



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 MR HASAN TARKAN KISIIOGLU

(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			
CANAL TRUST CAFE 15 FROME ROAD BRADFORD ON AVON WILTSHIRE BAIS ILE			
Post town	BRADFORD ON AVON	Post code	BAIS ILE
Telephone number at premises (if any)	01225 868683		
Non-domestic rateable value of premises	£ 0 - £4300 BAND A		

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 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname KISIOGLU			First names HASAN TARKAN		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		THE CANAL TAVERN 49 FROME RD BRADFORD ON AVON			
Post Town	WILTSHIRE / BRADFORD ON AVON		Postcode	BA15 1LE	
Daytime contact telephone number			01225 867426		
E-mail address (optional)		canaltavern@live.co.uk			

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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
1	8	012011

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 note1)

A SMALL CANAL SIDE CAFE, GROUND FLOOR SEATING AREA & OPEN PLANNED, PRETTY GARDENS WITH SEATING TO THE FRONT AS WELL. WE OFFER BREAKFASTS, LIGHT LUNCHES & CREAM TEAS. WE ALSO WORK TOGETHER WITH THE CANAL TRUST, SELLING BOAT TICKETS & GIFTS

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 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)
- 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 entertainment facilities:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

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

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	10.00	23.00	<u>Please give further details here</u> (please read guidance note 3) IT IS VERY UNLIKELY THAT WE WOULD HAVE A PLAY AT THE CAFE BUT AT CHRISTMAS FOR EXAMPLE THE MUMMERS MAY PERFORM!		
Tue	10.00	23.00			
Wed	10.00	23.00	<u>State any seasonal variations for performing plays</u> (please read guidance note 4) IT IS A VERY SEASONAL CAFE AND HOURS OF OPENING ARE REDUCED IN WINTER		
Thur	10.00	23.00			
Fri	10.00	23.00	<u>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</u> (please read guidance note 5)		
Sat	10.00	23.00			
Sun	10.00	23.00			

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	1000	2300	Please give further details here (please read guidance note 3) IT WOULD NOT BE VERY OFTEN THAT WE SHOWED FILMS IN OUR CAFE BUT AT CERTAIN TIMES IT COULD BE NECESSARY		
Tue	1000	2300			
Wed	1000	2300	State any seasonal variations for the exhibition of films (please read guidance note 4) IT IS A VERY SEASONAL CAFE AND HOURS OF OPENING ARE REDUCED IN WINTER		
Thur	1000	2300			
Fri	1000	2300	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	1000	2300			
Sun	1000	2300			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon	1000	2300	IT WOULDN'T BE LIKELY THAT WE HELD MANY INDOOR SPORTING EVENTS EXCEPT CHILDREN'S GAMES ETC.
Tue	1000	2300	State any seasonal variations for indoor sporting events (please read guidance note 4) IT IS A VERY SEASONAL CAFE AND HOURS OF OPENING ARE REDUCED IN WINTER
Wed	1000	2300	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)
Thur	1000	2300	
Fri	1000	2300	
Sat	1000	2300	
Sun	1000	2300	

D

Boxing or wrestling entertainments 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</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Both	<input type="checkbox"/>				
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Tue					
			<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</u> (please read guidance note 5)		
Wed					
Thur					
Fri					
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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) IT WOULD BE ON SPECIAL OCCASIONS ONLY WHEN WE WOULD REQUIRE LIVE MUSIC AND OUTDOORS WILL NOT BE PLAYED AFTER 2200		
Mon	1000	2300			
Tue	1000	2300			
			State any seasonal variations for the performance of live music (please read guidance note 4)		
Wed	1000	2300	IT IS A VERY SEASONAL CAFE AND WE DONT INTEND ON HAVING LIVE MUSIC ON A REGULAR BASIS AT ALL		
Thur	1000	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 5)		
Fri	1000	2300			
Sat	1000	2300			
Sun	1000	2300			

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) LOW BACKGROUND MUSIC IN CAFE		
Mon	0900	2300			
Tue	0900	2300			
Wed	0900	2300	State any seasonal variations for the playing of recorded music (please read guidance note 4) THE CAFE IS VERY SEASONAL AND MAY EVEN CLOSE DURING THE WINTER MONTHS		
Thur	0900	2300			
Fri	0900	2300	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)		
Sat	0900	2300			
Sun	0900	2300			

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 checked="" type="checkbox"/>
Day	Start	Finish			
Mon	1000	2300	Please give further details here (please read guidance note 3) IT MAY BE NECESSARY WHERE INDIVIDUALS MAY WANT TO PERFORM DANCE EG MORRIS DANCERS / BELLY DANCERS ETC ETC		
Tue	1000	2300			
Wed	1000	2300	State any seasonal variations for the performance of dance (please read guidance note 4) IT IS A VERY SEASONAL CAFE AND WE DONT INTEND ON HAVING REGULAR PERFORMANCES OF DANCE.		
Thur	1000	2300			
Fri	1000	2300	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	1000	2300			
Sun	1000	2300			

H

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

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing				
			<p>IT WOULD NOT BE ON A REGULAR BASIS WHEN WE WOULD NEED THIS FACILITY BUT PERHAPS INDIVIDUALS WOULD APPROACH ME IN THE FUTURE EG CHILDREN'S WORKSHOPS</p>				
					<p>Will the facilities for making music be indoors or outdoors or both – please tick (please read guidance note 2)</p> <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 checked="" type="checkbox"/></td> </tr> </table>		Indoors
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 3)				
Mon	1000	2300	AS ABOVE				
Tue	1000	2300					
Wed	1000	2300	<p>State any seasonal variations for the provision of facilities for making music (please read guidance note 4)</p> <p>CAFE HAS REDUCED HOURS IN THE WINTER</p>				
Thur	1000	2300					
Fri	1000	2300	<p>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)</p>				
Sat	1000	2300					
Sun	1000	2300					

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)		Indoors	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
			Please give a description of the facilities for dancing you will be providing JUST A SMALL SPACE FOR CHILDREN'S PARTIES WHERE THE TABLES CAN BE MOVED			
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon	1000	2300				
Tue	1000	2300				
Wed	1000	2300	State any seasonal variations for providing dancing facilities (please read guidance note 4)			
Thur	1000	2300				
Fri	1000	2300				
Sat	1000	2300				
Sun	1000	2300	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)			

K

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)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)		
Fri					
Sat			<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</u> (please read guidance note 5)		
Sun					

L

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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur					
Fri			<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)		
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 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 4) THE CAFE IS VERY SEASONAL AND MAY CLOSE DURING THE WINTER MONTHS, PEOPLE MAY WANT TO BUY BOTTLES OF WINE / ALE IN THE SUMMER EVEING & ENJOY THE GARDEN 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)		
Mon	0900	2300			
Tue	0900	2300			
Wed	0900	2300			
Thur	0900	2300			
Fri	0900	2300			
Sat	0900	2300			
Sun	0900	2300			

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

Name	VICTORIA HELEN KISIOGLU
Address	49 FROME RD, BRADFORD ON AVON WILTSHIRE
Postcode	BA15 1LE
Personal Licence number (if known)	PER0148
Issuing licensing authority (if known)	SALISBURY

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)

THERE WILL BE NO GAMING MACHINES / CIGARETTES ON SITE AND THE LICENSING ACT WILL BE CAREFULLY FOLLOWED WITH EXTRA CARE TAKEN ON AGE RESTRICTED FACILITIES INCLUDING THE USE OF LANGUAGE!
THERE IS NO OTHER ADULT ENTERTAINMENT THAT MAY GIVE CONCERN.

O

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	0800	2330	<p>DURING THE SUMMER SEASON THE CAFE WAS OPEN 0900-1800 AND AT PRESENT WE ARE CLOSED TUES & THURS AND CLOSE BETWEEN 1600-1700 WE MAY EXTEND THE OPENING HOURS IN THE SUMMER, SO PEOPLE CAN ENJOY THE LIGHT EVENINGS BUT NOT LATE!!</p>
Tue	0800	2330	
Wed	0800	2330	
Thur	0800	23 00	
Fri	0800	23 00	
Sat	0800	2330	
Sun	0800	2330	

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)

I have taken all the controls necessary to prevent crime or disorder, ensure the public are kept safe and there is no public nuisance caused and especially taken extra attention with regards to the protection of children from harm. I have done all risk assessments required and will follow them.

b) The prevention of crime and disorder

WE INTEND TO INSTALL A CCTV SYSTEM WHICH WE CAN MONITOR FROM HOME AS WELL! WE ARE A MEMBER OF PUB WATCH AND WILL KEEP AN INCIDENT BOOK. WE ALSO HAVE AN INTRUDER ALARM, LOCKS ON GATES & AN EXTRA GATE ON THE BACK DOOR - WE HAVE A SECURITY LIGHT FOR OUTDOORS A SAFE IF ANY MONEY IS LEFT ON SITE BUT THE TILL DRAW WILL ALWAYS BE EMPTY & OPEN AT NIGHT.

c) Public safety

IT INTENDS JUST TO BE A SM SEASONAL LICENSED CAFE, I CANNOT SEE A RISK OF OVERCROWDING AND ALL FIRE SAFETY CONTROLS ARE MONITORED. I HAVE A HEALTH & SAFETY POLICY, A FOOD SAFETY POLICY AND REGULAR HEALTH & SAFETY VISITS FROM THE CANAL TRUST ORGANISATION. I FOLLOW A WEEKLY CHECK LIST AND ALL STAFF HAVE BEEN TRAINED. A RISK ASSESSMENT WILL TAKE PLACE BEFORE ALL NEW ACTIVITIES OCCUR AFTER THE LICENSE IS IN PLACE. THERE ARE ALSO LOTS OF WINDOWS / DOORS FOR VENTILATION IF REQUIRED

d) The prevention of public nuisance

AS THE CAFE IS IN A BUILT UP AREA BEHIND IT, IT WILL BE MY AIM TO PREVENT DISRUPTION TO ANY OF MY NEIGHBOURS. I WILL KEEP WINDOWS / DOORS CLOSED IF THERE IS MUSIC. I WILL PLACE NOTICES AT THE EXITS SO PEOPLE LEAVE QUIETLY. THE GARDEN WILL BE CLOSED AT 2200 AND OUTDOOR LIGHTS TURNED OFF. THERE ARE 2 BINS OUTSIDE FOR LITTER AND THERE IS A GATEWAY TO THE PUBLIC CARPARK WHICH WILL LOWER NOISE LEVELS. THE RESIDENTS ARE VERY IMPORTANT TO ME AND WE DON'T INTEND TO OPEN AFTER DARK

e) The protection of children from harm

EVEN THOUGH THE SCALE OF ALCOHOL WILL PLAY A SMALL PART IN THE CAFE; FOOD & SOFT DRINKS BEING THE MAJORITY, IT IS STILL IMPORTANT THAT THERE'S NO STRONG LANGUAGE BEING USED, NO ADULT ACTIVITY SUCH AS GAMING MACHINES OR CIGARETTE MACHINES, NO DRUG TAKING OR ALCOHOL ABUSE OR UNDERAGE DRINKING! ALL ALCOHOLIC BOTTLES WILL BE POSITIONED OUT OF REACH AND PROOF OF AGE WITH A PASSPORT OR DRIVING LICENCE WILL BE REQUIRED. ALL STAFF TO BE TRAINED ON CHALLENGE 21 SCHEME & THE REFUSAL BOOK

In addition we will monitor noise ¹⁹ control if we were to ever have live music by checking the levels outside the cafe and around the boundary and logging the results and any action taken. This will take place a few times throughout the evening.


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	20/12/10
Capacity	

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	
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)			