



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 Mr. Ferris Cowper

Mr. Ferris Cowper

(Insen 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 10-12 Petworth Road			
Post town	Haslemere	Postcode	<u>GU27 2HR</u>
Telephone number at premises (if any)			
Non-domestic rateable value of premises			

Part 2 Applicant details

Type text here

Please state whether you are applying for a premises licence as appropriate

Please tick as

- a) an individual or individuals * 2
 - b) a person other than an individual * C] please complete section (A)
 - i as a limited company/limited liability partnership
 - ii as a partnership (other than limited liability)
 - iii as an unincorporated association or V' please complete section (B)
- [3 please complete section (B)
- please complete section (B)



PRIVACY NOTICE

Waverley Borough Council will use the information you provide in this form to process your premises licence application, to fulfil our licensing obligations and maintain our statutory public register. We may share your information with other local councils, the police and other government agencies to verify/process the information you have supplied, where required by law and for statistical research purposes (anonymised data) by government agencies only. We will keep it for ten years after the premises licence ends.

For Online Payments Only;

Please note; Our payments website processes your payment and does not store any personal data.

- 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 [1 please complete section (B)
- h) the chief officer of police of a police force in England and Wales [3 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)

Mrs		Miss		Other Title (for example, Rev)	
Surname			First names		
Date of birth I am 18 years old or Please tick yes C] over					
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

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)

Name	The Business Improvement Group Ltd.
Address	
Registered number (where applicable)	03835179

Description of applicant (for example, partnership, company, unincorporated association etc.)
 Limited company

SECOND INDIVIDUAL APPLICANT (if applicable)

Mrs		Miss		Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or		Please	
over				tick yes	
Nationality					
Current address from address		postal address if different from premises			
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.

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

Part 3 Operating Schedule

1	0	6	2
0	2	3	

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

DD MM YYYY

When do you want the premises licence to start?

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Please give a general description of the premises (please read guidance note 1)
Restaurant with small wine bar located in the Petworth Road within Haslemere Town Centre.

The property is immediately adjacent to 14 Petworth Road which was The Poachers Pocket restaurant until 2017.

There is a small basement reached by a staircase. This will be used exclusively for storage and is not included in this application.

In recent years the property has been a retail charity shop, a wine merchant and a toy shop.

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)
- 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)
anything of a similar description to that falling within (f) or (g)
- h) (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 VI

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music take place</u> indoors or outdoors or both — please tick (please read guidance note 3)	Indoors		
Day	Start	Finish		Outdoors		
Mon				<u>Please give further details here</u> (please read guidance note 4) Unamplified, Acoustic folk and light swing. Solo vocalist or vocalist with acoustic spanish guitar. Sound level to be pitched at conversation level as background.		
Tue						
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5) None			
Thur	19.00	21.00				
Fri	19.00	21.00	<u>Non standard timings*</u> Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 6) None			
Sat	19.00	21.00				
Sun	12.30	15.00				
Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place</u> indoors or outdoors or both please tick (please read guidance note 3)	Indoors		
Day	Start	Finish		Outdoors		
Mon	18.00	21.30		<u>Please give further details here</u> (please read guidance note 4) Light jazz, folk and swing. Background music only played at conversation level		
Tue	18.00	21.30				
Wed	18.00	21.30	<u>State any seasonal</u> _____ <u>variations for the playing of</u> _____ <u>recorded music</u> (please read guidance note 5) None			
Thur	18.00	21.30				

Fri	18.00	22.00	<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 (please read guidance note 6)</u> None
Sat	18.00	22,00	
Sun	12.00	16.00	

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing Occasional table entertainment such as table magic.		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both please tick</u> (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			<u>Please give further details here</u> (please read guidance note 4) Table based entertainment such as a table magician performing close range table magic. Similarly styled table comedy is possible. These entertainments will not be performed to the wider restaurant or be amplified,		
Wed					
Thur	19.30	21.00	<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5) None		
Fri	19.30	22.00			
Sat	19.30	22.00	<u>Non standard timings. Where you intend to use the remises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those in the column on the left, please list</u> (please read guidance note 6) None		
Sun	12.30	15.00			

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 8)	On the premises		
				Off the premises		
				Both		
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)			
Mon	12.00	22.30				
Tue	12.00	22.30				None
Wed	12.00	22.30				
Thur	12.00	22.30				<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	23.00	None			
Sat	12.00	23.00				
Sun	12.00	16.00				

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	
Date of birth	
Address	
Postcode	
Personal licence number (if known)	To be applied for.
Issuing licensing authority (if known)	Waverley Borough Council

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

Hours premises are open to the public Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	08.00	22.45
Tue	08.00	22.45
Wed	08.00	22.45
Thur	08.00	22.45
Fri	08.00	23.15
Sat	08.00	23.15
Sun	12.00	16.15

State any seasonal variations (please read guidance note 5)

None

Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the (Please read guidance note 6)

None

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

- 1 . To avoid excessive noise and any risk of poor behaviour, table sizes will be limited to 8 persons.
2. We will join Pubwatch.
3. We will hold occasional "Neighbour Nights" to allow all neighbours to offer their views on the conduct of the restaurant and wine bar.
4. We have already been in touch with local organisations and service providers to offer our support for community activities, facilities and heritage.
5. Table layout, low lighting and furnishings will promote a calm and quiet ambience.

b The revention of crime and disorder

In addition to a);

- 1 . No admittance will be permitted to anyone behaving in a rowdy or noisy manner or who in any way would be likely to cause a disturbance.
- 2 No alcohol sales to anyone who appears to be under 25 without proof of age.
- 3 All customers will be reminded to leave quietly to minimise disturbance.
- 4 Excessive consumption of alcohol or use of controlled substances will not be permitted.
- 5 Police will be contacted without delay in the event of any difficulty.
- 6 The Designated Premises Supervisor will maintain frequent contact with the local Police

c Public safet

In addition to a);

- 1 . All customers must be seated, included those using the wine bar.
- 2 The restaurant and wine bar will be staffed at all times it is open.
- 3 All relevant safety certificates will be obtained and complied with and the Surrey Fire and Rescue Service risk assessment will be completed. 4. Kitchen staff conditions will comply with all legislation and the extraction system has been submitted to Environmental Health and approved.
5. A Grade 2 Listed compliant air conditioning and heating system will be installed to ensure safe and health conditions throu h ut the remises.

d The revention of ublic nuisance

In addition to a);

1. Full details of the odour and noise abatement measures have been submitted to the local authority and approved.
2. Queuing outside will not be permitted.
3. Deliveries will be daytime only. Refuse collection will be in line with current procedures
4. Staff and customers will not park at the premises and will use the public car parks
5. The only external illumination will be above the front door.

e The rotection of children from harm

In addition to a);

- 1 . Children will only be admitted in the company of a responsible adult and may not be left unsupervised.

2. Children will not be permitted to sit at the wine bar; they will be required to sit in the general seating area of the restaurant.
3. The restaurant and wine bar will support the letter and spirit of government policy for family friendly environments.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- o I have enclosed the plan of the premises.
- o I have sent copies of this application and the plan to responsible authorities and others where applicable.
- o I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- o I understand that I must now advertise my application.
- o 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.

Declaration	<p>[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).</p> <p>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)</p>
Signature	
Date	7/5/23
Capacity	APPLICANT

For joint applications, signature of 2nd applicant or 2nd 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	
<p>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)</p> <p>Mr. Ferris Cowper, The Business Improvement Group Ltd.,</p>	
Post town	Postcode
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	