

**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 Punch Taverns Plc

*(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 Rose & Crown 57 East Street			
<b>Post town</b>	Warminster	<b>Post code</b>	BA12 9BZ

Telephone number at premises (if any)	01985 214964
Non-domestic rateable value of premises	£12250

**Part 2 - Applicant Details**

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

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

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

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

Please tick yes

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

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

Mr <input 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	
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)	
<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	
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 Punch Taverns Plc
Address Jubilee House Second Avenue Burton Upon Trent
Registered number (where applicable) 03752645
Description of applicant (for example, partnership, company, unincorporated association etc.) Company
Telephone number (if any) 01283 501 600
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year	
1	0	0	9	2	0
0	1	0			

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)  
Public house.

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 type="checkbox"/>            |
| b) films (if ticking yes, fill in box B)  | <input 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 type="checkbox"/>            |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input 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 checked="" 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 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					
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><u>Will the exhibition of films 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"/>			
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)					
Mon								
Tue								
Wed						<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Thur								
Fri						<b><u>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</u></b> (please read guidance note 5)		
Sat								
Sun								

**C**

<b>Indoor sporting events</b> 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			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Tue			
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><u>Will the boxing or wrestling entertainment 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"/>			
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)					
Mon								
Tue								
Wed						<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Thur								
Fri								
Sat						<b><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></b> (please read guidance note 5)		
Sun								



**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of live music 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 checked="" 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) Amplified and unamplified music played inside and outside the premises.		
Mon					
Tue			<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 4)		
Wed					
Thur	20:00	23:30	<b><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></b> (please read guidance note 5) From the start of permitted hours until 01:30h on New Years Eve and New years Day.		
Fri	20:00	23:30			
Sat	12:00	23:30	From 12:00h until 23:30h on Bank Holidays.		
Sun	12:00	23:30			

F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music 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 checked="" 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) Recorded music played inside and outside the premises.								
Mon		02:00									
	12:00										
Tue		02:00									
	12:00										
Wed		02:00				<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)					
	12:00										
Thur		02:00									
	12:00										
Fri		02:00							<b><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></b> (please read guidance note 5) From the start of permitted hours New Years Eve until the end of permitted hours New Years Day.		
	12:00										
Sat		02:00									
	12:00										
Sun		02:00									
	12:00										

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance 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"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)	
			<b><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></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><u>Please give a description of the type of entertainment you will be providing</u></p>		
Day	Start	Finish	<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					

1

<b>Provision of facilities for making music</b> 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	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue				
Wed			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)	
Thur				
Fri			<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				
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				
Sun			<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)	

**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> Karaoke and other similar type entertainment.		
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 checked="" 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	20:00	23:30			
Thur	20:00	23:30	<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	20:00	23:30			
Sat	12:00	23:30			
Sun	12:00	23:30	<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) From the start of permitted hours until 01:30h on New Years Eve and New years Day.  From 12:00h until 23:30h on Bank Holidays.		

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon		02:00	<b><u>Please give further details here</u></b> (please read guidance note 3) Hot food and drink served in the premises.		
		23:00			
Tue		02:00			
		23:00			
Wed		02:00	<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
		23:00			
Thur		02:00			
		23:00			
Fri		02:00	<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) From the start of permitted hours New Years Eve until the end of permitted hours New Years Day.		
		23:00			
Sat		02:00			
		23:00			
Sun		02:00			
		23:00			





**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 type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon		02:00			
	05:00				
Tue		02:00			
	05:00				
Wed		02:00			
	05:00				
Thur		02:00			
	05:00				
Fri		02:00			
	05:00				
Sat		02:00			
	05:00				
Sun		02:00			
	05:00				

**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)  
From the start of permitted hours New Years Eve until the end of permitted hours New Years Day.

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

<b>Name</b> Emma-Joanne Kidd	
<b>Address</b> 	
<b>Postcode</b>	
<b>Personal Licence number (if known)</b> VW0600112LAPER	
<b>Issuing licensing authority (if known)</b> 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**

<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	<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) From the start of permitted hours New Years Eve until the end of permitted hours New Years Day..
Mon		02:30	
	05:00		
Tue		02:30	
	05:00		
Wed		02:30	
	05:00		
Thur		02:30	
	05:00		
Fri		02:30	
	05:00		
Sat		02:30	
	05:00		
Sun		02:30	
	05:00		

Children will only be permitted when accompanied by an adult.

A challenge 21 policy will be employed whereby those individuals who appear to be under the age of 21 and are attempting to purchase alcohol will be asked to provide identification. The only type of identification that will be accepted is a passport, photo driving licence or any other PASS accredited identification. Staff will be trained in this policy and records will be kept.




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	10/8/10
Capacity	Solicitor to applicant

**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	
Capacity	

**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)**

A 30 minute drinking up time on top of the last permitted sale of alcohol to allow customers to use the toilet facilities and disperse from the premises.

Locations of fire safety and other safety equipment subject to change in accordance with the requirements of the responsible authorities or following a risk assessment.

Any detail shown on the plan that is not required by the licensing plans regulations is indicative only and subject to change at any time

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

The premises will operated a zero tolerance drugs policy.

CCTV is installed at the premises.

The premises will be a member of the local Pubwatch scheme.

**c) Public safety**

Staff will be trained in legislation relevant to their job role.

**d) The prevention of public nuisance**

Staff will regularly patrol the exterior of the premises to monitor the escape of noise.

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

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b> Barry Richards TLT Solicitors One Redcliffe Street			
<b>Post town</b>	Bristol	<b>Post code</b>	BS1 6TP
<b>Telephone number (if any)</b>	0117 917 7612		
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b> barry.richards@tltsolicitors.com			

**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.

TLT DPS CONSENT FORM

Consent of Individual to being specified as premises supervisor

1 EMMA-JOANNE KIDD  
[full name of prospective premises supervisor]

Formatted: Tabs: 1.06 cm,  
Left + Not at 0.63 cm

of



[home address of prospective premises supervisor]

herby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

AN APPLICATION FOR THE GRANT OF A NEW PREMISES LICENCE <sup>RE TJ</sup>  
~~To vary a premises licence to specify an individual as the DPS~~

[type of application]

by

Punch Taverns

[name of applicant]

Relating to a premises licence

N/A <sup>RE TJ</sup>  
[number of existing license, if any]

for

ROSE + CROWN  
57 EAST STREET  
WARMINSTER  
BN12 9BZ

[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

PUNCH TAKEAWAY PLC B2 TFS

[name of applicant]

concerning the supply of alcohol at

ROSE + CROWN B2 TFS  
57 EAST STREET  
WIMBORNE  
DORSET

[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

WW0600112 LAPER

[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)

EMMA-JOANNE KIDD

Date

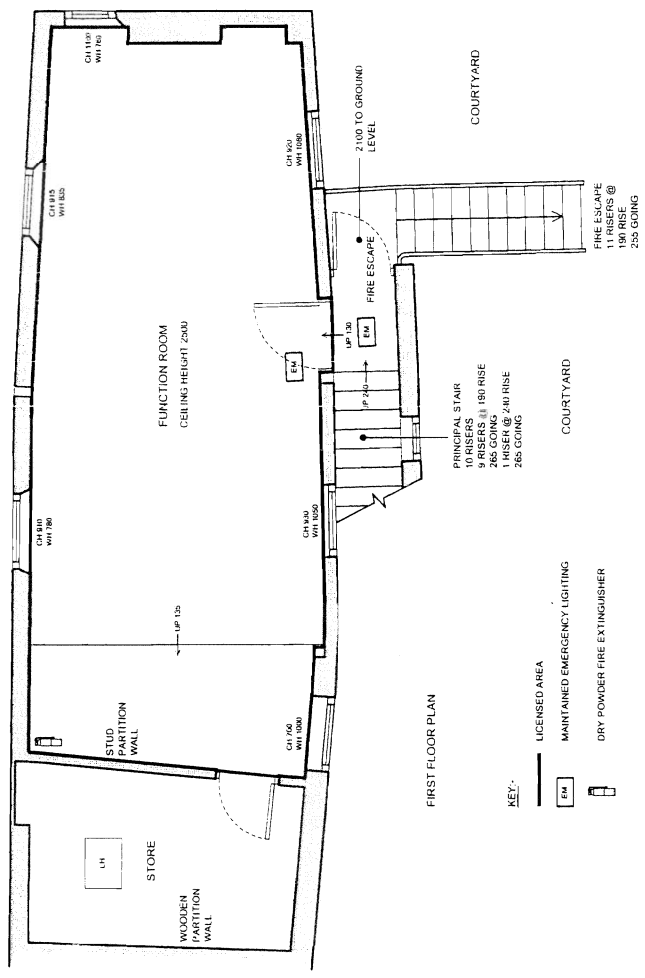
Reason to change an individual to being specified as premises supervisor – please tick the appropriate box

Manager Change  TAW Change   
Please tick if applicable      Emergency Change

Please forward all correspondence associated with this application to:

Licensing – DPS Change  
TLT Solicitors  
One Redcliff Street  
Bristol, BS1 6TP  
Fax No: 0117 917 7566

THIS DRAWING IS COPYRIGHTED AND SHALL NOT BE REPRODUCED WITHOUT THE ARCHITECT'S CONSENT. THIS DRAWING MAY BE SCALED FOR PLANNING PURPOSES ONLY. ANY DISCREPANCIES FROM THE DRAWING SHOULD BE NOTIFIED TO THE ARCHITECT - P. M. COURT 252E.



DATE: 14.05.10  
 DRAWN BY: [Signature]  
 CHECKED BY: [Signature]

**CLIENT:** Ms. EMMA KIDD.

**PROJECT:** LICENSE APPLICATION FOR THE ROSE & CROWN, 57, EAST STREET, WARMINSTER.

**PROPOSED TITLE:** AS EXISTING  
 FIRST FLOOR FUNCTION ROOM PLAN.

**SCALE:** 1:100 @ A4  
 DATE: 14.05.10  
 DRAWN BY: [Signature]  
 CHECKED BY: [Signature]

**JOB AND DRAWING NUMBER:** 2110038-01

**bta architects**

28 Silver Street, Warminster,  
 Wiltshire BA12 9PT  
 T: +44 (0) 1265 213111  
 F: +44 (0) 1265 279869  
 E: office@bta-architects.co.uk  
 www.bta-architects.co.uk

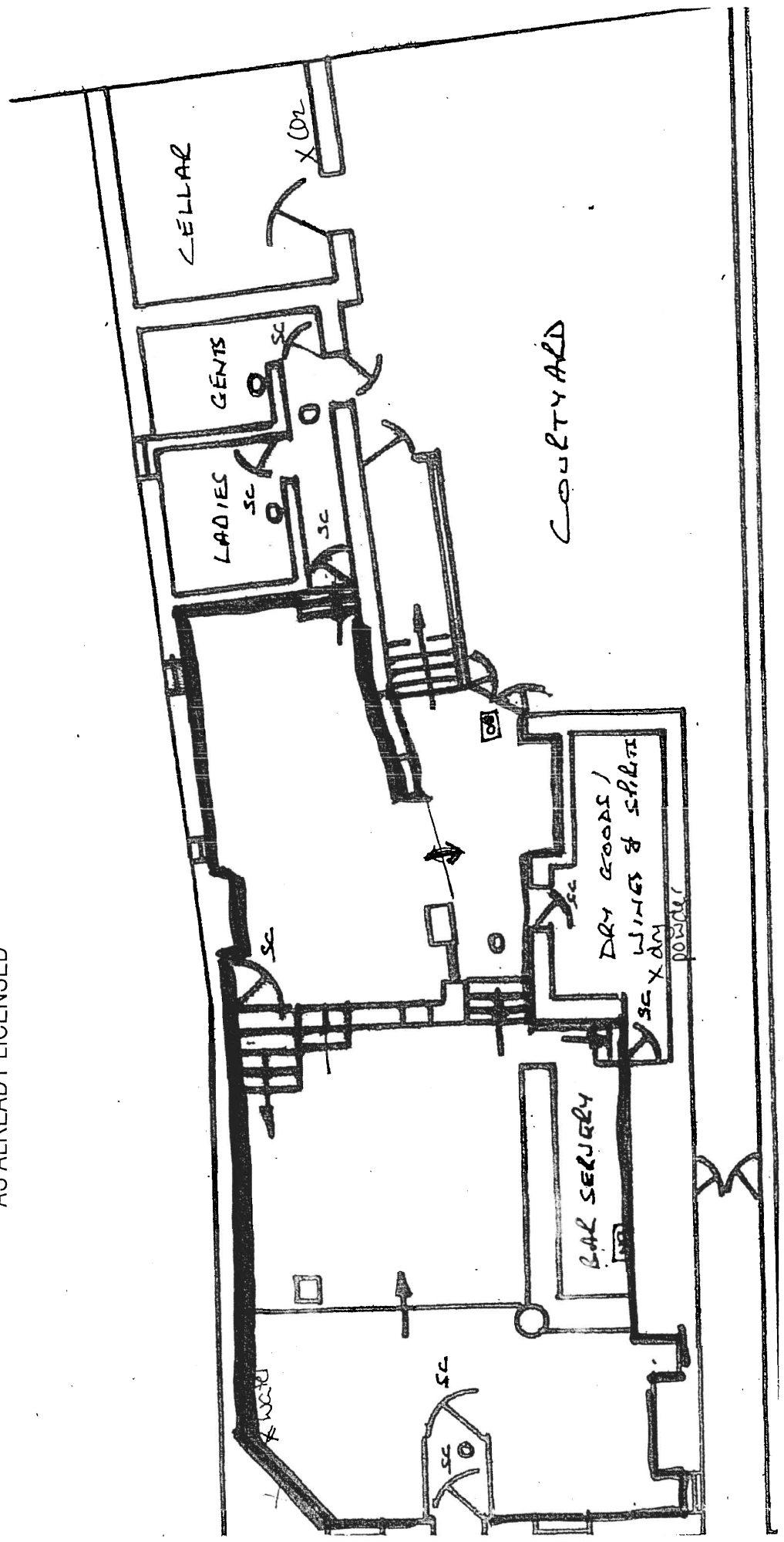


210038

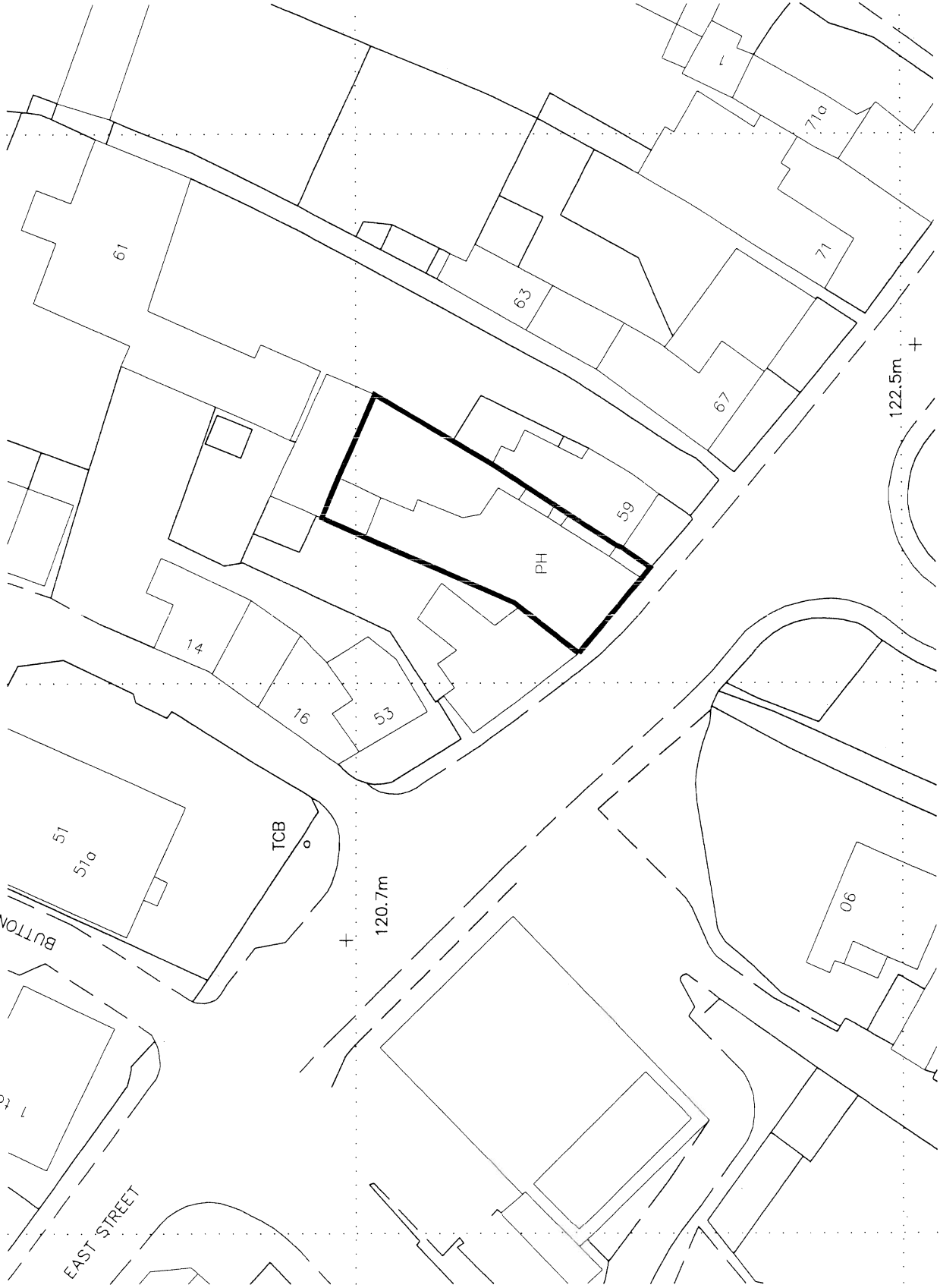
ROSE & CROWN 57 EAST STREET W ALMINSTER BA12 9BZ

SCALE 1:100

AS ALREADY LICENSED



THIS DRAWING IS COPYRIGHT AND SHALL NOT BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, WITHOUT THE WRITTEN PERMISSION OF THE ARCHITECT. THIS DRAWING MAY BE SCALED FOR PLANNING PURPOSES ONLY. ANY DIMENSIONS FROM THIS DRAWING SHOULD BE REFERRED TO THE ARCHITECT - IF IN DOUBT ASK.



CLIENT: Mr. EMMA ADD.  
 PROJECT: LICENSE APPLICATION FOR THE ROSE & GROWN  
 57 EAST STREET,  
 WARMINSTER.  
 DRAWN BY: [blank]  
 SITE LOCATION PLAN  
 SCALE: 1:500 (A4) 14.05.10  
 DATE: 14.05.10  
 210038-02

**bta**  
 architects  
 33 Swan Street, Warminster  
 Wiltshire BA12 9PT  
 T: +44 (0) 1862 232171  
 F: +44 (0) 1862 218959  
 E: info@bta-architects.co.uk  
 W: www.bta-architects.co.uk

Ordnance Survey (c) Crown Copyright 2010. All rights reserved. Licence number 100020449