

**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 GLOVE FACTORY STUDIOS

(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 GLOVE FACTORY CAFÉ GLOVE FACTORY STUDIOS BROOK LANE HOLT			
Post town	TROWBRIDGE	Post code	BA14 6RL

Telephone number at premises (if any)	01225 784080 – 01225 784081
Non-domestic rateable value of premises	£1100 – PRO-RATA BASED UPON FULL SITE

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
 - 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 GLOVE FACTORY STUDIOS
Address BROOK LANE HOLT BA14 6RL
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.) PARTNERSHIP
Telephone number (if any) 01225 784080
E-mail address (optional) info@glovefactorystudios.com

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
0	1	10 2011

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)

THE PREMISES ARE A PART OF A REGENERATED FORMER INDUSTRIAL COMPLEX, COMPRISING A BESPOKE CAFÉ, A STUDIO/MEETING ROOM, TOILETS, AND A SECURE STORE ALL LOCATED WITHIN A GATED COURTYARD. THE PREMISES ALSO EXTEND ONTO THE ADJOINING LANDSCAPED Paddock.

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 checked="" 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 checked="" type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input checked="" 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

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10:00	23:00	Please give further details here (please read guidance note 3) OCCASIONAL PERFORMANCES GENERALLY AS PART OF A CULTURAL OR LOCAL EVENT OR SERIES OF EVENTS. PERFORMANCES WILL BE HELD EITHER INSIDE OR IN COURTYARD AREA.	Both	<input checked="" type="checkbox"/>
Tue	10:00	23:00			
Wed	10:00	23:00	State any seasonal variations for performing plays (please read guidance note 4)		
Thur	10:00	23:00			
Fri	10:00	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 5)		
Sat	10:00	23:00			
Sun	10:00	18:00			

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 type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10:00	23:00	Please give further details here (please read guidance note 3) OCCASIONAL FILMS WILL BE SHOWN AS PART OF A CULTURAL OR LOCAL EVENT OR SERIES OF EVENTS. FILMS WILL BE SHOWN EITHER INSIDE OR IN COURTYARD AREA.	Both	<input checked="" type="checkbox"/>
Tue	10:00	23:00			
Wed	10:00	23:00	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur	10:00	23:00			
Fri	10:00	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 5)		
Sat	10:00	23:00			
Sun	10:00	18:00			

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			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			<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)
Fri			
Sat			
Sun			

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					
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music 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	<u>Please give further details here</u> (please read guidance note 3) OCCASIONAL LIVE MUSIC GENERALLY AS PART OF A CULTURAL OR LOCAL EVENT OR SERIES OF EVENTS. PERFORMANCES WILL BE HELD EITHER INSIDE OR IN COURTYARD AREA.		
Mon	10:00	23:00			
Tue	10:00	23:00	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Wed	10:00	23:00			
Thur	10:00	23:00	<u>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</u> (please read guidance note 5)		
Fri	10:00	23:00			
Sat	10:00	23:00			
Sun	10:00	18:00			

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	10:00	23:00	Please give further details here (please read guidance note 3) RECORDED MUSIC WILL PLAYED INSIDE THE CAFÉ BUILDING, AND INSIDE OR IN THE COURTYARD AS PART OF A CULTURLA OR LOCAL EVENT OR SERIES OF EVENTS.		
Tue	10:00	23:00			
Wed	10:00	23:00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	10:00	23:00			
Fri	10:00	23:00	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)		
Sat	10:00	23:00			
Sun	10:00	23:00			

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10:00	23:00	<u>Please give further details here</u> (please read guidance note 3) OCCASIONAL PERFORMANCES OF DANCE GENERALLY AS PART OF A CULTURAL OR LOCAL EVENT OR SERIES OF EVENTS. PERFORMANCES WILL BE HELD EITHER INSIDE OR IN COURTYARD AREA.	Both	<input checked="" type="checkbox"/>
Tue	10:00	23:00			
Wed	10:00	23:00	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
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 dance 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	18:00			

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> 1. ARTISTIC EXHIBITONS & INSTALLATIONS UTILISING INTERACTIVE AND SENSORY MEDIUMS. 2. BUSINESS TO BUSINESS – NETWORKING EVENTS		
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	10:00	23:00		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	10:00	23:00	<u>Please give further details here</u> (please read guidance note 3) GENERAL AS PART OF A CULTURAL OR LOCAL EVENT OR SERIES OF EVENTS EITHER INSIDE OR IN COURTYARD AREA.		
Wed	10:00	23:00			
Thur	10:00	23:00	<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	10:00	23:00			
Sat	10:00	23:00	<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	10:00	18:00			

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>	
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)	
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)	
Mon				
Tue			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)	
Wed				
Thur			<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</u> (please read guidance note 5)	
Fri				
Sat				
Sun				

J

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

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)		
Mon	10:00	23:00			
Tue	10:00	23:00			
Wed	10:00	23:00			
Thur	10:00	23:00			
Fri	10:00	23:00			
Sat	10:00	23:00			
Sun	10:00	18:00			
			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)		

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

Name SARAH ELIZABETH BICKFORD	
Address 340 THE STREET HOLT TROWBRIDGE	
Postcode	BA14 6QH
Personal Licence number (if known) WW0500391	
Issuing licensing authority (if known) WEST WILTSHIRE DISTRICT 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

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	<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)
Mon	08:00	23:30	
Tue	08:00	23:30	
Wed	08:00	23:30	
Thur	08:00	23:30	
Fri	08:00	23:30	
Sat	08:00	23:30	
Sun	08:00	18:30	

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)

THE PREMISES WILL BE MARKETED AND OPERATED TO ATTRACT CLIENTELE FROM THE ON-SITE TENANTS, WORKFORCE AND THEIR GUESTS, BUSINESS MEETING FACILITIES, TOGETHER WITH PROVIDING A VENUE FOR THE GENERAL PUBLIC SEEKING 'HIGH-END' CUISINE AND HIGH QUALITY LOCAL AND REGIONAL PRODUCE.

EVENTS WILL CATER FOR LOCAL, CULTURAL OR BUSINESS REQUIREMENTS.

b) The prevention of crime and disorder

THE PREMISES ARE FULLY PROTECTED BY A MONITORED BT REDCARE SECURITY ALARM SYSTEM. STORAGE OF ALCOHOL PRODUCTS WILL BE FURTHER PROTECTED BY A SECURE CAGE. ALL MECHANICAL LOCKS HAVE BEEN FITTED TO BSA APPROVED STANDARD. ALL STAFF WILL BE TRAINED BY BII QUALIFIED MANAGERS REGARDING THE REFUSAL TO SUPPLY ALCOHOL TO INTOXICATED OR DISORDERLY CUSTOMERS. THE MAJORITY OF ALCOHOL SUPPLY WILL BE TO ACCOMPANY A TABLE MEAL.

c) Public safety

THE PREMISES ARE PROTECTED BY A MONITORED FIRE SAFETY SYSTEM, EMERGENCY LIGHTING SYSTEM AND ARE MANAGED UNDER A REGIME TO ENSURE THAT ALL FOOD SAFETY, WASTE STORAGE/DISPOSAL, FURNITURE/FITTINGS, EQUIPMENT, LIGHTING, HEATING, ELECTRICAL SUPPLY/APPLIANCES, WASHING/SANITARY FACILITIES ARE MAINTAINED IN ACCORDANCE WITH STATUTORY REQUIREMENTS. A QUALIFIED FIRST AIDER WILL BE ON-SITE. ACCESS & EGRESS POINTS WILL BE KEPT FREE WITH NON-SLIP MATERIALS ON ALL EXIT ROUTES. THE SITE WILL BE MANAGED TO ALLOW UNOBSTRUCTED ACCESS FOR EMERGENCY SERVICES. SMOKING IS PROHIBITED.

d) The prevention of public nuisance

DELIVERIES/COLLECTIONS WILL BE MANAGED AND TIMED TO PREVENT NUISANCE TO NEIGHBOURS. DOORS AND WINDOWS WILL BE KEPT CLOSED DURING ANY PERFORMANCE/EVENT GENERATING NOISE. EXTRACTION EQUIPMENT HAS BEEN FITTED IN THE KITCHEN TO MINIMISE ANY NOXIOUS SMELLS AS A RESULT OF THE COOKING OPERATION. THERE WILL BE ADEQUATE WASTE MANAGEMENT SYSTEMS ON SITE. SIGNAGE WILL BE USED TO REMIND CUSTOMERS LEAVING THE PREMISES FOLLOWING AN EVENING EVENT TO RESPECT ANY NEARBY RESIDENTIAL PREMISES.

e) The protection of children from harm

A **CHALLENGE 25** POLICY WILL BE ADOPTED TOGETHER WITH ROBUST AGE VERIFICATION PROCEDURES ONLY ACCEPTING IDENTIFICATION AS APPROVED BY THE HOME OFFICE/LICENSING AUTHORITY. A 'REFUSALS BOOK' WILL BE MAINTAINED. ALL STAFF SUPPLYING ALCOHOL WILL BE TRAINED BY BII QUALIFIED MANAGERS. ANY FILM SHOWN WILL BE SUBJECT TO BBFC CLASSIFICATION AND AGES OF THOSE ATTENDING ANY PERFORMANCE WILL BE RESTRICTED ACCORDINGLY. BABY CHANGING FACILITIES WILL BE PROVIDED IN THE TOILET AREA.


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	21/9/2011
Capacity	SITE GENERAL MANAGER

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)

CART MOULES
GENERAL MANAGER
GLOVE FACTORY STUDIOS
BROOK LANE
HOLT

Post town	BLADFORD ON AVON	Post code	BA14 6RL
Telephone number (if any)	01225 784080		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			
info@glovefactorystudios.com			

Consent of individual to being specified as premises supervisor

SARAH ELIZABETH BICKFORD

I
[full name of prospective premises supervisor]

of
340 THE STREET
HOLT
NR TROWBRIDGE
WILTSHIRE
BA14 6QH

[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

NEW PREMISES LICENSE

[type of application]

by
GLOVE FACTORY STUDIOS

[name of applicant]

relating to a premises licence N/A
[number of existing licence, if any]

for
GLOVE FACTORY STUDIOS
GLOVE FACTORY CAFE'
BROOK LANE
HOLT
NR TROWBRIDGE
BA14 6RL

[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

GLOVE FACTORY STUDIOS

[name of applicant]

concerning the supply of alcohol at

GLOVE FACTORY STUDIOS
GLOVE FACTORY CAFE
BROOK LANE
HOLT
NE TRAWBRIDGE
BA14 6EL

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

WW0500391 LAPERN

[insert personal licence number, if any]

Personal licence issuing authority

WEST WILTSHIRE DISTRICT COUNCIL

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

Signed



Name (please print)

SE BICKFORD

Date

12/9/2011