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20 JUL 2015

Application for a premises licence to be granted
 under the Licensing Act 2003

PUBLIC PROTECTION

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 A & P JACKSON 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 <u>THE OLD BANKHOUSE (GROUND FLOOR)</u> <u>THE STRAND</u>			
Post town	<u>CALNE</u>	Postcode	<u>SN11 0EN</u>

Telephone number at premises (if any)	<u>01249 817027 / 07584250600</u>
Non-domestic rateable value of premises	<u>£ 10,250.00 (BAND B)</u>

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

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 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

statutory function or

a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

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

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
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	A & P JACKSON LTD
Address	17 ALMA TERRACE CALNE WILTSHIRE SN11 0HN
Registered number (where applicable)	COMPANY NUMBER: 09488733
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	01249 817027 / 07584 250600
E-mail address (optional)	theoldbankhousecalne@gmail.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	09	2015

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

DD	MM	YYYY
X	X	X

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

BUILDING CURRENTLY VACANT, WAS THE BARCLAYS BANK. BELIEVED TO BE VACANT SINCE SINCE 2013. WE ARE PROPOSING TO USE THE BUILDING AS A COCKTAIL / WINE LOUNGE (/BAR). THE BUILDING IS APPROX 998sqFT, INC. OFFICE SPACE. THERE WILL BE A SMALL CAPACITY FOR CUSTOMERS.

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 any 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)

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

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

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play 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"/>
				Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			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 (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)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			<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</u> (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>			
Mon						
Tue			Please give further details here (please read guidance note 3)			
Wed						
Thur			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)			
Fri						
Sat			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)			
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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur					
Fri					
			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)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	11:00	23:00	Please give further details here (please read guidance note 3) DUE TO THE SIZE OF THE VENUE & OUR DESIRE TO HAVE A RELAXED ATMOSPHERE, THE MUSIC PLAYING WILL BE QUIET TO ADD AMBIENCE VERSUS A PARTY ATMOSPHERE.	Both	<input type="checkbox"/>
Tue	11:00	23:00			
Wed	11:00	23:00		State any seasonal variations for the playing of recorded music (please read guidance note 4) PUBLIC HOLIDAYS & SEASONAL EVENTS, I.E., NEW YEAR'S EVE, AS 2015'S FALLS ON A THURSDAY.	
Thur	11:00	00:00			
Fri	11:00	02:00		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) NONE OTHER THAN SEASONAL EVENTS AS MENTIONED ABOVE	
Sat	11:00	02:00			
Sun	11:00	23:00			

G

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

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri					
Sat			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)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<p>Please give further details here (please read guidance note 3)</p> <p>WE WILL BE OFFERING HOT DRINKS (NOT FOOD) AS AN ALTERNATIVE FOR THOSE WHO DO NOT WANT AN ALCOHOLIC DRINK, FOR INSTANCE, DRIVERS.</p> <p>State any seasonal variations for the provision of late night refreshment (please read guidance note 4)</p> <p>PUBLIC HOLIDAYS & SEASONAL EVENTS.</p> <p>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)</p> <p>NONE OTHER THAN SEASONAL VARIATIONS AS MENTIONED ABOVE.</p>		
Mon	N/A				
Tue	N/A				
Wed	N/A				
Thur	23:00	00:00			
Fri	23:00	02:00			
Sat	23:00	02:00			
Sun	N/A				

⊗ DAYS MARKED 'N/A', WILL NOT BE SHUT ALL DAY BUT WILL CLOSE BEFORE 11PM / CLOSING AT 11PM.

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) PUBLIC HOLIDAYS & SEASONAL EVENTS.		
Mon	11:00	23:00			
Tue	11:00	23:00			
Wed	11:00	23:00			
Thur	11:00	00:00			
Fri	11:00	02:00			
Sat	11:00	02:00			
Sun	11:00	02:00	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) NONE OTHER THAN SEASONAL VARIATIONS AS MENTIONED ABOVE.		

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

Name	FRANCESCA EMMA VASHTI WHITWORTH		
Address	17 ALMA TERRACE. CALNE. WILTSHIRE.		
Postcode	RG30 1JH		
Personal licence number (if known)	AS THIS PREMISES LICENCE IS APPLIED FOR, WILTS. COUNCIL HAVE THE PERSONAL LICENCE APPLICATION.		
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 8).

NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	11:00	23:00	<p>PUBLIC HOLIDAYS & SEASONAL EVENTS, FOR EXAMPLE NEW YEAR'S EVE 2015 FALLS ON A THURSDAY SO WE WOULD ASK FOR 'FRIDAY/SATURDAY' HOURS, ON THIS OCCASION.</p> <p>(TEENS. APPLICATION MAY BE A WAY OF DOING THIS.)</p> <p><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u> (please read guidance note 5)</p> <p>NONE OTHER THAN SEASONAL VARIATIONS AS MENTIONED ABOVE.</p>
Tue	11:00	23:00	
Wed	11:00	23:00	
Thur	11:00	00:00	
Fri	11:00	02:00	
Sat	11:00	02:00	
Sun	11:00	23:00	

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 9)

STAFF ~~WILL~~ WILL RECEIVE TRAINING TO ENABLE THEM TO UNDERSTAND & EFFECTIVELY PROMOTE THE LICENSING OBJECTIVES. WE INTEND TO ~~STAY~~ JOIN PUBWATCH TO MAINTAIN THE OBJECTIVES & BUILD AN ALLIANCE WITH SIMILAR LOCAL BUSINESSES & THE RESPECTIVE AUTHORITIES. WE WILL KEEP A LOG BOOK FOR REFUSALS OF ENTRY OR SERVICE & ON THE GROUNDS THEY WERE REFUSED FOR FURTHER REFERENCE.

b) The prevention of crime and disorder

- ENSURE THERE IS ADEQUATE CCTV FOR THE PREMISES.
- ENSURE THERE ARE ENOUGH SIA DOOR SUPERVISORS FOR BUSY PERIODS; FRIDAY, SATURDAYS & SEASONAL EVENTS SUCH AS NEW YEAR'S EVE.
- REFUSAL OF SERVICE TO INDIVIDUALS DEEMED AS DRUNK.
- VIGILANCE IN TOILET CHECKS & 'STAFF PRESENCE' TO PREVENT THE SALE & USE OF DRUGS.

c) Public safety

- NO DRINKS TO BE TAKEN OUTSIDE.
- GLASSES TO BE COLLECTED REGULARLY.
- ENSURE THERE ARE SIA DOOR SUPERVISORS FOR BUSY PERIODS AS MENTIONED ABOVE.
- STAFF TO BE TRAINED IN PUBLIC SAFETY.
- REFUSAL OF SERVICE TO THOSE WHO APPEAR TO BE DRUNK.

d) The prevention of public nuisance

- NO DRINKS TO BE TAKEN OUTSIDE IN AN ATTEMPT TO KEEP NOISE LEVELS TO A MINIMUM.
- SIGNS BY THE ENTRANCE/EXIT TO REMIND (& ASK) PATRONS TO LEAVE QUIETLY & RESPECT OUR NEIGHBOURS.
- STAFF WILL REMIND PATRONS IF NECESSARY.
- WE WILL CONTACT LOCAL TAXI FIRMS IN AN ATTEMPT TO MAKE A RELATIONSHIP SO THAT PATRONS CAN DISPERSE QUIETLY & QUIETLY.

e) The protection of children from harm

(PLEASE SEE NEXT PAGE).

◦ OPERATING CHALLENGE 25, WITH VISIBLE SIGNAGE TO SHOW THIS IS OUR AGE POLICY.
 ◦ STAFF WILL RECEIVE RELEVANT TRAINING TO PREVENT THE SALE OF ALCOHOL TO THOSE UNDER 18.
 ◦ CHECKING ID OF CUSTOMERS TO ENSURE ALL INSIDE THE PREMISES ARE 18 OR OVER.
 ◦ REMINDER ON SOCIAL MEDIA & WEBSITE THAT OUR POLICY IS 'NO ID, NO ENTRY, NO EXCEPTION'.

Checklist:

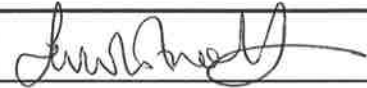
Please tick to indicate agreement

- 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.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	16-07-2015.
Capacity	JOINT BUSINESS OWNER AT A & P JACKSON LTD.

For joint applications, signature of 2nd applicant or 2nd 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	16-07 2015.
Capacity	JOINT BUSINESS OWNER AT A & P JACKSON LTD.

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
MISS. P. WHITWORTH 17 ALMA TERRACE. CALNE. WILTS.			
Post town	CALNE	Postcode	SN11 0HN
Telephone number (if any)	0778 07584 250600 / 01249 817027		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
theoldbarkhousecalne@gmail.com.			

Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.