Consup 18/3. wx/201302759

THREE DACGERS BREMERY LAR,

Policy

Application for a premises licence to be granted under the Licensing Act 2003

1 8 FEB 2013

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.

11 ADRIAN CLIVE JENKINS

(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 THREE DAGGERS BREWERY BAK, EDINGTON FARM SHIP Post town EDINGTON, WILTSHIRE Post code BAIS 4PG

Telephone number at premises (if any) Non-domestic rateable value of premises

£40,000

Part 2 - Applicant Details

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

a) b)	an individual or individuals * 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)	please complete section (A) please complete section (B) please complete section (B) please complete section (B) please complete section (B)
c) d) e) f) g)	a recognised club a charity the proprietor of an educational establishment a health service body 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) please complete section (B) please complete section (B) please complete section (B) 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 YES
 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		
	Mrs	
	Miss	
	Ms	
	Other Title (for exan Rev)	mple,
rname		First names
m 18 years old or our control of the	over	Please tick
est ewn		Postcode
ytime contact tele	phone	
nail address otional)		
OND INDIVIDUAL	APPLICANT (if applicat	ble)
Mr		
Mr	Mrs	
1r	Mrs Miss	

Other Title (for example, Rev) Surname First names I am 18 years old or over Please tick yes Current postal address if different from premises address Post **Postcode** Town 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. HREE DAGGERS OPERATING LIMITED Name ST FLOOR, 236 GRAYS INN ROAD LONDON, WCIXBHB Registered number (where applicable) 74-12353 Description of applicant (for example, partnership, company, unincorporated association LIMITED CAMPANY Telephone number (if any) 01360 830940 ajenkins @ three daggers.co.uk. E-mail address (optional) Part 3 Operating Schedule Da When do you want the premises licence to start? Mont Year У 6 164 2013 Da If you wish the licence to be valid only for a limited period, when Mont Year do you want it to end?

Please give a general description of the premises (please read guidance note1)

SMAL BAR TO SELL ORINKS ON GOFF THE PREMISES IN CONTUCTION If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

Please tick yes

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 plays (if ticking yes, fill in box A) YES films (if ticking yes, fill in box B) 165 b) indoor sporting events (if ticking yes, fill in box C) Y 65 C) boxing or wrestling entertainment (if ticking yes, fill in box D) d) live music (if ticking yes, fill in box E) e) f) recorded music (if ticking yes, fill in box F) Yes performances of dance (if ticking yes, fill in box G) 145 g) anything of a similar description to that falling within (e), (f) or (g) h) (if ticking yes, fill in box H) YES Provision of entertainment facilities: making music (if ticking yes, fill in box I) j) dancing (if ticking yes, fill in box J) entertainment of a similar description to that falling within (i) or (j) k) (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) YES

In all cases complete boxes N, O and P

Plays			Will the performance of a play take place	Indoors	V
Standard days and timings (please read guidance note 6)		ead	<u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Outdoo rs	
Day	Start	Finish		Bot	h
Mon	18.00	23.50		ad guidance i	note 3)
Tue	18.00	23.00	Mysic May Be UNAMPLIFIED OR Amplified State any seasonal variations for performing plays (pleas read guidance note 4)		
Wed	16.00	23.00			
Thur	18.00	23.50	Toda galadiloc floto 4)		
Fri	18.00	23.00	Non standard timings. Where you intend to use the		
Sat	B.00	23.50	premises for the performance of plays at different tin those listed in the column on the left, please list (pleased guidance note 5)		ase
Sun			Toda gardano nete e)		

Stand timing	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 Outdoo rs	V	
Day	Start	Finish		Both	1	
Mon	18.00	23.50	Please give further details here (please rea	ad quidance r		
Tue	19.00	23.50				
Wed	18.00	23.50	State any seasonal variations for the exhibition of films			
Thur	18.00	23.60	(please read guidance note 4)			
Fri	18.00	23.00		Non standard timings. Where you intend to use the		
Sat	18.00	23.00	premises for the exhibition of films at diff those listed in the column on the left, plea			
Sun	14.00	18.00	read guidance note 5)			

event Standatiming	or sporting s ard days a s (please once note 6	and read	Please give further details (please read guidance note 3) DARTS, CARB
Day	y Start Finish		
Mon	18.50	23.00	
Tue	18.00	23.00	State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed	18.00	13.00	(please read guidance note 4)
Thur	18.00	23.00	N
Fri	18.00	23.00	Non standard timings. Where you intend to use the premises for indoor sporting events at different times to
Sat	18.00	13.80	those listed in the column on the left, please list (please read guidance note 5)
Sun	18.00	11.00	

entert Standa timings	Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)		Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Outdoo rs
Day	Start	Finish		Both
Mon			Please give further details here (please rea	d guidance note 3)
Tue			(I	. g,
Wed			State any seasonal variations for boxing of	
Thur			entertainment (please read guidance note 4))
Fri			Non standard timings. Where you intend	to use the
Sat			premises for boxing or wrestling entertain times to those listed in the column on the (please read guidance note 5)	nment at different
Sun			(picaso read guidance note o)	

Live music Standard days and timings (please read			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors Outdoo
	guidance note 6) Day Start Finish			rs
Day	Start	Finish		Both V
Mon			Please give further details here (please re	ad guidance note 3)
Tue			Please give further details here (please re MAY BE AMPLIFIED OF NOT.	on gamento need of
Wed			State any seasonal variations for the per	formance of live
Thur	18.50	23.00	music (please read guidance note 4) MORE ONTSIDE OURING SUMM	ner Months
Fri	18.00	13.30	Non standard timings. Where you intend	
Sat	14.00	18.00	times to those listed in the column on the	
Sun	4:00	18.00	(please read guidance note 5) CHRISTIAS EVE, NEW YEAR EV	€

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take	Indoors	V		
		read	<u>place indoors or outdoors or both –</u> <u>please tick</u> (please read guidance note 2)	Outdoo rs			
Day	Start	Finish		Bot	h		
Mon	6.80	23.50	Please give further details here (please read guidance note 3				
Tue	00.8	13.00					
Wed	00.8	23.50					
Thur	8.00	23.00	inusic (please read guidance note 4)	music (please read guidance note 4)			
Fri	8.00	23.30		Non standard timings. Where you intend to use the			
Sat	co.8	13.30	premises for the playing of recorded music at differe times to those listed in the column on the left, please (please read quidance note 5)				
Sun	10.00	22.30	(please read guidance note 5)				

	Performances of		Will the performance of dance take place indoors or outdoors or both – please tick	Indoors		
Stand timing	gance Standard days and timings (please read guidance note 6)		ard days and (please read guidance note 2) s (please read		Outdoo rs	
Day	Start	Finish		Bo	th	
Mon			Please give further details here (please rea	ad guidance	note 3)	
Tue						
Wed			State any seasonal variations for the perf	ormance of	dance	
Thur	08.81	23.50	(please read guidance note 4)			
Fri	18.80	23.30	Non standard timings. Where you intend	to use the	imaa ta	
Sat	18.00	1330	premises for the performance of dance at different tim those listed in the column on the left, please list (pleas			
Sun	18.00	12.00	read guidance note 5) CHRISTMAS) NEW YEARS EVE			

descr falling or (g) Standatiming	ing of a siption to go within (or ard days as (please note 6)	that e), (f) and read	Please give a description of the type of entwill be providing DEMOSTRATIONS OF BREWING BEER TASTING MAKING BEER,			
Day	Start	Finish	Will this entertainment take place	Indoors		
Mon	10.00	18.50	indoors or outdoors or both - please tick	Outdoors		
-	18.00	21.00	(please read guidance note 2)	Both		
Tue	10.00	18.00				
	18.00	21.00	Please give further details here (please read guidance note			
Wed	10.00	18.00				
	18.20	24.00				
Thur	10.00	18.00	State any seasonal variations for entertain	ment of a similar		
	18.00	21.00	description to that falling within (e), (f) or			
Fri	10.00	18.00	guidance note 4)			
	18.00	21.00				
Sat	10.00	18.00	Non standard timings. Where you intend	to use the		
	18.00	21.00	premises for the entertainment of a simila			
	10.00	18.00	that falling within (e), (f) or (g) at different			
Sun	11.00	2100	listed in the column on the left, please list guidance note 5)	(please read		

Provision of facilities for making music Standard days and timings (please read guidance note 6)		sic	Please give a description of the facilities for making music you will be providing		
		read	Will the facilities for making music be indoors or outdoors or both – please tick (please read guidance note 2)	Indoors Outdoo rs	
Day	Start	Finish		Both	
Mon			Please give further details here (please rea	nd guidance note 3)	
Tue					
Wed			State any seasonal variations for the prov		
Thur			for making music (please read guidance no	te 4)	
Fri			Non standard timings. Where you intend		
Sat			premises for provision of facilities for maidifferent times to those listed in the columplease list (please read guidance note 5)		
Sun					

for da Standa timings	Provision of facilities for dancing Standard days and timings (please read guidance note 6)		or outdoors or both – please tick (see guidance note 2) nings (please read		Indoors Outdoors Both	
Day	Start Finish		Please give a description of the facilities for dancing you will be providing			
Mon			Please give further details here (please re	ad guidance r	note 3)	
Tue					·	
Wed			State any seasonal variations for providi	ng dancing		
Thur	11.00	23.00	facilities (please read guidance note 4)			
Fri	18.00	23300	Non standard timings. Where you intend	d to use the		
Sat	18.00 18.00 14.00 18.00		premises for the provision of facilities for entertainment at different times to those	listed in the	nte 5)	
Sun			column on the left, please list (please read guidance (HRISTMA), NEWYEAR (VE			

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)		nt of a ion to iin i or nd ead	Please give a description of the type of entryou will be providing COMEON WIGHT FILM NICHT RACE NICHT	<u>ertainment f</u>	acility
Day	Start	Finish	Will the entertainment facility be indoors	Indoors	V
Mon			or outdoors or both - please tick (please	Outdoors	
			read guidance note 2)	Both	
Tue					
			Please give further details here (please rea	d guidance n	ote 3)
Wed			Music MAY BE AMPLIFIED		
Thur	18.00	23.50	State any seasonal variations for the prov		
Fri	10.00	27,44		for entertainment of a similar description to that falling within i or i (please read guidance note 4)	
1 11	18.00	23.30	WEITH TOT (picase read guidance note in		
Sat	14.00	18.50	Non standard timings. Where you intend to		
	18.00	37.30	premises for the provision of facilities for	entertainme	
	14.00	18.00	a similar description to that falling within		
Sun	16.00	22.00	times to those listed in the column on the	<u>leπ, please</u>	<u>IIST</u>
-	10.00	LL . UU	(please read guidance note 5)		

Late night refreshment Standard days and timings (please read guidance note 6)		read	Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Outdoo rs	
Day	Start	Finish		Both	
Mon			Please give further details here (please r	read guidance note 3)	
Tue			- 14445 STA 141101 HORSID HOLD (PISSOS 1944 SAIRAINOS HO		
Wed			State any seasonal variations for the pr		
Thur			refreshment (please read guidance note 4	·)	
Fri	18.00	61.00	Non standard timings. Where you inter		
Sat	18.00	01.00	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)		
Sun			(p. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		

Supply of alcohol Standard days and timings (please read guidance note 6)		nd ead	Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises Off the premis	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	10.00	23.00			
Tue	10.00	23.00			
Wed	00.01	23.00			
Thur	10.00	13.00			
Fri	10.00	01.00	Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to		
Sat	10.01	01.00	those listed in the column on the left, please list (please read guidance note 5)		

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

Name ADRIAN CUVE JENKINS
Postcode BAIS 40R, EDINGTON, WILTSHIRE, BAIS 4QR
Postcode BAI3 40R
Personal Licence number (if known) 2005/00120/06EPEC
Issuing licensing authority (if known) EASTLEIGH

Ν

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)

0

open to Standar timings	premises are to the public rd days and (please read to note 6)	State any seasonal variations (please read guidance note 4)
Day	Start Fin	sh l

Mon Tue Wed	10.00 10.81 10.01 10.81	18.50 18.50 18.50 13.50
	10.0	23.00

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)

Thur	00.01	23.00
Fri	10.00	05.16
Sat	10.00	01.00
Sun	10.00	22.30

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

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

PERSONAL LICENSE HOLDER AVAILABLE AT ALTIMES ALL KEY EMPLOYEES SENT ON PERSONAL LICENSE CONRSE

b) The prevention of crime and disorder CCTV INSTALLED, LOGGING INFO IN THE CRIME & OISORDER INCIDENT BOUK

c) Public safety
WEEKY FIRE SAFETY CHECKS, FIRST AGER AVAILABLE, LIMITED NUMBERS

d) The prevention of public nuisance

NOISE TO AMINIMUM, CLEARING LITTER DAILY EXTERNAL LIGHTS OF AT 12.AM.

NO BOTTLES EMPTIED AFTER OPM
e) The protection of children from harm

CONTROL OF STRONG LANGUAGE, CHILOREN TO BE SAT AT TARLES

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	IV.		
Date	11/2/13	NA.	
Capacity	OPERATIONS	MANAGER	

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

Signature		
Date		
Capacity		

Contact name (where not previously given) and postal associated with this application (please read guidance not ADRIAN JENKINS THREE DAGGERS H) WE Post town EDINGTON, WILT SHIRE	address for correspondence of the 13) SURY RUAD
Telephone number (if any) 01380 \$30940	Post code BAIS 4PC
(optional) weaking a three despers. Co.nk.	l your e-mail address

Notes for Guidance

- 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.

Cons up 18/3.

WK/201302713 Grop

Jhap 8/2/13

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.

25/2

ADRIAN CLIVE JENKINS

(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 WESTBURY ROAD, TOWN FARM SHOP

Post town EDINGTON, WILTSHIRE Post code BA13 4PG

Telephone number at premises (if any) Non-domestic rateable value of premises

€ 40,000

Part 2 - Applicant Details

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

		•
a) b)	an individual or individuals * a person other than an individual *	please complete section (A)
-	 i. as a limited company ii. as a partnership iii. as an unincorporated association or iv. other (for example a statutory corporation) 	please complete section (B) please complete section (B) please complete section (B) please complete section (B)
c) d) e) f) g)	a recognised club a charity the proprietor of an educational establishment a health service body 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) please complete section (B) please complete section (B) please complete section (B) 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)

Other Title (for example, Rev) First names Surname Please tick yes I am 18 years old or over **Current postal** address if different from premises address Post **Postcode** Town 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 THREE DAGGERS OPERATING LIMITED Address 1ST FLOOR, 236 GRAYS INN ROAD, LONDON, WCIX 8HB Registered number (where applicable) 7412353 Description of applicant (for example, partnership, company, unincorporated association (OMPANY JMITED Telephone number (if any) 01380 830940 E-mail address (optional) ojenkins & threedoggers. co. nk Part 3 Operating Schedule Da When do you want the premises licence to start? Mont Year 0104 2013 Da If you wish the licence to be valid only for a limited period, when Mont Year У do you want it to end?

Please give a general description of the premises (please read guidance note1)

RETAIL SHOP CONTAINING WINELSOIRTS SEEKS ALSO THE ABILITY

TO SELL DRANGHT BEER DISDENSING INTO A CONTAINER FOR TAKE HONE.

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) YES
- f) recorded music (if ticking yes, fill in box F) 125
- g) performances of dance (if ticking yes, fill in box G)
- 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)
- 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

* 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 **YES**
- I am making the application pursuant to a
 - o statutory function or
 - o a function discharged by virtue of Her Majesty's prerogative

18 years old or over ent postal ess if different premises ess	Mr			
Other Title (for example, Rev) First names Respond or over Please tick years old or over Please tick years if different premises ess		Mrs		
Other Title (for example, Rev) First names Respond or over Please tick yes if different premises ess		Miss		
Rev) Ame First names 18 years old or over Please tick years if different premises ess		Ms		
18 years old or over ent postal ess if different premises ess		Other Title (for example Rev)	'ı	
ent postal ess if different premises ess	ırname	Fi	rst names	
Postcode	m 18 years old o urrent postal dress if different om premises dress		Please	tick yes
	ost own		Postcode	
me contact telephone	time contact te	lephone		
il address	mber mail address			
onal)	. 4! 1\			
		L APPLICANT (if applicable)		
	OND INDIVIDUA	L APPLICANT (if applicable)		
	ptional) COND INDIVIDUA ⁄Ir	L APPLICANT (if applicable)		
Mrs	OND INDIVIDUA			
Mrs Miss	OND INDIVIDUA	Mrs		

Live music Standard days and timings (please read guidance note 6)		nd	Will the performance of live music take place indoors or outdoors or both –	Indoors
		read	please tick (please read guidance note 2)	Outdoo rs
Day	Start	Finish		Both V
Mon			Please give further details here (please re	ead guidance note 3)
Tue			AMPLIFICO & UNAMPLIFICO	
Wed			State any seasonal variations for the per	formance of live
Thur			music (please read guidance note 4) ONTDOORS DARING SUMME	r Months
Fri			Non standard timings. Where you inten	
Sat	14.00	13.00	premises for the performance of live mu times to those listed in the column on the (please read guidance note 5)	
Sun	11.00	16.00	MAYBALL, WEODINGS	

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take	Indoors
		read	place indoors or outdoors or both – please tick (please read guidance note 2)	Outdoo rs
Day	Start	Finish		Both
Mon	OD.8	13.00	Please give further details here (please read guidance note State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Tue	8.00	23.00		
Wed	8.00	23.00		
Thur	8.00	23.00		
Fri	8.00	23.50	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 li (please read guidance note 5)	
Sat	8.00	23.50		
Sun	8.00	23.00		

1						
Stand timing	ly of alcol ard days a s (please i ace note 6	and read	Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises Off the premis es		
Day	Start	Finish		Both		
Mon	on 8.50 22.50		Otata and according for the cumply of clockel			
Tue 8.50 22.60		22.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)			
Wed	8.00	22.00				
Thur	8.50	22.00	N			
Fri	8.50 22.0		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			
Sat	8.00	22.00		icase ns. (picase		
Sun	100	16.00	L			

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

Name ADRIAN CLIVE JENKINS
Address 14 INMEND EDINGTON, WILTSHIRE BAIS 4QR. Postcode BAIS 4QR
Postcode KAIS 4QR
Personal Licence number (if known) 2005 00 120 06 EPEC
Issuing licensing authority (if known) EASTLEICH

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)

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open to Standa timings	premise to the puard days a (please ce note 6	i blic and read	State any seasonal variations (please read guidance note 4)
Day	Start	Finish	

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)

Mon	8.00	22.00
Tue	8.00	22.00
Wed		22.50

Thur	8.00	22,00
Fri	8.00	22.00
Sat	8.00	22.00
Sun	10.00	16.00

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

a) G	eneral – all four licensing objectives (b,c,d,e) (please read guidance note 9)	
Passas	AVAILABLY AT ALL TIMES ON PERSONAL LICENCE PREVENTION OF CRIME and disorder CONRSE DO NO CONTROL LICENCE	Œ
b) TI	prevention of crime and disorder COURSE ALL SCRIF DERSONS WHO DEE FOR DER COV In Italian	
C) Pi	NLY SERVE PERSONS MHO BRE FIT LPROPER (CTV INTENTION) OGGING INFORMATION IN THE CRIMED DISORDER INCIDENT BOOK.	
1	EERLY FIRE SOFERY CHECKS FIRST AlogR AVAILABLE BY ALLTIMES	
d) Ti	DISE TO AMINIMAM CLEARING LITTER DAILY LIGHTS OFF AT 12 AM.	
e) TI	e protection of children from harm	
Co	MROLOF STRONG LANGUAGE, UNDER AGG DRINKING	

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	TIK.		
Date	11/2/13		
Capacity	OPERATIONS	MONAGER	

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					
associated with ADRIAN 3 Post town EO Telephone num	this applications applications applications applications application applications application applicat	ation (please THREE (WILTSHI 0/3/60 rrespond wi	read guidanc)A(-(-{-ks, &- &\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	tal address for co e note 13) 4) WESTIMEN Post code mail your e-mail a	ROAD BAIS 4PG

Notes for Guidance

- 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.