

WLC/202209001

16/3/23



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 DAVID BEVAN OF FARNHAM BREWING CO 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 BREWERY AND TAPROOM PIERRE POINT FARM THE REEDS ROAD FRENTHAM Post town FARNHAM Postcode GU10 3BS

Telephone number at premises (if any) Non-domestic rateable value of premises £ 4,450

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 [x] 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)

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 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	FARNHAM BREWING CO LTD.
Address	
Registered number (where applicable)	14238062.
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
01	04	2023

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)

OLD FORGE AND BULLPEN BUILDINGS ON PIERREPOINT FARM.  
 OLD BULLPEN IS A BREWERY, FORGE IS A TAPROOM/LAFE  
 CICA 60M<sup>2</sup>, THE IS A TERRACE/OUTDOOR SPACE AT THE  
 FRONT.

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

N/A.
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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

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for <b>consumption – please tick</b> (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	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5)					
Mon	12.00	23.00						
Tue	12.00	23.00						
Wed	12.00	23.00						
Thur	12.00	23.00				<u>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</u> (please read guidance note 6)		
Fri	12.00	00.00						
Sat	12.00	00.00						
Sun	12.00	10.30						

**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	DAVID BEVAN
Date of birth	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	LAMBETH

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)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	10.00	23.00	<p><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)</p>
Tue	10.00	23.00	
Wed	10.00	23.00	
Thur	10.00	23.00	
Fri	10.00	00.00	
Sat	10.00	00.00	
Sun	10.00	10.30	

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 TAPROOM AND BREWERY ARE VERY SECLUDED ON PIERREPONT FARM. GENERAL OPENING HOURS WILL BE 12-7:30PM. WITH OCCASIONAL PRIVATE AND COMMUNITY EVENT BEING UNTIL 11 PM. THERE WILL ALWAYS BE A PREMISES SUPERVISOR NOMINATED OR A PERSONAL LICENCE HOLDER ON SITE.

b) The prevention of crime and disorder

DIGITAL CCTV WILL BE INSTALLED AND MAINTAINED; IMAGES KEPT FOR 30 DAYS. ALL STAFF WILL BE TRAINED IN HEALTH AND SAFETY AWARENESS. THERE WILL BE NO LATE OPENINGS, UNLESS FOR A PRIVATE EVENT. USUAL CLOSING AROUND 7PM. 'DRINK AWARE' SIGNAGE ON DISPLAY. ALL STAFF TRAINED EVERY 6 MONTHS, IN RELATION TO CHALLENGE 25 PROOF OF AGE POLICY.

c) Public safety

EMPLOYERS+ PUBLIC LIABILITY INSURANCE IN PLACE. ELECTRICAL, GAS+ PAT TESTING CARRIED OUT. FIRE EXTINGUISHING EQUIPMENT IN PLACE AND SERVICED. CCTV SIGNAGE SHALL BE DISPLAYED. A FIRST AID KIT WILL BE PROVIDED UNDER THE BAR. THERE WILL BE FIRST AID STAFF ON THE PREMISES.

d) The prevention of public nuisance

THE PREMISES LICENCE HOLDER WILL MONITOR NOISE LEVELS WITH SIGNAGE FOR CUSTOMERS TO LEAVE QUIETLY. STAFF WILL BE TRAINED NOT TO SERVE ANYONE INEBRIATED. STAFF WILL NOT SERVE ANYONE SHOWING A CHANGE IN BEHAVIOUR. NO DELIVERIES WILL BE TAKEN OUTSIDE PERMITTED HOURS.

e) The protection of children from harm

ALL PERSONS UNDER 18 YEARS MUST BE ACCOMPANIED BY AN ADULT. ANY PERSONS WHO LOOK UNDER 25 WILL BE CHALLENGED AND ASKED FOR IDENTIFICATION. ALL SALE WILL BE ON PREMISES FACE TO FACE. AN INCIDENT BOOK SHALL BE KEPT ON THE PREMISES WITH ALL REFUSALS AND INCIDENTS RECORDED.

**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.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>◦ [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).</li> <li>◦ 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)</li> </ul>
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Signature	
Date	08/02/2023.
Capacity	DIRECTOR - FARNHAM BREWING CO LTD.

For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

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)			