw	
<u></u>		e number at premises (if any)	NONE	ξ	······································			
Non-domestic rateable value of premises £4,000								
Part	2 - /	Applicant details						
Plea appr		ate whether you are applying fo te	r a premises I	icence	e as F	Please tick as		
a)	a) an individual or individuals *							
b)	b) a person other than an individual *							
i as a limited company/limited liability please complete section (B) partnership								
	ii	as a partnership (other than lir liability)	nited		please comp	lete section (B)		
	iii	as an unincorporated associat	ion or	П	please comp	lete section (B)		

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 ☐ Mrs ☐ Miss ☐ Ms ☐ Other Title (for example, Rev)	
Surname First names	
Date of birth	
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 JOHN DENNISON CRANES FAMILY SPORTS BAR	LTD
Address	
Registered number (where applicable)	
14157155	
Description of applicant (for example, partnership, company, unincorporated association etc.)	
Director of CRANES FAMILY SPORTS BAR	

Tele	ephone number (if any)	*
E-m	nail address (optional)	-
Par	t 3 Operating Schedule	
Who	en do you want the premises licence to start?	DD MM YYYY 0 1 0 9 2 0 2 2
	ou wish the licence to be valid only for a limited period, when you want it to end?	DD MM YYYY
0 0 6 BV	THIS PREMISES IS A PAVILLION IN THE SUCKHALL FOOTBALL FIGLDS AND THE LOCAL FAMILY PARK. THIS BUILLION OF THE LOCAL FAMILY PARK. THIS BUILLION OF BEING A HANGING ROOMS FOR THE MANY LUBS AND WAS KINDLY DONATED TO IS MANAGED BY CRANLEIGH PARISING GIVEN ME THEIR FULL SUPPORT.	HE CENTRE AT THE SIDE LOING WAS BAR AND
lf 5,	000 or more people are expected to attend the premises at one time, please state the number expected to attend.	
Wha	at licensable activities do you intend to carry on from the premises	?
(ple	ase see sections 1 and 14 and Schedules 1 and 2 to the Licensing	Act 2003)
Prov	vision 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 hoves K. L. and M.	

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Supply of alcohol Standard days and timings (please read			Will the supply of alcohol be for consumption – please tick (please read guidance note 8) On prer	the mises	
guidance note 7)			Off	the mises	
Day	Start	Finish	Both	h	
Mon	1200	2300	read guidance note 5)		ase
Tue	1200	2300	MONDAY TO THURSDAYS WILL ADD HOC. ALSO FRIDAY AFTER	NOON!	ا د
Wed	1200	2300	OPENING WILL ONLY OCCUR THE NURSERY SCHOOL IS CL AND WHEN THE FOOTBALL CLUB	WHEN OSED S AS AT S	lave
Thur	1200	53,40	Non standard timings. Where you intend to use the for the supply of alcohol at different times to those the column on the left, please list (please read guidal	ne premis e listed in	es
Fri	1200	2300	NEW YEARS EVE I WOULD	o Likt	
Sat	1200	2300	YEARS DAY	VEW	
Sun	1200	27cc			

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 -	JOHN DENNISON					
Date of birt	h .					
Address						
	•					
Postcode	N.					
Personal licence number (if known)						
Issuing licensing authority (if known)						

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).

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i			
Hours premises are open to the public			State any seasonal variations (please read guidance note 5)
Standard days and			MID WEEK IS AD HOC, BASED
timings (please read guidance note 7)			ON OPENING ONLY WHENTHE
			NURSERY IS CLOSED.
Day	Start Finish		13 020360.
Mon	0900	2300	SATURDAY MORNINGS AND MIRD
			SATURDAY MORNINGS AND OTHER AD HOL OPENING ARE TO SERVE
Tue	Tue 3900 2300		I CONTRACTOR OF THE STATE OF TH
			SNACKS TO ALL PARK USERS
Wed 0900 2300		2300	AND CLUBS
			Non standard timings. Where you intend the premises to be
Thur	Thur 0900 2300		open to the public at different times from those listed in the column on the left, please list (please read guidance note 6)
			NYE until 1.00 am NYD
Fri	0000	2300	
Sat	0900	2300	
Sun	0900	2200	
	2100		

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)

I HAVE WORVED CLOSELEY WITH THE PARISH COUNSIL TO SEE I DON'T EFFECT THE NURSERY SCHOOL ALSO LEASING THIS PAVILLION. I HAVE ALSO MET WITH THE NURSERY OWNER, BETWEEN THE THREE PARTIES CONCERNED WE HAVE AN AGREEMENT IN PLACE THAT ENSURES THERE IS NO CONFICT OF INTEREST.

b) The prevention of crime and disorder

I HAVE JOINED THE LOCAL PUBLISHED SCHEME THERE IS CCTV COVERING THE OUTSIDE OF THE PROPERTY INCLUDING THE LOCAL PLAYPARK. INSIDE WE WILL HAVE A CHALLENGE 25 POLICY WITH A KEPT RECORD BY STAFF OF ALL REFUSALS.

c) Public safety

CCTU IS IN PLACE COVERING THE DUTSIDE AREA AND THE LOCAL PLAY PARK

I AM CURRENTLY MANAGING THE LOCAL YOUTH CLUB
AND YOUNG CARERS AND HAVE FIRST AID QUALIFICATIONS.

PLASTIC GLASSES WILL ONLY BE PERMITTED FOR PEOPLE COING ONTSIDE TO SIT ON OUR FENCED IN PRIVATE PATIO AREA.

d) The prevention of public nuisance

I AM ON THE PUBLISHTCH COMMITTEE.

ALL STAFF WILL BE TRAINED ON THE IMORTANCE OF NOT SERVING ANYONE WHO IS INTOXICATED Along WITH CALMINIS SITUATION DOWN IF ANY EVER OCCURED WE WILL HAVE ANTI DRUG SIGNS AND MESSAGES CLEAR FOR ALL TO SEE. AND WILL REFUSE TO SERVE ANYONE WHOER THE INFLUENCE OF DRUGS

SIGNS WILL BE IN PLACE ASKING CUSTOMERS TO LEAVE QUIETLY

ALL CHILDREN MUST BE ACCOMPIED BY AN ADULT THERE VOILL ALLONY BC A DBS checked member of STAFF WORKING.

THERE IS CETY ALL AROUND THE OUTSIDE AREA (NCLUDING THE LOCAL PARK.

WE ALSO HAVE A ZERO TOLERANCE POLICT ON FOLL LANGUAGE

I WILL WITH ALL ABOVE, WORK CLOSERY WITH THE CRANLEIGH COMMUNITY POLICE WHO I KNOW WELL THROUGH MY ROLES IN RUNNING THE LOCAL YOUTH CLUB AND YOUNG CARERS CLUB.
WE WILL HAVE SIGNS IN18 PLACE FOR OUR CHALLENGE 25 POLICY