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2 JUL 2014

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£1901.00

[Insert name and address of relevant licensing authority and its reference number (optional).]

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 MARTIN RICHARD PAUL HINDS

(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 - Premises Details

Postal address of premises or, if none, Ordnance Survey map reference or description <u>5 A CHURCH STREET</u>			
Post town	<u>TROWBRIDGE</u>	Postcode	<u>BA148DR</u>

Telephone number at premises (if any)	<u>(01225) 282048 107925095916</u>
Non-domestic rateable value of premises	<u>£ N/A SMALL BUSINESS</u>

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
  - i. as a limited company  please complete section (B)
  - ii. as a partnership  please complete section (B)
  - iii. as an unincorporated association or  please complete section (B)
  - iv. other (for example a statutory corporation)  please complete section (B)

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- 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname HINDS			First names MARTIN RICHARD PAUL		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		51 GLEBE ROAD			
Post town	TROWBRIDGE	Postcode	BA149JR		
Daytime contact telephone number		(01225) 282048			
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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town		Postcode			
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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?

DD MM YYYY  

0	5	0	6	2	0	1	4
---	---	---	---	---	---	---	---

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)  
 GROUND FLOOR BUILDING SITUATED NEXT TO ANOTHER PUBLIC HOUSE, KEBAB SHOP NEXT DOOR. NEW HAIRDRESSERS ACROSS THE ROAD AND A NIGHTCLUB TO THE RIGHT OF THEM. 1 SINGLE BAR, 2 POOL TABLES, 2 FRUIT MACHINES AND POSSIBLY A COUPLE OF ARCADE STYLE GAMES IN THE FUTURE.

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

150
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What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

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

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

**In all cases complete boxes K, L and M**

**A**

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

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	POOL COMPETITIONS. CHARGING A POOL ENTRY FEE.
Mon	7pm	1am	
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			
Fri			<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)
Sat			
Sun	7pm	00:00	

**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"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish	<b>Both</b> <input type="checkbox"/>			
Mon						
			<b>Please give further details here</b> (please read guidance note 3)			
Tue						
			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)			
Wed						
			<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)			
Thur						
Fri						
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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur	AM 19:00	PM 23:00			
Fri	PM 19:00	AM 00:00	<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) CHRISTMAS EVE 18:00 – 00:30 NEW YEARS EVE 18:00 – 00:30 NEW YEARS DAY 18:00 – 01:30		
Sat	PM 19:00	AM 00:00			
Sun	PM 12:00	PM 22:00			

WE HAVE BEEN NOTIFIED ABOUT NOISE ESCAPING FROM OUR FIRE DOOR, WE WILL ADDRESS THIS PROBLEM AND UNTIL THEN NO LIVE OR RECORDED MUSIC WILL BE PLAYED UNTIL THE COUNCIL'S PUBLIC PROTECTION TEAM HAVE CHECKED THIS AND ARE SATISFIED.

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both - please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	12 PM	11 PM	<u>Please give further details here</u> (please read guidance note 3) TO PLAY RECORDED MUSIC TO 1.30 AM ON WEEKENDS WE SUPPLY DOORMEN (MINIMUM OF 2) ON FRIDAY AND SATURDAYS. NO DRINKS ARE SERVED IN GLASSES AFTER 9 PM AND THE TABLE AND CHAIRS OUTSIDE IS BROUGHT IN BY 11 - 11.30 PM AND A TABLE IS LEFT IN THE DOORWAY TO LEAVE DRINKS ON	Both	<input type="checkbox"/>
Tue	12 PM	11 PM			
Wed	12 PM	11 PM		<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)	
Thur	12 PM	11.30 PM		12 PM - 00.30	
Fri	12 PM	1.30 AM		<u>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</u> (please read guidance note 5)	
Sat	12 PM	1.30 AM		XMAS EVE 12 PM - 01.30 NEW YEARS EVE 12 PM - 01.30 NEW YEARS DAY 12 PM - 01.30	
Sun	12 PM	11 PM			

EVEN THOUGH WE HAVE MUSIC IN THE BACKGROUND AFTERWARDS THERE IS VERY LITTLE DANCING AND REVELRY AT THE END OF THE EVENINGS AS THE 2 POOL TABLES ARE ALWAYS USED UNLESS PUT AWAY FOR AN EVENT. WE GET OUR LOCALS (GROUPS OF MOSTLY LADIES) WHO LIKE TO HEAR THE MUSIC A BIT LOUDER THAN BACKGROUND, THIS IS ALWAYS MONITORED BY EITHER MYSELF, TAMMY, THE DRS OR WHOEVER IS IN CONTROL OF THE PUB, BUT I MUST STRESS THAT DUE TO THE NOISE THAT IS MADE BY THE PUB NEXT DOOR AND THE CLUB OVER THE ROAD, SOMETIMES ITS DIFFICULT TO HEAR OUR OWN MUSIC.

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance 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"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)	
Mon				
Tue				
Wed				
Thur				
			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)	
Fri			<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)	

**H**

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing</p> <p style="text-align: center;"><b>KARAOKE</b></p>		
Day	Start	Finish	<p>Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)</p>	Indoors	<input checked="" type="checkbox"/>
Mon	12 PM	11 PM		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p>Please give further details here (please read guidance note 3)</p>		
Wed					
Thur			<p>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</p>		
			<p>BANK HOLIDAYS</p>		
	19:00	00:30	<p>12 PM - 22 00</p>		
	19:00	00:30	<p>Next seasonal variations: When you request to use the premises for the event (please read guidance note 4) you must not use the premises for the event on the following dates:</p>		
			<p>XMAS EVE 16:00 - 00:30</p>		
	16:00	23:00	<p>NEW YEARS EVE 16:00 - 00:30</p>		
			<p>NEW YEARS DAY 16:00 - 00:30</p>		

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	1900	00.00	<u>Please give further details here</u> (please read guidance note 3) THE POOL LEAGUE STATES THAT U MUST PROVIDE FOOD FOR THE TEAMS AND WE DO SO. IF WE DO AN EVENT FOR CHARITY OR A BIG POOL COMPETITION THAT WE PUT A PERCENTAGE TO CHARITY WE PROVIDE FOOD		
Tue	12 PM	00.00			
Wed	12 PM	00.00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) BBO'S OUTSIDE (POSSIBLY BANK HOLIDAYS)		
Thur	12 PM	00.00			
Fri	12 PM	00.00	<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) BIRTHDAY PARTIES, WEDDINGS, PRIVATE FUNCTIONS, POSSIBLY STUDENT NIGHTS XMAS EVE 12 PM - 01.30 NEW YEARS EVE 12 PM - 01.30 NEW YEARS DAY 12 PM - 01.30		
	12 PM	00.00			
	12 PM	11 PM			

TAMMY COOKS THE FOOD AT HOME AND IT IS THEN BROUGHT TO THE PREMISES AS WE HAVE NO COOKING FACILITIES.

J

<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</b> (please read guidance note 7)	On the premises <input checked="" type="checkbox"/>
				Off the premises <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)	
Mon	12 PM	1 AM		
Tue	12 PM	1 AM		
Wed	12 PM	2 AM		
Thur	12 PM	2 AM		
			<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 below (please read guidance note 5)</b>	
Fri	12 PM	2.30 AM	XMAS EVE 12 PM – 01.30 NEW YEARS EVE 12 PM – 03.00 NEW YEARS DAY 12 PM – 03.00	
Sat	12 PM	2.30 AM		
Sun	12 PM	12 AM		
Other				

Please see notes and details of the law below which you will be asked to complete in respect of your premises application.

Name **CHRIS FOX**

Address **1 KINGSFIELD GRANGE RD  
BRADFORD ON AVON  
WILTSHIRE**

BA15 1BE

11/00142 / LAPER

TROWBRIDGE

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8).

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	<p>POSSIBLY BANK HOLIDAYS, CHRISTMAS &amp; NEW YEAR PLUS ANY EVENTS WHERE THE PROCEEDS GO MOSTLY TO CHARITY.</p> <p>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 5)</p>
Mon	12 PM	1 AM	
Tue	12 PM	1 AM	
Wed	12 PM	2 AM	
Thu	12 AM	2 AM	
Fri	12 PM	2:30 AM	
Sat	12 AM	2:30 AM	
Sun	12 AM	12 AM	

M Describe the steps you intend to take to promote the four licensing objectives:

a) General - all four licensing objectives (b, c, d and e) (please read guidance note 9)

CLEAR SIGNS WILL BE PLACED INSIDE AND OUTSIDE THE PREMISES STATING NORMAL HOURS OF WHICH LICENSABLE ACTIVITIES ARE PERMITTED. WE WILL NEVER EXCEED THE MAXIMUM CAPACITY THE PREMISES CAN HOLD, WHICH IS 150. WE ONLY EMPLOY DOORSTAFF WITH CREDITED SIA BADGES AND THEY RESERVE THE RIGHT TO CARRY OUT RANDOM SEARCHES FOR DRUGS OR WEAPONS. CCTV IS AVAILABLE AND THE RECORDS LAST FOR 28 DAYS AFTER INCIDENTS.

b) The prevention of crime and disorder

CCTV IS IN OPERATION, DRUG POLICY ALREADY IN ORDER. PLASTIC GLASSES ARE PROVIDED AFTER 9PM WHICH HAS ~~CEASED~~ THE TRAFFIC. BAR STAFF ARE TRAINED TO ASK FOR I.D. OR TO REFUSE TO SERVE ALCOHOL TO ANY PERSON; PERSONS DEEMED TO BE TOO INTOXICATED. ONLY PASSPORTS AND DRIVING LICENCES ARE ACCEPTED MOSTLY AS FORMS OF IDENTIFICATION. NO GLASSES OR ALCOHOL TO BE TAKEN OUTSIDE AFTER 10 PM, AFTER WHICH A SIGN WILL BE DISPLAYED. DOORSTAFF CARRY OUT SEARCHES, ANYTHING FOUND GOES IN A BOX AND WILL BE HANDED TO THE POLICE.

~~Public safety~~ THE PREVENTION OF PUBLIC NUISANCE

NOISE LEVELS WILL BE CHECKED REGULARLY DURING THE EVENING AND AN ACCEPTABLE LEVEL WILL BE MAINTAINED AND LIVE MUSIC WILL BE TURNED UP OR DOWN ACCORDINGLY. ALL DOORS/WINDOWS WILL BE CLOSED WHEN LIVE MUSIC IS PLAYING (ALSO RECORDED MUSIC). CUSTOMERS ARE ALWAYS REMINDED TO THINK ABOUT OUR NEIGHBOURS WHEN LEAVING THE PREMISES, AND SIGNS ARE POSTED TO REMIND THEM. THE REMOVAL OF BOTTLES AND RUBBISH WILL NOT TAKE PLACE AFTER 10 PM. NO MORE THAN 10 PEOPLE TO BE OUTSIDE SMOKING AT ONE TIME, MONITORED BY ALL STAFF, WHO WILL DIRECT THEM TO THE CAR PARK OPPOSITE. NOISE ESCAPING FROM THE FIRE EXIT IS TO CHANGE DUE TO EITHER A NEW DOOR OR SOUNDPROOFING, BUT WILL STILL BE REGULARY CHECKED UNTIL THEN.

PUBLIC SAFETY

A LOG BOOK WILL BE ON THE PREMISES TO RECORD ANY INCIDENTS OR ISSUES THAT MAY ARISE AND WILL BE AVAILABLE FOR INSPECTION IF REQUIRED. WE HAVE ADEQUATE SEATING FOR THE SIZE OF THE PREMISES. ALL HEATING, LIGHTING, SEATING, ELECTRICAL, VENTILATION, WASHING FACILITIES AND ALL OTHER INSTALLATIONS WILL BE MAINTAINED IN A SAFE AND FUNCTIONAL MANNER. COLD WATER IS AVAILABLE AS ARE FIRST AID KITS.

c) The prevention of children from harm

NO CHILD UNDER THE AGE OF 14 WILL BE ALLOWED IN THE PREMISES AFTER 9PM UNLESS INVOLVED IN A WEEKLY ACTIVITY E.G. POOL SKITTLES, AND THEN MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT. NO ALCOHOL WILL BE SERVED TO ANYONE UNDER 18 YEARS OLD. IDENTIFICATION IS ALWAYS ASKED FOR IF WE THINK THE PERSON/PERSONS COULD BE UNDERAGE.





**Checklist:**

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- I understand that I must now advertise my application.
- I understand that if I do not comply with the above requirements my application will be rejected.

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

Part 4 - Signatures (please read guidance notes 10)

Signatures of applicant or applicant's solicitor or other duly authorised agent (see guidance notes 11). If signing on behalf of the applicant, please state in which capacity.

Signature	
Date	27/06/14
Capacity	APPLICANT

Your best signature, signature of applicant or applicant's solicitor or other duly authorised agent (see guidance notes 11). If signing on behalf of the applicant, please state in which capacity.

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

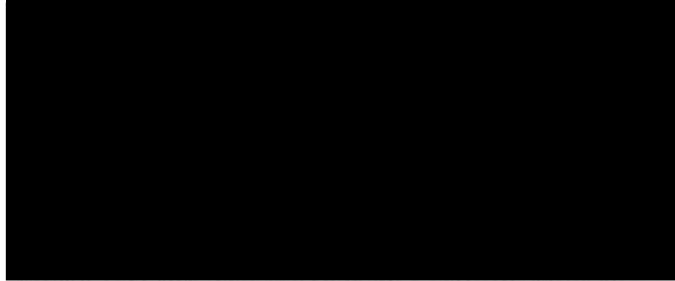
1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you 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 outdoors).
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 transmitted.
4. For example (but not exclusively), where the activity will occur on additional days during the licensing period.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about any dog intended to be kept at the premises or any dog to the benefit of the premises which may give rise to concern in respect of children, regardless of whether you intend to have such dogs under the premises, for example that not exclusively, nudity or sexual nudity, films for restricted age groups or the presence of gaming machines.
9. Please tick the appropriate box to indicate all your licensing objectives are met.
10. The application form must be signed.
11. An applicant is a person (or company or partnership) who is 18 or over and who has the legal capacity to have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their representative agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor

CHRIS FOX

[full name of prospective premises supervisor]

of



[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

THE BLACK PEARL / M.HINDS

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

5A CHURCH STREET  
TROWBRIDGE  
BA14 8DR

[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

M. MINDS  
[name of applicant]

concerning the supply of alcohol at

THE BLACK BEAR

[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.

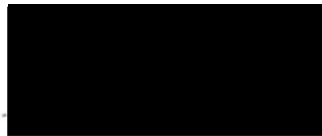
Personal licence number

[insert personal licence number, if any]

Personal licence issuing authority

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

Signed

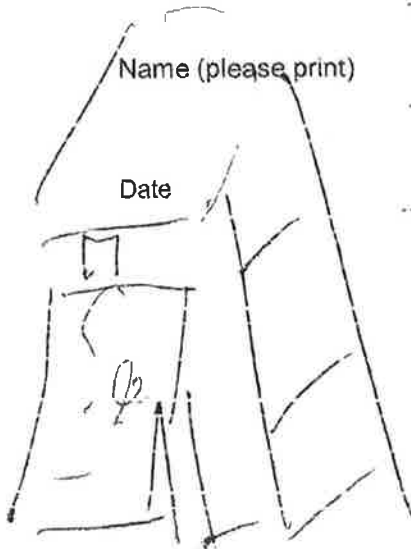


Name (please print)

C. FOY

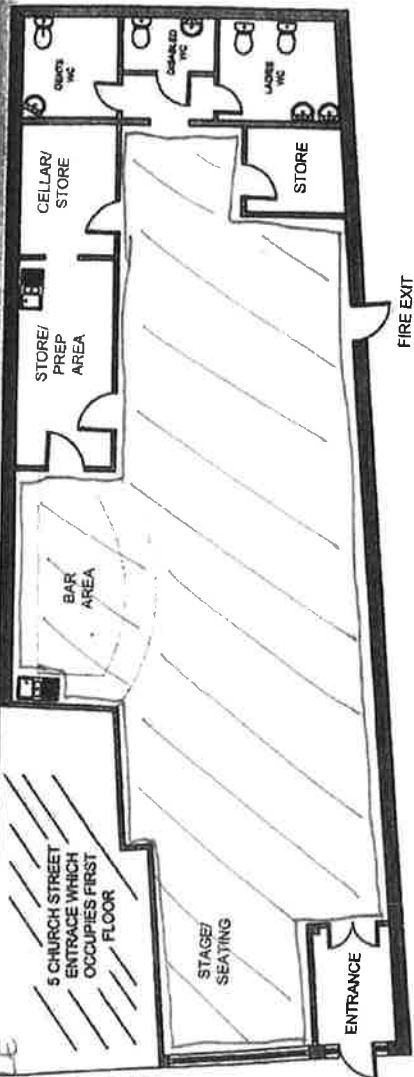
Date

4/6/2014



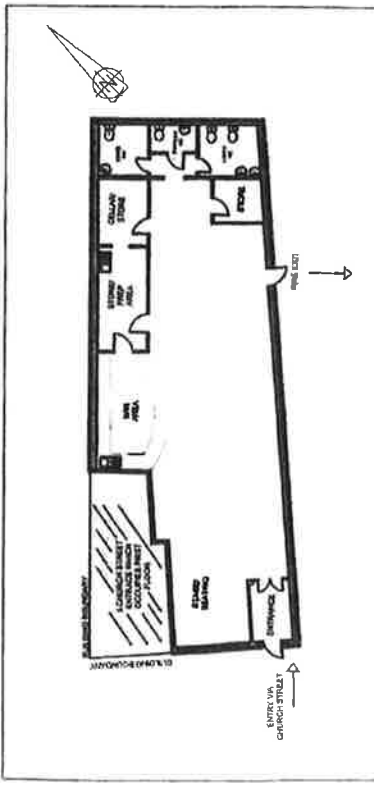
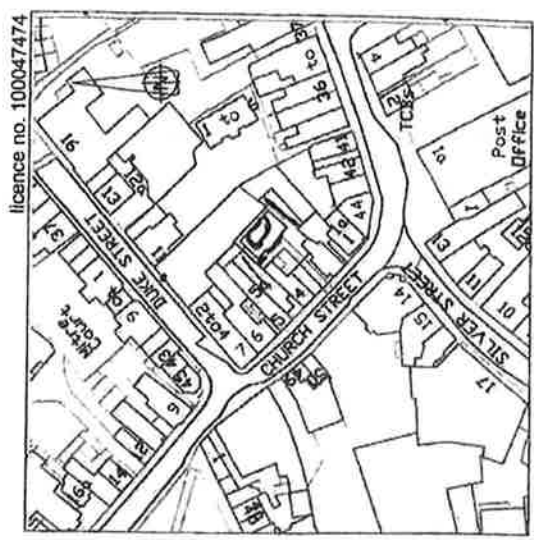
www.energico.co.uk : GB Weldon Burd

█ = LICENSABLE ACTIVITY



Ground Floor Plan  
Scale 1:100

Location plan of property  
Scale 1:1250



Ground Floor Plan  
Scale 1:200

Red line indicates extent of property in the lease

Blue line indicates entrance and exit of the property

<p><b>energico.co.uk</b> Energico's leading energy surveys</p> <p>Energico - 7th Floor - Northway House 1379 High Road - London N20 9LP Telephone: 020 8125 2996 Fax: 020 8090 6147 Email: info@energico.co.uk</p>	<p><b>Client</b></p>	<p><b>Address</b></p> <p>5a Church Street Trowbridge BA14 8DR</p>	<p><b>Sheet Description</b></p> <p>Leaseplan of 5a Church Street. Previously used as a Public house. Red lines illustrate how the property is referred to in lease. Blue lines illustrate access.</p>	<p><b>Scale</b></p> <p>1:150 @ A3</p> <p><b>Drawn By</b></p> <p>KI</p>	<p><b>DWG. Ref.</b></p> <p>BA14 8DR 001</p> <p><b>Date</b></p> <p>19 JAN 2012</p>
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