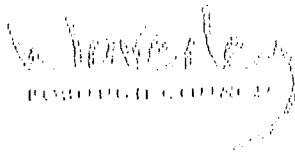


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Fee



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 MAAL MISEROTTI
(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 WHEATHEAT INN GRAYSWOOD ROAD			
Post town	HASLEMERE	Postcode	GU27 2DE

Telephone number at premises (if any)	
Non-domestic rateable value of premises	

Part 2 - Applicant details

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

Please tick as

- 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 (s14) 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 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 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 05 2024

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)

PUB AND RESTAURANT, ALL ON THE GROUND FLOOR WITH BEER GARDEN LOCATED TO THE FRONT AND SIDE.

THE PREMISES WILL ALSO LIKELY HOST WEDDINGS, WALKS, PRIVATE PARTIES AND FUNCTIONS.

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

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)

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	THE WHEATHEAF (GRAYSWOOD) LIMITED
Address	THE WHEATHEAF INN GRAYSWOOD ROAD HASLEMERE GU12 7 2DE
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMPANY

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

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both - please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	11	23	Please give further details here (please read guidance note 4) AMPLIFIED AND MICROPHONE, UNAMPLIFIED.	Both	<input type="checkbox"/>
Tue	00	30			
	11	23	State any seasonal variations for the performance of live music (please read guidance note 5)		
Wed	00	30			
	11	00	Non standard timings. 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)		
Thur	00	00			
	11	01	CHRISTMAS EVE, BOXING DAY, NEW YEAR'S EVE, ST PATRICK'S DAY, ST GEDRAGE'S DAY UNTIL 02:00		
Fri	00	00			
	11	01			
Sat	00	00			
	12	23			
Sun	00	30			

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 type="checkbox"/>
				Off the premises	<input type="checkbox"/>
			Both	<input checked="" type="checkbox"/>	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	09 00	23 30	<p>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)</p> <p>CHRISTMAS EVE, BOXING DAY, NEW YEAR'S EVE, ST PATRICK'S DAY ST CECILIA'S DAY UNTIL 02:00</p>		
Tue	09 00	23 30			
Wed	09 00	23 30			
Thur	09 00	00 00			
Fri	09 00	01 00			
Sat	09 00	01 00			
Sun	09 00	23 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	MARK MISEROTTI
Date of birth	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	TANORIDGE DISTRICT Council

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	09	23	Please give further details here (please read guidance note 4) · AMPLIFIED.	Both	<input type="checkbox"/>
	00	30			
Tue	09	23			
	00	30			
Wed	09	23		<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)	
	00	30			
Thur	09	00			
	00	00			
Fri	09	01		<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)	
	00	00			
Sat	09	01		CHRISTMAS EVE, BOXING DAY, NEW YEAR'S EVE ST PATRICK'S DAY, ST GEORGE'S DAY. UNTIL 02:00	
	00	00			
Sun	09	23			
	00	30			

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).

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	07	00	<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 (please read guidance note 6)</u> CHRISTMAS EVE, BOXING DAY, NEW YEAR'S EVE, ST PATRICK'S DAY, ST GEORGE'S DAY UNIL 02:00
	00	00	
Tue	07	00	
	00	00	
Wed	07	00	
	00	00	
Thur	07	00	
	00	30	
Fri	07	01	
	00	30	
Sat	07	01	
	00	30	
Sun	07	00	
	00	00	

iii) 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)

ENSURE AT ALL TIMES THERE ARE SUFFICIENT COMPETENT STAFF ON DUTY AT THE PREMISES FOR THE PURPOSE OF FULFILLING THE TERMS AND CONDITIONS OF THE LICENCE AND FOR PREVENTING CRIME & DISORDER, ENSURE STAFF WILL UNDERGO TRAINING IN THEIR RESPONSIBILITIES IN RELATION TO THE SALE OF ALCOHOL, PARTICULARLY WITH REGARD TO DRUNKENNESS AND UNDERAGE PERSONS.

b) The prevention of crime and disorder

WE HAVE COMPREHENSIVE CCTV COVERAGE AT THE PREMISES, MAINTAINED & OPERATED BY A PROFESSIONAL COMPANY ANY INCIDENTS OF A CRIMINAL NATURE THAT MAY OCCUR WILL BE REPORTED TO THE POLICE.

c) Public safety

APPROPRIATE FIRE SAFETY PROCEDURES ARE IN PLACE INCLUDING FIRE EXTINGUISHERS, INTERLINKED ILLUMINATED FIRE SIGNS, NUMEROUS SMOKE DETECTORS & EMERGENCY LIGHTING, ALL EMERGENCY EXITS SHALL BE KEPT FREE FROM OBSTRUCTION AT ALL TIMES.

d) The prevention of public nuisance

ALL CUSTOMERS WILL BE ASKED TO LEAVE QUIETLY CLEAR NOTICES WILL BE PROMINENTLY DISPLAYED TO REMIND CUSTOMERS TO LEAVE QUIETLY AND HAVE REGARD TO OUR NEIGHBOURS

e) The protection of children from harm

STAFF WILL ASK PERSONS WHO APPEAR TO BE UNDER AGE 25 FOR PHOTO ID, SUCH AS A DRIVING LICENCE, STAFF WILL BE TRAINED FOR UNDERAGE SALES PREVENTION REGULARLY AND A REGISTER OF REVERSED SALES SHALL BE KEPT AND MAINTAINED.

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 15B 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"> <input type="checkbox"/> [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). <input type="checkbox"/> 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)
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Signature	
Date	22/06/2024
Capacity	DIRECTOR

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	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
MARL MISEROTTI THE WHEATSHAF INN, GRAY WOOD ROAD, HAILEMERE			
Post town	HAILEMERE	Postcode	GL12 7 2DE
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			