

07 AUG 2014

WVC/201404192
4/9/14



WAVERLEY BOROUGH COUNCIL

Licensing Team, Chief Executive's Dept, Waverley Borough Council, The Burys, Godalming, Surrey GU7 1HR

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 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 GIRAFFE AND HOBBIT 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 <u>GIRAFFE AND HOBBIT 28 WEY ROAD GODALMING SURREY</u>	
Post town <u>GODALMING</u>	Post code <u>GU7 1ND</u>

Telephone number at premises (if any) 01483 527187

Non domestic rateable value of premises £ 100

Part 2 – Applicant Details

Please state whether you are applying for a Premises Licence as:

- Please tick ✓
- a) an individual or individuals* please complete section (A)
 - b) a person other than an individual*
 - i. as a limited company please complete section (B)
 - ii. as a partnership 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)

Please tick ✓

*If you are applying as a person described in (a) or (b) please confirm:

- 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 Mrs Miss Ms Other title (for example, Rev)

Surname First names

Please tick ✓

I am 18 years old or over

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

Email address (optional)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr Mrs Miss Ms Other title (for example, Rev)

Surname First names

I am 18 years old or over Please tick ✓

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

Email address (optional)

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name	GIRAFFE AND HOBBIT LTD.
Address	28 WEY ROAD GODALMING SURREY GU7 1ND.
Registered number (where applicable)	905748
Description of applicant (for example, partnership, company, unincorporated association etc.)	LTD. COMPANY.
Telephone number (if any)	01483 527187
E-mail address (optional)	SANDE@GIRAFFEANDHOBBIT.CO.UK.

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day		Month		Year			

Please give a general description of the premises (please read guidance note 1)

THE PREMISES WILL BE THE LIVING ROOM AND ONE SPARE ROOM OF A 3 BEDROOM SPLIT LEVEL MAISONETTE (ALL SITUATED ON THE FIRST FLOOR).

THE APPLICATION IS TO SUPPLY OFF SALES OF FINE WINE BY DELIVERY BASED FROM INTERNET AND TELEPHONE SALES.

THE PREMISES ITSELF WILL NOT BE OPEN TO THE PUBLIC FOR THE PURPOSE OF RETAIL OF ALCOHOL, NOR FOR ANY OTHER LICENSABLE ACTIVITIES.

THE ADDRESS IS ALSO THE RESIDENTIAL RESIDENCE OF THE D.P.S. AND COMPANY DIRECTORS.

If 5000 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 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick ✓

- 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) performance 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)

<input type="checkbox"/>
<input type="checkbox"/>
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<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Provision of late night refreshment (if ticking yes, fill in box I)

Sale by retail of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (✓) (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times to those listed in the column on the left, please list. (please read guidance note 5)		
Sat					
Sun					

J

Sale of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption on or off the premises or both – please tick (✓) (please read guidance note 7)	On the premises	
				Off the premises	✓
				Both	
Day	Start	Finish	State any seasonal variations for the sale of alcohol (please read guidance note 4)		
Mon	0800 0800	2200 2200			
Tue	0800 0800	2200 2200			
Wed	0800 0800	2200 2200	Non standard timings. Where you intend to use the premises for the sale of alcohol at different times to those listed in the column on the left, please list. (please read guidance note 5)		
Thur	0800 0800	2200 2200			
Fri	0800 0800	2200 2200			
Sat	0800 0800	2200 2200			
Sun	0800 0800	2200 2200			

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name MR STUART DAVID WHITTAKER

Address 28 WEY ROAD
COPHAMING

Postcode GU7 1ND.

Personal licence number (if known)

LN/000004657

Issuing licensing authority (if known)

WARRLETT

Personal licence expiry date (if known)

21st JULY 2024

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 8)

NONE.

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)	
Day	Start	Finish		
Mon	0800	2200	<p>PREMISES WILL NOT BE OPEN TO THE PUBLIC.</p> <p>RETAIL WILL BE SOLLY VIA INTERNET/TELEPHONE.</p>	
	0800	2200		
Tue	0800	2200		
	0800	2200		
Wed	0800	2200		
	0800	2200		
Thur	0800	2200		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 5)
	0800	2200		
Fri	0800	2200		
	0800	2200		
Sat	0800	2200		
	0800	2200		
Sun	0800	2200		
	0800	2200		

M

Describe the steps you intend to take to promote the four licensing objectives:

a) General - all four licensing objectives (b, c, d, e) (please read guidance note 9)

TERMS AND CONDITIONS ON THE WEBSITE WILL CLEARLY SHOW THE LAWS REGARDING ALCOHOL & AGE RESTRICTIONS. THE PREMISES WILL BE KEPT SECURE, THE PREMISES WILL NOT BE USED AS A WALK IN RETAIL PREMISES. PRECAUTIONARY MEASURES AGAINST FIRE WILL BE TAKEN. DELIVERY DRIVERS WILL BE TRAINED IN AGE VERIFICATION AS WILL COMPANY MEMBERS. COMPANY ACTIVITIES WILL NOT CREATE EXCESSIVE NOISE, ANY FINE NOISE WILL BE WITHIN TRADING HOURS.

b) The prevention of crime and disorder

NO SALE OF ALCOHOL WILL INVOLVE THE PREMISES BEING OPEN TO THE PUBLIC. PREMISES WILL REMAIN SECURE. WEBSITE WILL MAKE CLEAR THAT ALCOHOL PURCHASED MUST BE MADE BY AN ADULT OVER 18. THE WINE BEING SOLD IS FINE WINE AND NOT USUALLY BOUGHT AFTER BY DRUNK AND DISORDERLY PEOPLE, NOR UNDERAGE DRINKERS. DELIVERY WILL BE MADE BY AGE VERIFICATION TRAINED INDIVIDUALS.

c) Public safety

MEMBERS OF THE PUBLIC WILL NOT BE ABLE TO ENTER THE PREMISES FOR THE PURPOSE OF BUYING ANY OF OUR PRODUCTS, EVEN BY APPOINTMENT. IN ADDITION TO THIS PREMISES IS EQUIPPED WITH SMOKE ALARMS AND WILL HAVE A FIRE EXTINGUISHER. THESE ARE MARKED ON THE LAYOUT. THE FRONT DOOR IS ACCESSIBLE ONLY BY THOSE WITH KEYS, OR DOMESTIC CLIENTS.

d) The prevention of public nuisance

THERE WILL BE NO ADVERTISING OF OUR BUSINESS VIA BILLBOARD OR SIGNAGE IN CLOSE PROXIMITY TO THE PREMISES WITH THE EXCEPTION OF THE NOTICE WHICH MUST BE MADE IN ACCORDANCE WITH THIS APPLICATION. DELIVERIES WILL NOT TAKE PLACE OUTSIDE OF THE STATES TRADING HOURS, FOR EITHER DISPATCH OR RECEIPT. DELIVERIES WILL NOT CREATE UNACCEPTABLE NOISE AT EITHER END.

e) The protection of children from harm

WEBSITE WILL MAKE IT CLEAR THAT PURCHASE OF ALCOHOL MUST BE MADE BY OVER 18 YEAR OLDS. THE PRODUCTS WE ARE SELLING IS HIGH END WINE AND HEAVY UNATTRACTIVE TO MINORS. LOCAL DELIVERIES WILL BE MADE BY CURBERS ONLY DELIVERY IF ANY DOUBT DELIVERIES EXCEEDING 10 MILES FROM OUR WAREHOUSE WILL BE MADE USING A CURBER COMPANY WHO SPECIALISE IN AGE VERIFICATION AND TRANSFER OF ALCOHOL. WINE WILL NOT BE LEFT IN OUR TRANSPORT OUT OF DELIVERIES NOR WILL IT BE LEFT UNATTENDED IN AN UNLOCKED VEHICLE. DELIVERY WILL BE REFUSED IF THE RECIPIENT AT THE DELIVERY ADDRESS APPEARS 13 TO BE UNDERAGED AND CANNOT PROVE IT WHEN CHALLENGED.

- I have made or enclosed payment of the fee
- I have enclosed a 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 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

Please tick ✓

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent. (See guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature: [Signature]

Date 6.09.2014

Capacity COMPANY DIRECTOR

For joint applications signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent. (please read guidance note 12). **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 13) <u>STUART D. WHITTAKER</u> <u>28 WYK ROAD</u> <u>CODRINGTON</u>	
Post town <u>CODRINGTON</u>	Post code <u>GU7 1ND</u>
Telephone number (if any) <u>07808 350 504</u>	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) <u>ONE MASSIVE @ GMAIL.COM</u>	