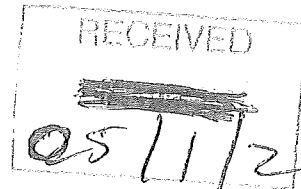


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Fee

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 LUCY EMMA CLAYTON
(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			
THE NEST COFFEE SHOP 9A HIGH STREET GUS OUF BRAMLEY GUILDFORD			
Post town	BRAMLEY	Postcode	GUS OUF

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 15,000

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 type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input checked="" type="checkbox"/>	Other Title (for example, Rev)	
Surname CLAYTON			First names Wendy EMMA		
Date of birth over		I am 18 years old or		<input checked="" 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)					

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

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	09	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)

THE SPACE IS CURRENTLY USED AS A COFFEE SHOP AND A BAR HAS BEEN BUILT IN EXTENSION WITH ADEQUATE SEATING. OVERALL SPACE IS ABOUT 75 SQ.M, WITH SEATING THROUGHOUT

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) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

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)					
Mon	12 pm	4:30 pm						
Tue	7 am 12 pm	11 pm 4:30 pm						
Wed	7 am 12 pm	11 pm 4:30 pm						
Thur	7 am 12 pm	11 pm 4:30 pm				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	7 am 12 pm	11 pm 11 pm						
Sat	7 am 12 pm	11 pm 11 pm						
Sun	12 pm	3 pm						

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	LUCY EMMA CLAYTON		
Date of birth			
Address			
Postcode	GU11 1AA		
Personal licence number (if known)			
Issuing licensing authority (if known)	GUILDFORD 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).

ONLY SELLING ALCOHOL (THEY WILL BE ASKED TO SEE ID)

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	8:00	16:30	
Tue	8:00	23:00	
Wed	8:00	23:00	
Thur	8:00	23:00	
Fri	8:00	23:00	
Sat	8:00	23:00	
Sun	10:00	15:00	
			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)

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 DPS WILL ENSURE AT ALL TIMES THAT THERE ARE ENOUGH COMPETENT STAFF ON DUTY IN ORDER TO FULFILL THE LICENSING OBJECTIVES. THE STAFF WILL BE TRAINED IN SELLING ALCOHOL - ESPECIALLY WITH REGARD TO DRUNK INDIVIDUALS AND CHILDREN.

b) The prevention of crime and disorder

THE POLICE WILL BE CONTACTED IF ANY CRIMINAL INCIDENTS TAKE PLACE.
CCTV COVERAGE WILL BE TAKEN DURING OPENING HOURS.
THIS WILL BE MADE AVAILABLE TO POLICE

c) Public safety

APPROPRIATE FIRE SAFETY PROCEDURES ARE IN PLACE
(ALL EMERGENCY EXITS WILL BE CLEAR
↳ FIRE BLANKET, EXIT SIGNS, SMOKE DETECTORS
APPLIANCES INSPECTED REGULARLY.

d) The prevention of public nuisance

CUSTOMERS TO BE ASKED TO LEAVE QUIETLY.
SIGNS WILL BE DISPLAYED TO BE MINDFUL OF OUR NEIGHBOURS.

e) The protection of children from harm

LICENSEE AND STAFF WILL ASK TO SEE ID TO THOSE WHO APPEAR UNDER 25 YEARS OLD SUCH AS A PHOTOGRAPHIC DRIVING LICENCE OR PASSPORT. ALL STAFF WILL BE TRAINED FOR UNDERAGE SALES PREVENTION REGULARLY.

A REGISTER OF REFUSED SALES SHALL BE KEPT ON THE PREMISES

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	22.08.2021

