

RECEIVED  
20 AUG 2014  
PUBLIC PROTECTION

Chq Pd  
in  
20/08/2014  
JRE

CHEQUE RECEIVED  
£100.00  
E. HEALTH

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.

~~NAME~~ STICKS AND STONES UK 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			
STICKS AND STONES UNIT 3 NURSERY FARM WOODBOROUGH GARDEN CENTRE			
Post town	PEWSEY	Post code	SN95PF
Telephone number at premises (if any)	01672 852268		
Non-domestic rateable value of premises	£ 2250.00.		

Part 2 - Applicant Details

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

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
  - i. as a limited company  please complete section (B)
  - ii. as a partnership  please complete section (B)
  - iii. as an unincorporated association or  please complete section (B)
  - iv. other (for example a statutory corporation)  please complete section (B)
- c) a recognised club  please complete section (B)
- d) a charity  please complete section (B)

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

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

Please tick yes

- 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
  - o statutory function or
  - o a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS (fill in as applicable)**

<b>Mr</b> <input type="checkbox"/>	<b>Mrs</b> <input type="checkbox"/>	<b>Miss</b> <input type="checkbox"/>	<b>Ms</b> <input type="checkbox"/>	<b>Other Title (for example, Rev)</b>	
<b>Surname</b>			<b>First names</b>		
<b>I am 18 years old or over</b>				<input type="checkbox"/> <b>Please tick yes</b>	
<b>Current postal address if different from premises address</b>					
<b>Post Town</b>				<b>Postcode</b>	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**SECOND INDIVIDUAL APPLICANT (if applicable)**

<b>Mr</b> <input type="checkbox"/>	<b>Mrs</b> <input type="checkbox"/>	<b>Miss</b> <input type="checkbox"/>	<b>Ms</b> <input type="checkbox"/>	<b>Other Title (for example, Rev)</b>	
<b>Surname</b>			<b>First names</b>		

I am 18 years old or over		<input type="checkbox"/> Please tick yes	
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	<del>XXXXXXXXXX</del> STICKS AND STONES UK LTD
Address	UNIT 3, NURSERY FARM WOODBOROUGH GARDEN CENTRE PENNEY WILTSHIRE SN9 5PF
Registered number (where applicable)	8061737
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	01672 852268
E-mail address (optional)	info@uksticksandstones.com

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
01	09	2014

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

Day	Month	Year

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

WE ARE A KITCHENWARE SHOP WITH AN ATTACHED INDOOR CAFE AREA WITH SEATING FOR 20 PERSONS. WE ALSO HAVE AN OUTDOOR AREA TO BOTH FRONT AND REAR WITH ADDITIONAL SEATING FOR APPROX 40 PERSONS AT MAXIMUM CAPACITY.

WE ARE SITUATED OFF THE ROAD ON A RURAL GARDEN CENTRE SITE. NO OFF-SUPPLIES INTENDED.

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

N/A

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment**

**Please tick yes**

- |   |                                     |
|---|-------------------------------------|
| a) plays (if ticking yes, fill in box A)  | <input type="checkbox"/>            |
| b) films (if ticking yes, fill in box B)  | <input checked="" type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/>            |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/>            |
| e) live music (if ticking yes, fill in box E)   | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/>            |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/>            |

**Provision of entertainment facilities:**

- |   |                          |
|---|--------------------------|
| i) making music (if ticking yes, fill in box I)   | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)  | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |

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

**Supply of alcohol** (if ticking yes, fill in box M)

**In all cases complete boxes N, O and P**

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**B**

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)  <i>indoors</i>	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	/	/	<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	/	/			
Wed	/	/	<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur	/	/			
Fri	<i>19:00</i>	<i>20:00</i>	<b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</b> (please read guidance note 5)  <i>FILMS MAY BE SHOWN VERY RARELY AS PART OF A LOCAL ART / MUSIC FESTIVAL</i>		
	<i>10:00</i>	<i>19:00</i>			
Sat	<i>19:00</i>	<i>20:00</i>			
	<i>10:00</i>	<i>19:00</i>			
Sun	<i>18:00</i>	<i>19:00</i>			
	<i>10:00</i>	<i>19:00</i>			

*Amended  
29/09  
HH*

**C**

<b>Indoor sporting events Standard days and timings (please read guidance note 6)</b>			<b><u>Please give further details (please read guidance note 3)</u></b>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	
<b>Mon</b>			N/A
<b>Tue</b>			<b><u>State any seasonal variations for indoor sporting events (please read guidance note 4)</u></b>
<b>Wed</b>			
<b>Thur</b>			<b><u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 5)</u></b>
<b>Fri</b>			
<b>Sat</b>			
<b>Sun</b>			



**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)</u>	Indoors <input type="checkbox"/>
Day	Start	Finish		Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Mon			<u>Please give further details here (please read guidance note 3)</u>	
Tue				
Wed			<u>State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)</u>	
Thur				
Fri			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</u>	
Sat				
Sun				

**E**

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	/	/	Please give further details here (please read guidance note 3) <i>POSSIBLE ENTERTAINMENT BACKGROUND MUSIC PERFORMED BY ONE TO FIVE PERSONS UNAMPLIFIED ONLY.</i>	Both	<input checked="" type="checkbox"/>
Tue	/	/			
Wed	/	/	State any seasonal variations for the performance of live music (please read guidance note 4)  <i>NONE</i>		
Thur	/	/			
Fri	12.00	19.00	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 5)  <i>NONE</i>		
Sat	12.00	19.00			
Sun	12.00	19.00			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10.00	19.00	Please give further details here (please read guidance note 3)  BACKGROUND RECORDED MUSIC PLAYED DAILY DURING OPENING HOURS.	Both	<input checked="" type="checkbox"/>
Tue	10.00	19.00			
Wed	10.00	19.00	State any seasonal variations for the playing of recorded music (please read guidance note 4)  N/A		
Thur	10.00	19.00			
Fri	10.00	19.00	Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5)  N/A		
Sat	10.00	19.00			
Sun	10.00	19.00			

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)			
Mon						
Tue						
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)			
Thur						
Fri						
Sat			<b><u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)			
Sun						

**H**

<p><b>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</b></p>			<p><b><u>Please give a description of the type of entertainment you will be providing</u></b></p>		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<p><b><u>Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)</u></b></p>	<b>Indoors</b>	<input type="checkbox"/>
<b>Mon</b>				<b>Outdoors</b>	<input type="checkbox"/>
				<b>Both</b>	<input type="checkbox"/>
<b>Tue</b>			<p><b><u>Please give further details here (please read guidance note 3)</u></b></p>		
<b>Wed</b>					
<b>Thur</b>			<p><b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</u></b></p>		
<b>Fri</b>					
<b>Sat</b>			<p><b><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 5)</u></b></p>		
<b>Sun</b>					

<b>Provision of facilities for making music</b> <b>Standard days and timings (please read guidance note 6)</b>			<b><u>Please give a description of the facilities for making music you will be providing</u></b>					
			<b><u>Will the facilities for making music be indoors or outdoors or both – please tick (please read guidance note 2)</u></b>		<table border="1"> <tr> <td>Indoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>	Indoors	<input type="checkbox"/>	Outdoors
Indoors	<input type="checkbox"/>							
Outdoors	<input type="checkbox"/>							
Both	<input type="checkbox"/>							
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here (please read guidance note 3)</u></b>					
Mon								
Tue			<b><u>State any seasonal variations for the provision of facilities for making music (please read guidance note 4)</u></b>					
Wed								
Thur			<b><u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list (please read guidance note 5)</u></b>					
Fri								
Sat								
Sun								

**J**

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)</b>	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give a description of the facilities for dancing you will be providing</b>	
Mon			<b>Please give further details here (please read guidance note 3)</b>	
Tue				
Wed			<b>State any seasonal variations for providing dancing facilities (please read guidance note 4)</b>	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</b>	
Sat				
Sun				

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)</b>			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>	
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Will the entertainment facility be indoors or outdoors or both – please tick (please read guidance note 2)</u></b>	<b>Indoors</b> <input type="checkbox"/>
<b>Mon</b>				<b>Outdoors</b> <input type="checkbox"/>
				<b>Both</b> <input type="checkbox"/>
<b>Tue</b>			<b><u>Please give further details here (please read guidance note 3)</u></b>	
<b>Wed</b>				
<b>Thur</b>			<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j (please read guidance note 4)</u></b>	
<b>Fri</b>				
<b>Sat</b>			<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list (please read guidance note 5)</u></b>	
<b>Sun</b>				




L

<b>Late night refreshment Standard days and timings (please read guidance note 6)</b>			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)</b>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u> (please read guidance note 3)</b>		
Mon					
Tue			<b><u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)</b>		
Wed					
Thur			<b><u>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</u> (please read guidance note 5)</b>		
Fri					
Sat					
Sun					

**M**

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	10.00	19.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)  NONE	Both	<input type="checkbox"/>
Tue	10.00	19.00			
Wed	10.00	19.00			
Thur	10.00	19.00		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 5)	
Fri	10.00	19.00		NONE	
Sat	10.00	19.00			
Sun	10.00	19.00			

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

Name	BRENNAN GARTH FLACK	
Address		
Postcode		
Personal Licence number (if known)	LN/008753	
Issuing licensing authority (if known)	WILTSHIRE COUNCIL	

**N**

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

NONE.

**O**

<b>Hours premises are open to the public Standard days and timings (please read guidance note 6)</b>			<b>State any seasonal variations (please read guidance note 4)</b>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<p>NONE</p> <hr/> <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 (please read guidance note 5)</b></p> <p>NONE.</p>
Mon	10.00	19.00	
Tue	10.00	19.00	
Wed	10.00	19.00	
Thur	10.00	19.00	
Fri	10.00	19.00	
Sat	10.00	19.00	
Sun	10.00	19.00	

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

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

- ALL STAFF TO BE ADEQUATELY TRAINED IN ID REQUESTS AND RIGHT TO REFUSAL.
- STRICT ADHERENCE TO ALL THE OBJECTIVES CONTAINED WITHIN THE LICENSING ACT.

b) The prevention of crime and disorder

- CORRECT STAFF TRAINING
- REFUSAL OF ANY PERSONS SEEN AS BEING INTOXICATED
- REDUCED HOURS IN THE EVENING BY CLOSING AT 7PM DAILY.

c) Public safety

- ADEQUATE LIGHTING IN ALL AREAS
- CCTV
- LIAISON WITH LOCAL LAW ENFORCEMENT UPON RECEIPT OF LICENCE.

d) The prevention of public nuisance

- LITTER PREVENTION
- SIGNS TO ASK TO KEEP NOISE LEVELS DOWN
- REGULAR MONITORING OF OUTSIDE AREAS BY DJS AND STAFF

e) The protection of children from harm

- IMPLEMENTATION OF PASS(25) SYSTEM.
- STAFF TRAINING TO ENSURE NOBODY UNDERAGE IS SERVED. – CONSULT WITH DJS IF UNSURE.
-


Please tick yes

- 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 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

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

**Part 4 – Signatures** (please read guidance note 10)

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

Signature	
Date	18/5/2014
Capacity	Poisoning Licence Holder / Co. 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 12). If signing on behalf of the applicant please state in what capacity.

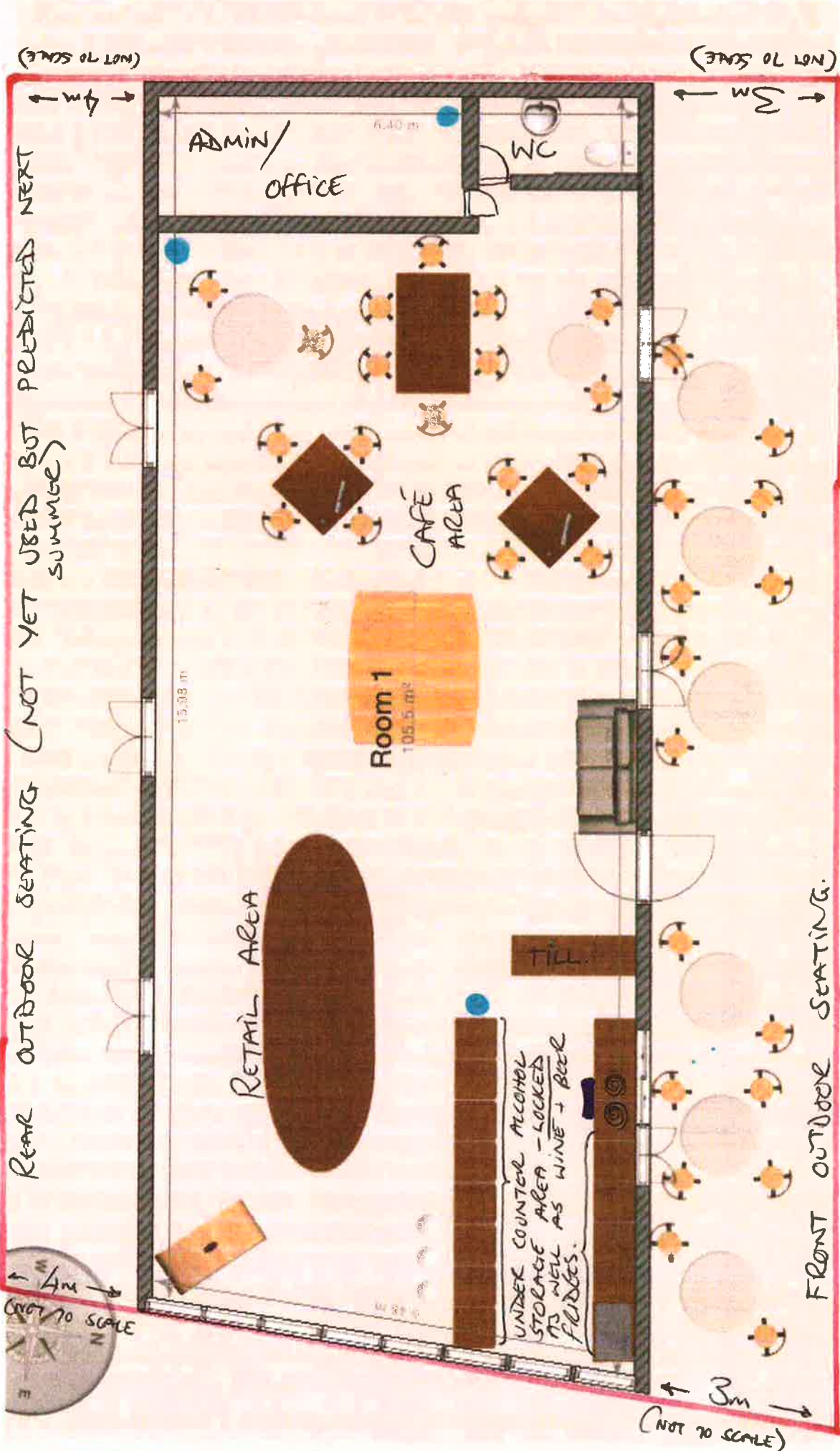
Signature	
Date	
Capacity	

**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 13)

Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			



- STICKS AND STONES -

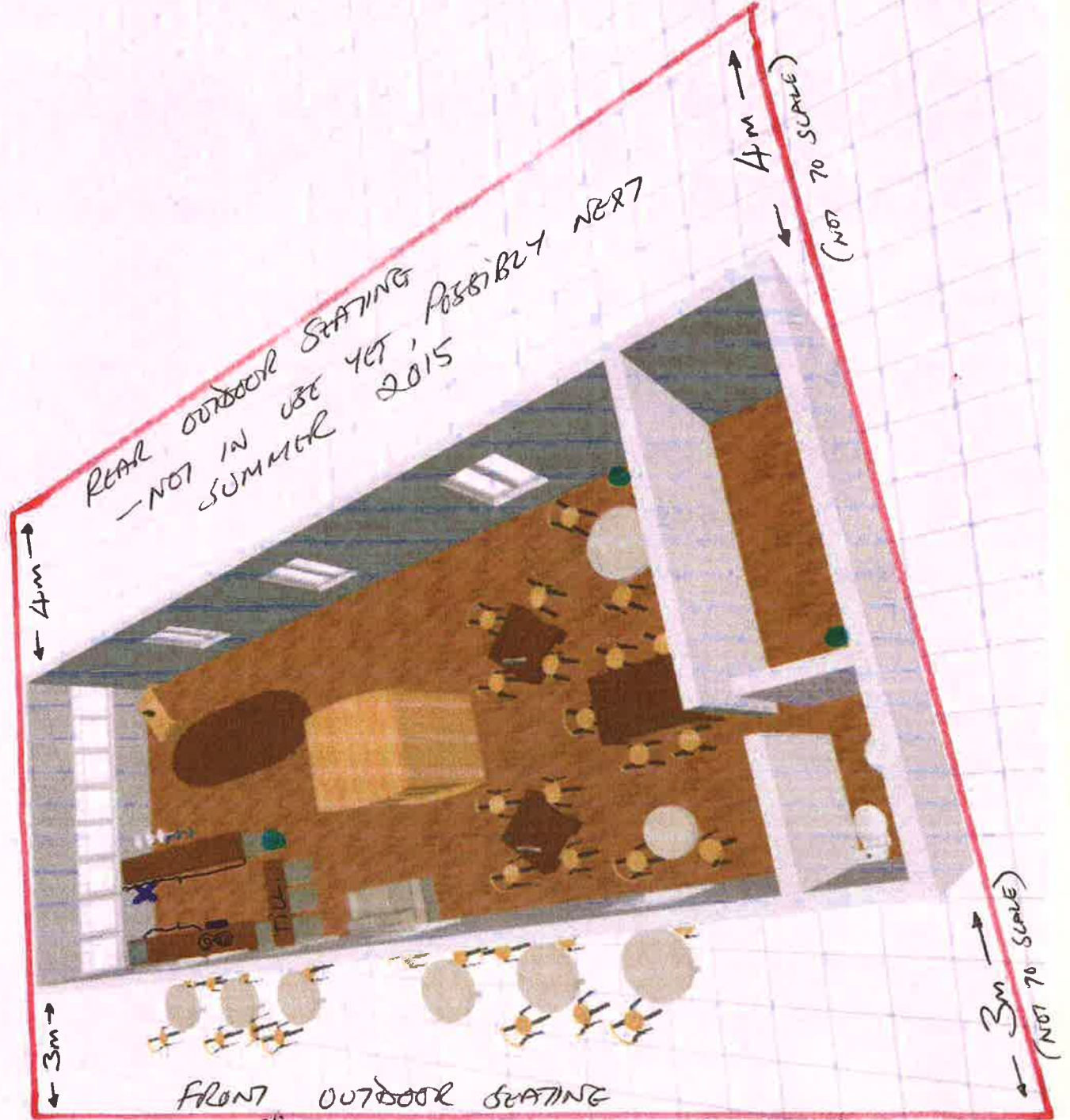


- Fire extinguisher point. (blue dot)  
- Fire blanket (purple dot)  
- Everything within red boundary is licensable area. (red square)





# STICKS AND STONES



■ - DEMARKATES  
LICENSABLE AREA

● - FIRE EXTINGUISHER  
POINT

- - FIRE BLANKET

X - ALCOHOL STORAGE  
AREA - LOCKED  
AS WELL AS  
FRIDGES FOR  
WINE AND BEER.

→ AS LUNCH TRADE  
ONLY NO SELECTION  
OF SPIRITS ON DISPLAY.

