w42a508185 28/12/15



### **WAVERLEY BOROUGH COUNCIL**

Licensing Team, Waverley Borough Council, The Burys, Godalming, Surrey GU7 1HR

# Application to vary a premises licence 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. |                                           |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|--|--|
| IDESTICA ROLFE (insert name(s) of applicant) being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below.                                                                                                                                                    |                                           |  |  |  |
| Premises licence number                                                                                                                                                                                                                                                                                                                                    | LN/00000152                               |  |  |  |
| Part 1 – Premises Details                                                                                                                                                                                                                                                                                                                                  |                                           |  |  |  |
| Postal address of premises or, if none, ord                                                                                                                                                                                                                                                                                                                | nance survey map reference or description |  |  |  |
| WILLIAM COBBETT PUB                                                                                                                                                                                                                                                                                                                                        | 4 BRIDGE SQUARE                           |  |  |  |
| Post town FARNHAM                                                                                                                                                                                                                                                                                                                                          | Post code GU9 7QR                         |  |  |  |
| Telephone number at premises (if any)                                                                                                                                                                                                                                                                                                                      | (01252) 726281                            |  |  |  |
| Non domestic rateable value of premises                                                                                                                                                                                                                                                                                                                    | £ 34017                                   |  |  |  |
| Part 2 – Applicant Details                                                                                                                                                                                                                                                                                                                                 |                                           |  |  |  |
| Daytime contact telephone number                                                                                                                                                                                                                                                                                                                           | 252)726281                                |  |  |  |
| Email address (optional)                                                                                                                                                                                                                                                                                                                                   | ssie-rolle@hotmail.co.uk                  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                            |                                           |  |  |  |

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| Mrs Miss Ms Other title (for example, Rev)  Surname First names                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ROLFE JESSICA                                                                                                                                                                                                                                                                                                                                                           |
| Current postal address if different from premises address                                                                                                                                                                                                                                                                                                               |
| Post Town FARNHAM Postcode & U9 7×Q                                                                                                                                                                                                                                                                                                                                     |
| Part 3 - Variation  Please tick ✓  Do you want the proposed variation to have effect as soon as possible?                                                                                                                                                                                                                                                               |
| If not do when do you want the variation to take effect    Day   Month   Year                                                                                                                                                                                                                                                                                           |
| Please describe briefly the nature of the proposed variation (Please see guidance note 1)  We wish to apply four a additional  30 minutes on our sale by retail  of alcohol on inday + saturday  right only. All other standard  times and variation to stay the  times and will bring will live with  Same. This will bring will live with  moor other venues in town. |
| If your proposed variation would mean that 5000 or more people are expected attend the premises at any one time please state the number expected to attend                                                                                                                                                                                                              |

# Part 4 - Operating Schedule

Please complete those parts of the Operating Schedule below which would be subject to change if the application to vary is successful.

| Provision Please tick | of regulated entertainment<br>☑                                                                          |         |
|-----------------------|----------------------------------------------------------------------------------------------------------|---------|
| 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 o           | of late night refreshment (if ticking yes, fill in box I)                                                |         |
| Sale by ret           | ail of alcohol (if ticking yes, fill in box J)                                                           | <u></u> |

In all cases complete boxes K, L and M

| Late night refreshment<br>Standard days and timings<br>(please read guidance note 6) |       | i timings | Will the provision of late night refreshment take place indoors or outdoors or both — please tick ( ) (please read guidance note 2)</th <th>Indoors<br/>Outdoors</th>                                           | Indoors<br>Outdoors |
|--------------------------------------------------------------------------------------|-------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Day                                                                                  | Start | Finish    |                                                                                                                                                                                                                 | Both                |
| Mon                                                                                  |       |           | Please give further details here (please read guidance                                                                                                                                                          | note 3)             |
| 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

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| Sale of alcohol Standard days and timings (please read guidance note 6) |       | timings | 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 | 4 |
|-------------------------------------------------------------------------|-------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---|
| Day                                                                     | Start | Finish  |                                                                                                                                                                     | Both                             | - |
| Mon                                                                     |       |         | State any seasonal variations for the sale of alcohol note 4)                                                                                                       | (please read guidanc             | е |
| Tue                                                                     |       |         | W/A                                                                                                                                                                 |                                  |   |
| Wed                                                                     |       |         |                                                                                                                                                                     |                                  |   |
| Thur                                                                    |       |         | Non standard timings. Where you intend to use the particular alcohol at different times to those listed in the column (please read guidance note 5)                 |                                  |   |
| Fri                                                                     | 10.00 | 01-00   | As per current liven                                                                                                                                                | Ce                               |   |
| Sat                                                                     | 10.60 | 01.00   | orallor of our tir                                                                                                                                                  | nies to                          |   |
| Sun                                                                     |       |         | alcohol at different times to those listed in the column (please read guidance note 5)  As per current live he conditions.  At the part of our fire perman to same. |                                  |   |

| 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 o  |
| children (please read guidance note 8)                                                   |

As per current lience

## L

| Hours premises are open to the public Standard days and timings (please read guidance note 6) |       | <b>ublic</b><br>I timings | State any seasonal variations (please read guidance note 4)                                                           |
|-----------------------------------------------------------------------------------------------|-------|---------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Day                                                                                           | Start | Finish                    | 1                                                                                                                     |
| Mon                                                                                           |       |                           |                                                                                                                       |
| Tue                                                                                           |       |                           |                                                                                                                       |
| Wed                                                                                           |       |                           |                                                                                                                       |
|                                                                                               |       |                           | Non standard timings. Where you intend to open the premises to be open to                                             |
| Thur                                                                                          |       |                           | the public at different times from those listed in the column on the left, please list. (please read guidance note 5) |
| Fri                                                                                           |       |                           | please list. (please read guidance note 5)  As per current (rencu  So close 30 mins ofter  the sale of alcohol Ceases |
| Sat                                                                                           |       |                           | 20 close 30 UNINS about                                                                                               |
| Sun                                                                                           |       |                           | the sale of acoust ceases                                                                                             |
|                                                                                               |       |                           |                                                                                                                       |

| Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                 |
|                                                                                                                                                                 |
|                                                                                                                                                                 |
|                                                                                                                                                                 |
|                                                                                                                                                                 |
|                                                                                                                                                                 |
| I have enclosed the premises licence (QV THEO OPY)  Please tick V                                                                                               |
| I have enclosed the relevant part of the premises licence                                                                                                       |
| If you have not ticked one of these boxes please fill in reasons for not including the licence, or part of it, below                                            |
| Reasons why I have failed to enclose the premises licence or relevant part of the premises licence.                                                             |
| The original is with our solicitors                                                                                                                             |
| premises licence.  The original is with our solicitors  Leads Day Cambs.                                                                                        |
|                                                                                                                                                                 |
|                                                                                                                                                                 |

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Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

| a) General – all four licensing object | tives (b, c, d, e) (please read guidance note 9)                                                                                     |          |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------|
| All as per                             | current / conce                                                                                                                      |          |
|                                        |                                                                                                                                      |          |
|                                        |                                                                                                                                      |          |
| b) The prevention of crime and disor   | rder                                                                                                                                 |          |
| 1(                                     | (1                                                                                                                                   |          |
|                                        |                                                                                                                                      |          |
|                                        |                                                                                                                                      |          |
| c) Public safety                       |                                                                                                                                      |          |
| ((                                     | (1                                                                                                                                   |          |
|                                        |                                                                                                                                      |          |
| d) The prevention of public nuisance   | <u>.</u>                                                                                                                             |          |
| Small amound to                        | ore Please remove atos nonder of allow reside for musico the destrotary with I cention of a qualification with be during live music. |          |
| danse which SI                         | 2 qualified for musico                                                                                                               | A        |
| conts. Replace wi                      | the dopotage with I cent                                                                                                             | Ted dute |
|                                        | during live music.                                                                                                                   | <b>.</b> |
|                                        |                                                                                                                                      |          |
| As per current 1                       | lion Ce                                                                                                                              |          |
|                                        |                                                                                                                                      |          |
|                                        |                                                                                                                                      | •        |

| Where applicable     Lunderstand that I must now advertise my application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <ul> <li>I understand that I must now advertise my application</li> <li>I have enclosed the premises licence or relevant part of it or explanation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | $\overline{}$ |
| I understand that if I do not comply with the above requirements my application will be rejected                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u></u>       |
| IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL<br>ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING<br>ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WI<br>THIS APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | G             |
| Part 5 - Signatures (please read guidance note 10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |
| Signature of applicant (the current premises licence holder) or applicant's solicitor of other duly authorised agent. (See guidance note 11). If signing on behalf of the applicant please state in what capacity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | )r            |
| Signature J- Rolfe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |
| Date 19/11/15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |
| Capacity 215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |
| Where the premises licence is jointly held signature of 2 <sup>nd</sup> applicant (the current premises licence holder) or 2 <sup>nd</sup> applicant's solicitor or other authorised agent. (pleas read guidance note 12). If signing on behalf of the applicant please state in what capacity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ie            |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |
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| Capacity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |
| Contact Name (where not previously given) and address for correspondence associated with this application (please read guidance note 13)  AS per application (the description of the period of the per |               |
| Post town PARNHAM Post code GU9 7XQ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |
| Post town PARNHAM Post code GU9 7 XQ Telephone number (if any) 07843385756                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |
| If you would prefer us to correspond with you by e-mail your e-mail address (optiona                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1)            |
| 18/10 -rolfe (a) hormal . (D. Je                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |

I have sent copies of this application and the plan to responsible authorities and others

I have made or enclosed payment of the fee

Please tick ✓