

Wiltshire Council

Where everybody matters

**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 PETER SELF
(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			
WHITEHALL GARDEN CENTRE CORSHAM ROAD LACOCK WILTSHIRE			
Post town		Postcode	SN15 2LZ
Telephone number at premises (if any)		01249 730204	
Non-domestic rateable value of premises		£	

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/limited liability partnership please complete section (B)
- ii as a partnership (other than limited liability) please complete section (B)
- iii as an unincorporated association or please complete section (B)
- iv other (for example a statutory corporation) please complete section (B)

- c) a recognised club please complete section (B)
- d) a charity please complete section (B)
- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (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 <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <i>SELF</i>			First names <i>PETER</i>		
Date of birth			I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes		
Nationality <i>BRITISH</i>					
Current residential address if different from premises address		<i>WHITEHALL FARM LACOCK CHIPPENHAM WILTSHIRE SN15 2JY</i>			
Post town			Postcode		
Daytime contact telephone number			[REDACTED]		
E-mail address (optional)		[REDACTED]			

Part 4 Operating Schedule

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

Provision of regulated entertainment (Please see guidance note 3) 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)

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

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
2	5	12 2017

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)

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)

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 8)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>			
Day	Start	Finish		Outdoors	<input type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Mon	08.00	23.00	Please give further details here (please read guidance note 5)					
	08.00	23.00						
Tue	08.00	23.00						
	08.00	23.00						
Wed	08.00	23.00				State any seasonal variations for performing plays (please read guidance note 6)		
	08.00	23.00						
Thur	08.00	23.00						
	08.00	23.00						
Fri	08.00	23.00	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 7)					
	08.00	23.00						
Sat	08.00	23.00						
	08.00	23.00						
Sun	08.00	23.00						
	08.00	23.00						

B

Films Standard days and timings (please read guidance note 8)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>		
Day	Start	Finish		Outdoors	<input type="checkbox"/>		
Mon	08.00	23.00	Please give further details here (please read guidance note 5)	Both	<input checked="" type="checkbox"/>		
	08.00	23.00					
Tue	08.00	23.00					
	08.00	23.00					
Wed	08.00	23.00		State any seasonal variations for the exhibition of films (please read guidance note 6)	Both	<input checked="" type="checkbox"/>	
	08.00	23.00					
Thur	08.00	23.00					
	08.00	23.00					
Fri	08.00	23.00			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 7)	Both	<input checked="" type="checkbox"/>
	08.00	23.00					
Sat	08.00	23.00					
	08.00	23.00					
Sun	08.00	23.00					
	08.00	23.00					

C

Indoor sporting events Standard days and timings (please read guidance note 8)			Please give further details (please read guidance note 5)	
Day	Start	Finish		
Mon	08.00	23.00	State any seasonal variations for indoor sporting events (please read guidance note 6)	
	08.00	23.00		
Tue	08.00	23.00		
	08.00	23.00		
Wed	08.00	23.00		
	08.00	23.00		
Thur	08.00	23.00		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 7)
	08.00	23.00		
Fri	08.00	23.00		
	08.00	23.00		
Sat	08.00	23.00		
	08.00	23.00		
Sun	08.00	23.00		
	08.00	23.00		

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 8)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 4)</u> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	
Mon	0800 0800	2300 2300	
			<u>Please give further details here (please read guidance note 5)</u>
Tue	0800 0800	2300 2300	
			<u>State any seasonal variations for boxing or wrestling entertainment (please read guidance note 6)</u>
Wed	0800 0800	2300 2300	
Thur	0800 0800	2300 2300	
Fri	0800 0800	2300 2300	
			<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 7)</u>
Sat	0800 0800	2300 2300	
Sun	0800 0800	2300 2300	

E

Live music Standard days and timings (please read guidance note 8)			Will the performance of live music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>						
				Outdoors	<input type="checkbox"/>						
				Both	<input checked="" type="checkbox"/>						
Day	Start	Finish	Please give further details here (please read guidance note 5)								
Mon	0800	2300									
	0800	2300									
Tue	0800	2300									
	0800	2300									
Wed	0800	2300				State any seasonal variations for the performance of live music (please read guidance note 6)					
	0800	2300									
Thur	0800	2300									
	0800	2300									
Fri	0800	2300							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 7)		
	0800	2300									
Sat	0800	2300									
	0800	2300									
Sun	0800	2300									
	0800	2300									

F

Recorded music Standard days and timings (please read guidance note 8)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 5)		
Mon	0800	2300			
	0800	2300			
Tue	0800	2300			
	0800	2300			
Wed	0800	2300			
	0800	2300			
Thur	0800	2300			
	0800	2300			
Fri	0800	2300			
	0800	2300			
Sat	0800	2300			
	0800	2300			
Sun	0800	2300			
	0800	2300			

G

Performances of dance Standard days and timings (please read guidance note 8)			Will the performance of dance take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 5)		
Mon	0800	2300			
	0800	2300			
Tue	0800	2300			
	0800	2300			
Wed	0800	2300			
	0800	2300			
Thur	0800	2300			
	0800	2300			
Fri	0800	2300			
	0800	2300			
Sat	0800	2300			
	0800	2300			
Sun	0800	2300			
	0800	2300			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 8)			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 4)	Indoors	<input type="checkbox"/>
Mon	0800	2300		Outdoors	<input type="checkbox"/>
	0800	2300		Both	<input checked="" type="checkbox"/>
Tue	0800	2300	Please give further details here (please read guidance note 5)		
	0800	2300			
Wed	0800	2300			
	0800	2300			
Thur	0800	2300	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 6)		
	0800	2300			
Fri	0800	2300			
	0800	2300			
Sat	0800	2300	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 7)		
	0800	2300			
Sun	0800	2300			
	0800	2300			

I

Late night refreshment Standard days and timings (please read guidance note 8)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish						
Mon	0800	2300	Please give further details here (please read guidance note 5)					
	0800	2300						
Tue	0800	2300						
	0800	2300						
Wed	0800	2300				State any seasonal variations for the provision of late night refreshment (please read guidance note 6)		
	0800	2300						
Thur	0800	2300						
	0800	2300						
Fri	0800	2300	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 7)					
	0800	2300						
Sat	0800	2300						
	0800	2300						
Sun	0800	2300						
	0800	2300						

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	0800	2300			
	0800	2300			
Tue	0800	2300			
	0800	2300			
Wed	0800	2300			
	0800	2300			
Thur	0800	2300			
	0800	2300			
Fri	0800	2300			
	0800	2300			
Sat	0800	2300			
	0800	2300			
Sun	0800	2300			
	0800	2300			
			Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 6)		
			To include : Pop-up buildings eg: Ice rink Café Pimms tent Grotto's		

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	PETER SELF
Date of birth	
Address	WHITEMALL GARDEN CENTRE CORSHAM ROAD LACOCK WILTSHIRE
Postcode	SN15 2LZ
Personal licence number (if known)	
Issuing licensing authority (if known)	

L

Hours premises are open to the public Standard days and timings (please read guidance note 8)			State any seasonal variations (please read guidance note 6)	
Day	Start	Finish		
Mon	0800	2300		
	0800	2300		
Tue	0800	2300		
	0800	2300		
Wed	0800	2300		
	0800	2300		
Thur	0800	2300		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 7)
	0800	2300		
Fri	0800	2300		
	0800	2300		
Sat	0800	2300		
	0800	2300		
Sun	0800	2300		
	0800	2300		

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.

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)

→ CCTV
→ OUT OF HOURS ALARM & CCTV MONITORING
→ CHALLENGE 25
→ REMOVE INTOXICATED FROM PREMISES

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

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 (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.

Part 4 – Signatures (please read guidance note 11)

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

Declaration	<ul style="list-style-type: none"> • [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). • The DPS named in this application form is entitled to work in the UK
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	(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, if appropriate (please see note 15)
Signature	
Date	20/11/2017
Capacity	DIRECTOR

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

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Notes for Guidance

- 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.
- In terms of specific regulated entertainments please note that:
 - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
 - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
 - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.

Wiltshire Council

Where everybody matters

Consent of individual to being specified as premises supervisor

I PETER SELF

[full name of prospective premises supervisor]

of WHITEHALL FARM
LACOCK
CHIPPENHAM
WILTSHIRE
SN15 2JY

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

PREMISES LICENCE

[type of application]

by

PETER SELF

[name of applicant]

relating to a premises licence

4981754

[number of existing licence, if any]

for

WHITEHALL GARDEN CENTRE
CORSHAM ROAD
LACOCK
CHIPPENHAM
WILTSHIRE, SN15 2LZ

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

PETER SELF
[name of applicant]

concerning the supply of alcohol at
WHITEHALL GARDEN CENTRE
CORSHAM ROAD
LACOCK
CHIPPENHAM
WILTSHIRE
SN15 2LZ

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

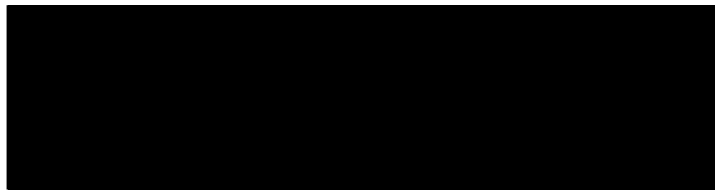
Personal licence number

[insert personal licence number, if any]

Personal licence issuing authority

WILTSHIRE COUNCIL
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

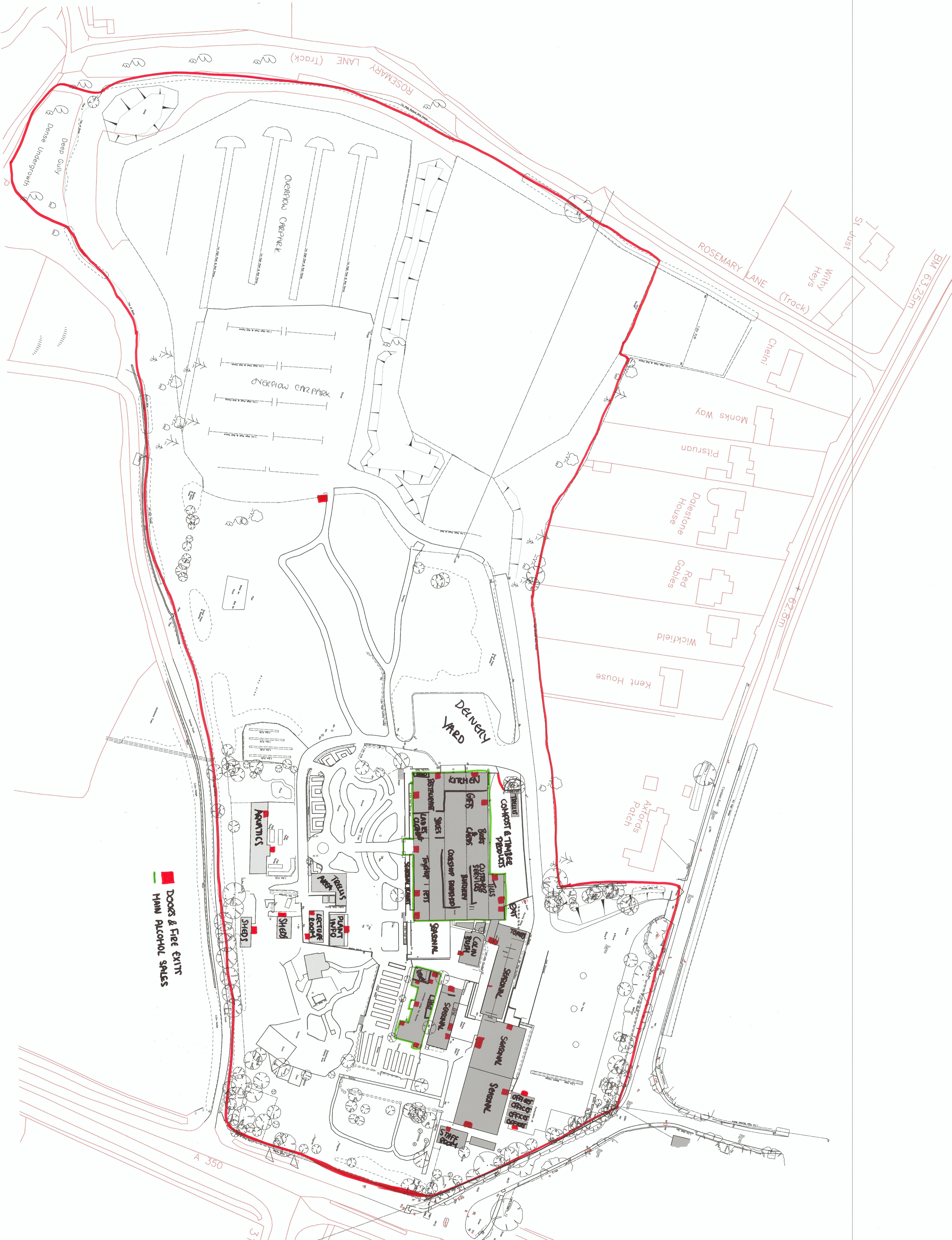


Name (please print)

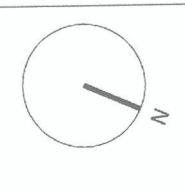
PETER SELF

Date

24/11/2017



■ DOORS & FIRE EXITS
— MAIN ALCOHOL SALES



RIBA #1
 Chartered Practice
 1500 St. Andrew
 Dec 15
 2015
 JAM

Client: Whitehall Garden Centres Ltd
 Project: Whitehall Garden Centre, Lacock
 Drawing Title: Existing Site Layout Plan
 Drawing Number: 1186

Macmillan
 Macmillan Property Ltd, The Barn, 239 High Street, Aylesbury, Bucks, MK44 0AA
 T: 01295 83333 E: info@macmillan-property.co.uk
 W: www.macmillan-property.co.uk