



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 LAMB BREWERY LTD
(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
THE BEAR
26 SILVER STREET
Post town BRADFORD ON AVON Post code BA15 1JY
Telephone number at premises (if any)
Non-domestic rateable value of premises £ 5900

Part 2 - Applicant Details

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

- a) an individual or individuals *
b) a person other than an individual *
i. as a limited company
ii. as a partnership
iii. as an unincorporated association or
iv. other (for example a statutory corporation)
c) a recognised club
d) a charity

- 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 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	LAMB BREWERY LTD
Address	29 COURTEWAY RD KEYNSHAM BRISTOL BS31 1JU
Registered number (where applicable)	06006777
Description of applicant (for example, partnership, company, unincorporated association etc.)	LTD COMPANY
Telephone number (if any)	01749 880038
E-mail address (optional)	—

Part 3 Operating Schedule

Month Day
Year

When do you want the premises licence to start?

ASAP.

Day
Month
Year

If you wish the licence to be valid only for a limited period, when do you want it to end?

Please give a general description of the premises (please read guidance note1)
A FOUR BEDROOM INN, MANAGERS FLAT, BAR AREA WITH A SMALL COURTYARD, AND A COACH HOUSE TO THE REAR. THERE IS A KITCHEN, TOILETS AND STORE ROOM LOCATED DOWNSTAIRS.

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)			Will the performance of a play 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	01.00	Please give further details here (please read guidance note 3)	Both	<input checked="" type="checkbox"/>
Tue	10.00	01.00			
Wed	10.00	01.00	State any seasonal variations for performing plays (please read guidance note 4) NEW YEARS EVE FROM END OF PERMITTED HOURS, TO START OF PERMITTED HOURS NEW YEARS DAY.		
Thur	10.00	01.00			
Fri	10.00	01.00	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	01.00			
Sun	10.00	01.00			

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	10.00	01.00			
Tue	10.00	01.00			
Wed	10.00	01.00	State any seasonal variations for the exhibition of films (please read guidance note 4) NEW YEARS EVE FROM END OF PERMITTED HOURS, TO START OF PERMITTED HOURS NEW YEARS DAY		
Thur	10.00	01.00			
Fri	10.00	01.00	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	01.00			
Sun	10.00	01.00			

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	10.00	01.00	
Tue	10.00	01.00	
Wed	10.00	01.00	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4) NEW YEARS EVE FROM THE END OF PERMITTED HOURS, TO THE START OF PERMITTED HOURS NEW YEARS DAY
Thur	10.00	01.00	
Fri	10.00	01.00	<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	10.00	01.00	
Sun	10.00	01.00	

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"/>
Day	Start	Finish				
Mon			<u>Please give further details here</u> (please read guidance note 3)			
Tue						
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)			
Thur						
Fri			<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)			
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"/>	
Day	Start	Finish		Outdoors <input type="checkbox"/>	
				Both <input checked="" type="checkbox"/>	
Mon	10.00	01.00	Please give further details here (please read guidance note 3)		
Tue	10.00	01.00			
Wed	10.00	01.00	State any seasonal variations for the performance of live music (please read guidance note 4) NEW YEARS EVE FROM THE END OF PERMITTED HOURS TO THE START OF PERMITTED HOURS NEW YEARS DAY		
Thur	10.00	01.00			
Fri	10.00	01.00	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)		
Sat	10.00	01.00			
Sun	10.00	01.00			

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10.00	01.00	Please give further details here (please read guidance note 3)	Both	<input checked="" type="checkbox"/>
Tue	10.00	01.00			
Wed	10.00	01.00	State any seasonal variations for the playing of recorded music (please read guidance note 4) NEW YEARS EVE FROM THE END OF PERMITTED HOURS TO THE START OF PERMITTED HOURS NEW YEARS DAY		
Thur	10.00	01.00			
Fri	10.00	01.00	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	01.00			
Sun	10.00	01.00			

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	10.00	01.00	Please give further details here (please read guidance note 3)	Both	<input checked="" type="checkbox"/>
Tue	10.00	01.00			
Wed	10.00	01.00	State any seasonal variations for the performance of dance (please read guidance note 4) NEW YEARS EVE FROM END OF PERMITTED HOURS, TO THE START OF PERMITTED HOURS NEW YEARS DAY.		
Thur	10.00	01.00			
Fri	10.00	01.00	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	10.00	01.00			
Sun	10.00	01.00			

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>		
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	1.00		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	10.00	1.00	<u>Please give further details here</u> (please read guidance note 3) NEW YEARS EVE FROM THE END OF PERMITTED HOURS TO THE START OF PERMITTED HOURS NEW YEARS DAY.		
Wed	10.00	1.00			
Thur	10.00	1.00	<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	1.00			
Sat	10.00	1.00	<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	1.00			

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)		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)		
Mon	10.00	01.00			
Tue	10.00	01.00	<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)		
Wed	10.00	01.00			
Thur	10.00	01.00	NEW YEARS EVE FROM THE END OF PERMITTED HOURS TO THE START OF PERMITTED HOURS NEW YEARS DAY.		
Fri	10.00	01.00	<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)		
Sat	10.00	01.00			
Sun	10.00	01.00			

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 type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
			Please give a description of the facilities for dancing you will be providing	
Day	Start	Finish		
Mon	10.00	01.00	Please give further details here (please read guidance note 3)	
Tue	10.00	01.00		
Wed	10.00	01.00	State any seasonal variations for providing dancing facilities (please read guidance note 4) NEW YEARS EVE FROM THE END OF PERMITTED HOURS, TO THE START OF PERMITTED HOURS NEW YEARS DAY.	
Thur	10.00	01.00		
Fri	10.00	01.00	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)	
Sat	10.00	01.00		
Sun	10.00	01.00		

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)			Please give a description of the type of entertainment facility you will be providing		
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	10.00	1.00		Outdoors	<input type="checkbox"/>
Tue	10.00	1.00	Please give further details here (please read guidance note 3)	Both	<input checked="" type="checkbox"/>
Wed	10.00	1.00			
Thur	10.00	1.00			
Fri	10.00	1.00	State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j (please read guidance note 4) NEW YEARS EVE FROM THE END OF PERMITTED HOURS, TO THE START OF PERMITTED HOURS NEW YEARS DAY.		
Sat	10.00	1.00	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 (please read guidance note 5)		
Sun	10.00	1.00			

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 checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	23.00	05.00			
Tue	23.00	05.00			
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Wed	23.00	05.00			
Thur	23.00	05.00			
			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 5)		
Fri	23.00	05.00			
Sat	23.00	05.00			
Sun	23.00	05.00			

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"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	10.00	01.00	State any seasonal variations for the supply of alcohol (please read guidance note 4) NEW YEARS EVE FROM THE END OF PERMITTED HOURS TO THE START OF PERMITTED HOURS NEW YEARS DAY		
Tue	10.00	01.00			
Wed	10.00	01.00			
Thur	10.00	01.00	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)		
Fri	10.00	01.00			
Sat	10.00	01.00			
Sun	10.00	01.00			

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

Name	
Address	
Postcode	
Personal Licence number (if known)	
Issuing licensing authority (if known)	

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)

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	10.00	01.30	<p>NEW YEARS EVE FROM THE END OF PERMITTED HOURS, TO THE START OF PERMITTED HOURS NEW YEARS DAY</p>
Tue	10.00	01.30	
Wed	10.00	01.30	
Thur	10.00	01.30	
Fri	10.00	01.30	
Sat	10.00	01.30	
Sun	10.00	01.30	
			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 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)

CCTV COVERING KEY AREAS FOR THE RUNNING OF THE BUSINESS THAT WILL BE MADE AVAILABLE TO THE POLICE ON REQUEST.
WILL RESEARCH DOB WATCH AND JOIN IF AVAILABLE.
CHALLENGE 21

b) The prevention of crime and disorder

CCTV AS ABOVE
WILL JOIN DOBWATCH IF AVAILABLE
CHALLENGE 21

c) Public safety

CCTV AS IN Ⓐ
WILL JOIN DOBWATCH IF AVAILABLE
CHALLENGE 21

d) The prevention of public nuisance

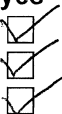
CCTV AS IN Ⓑ
WILL JOIN DOBWATCH IF AVAILABLE
CHALLENGE 21
NOISE LEVELS WILL BE MONITORED BY A RESPONSIBLE MEMBER OF STAFF
WILL DISPLAY POSTER STATING TO LEAVE QUIETLY WHEN LEAVING PREMISES.

e) The protection of children from harm

CCTV AS IN Ⓐ
WILL JOIN DOBWATCH IF AVAILABLE
ALL CHILDREN MUST BE ACCOMPANIED BY AN ADULT
CHALLENGE 21

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	18/3/10
Capacity	DIRECTOR

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)

ZAMB BREWERY LTD	
C/O BLINDMAN'S BREWERY LTD	
TALBOT FARM	
LEIGHTON	
Post town	FRANE
Post code	BA11 4PN
Telephone number (if any)	01749 880038
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 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.