

**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.

We SIMON AND SUE WILSHER

*(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**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>			
WATERHOUSE WATERHOUSE LANE MONKTON COMBE			
<b>Post town</b>	BATH	<b>Post code</b>	BA2 7JB
<b>Telephone number at premises (if any)</b>		01225 721 999	
<b>Non-domestic rateable value of premises</b>		£ Currently under review by Wiltshire Council Valuation Department	

**Part 2 - Applicant Details**

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

- |   |                          |                             |
|---|--------------------------|-----------------------------|
| a) an individual or individuals *               | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual *          |                          |                             |
| i. as a limited company                         |                          | please complete section (B) |
| ii. as a partnership                            | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or        | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club                            | <input type="checkbox"/> | please complete section (B) |
| d) a charity                                    | <input type="checkbox"/> | please complete section (B) |

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

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

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
  - o statutory function or
  - o a function discharged by virtue of Her Majesty's prerogative

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

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> WILSHER			<b>First names</b> SIMON		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
<b>Current postal address if different from premises address</b>					
<b>Post Town</b>	BATH		<b>Postcode</b>	BA2 7JB	
<b>Daytime contact telephone number</b>			01225 721999 (O) [REDACTED]		
<b>E-mail address (optional)</b>		[REDACTED]			

**SECOND INDIVIDUAL APPLICANT** (if applicable)

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

SUE		WILSHER	
I am 18 years old or over		<input checked="" type="checkbox"/>	Please tick <input checked="" type="checkbox"/>
Current postal address if different from premises address			
Post Town		Postcode	
Daytime contact telephone number			
E-mail address (optional)	[REDACTED]		

**(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) 01225 721 999
E-mail address (optional) [REDACTED]

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
0 1 1 0	2 0 1	3

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)

**What we are**

Waterhouse is a Georgian country house located in the Midford Valley that lies between Monkton Combe and Limpley Stoke to the South of Bath. A previously licensed Residential Care home for the elderly it was bought by The Wilsher Pension Trust in 2009 and has been renovated and modernised to a high standard. Waterhouse now operates as a boutique guest accommodation destination as well as being home to a Leadership and Management Company.

With 13 well appointed guest bedrooms and a number of meeting rooms used for corporate training programmes and relaxation Waterhouse has to become a destination of choice for guests looking for breaks in the country or in house leadership and management programmes during the week.

Given it's rural location and high standard offering Waterhouse markets and advertises for the more discerning market and wishes to be able offer the sale of alcohol to its guests especially before or during dinner.

**What we'd like to do**

We are applying for a Premises Licence in response to increasing demand from our Clients. Our clients tell us that Waterhouse is a great location that could be made even better if we were able to offer the sale of alcohol. If granted the licence we intend offering guests the sale of alcohol during standard licensing hours most likely through a small bar area and honesty tray system. Enjoying a relaxing glass of wine on the terrace or with dinner is what we have in mind.

In preparation for making this application we have consulted with Wiltshire Council Planning Department as well as with our neighbours and residents of the parishes of Midford, Monkton Combe and Limpley Stoke.

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

NOT APPLICABLE

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**

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

**B**

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

**C**

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



**D**

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

**E**

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

**F**

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

**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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Wed			<b>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</b> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

**H**

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

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

**J**

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

**K**

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



**L**

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

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	1100	2359			
Tue	1100	2359			
Wed	1100	2359			
Thur	1100	2359			
Fri	1100	2359			
Sat	1100	2359			
Sun	1100	2359			
			<b>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</b> (please read guidance note 5)		

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

<b>Name</b> ED MAY, MANAGER	
<b>Address</b>  WATERHOUSE, WATERHOUSE LANE, MONKTON COMBE,	
<b>Postcode</b>	BA2 7JB
<b>Personal Licence number (if known) TO BE APPLIED FOR</b>	
<b>Issuing licensing authority (if known)</b>	

**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 provision of Adult Entertainment of any description nor will gaming machines be held/kept at the premises.

**O**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	0730	2359	<b>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</b> (please read guidance note 5)
Tue	0730	2359	
Wed	0730	2359	
Thur	0730	2359	
Fri	0730	2359	
Sat	0730	2359	
Sun	0730	2359	

**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 prospective licensee recognizes and respects the fact he lives and operates his business from and within countryside surroundings. He is very much part of the community and wishes to maintain friendly and courteous relationships with all his neighbours and those in the surrounding area.

**b) The prevention of crime and disorder**

- Comply with the license agreement and hours authorized to sell alcohol
- Have CCTV and ensure good coverage of public areas and exits and keep data for up to one month
- Increasing awareness of and training in:
  - Health and Safety regulations
  - Fire prevention
  - Drug awareness
  - Licensing Act
- Keep alcohol stored in a locked safe and secure environment when not being sold
- Maintain an incident log book

**c) Public safety**

- Limiting numbers / no overcrowding
- Comply with food safety regulations
- Promoting fire safety – clear signage for exits and evacuation points. Testing fire alarms on a regular basis
- Make it easy and practical for disabled guests to use facilities
- Having first aid trained members of staff on site and a comprehensive accident reporting procedure

**d) The prevention of public nuisance**

- Maintain a log book of incidents
- Continue to maintain good relations with neighbours including regular meetings with Chairs of the relevant Parish Councils, consulting with and writing to neighbours in advance of changes in our application and holding open evenings at Waterhouse to explain to local residents our intentions for the development of the business.

**e) The protection of children from harm**

- |   |
|---|
| <ul style="list-style-type: none"> <li>• Enforce a challenge 21 policy</li> <li>• Maintain a refusal book to log details of guests that have been refused the sale of alcohol and why</li> <li>• Not allow children under the age of 21 years old to stay at Waterhouse unless accompanied by an adult</li> </ul> |
|---|

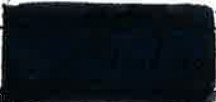
**Please tick yes**

- 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 JULY 2013
Capacity	FOUNDER and CEO of The WILSHER GROUP

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent.** (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	21 JULY
Capacity	CO-FOUNDER of The WILSHER GROUP

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b>			
<b>Post town</b>		<b>Post code</b>	
<b>Telephone number (if any)</b>			
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>			

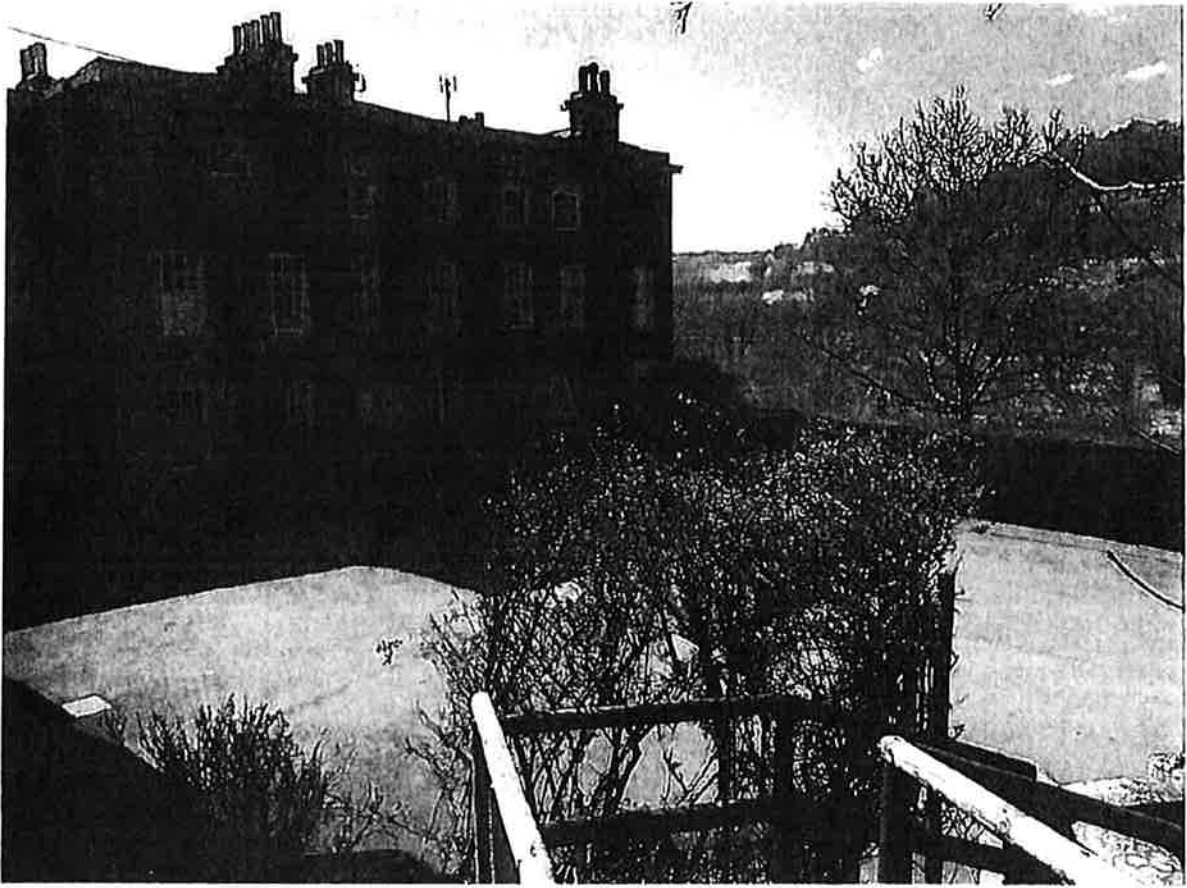
**Notes for Guidance**

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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

## **Contents**

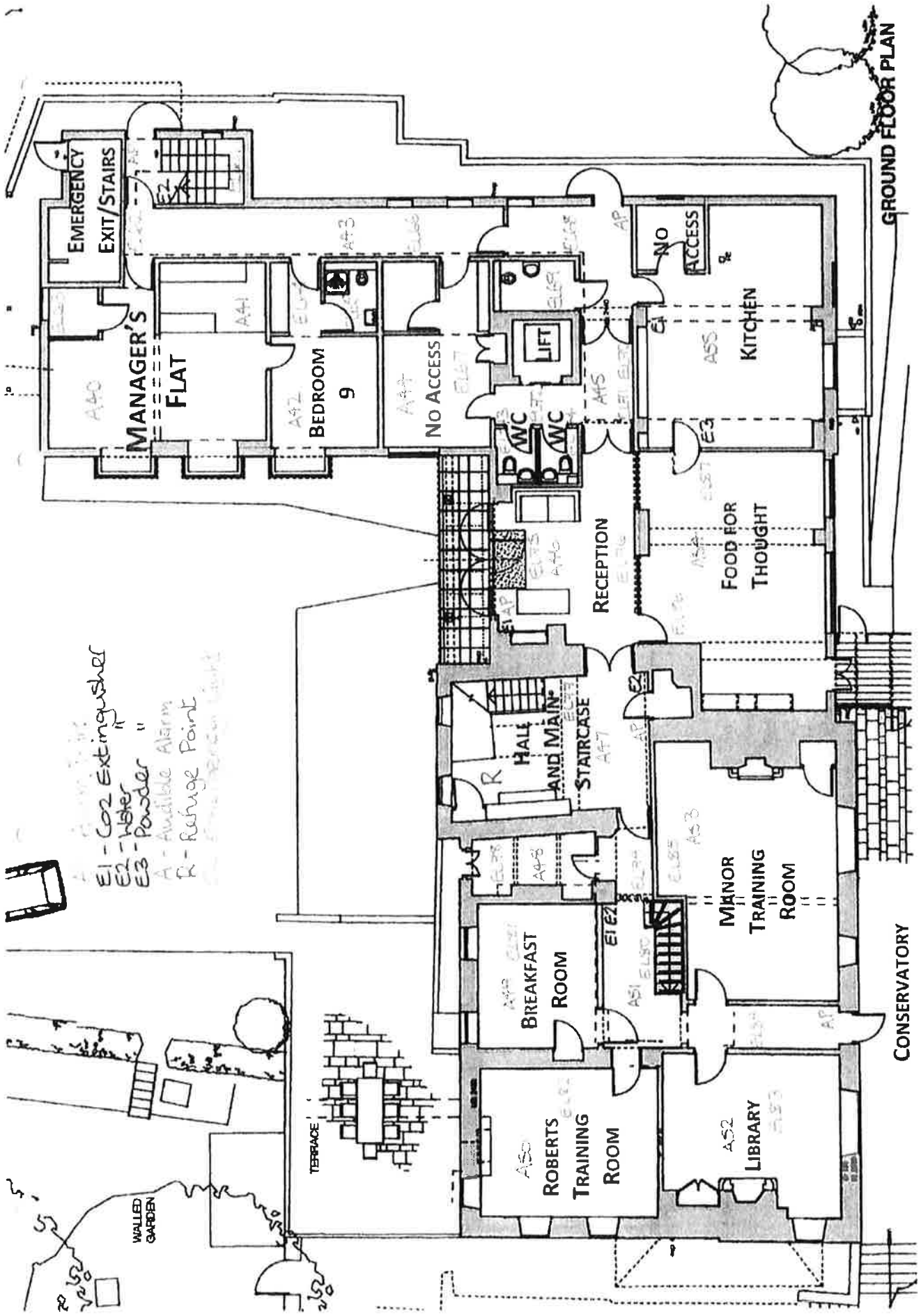
<b>Map and Site Plans</b>	<b>1</b>
<b>Guest Bedroom Photos</b>	<b>2</b>
<b>Public Room Photos</b>	<b>3</b>
<b>Proposed Licensable Areas</b>	<b>4</b>
<b>Premises Licence Application Form</b>	<b>5</b>

Ref 4/9/13

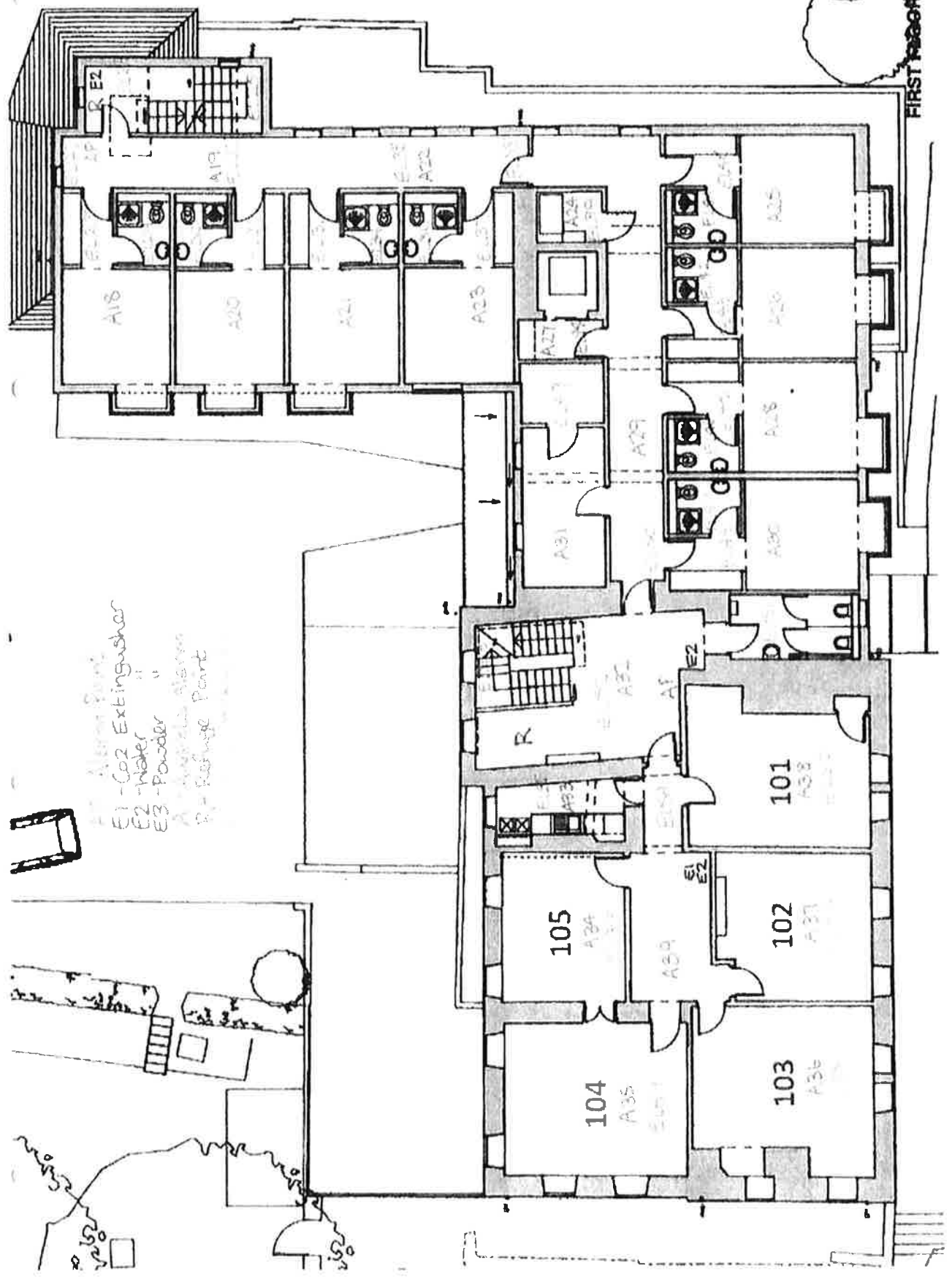


Waterhouse, Waterhouse Lane, Monkton Combe, BATH BA2 7JB





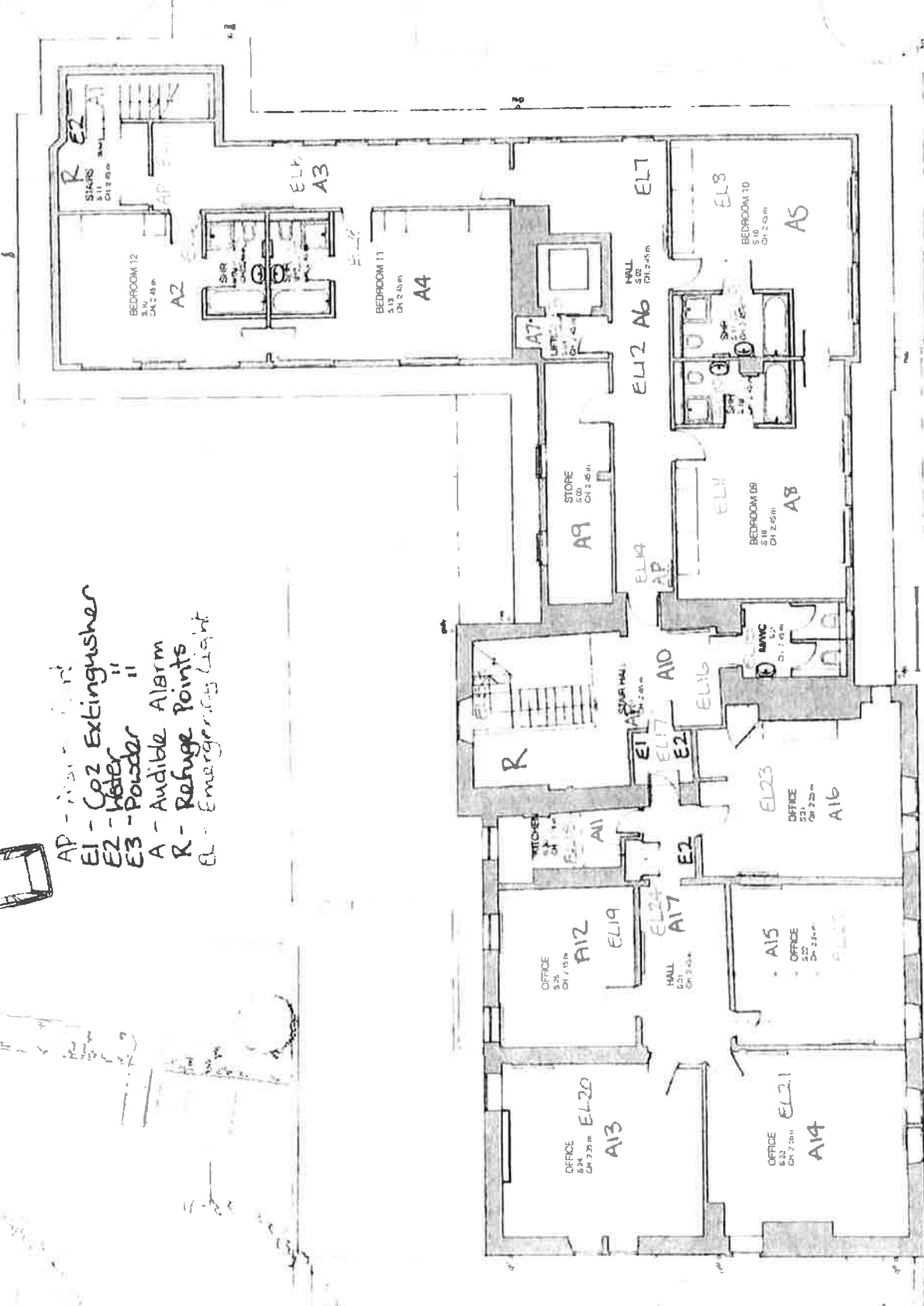
FIRST FLOOR PLAN



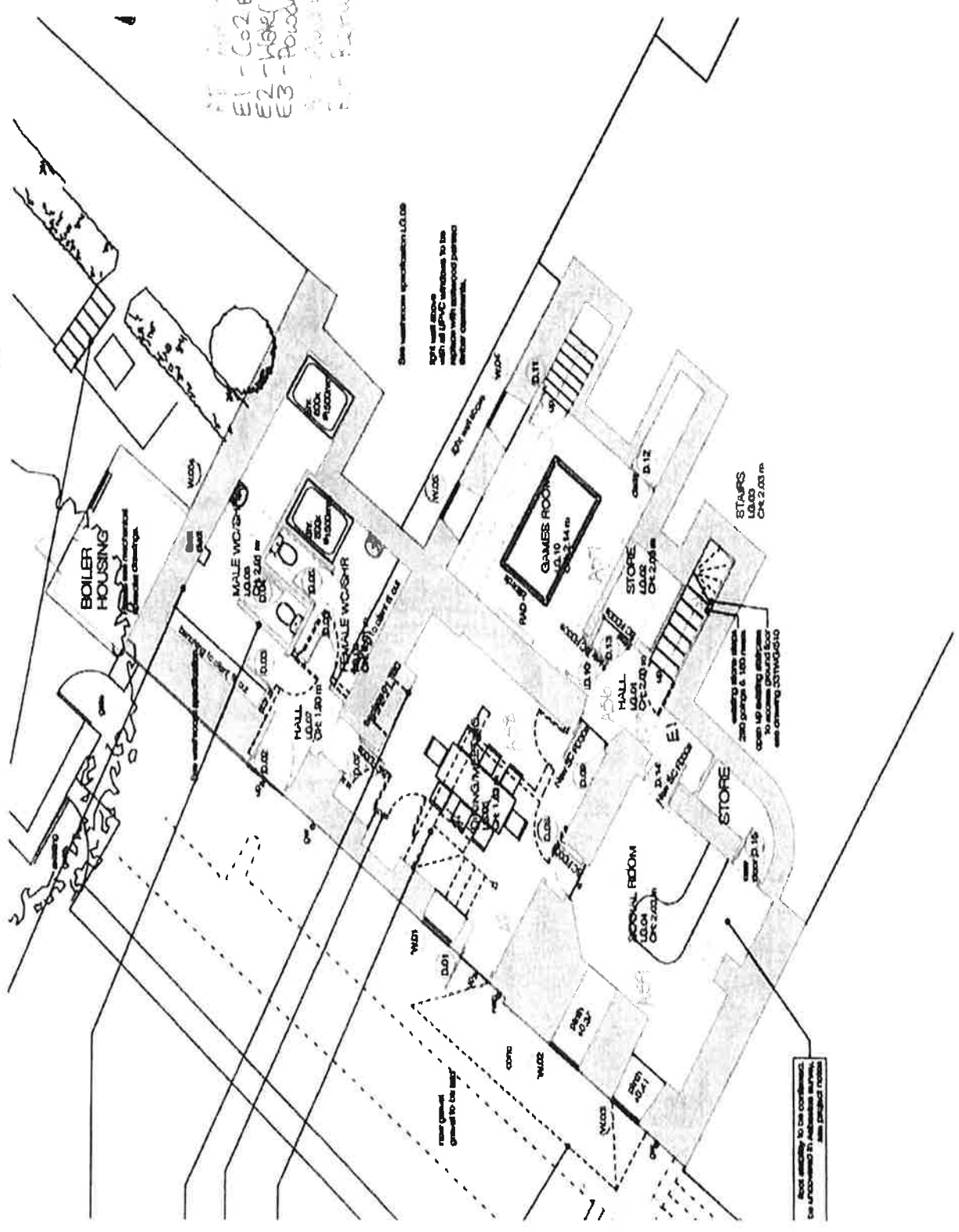
- A - Alarm Point
- E1 - CO2 Extinguisher
- E2 - Water
- E3 - Powder
- R - Staircase
- P - Refuse Point

**SECOND FLOOR PLAN**

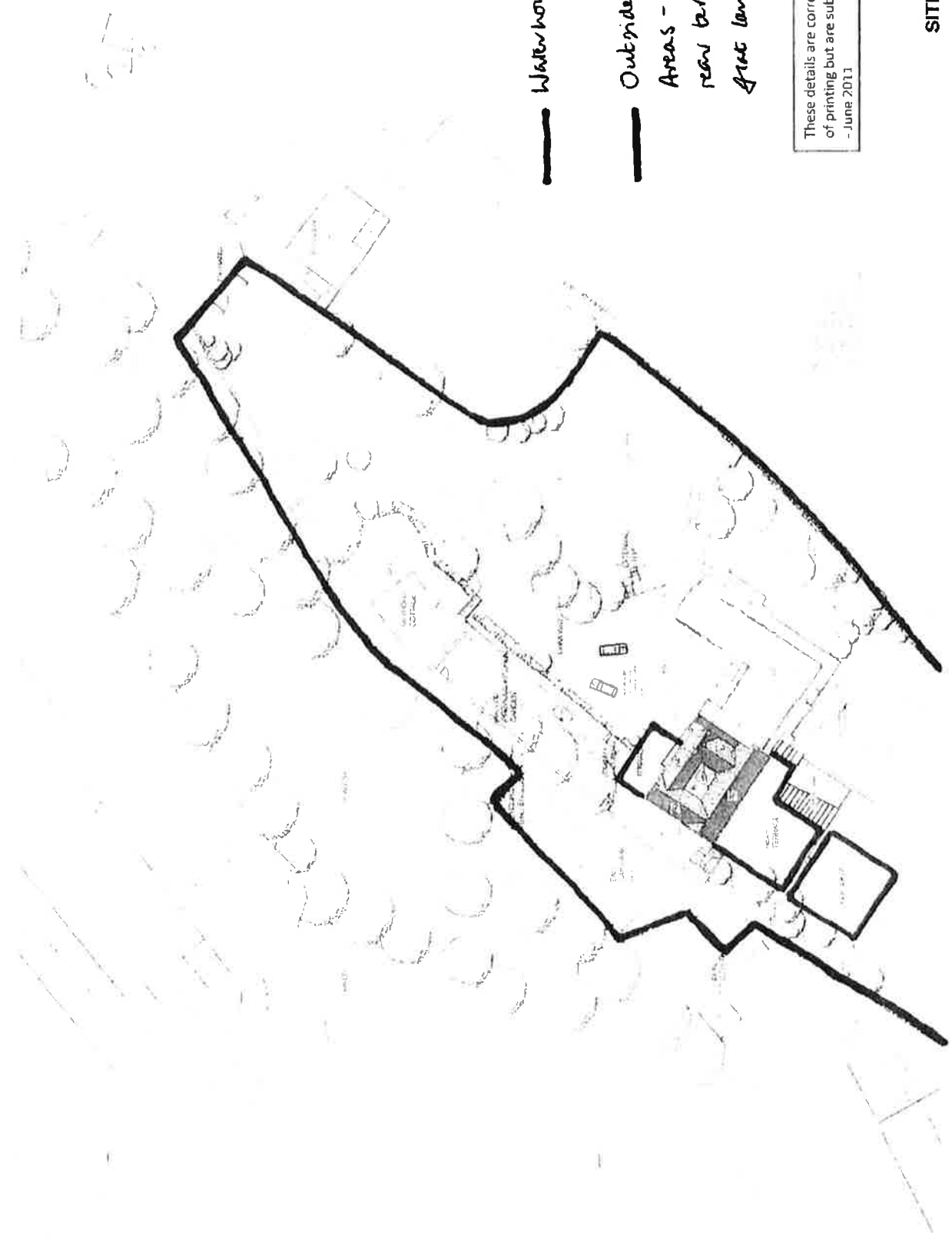
- AP - Alarm Point
- E1 - Co2 Extinguisher
- E2 - Water
- E3 - Powder
- A - Audible Alarm
- R - Refuge Points
- EL - Emergency Light



E1 - Co2 Extinguisher  
 E2 - hose  
 E3 - powder  
 E4 - fire alarm  
 E5 - fire alarm point



Basement Floor Plan

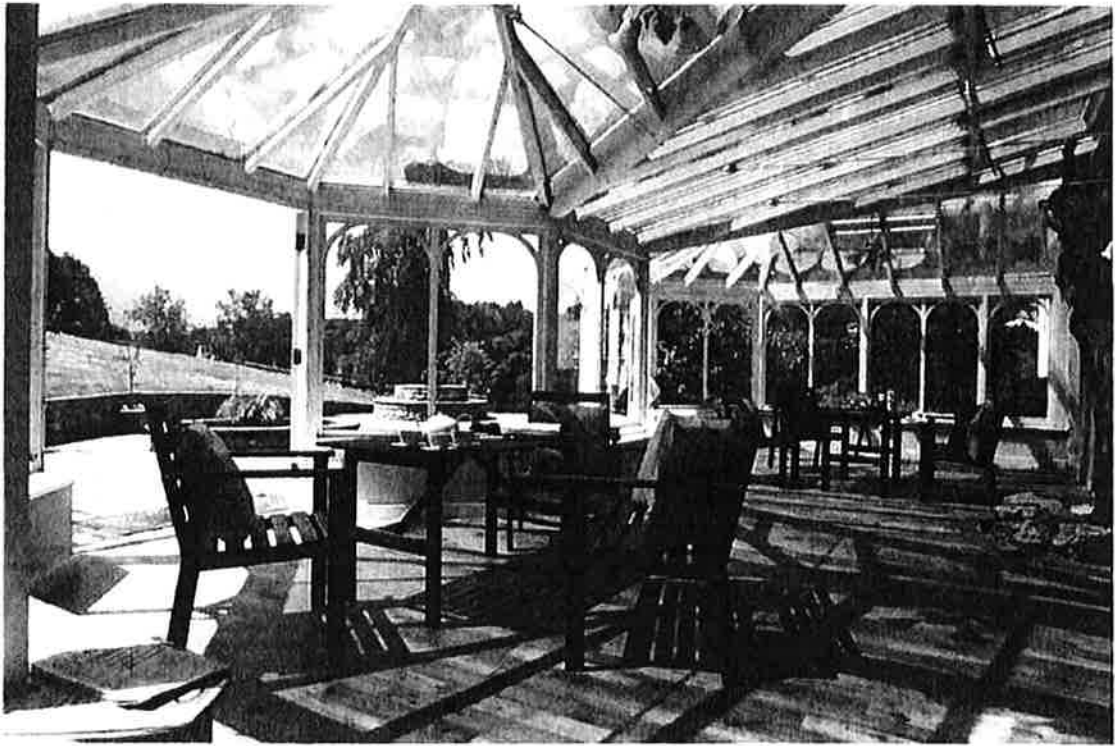


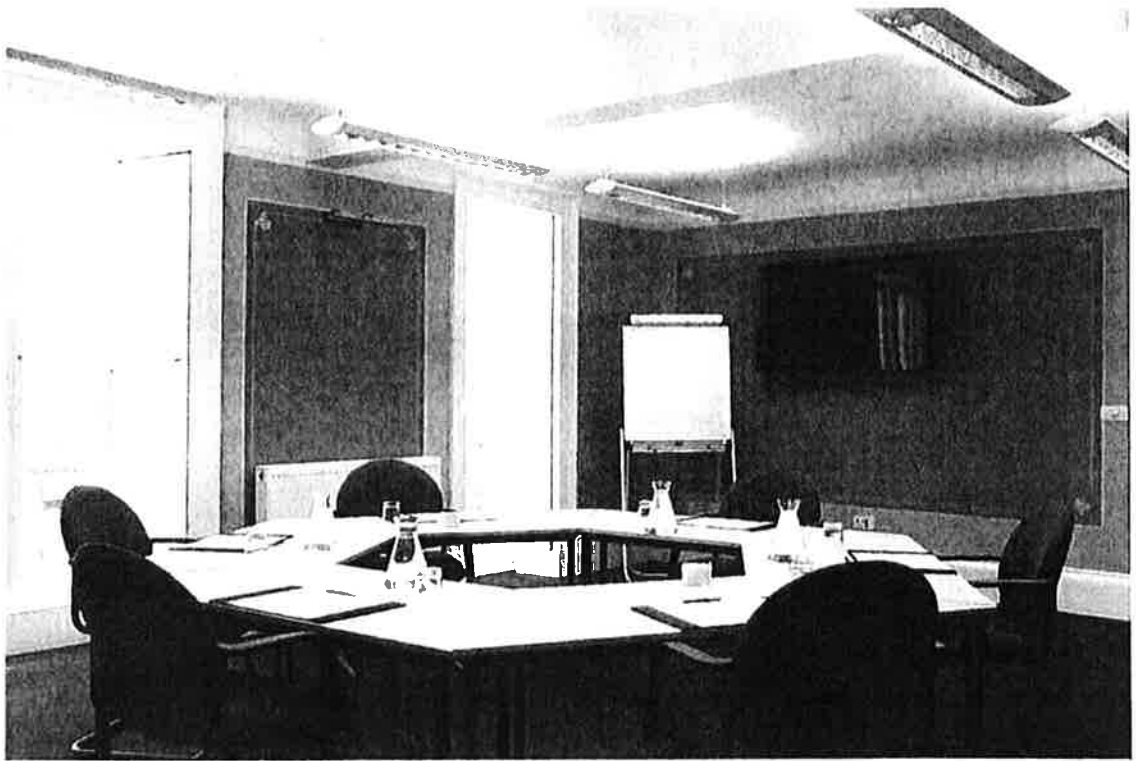
— Waterhouse boundary

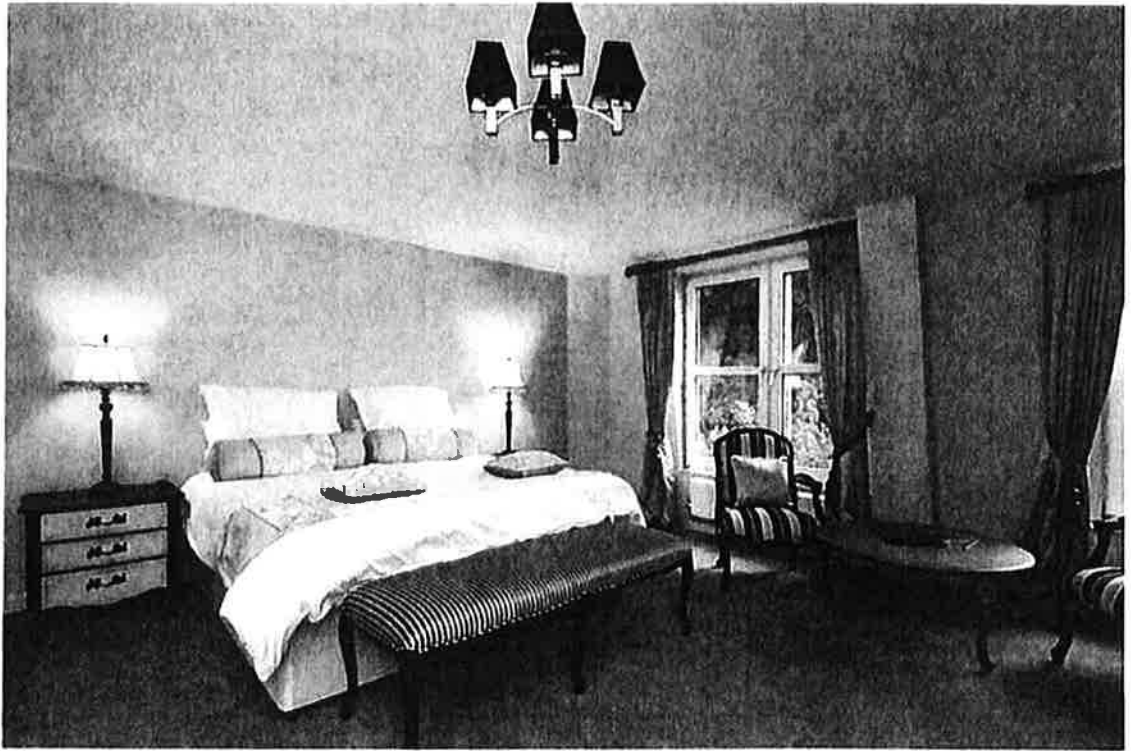
— Outside licensable Areas - front and rear terraces and front lawn

These details are correct at the time of printing but are subject to change  
- June 2011

**SITE PLAN**

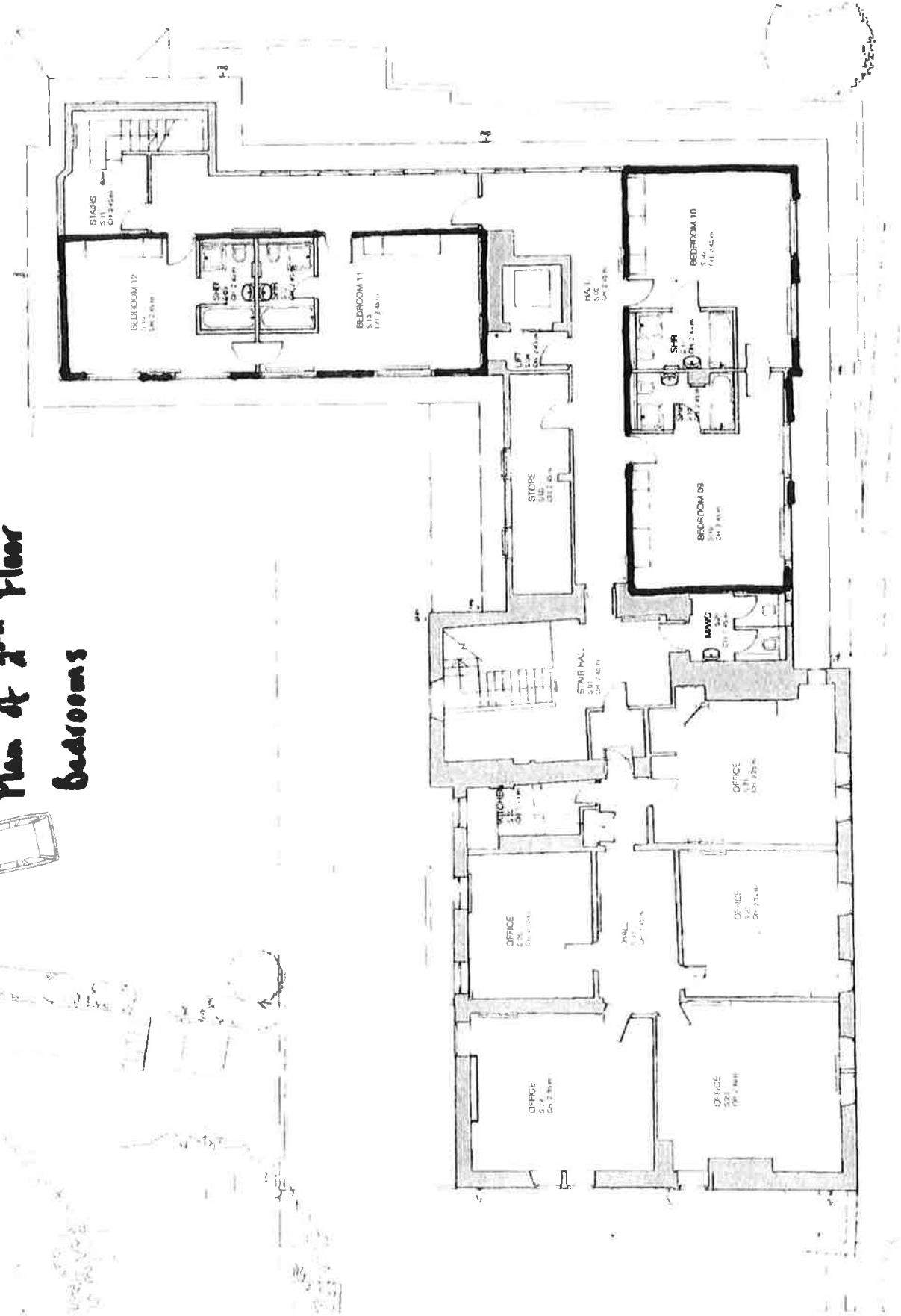


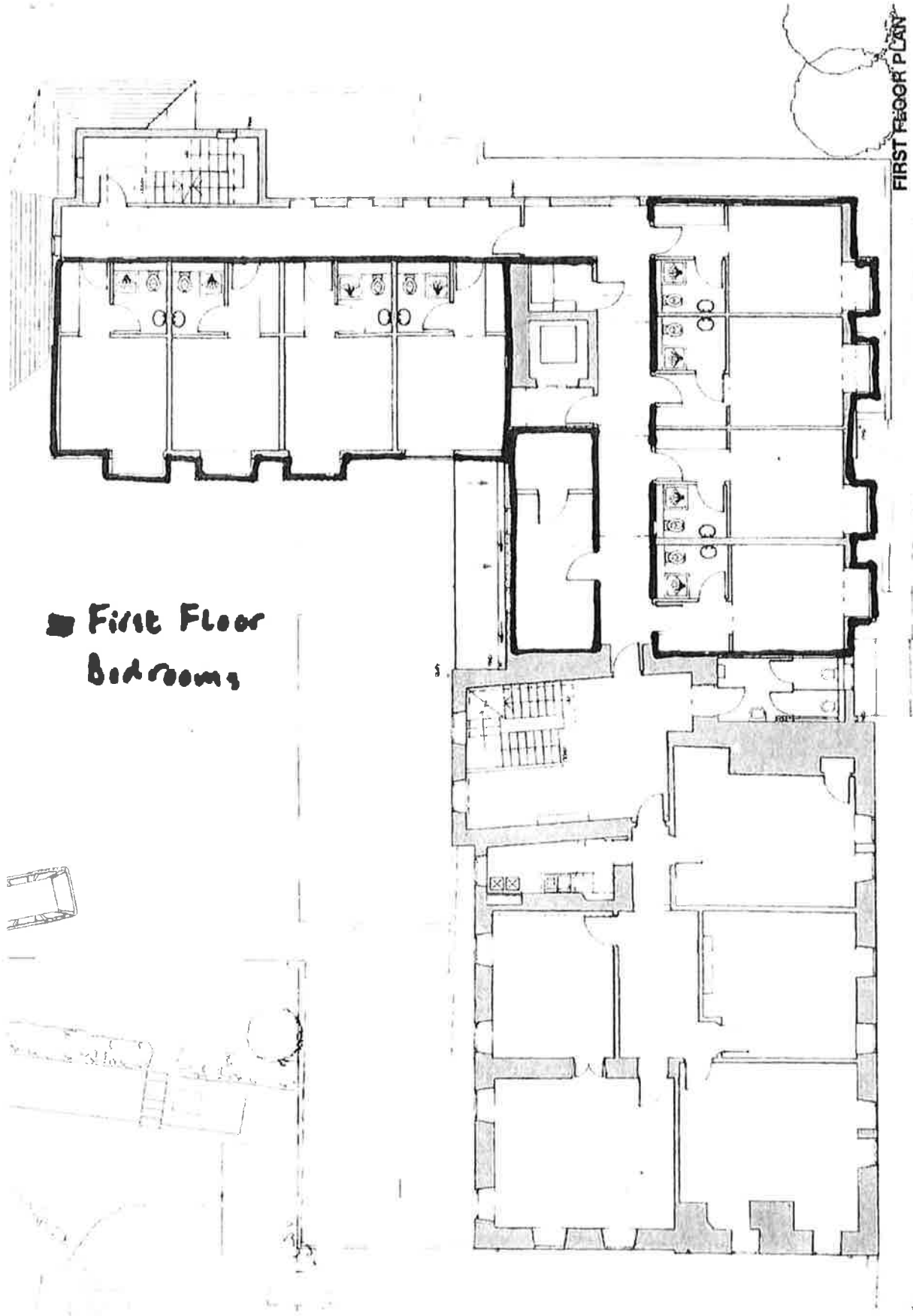






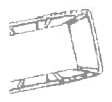
# Plan of 2<sup>nd</sup> Floor Bedrooms



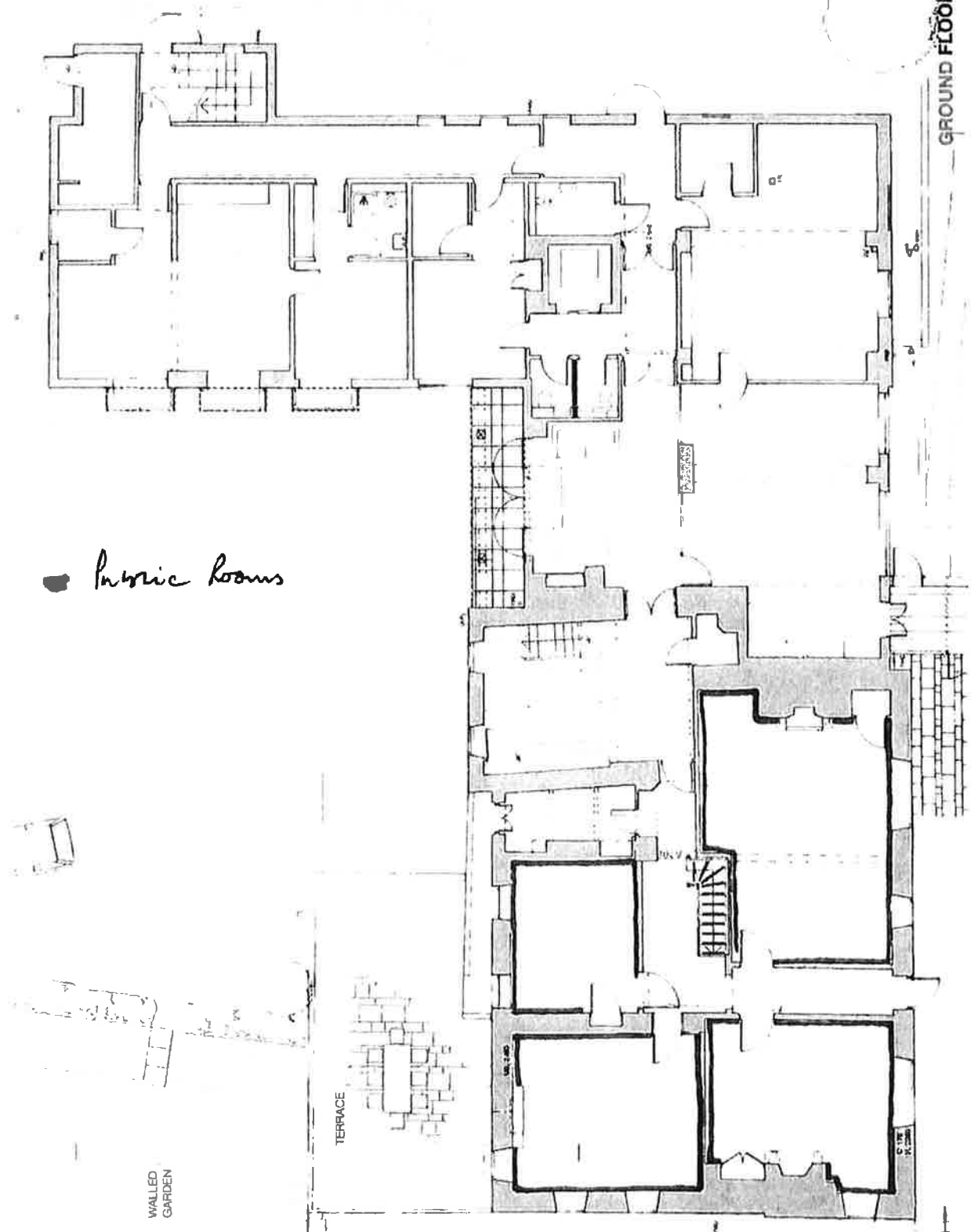


FIRST FLOOR PLAN

■ First Floor  
Bedrooms



GROUND FLOOR PLAN



Public Rooms

WALLED GARDEN

TERRACE