

# Wiltshire Council

## 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 KAYRA COLLECTION LTD

(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

### Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description			
FIG 5 THE SHAMBLES BRADFORD ON AVON WILTSHIRE BA15 1JS			
Post town	BRADFORD ON AVON	Postcode	BA15 1JS

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 13,250

### Part 2 - Applicant details

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

a)	an individual or individuals *		please complete section (A)
b)	a person other than an individual *		
	i	as a limited company/limited liability partnership	<input checked="" type="checkbox"/> please complete section (B)
	ii	as a partnership (other than limited liability)	<input type="checkbox"/> please complete section (B)
	iii	as an unincorporated association or	<input type="checkbox"/> please complete section (B)

	iv	other (for example a statutory corporation)		please complete section (B)
c)		a recognised club		please complete section (B)
d)		a charity		please complete section (B)
e)		the proprietor of an educational establishment		please complete section (B)
f)		a health service body		please complete section (B)
g)		a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales		please complete section (B)
ga)		a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England		please complete section (B)
h)		the chief officer of police of a police force in England and Wales		please complete section (B)

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

**(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	KAYRA COLLECTION LTD
Address	[REDACTED]
Registered number (where applicable)	15157047
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	[REDACTED]
E-mail address (optional)	[REDACTED]

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
01	07	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)

RETAIL OUTLET ON THE GROUND FLOOR, WITH SEATING ON THE FIRST FLOOR IN TWO ROOMS, FURTHER SEATING AREAS LOCATED ON THE GROUND FLOOR AND EXTERNALLY TO THE FRONT AND SIDE OF THE PROPERTY. THE PREMISES IS IN A TERRACE ON A PEDESTRIANISED WALK THROUGH STAIRS OVER TWO FLOORS.

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)	

<b><u>Provision of late night refreshment</u></b> (if ticking yes, fill in box I)	
<b><u>Supply of alcohol</u></b> (if ticking yes, fill in box J)	✓

In all cases complete boxes K, L and M

## 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)

NOTHING BEYOND EXISTING HEALTH AND SAFETY / FIRE SAFETY REQUIREMENTS.

b) The prevention of crime and disorder

NOTHING BEYOND EXISTING HEALTH AND SAFETY / FIRE SAFETY REQUIREMENTS.

c) Public safety

NOTHING BEYOND EXISTING HEALTH AND SAFETY / FIRE SAFETY REQUIREMENTS

d) The prevention of public nuisance

NOTHING BEYOND EXISTING HEALTH AND SAFETY / FIRE SAFETY REQUIREMENTS.

e) The protection of children from harm

NOTHING BEYOND EXISTING HEALTH AND SAFETY / FIRE SAFETY REQUIREMENTS.

**Checklist:**

Please tick to indicate agreement

•	I have made or enclosed payment of the fee.	✓
•	I have enclosed the plan of the premises.	✓
•	I have sent copies of this application and the plan to responsible authorities and others where applicable.	✓
•	I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	✓
•	I understand that I must now advertise my application.	✓
•	I understand that if I do not comply with the above requirements my application will be rejected.	✓
•	[Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).	✓

It is an offence, under Section 158 of the Licensing Act 2003, to make a false statement in or in connection with this application. Those who make a false statement may be liable on summary conviction to a fine of any amount.

It is an offence under Section 24b of the Immigration Act 1971 for a person to work when they know, or have reasonable cause to believe, that they are disqualified from doing so by reason of their immigration status. Those who employ an adult without leave or who is subject to conditions as to employment will be liable to a civil penalty under section 15 of the Immigration, Asylum and Nationality Act 2006 and pursuant to Section 21 of the same act, will be committing an offence where they do so in the knowledge, or with reasonable cause to believe, that the employee is disqualified.

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for <u>consumption – please tick</u> (please read guidance note 8)	On the premises		
Day	Start	Finis h		Off the premises		
Mon	8.00	23.00		<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)	Both	✓
Tue	8.00	23.00				
Wed	8.00	23.00				
Thur	8.00	23.00	<b>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</b> (please read guidance note 6)			
Fri	8.00	23.00				
Sat	8.00	23.00				
Sun	8.00	23.00				
					NEW YEAR'S EVE 8:00 - 24:00	

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	MAYLEE SPELLER
Date of birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	LN/0014902
Issuing licensing authority (if known)	WILTSHIRE COUNCIL

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).

NOISE

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	7.00	23.00	<p><b>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</b> (please read guidance note 6)</p> <p>NEW YEAR'S EVE 7.00-24.00</p>
Tue	7.00	23.00	
Wed	7.00	23.00	
Thur	7.00	23.00	
Fri	7.00	23.00	
Sat	7.00	23.00	
Sun	9.00	23.00	



**Part 4 – Signatures** (please read guidance note 11)

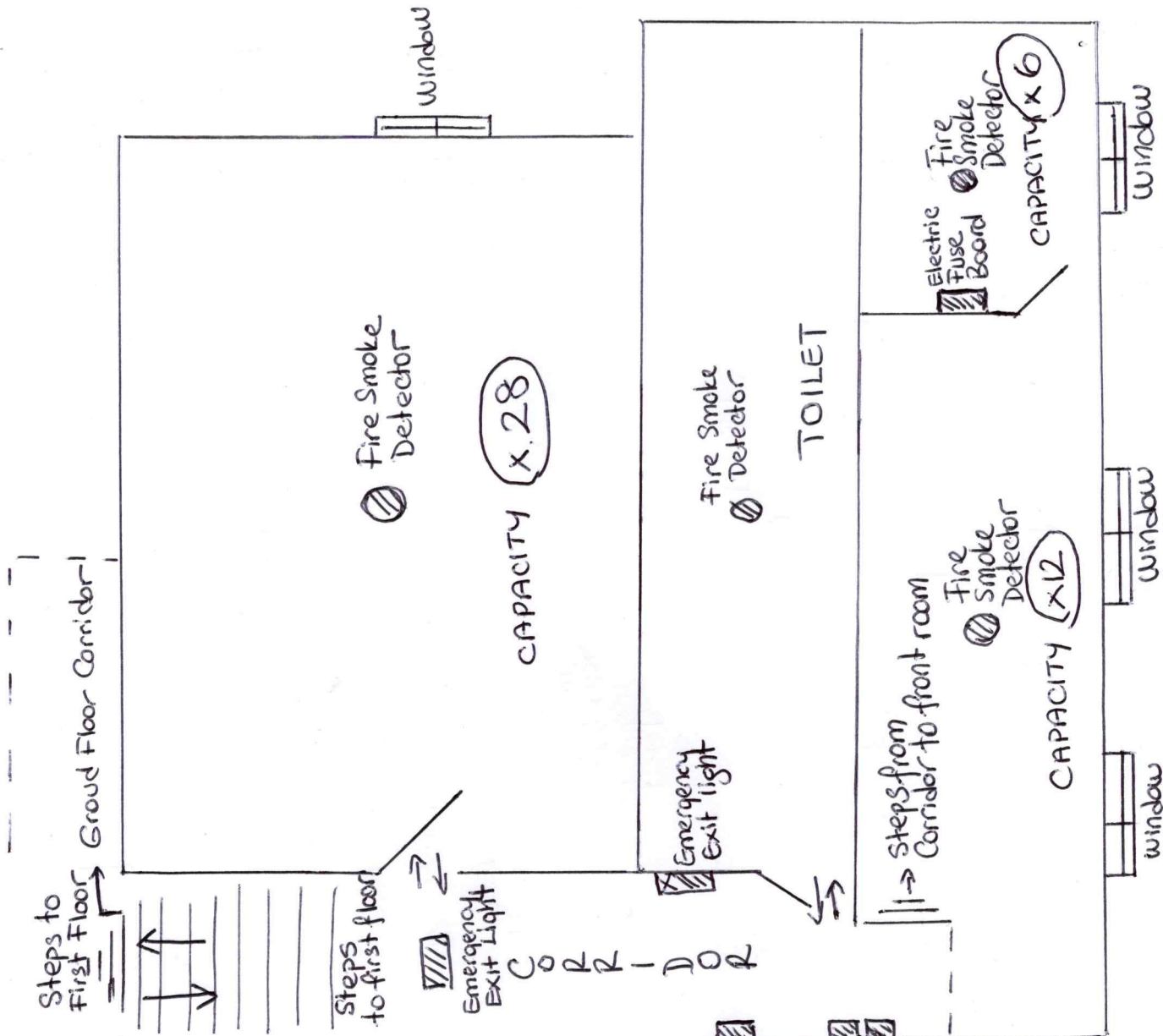
**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>[Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li> <li>The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)</li> </ul>
Signature	[REDACTED]
Date	01/07/2024
Capacity	COMPANY DIRECTOR

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

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
MAYLEE SPELLER 5 THE SHAMBLES BRADFORD ON AVON			
Post town	WILTSHIRE	Postcode	BA5 1JS
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
[REDACTED]			

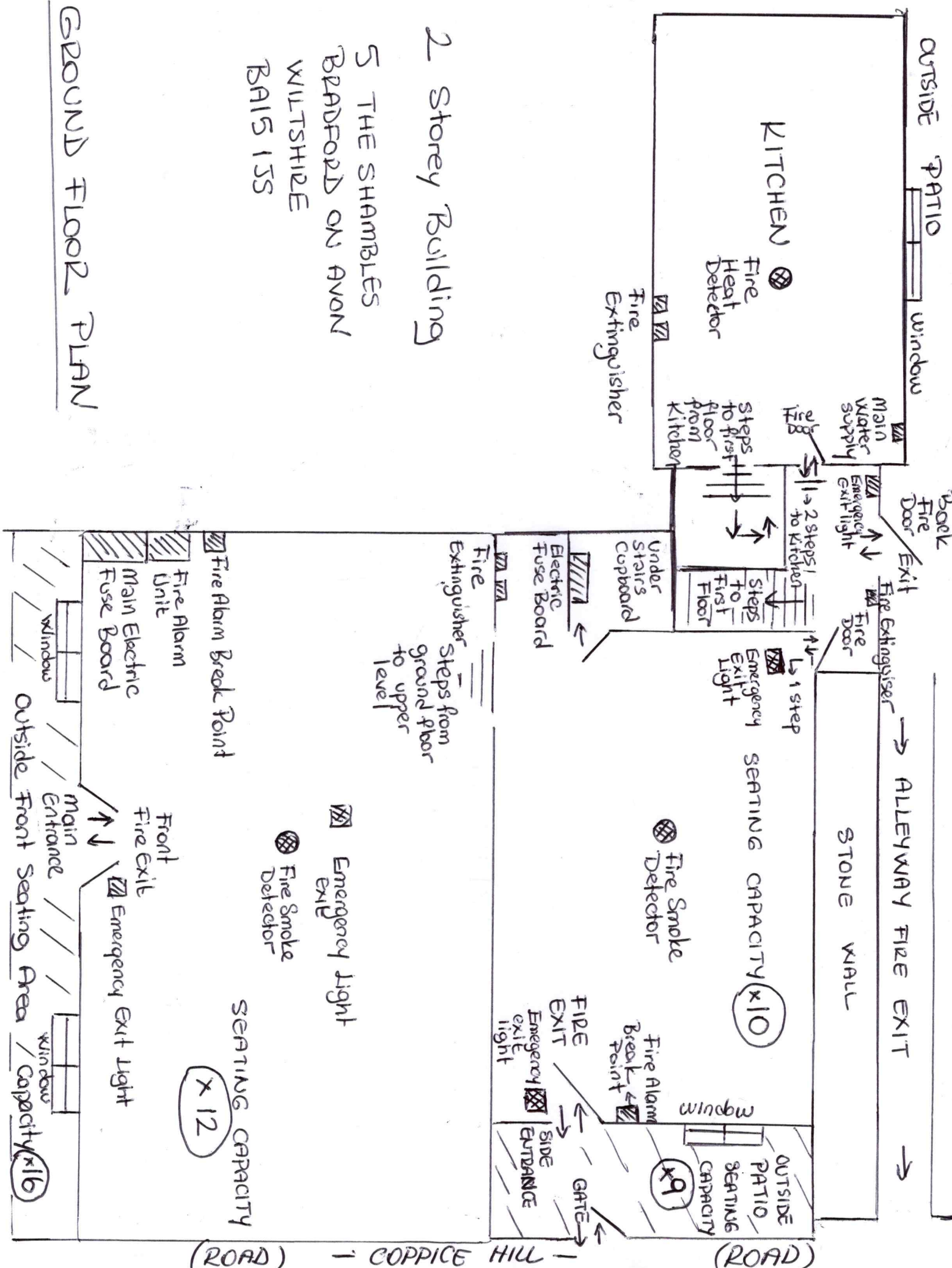


5 THE SHAMBLES  
 BRADFORD ON AVON  
 WILTSHIRE  
 BA15 1SS

FIRST FLOOR PLAN

2 Storey Building  
 5 THE SHAMBLES  
 BRADFORD ON AVON  
 WILTSHIRE  
 BA15 1SS

GROUND FLOOR PLAN



OUTSIDE PATIO

Window

KITCHEN

Fire Heat Detector

Fire Extinguisher

Main Water Supply

Steps to first floor from Kitchen

Back Fire Door

Emergency Exit Light

2 steps to Kitchen

Steps to first floor

Under stairs cupboard

Electric Fuse Board

Fire Extinguisher

Steps from ground floor to upper level

Fire Extinguisher

STONE WALL

ALLEYWAY FIRE EXIT

Emergency Exit Light

SEATING CAPACITY (x10)

Fire Smoke Detector

Fire Alarm Break Point

Window

OUTSIDE PATIO SEATING CAPACITY (x9)

FIRE EXIT Emergency exit light

SIDE ENTRANCE GATE

Emergency Light  
 Fire Smoke Detector

SEATING CAPACITY (x12)

Front Fire Exit  
 Emergency Exit Light

Main Electric Fuse Board

Fire Alarm Unit

Fire Alarm Break Point

Window

main Entrance  
 Outside Front Seating Area

Window  
 Capacity (x16)

(ROAD) — COPPICE HILL — (ROAD)