

Consup 18/3, WK/201302759
Boal

THREE DAGGERS
BREWERY BAR,

power
19/2

**Application for a premises licence to be granted
under the Licensing Act 2003**
PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

18 FEB 2013

dlr
25/2

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/ **ADRIAN CLIVE JENKINS**
~~We~~

(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 BAR, EOINGTON FARM SHOP
Post town **EOINGTON, 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) 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 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 **YES**
- 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			
	Mrs		
	Miss		
	Ms		
	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 Town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr		
	Mrs	
	Miss	
	Ms	

	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 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	THREE DAGGERS OPERATING LIMITED
Address	1 ST FLOOR, 236 GRAYS INN ROAD, LONDON, WC1X 8HB
Registered number (where applicable)	7412353
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	01380 830940
E-mail address (optional)	ajenkins@threedaggers.co.uk.

Part 3 Operating Schedule

When do you want the premises licence to start?

Da	Mont	Year
y	h	

0 1 0 4 2 0 1 3

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

Da	Mont	Year
y	h	

--	--	--	--	--	--	--	--

Please give a general description of the premises (please read guidance note 1)

SMALL BAR TO SELL DRINKS ON & OFF THE PREMISES, IN CONJUNCTION WITH THE BREWERY, PRIVATE FUNCTIONS, MEETINGS, DEMONSTRATIONS

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

No

OF BREWING

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) **YES**
- b) films (if ticking yes, fill in box B) **YES**
- c) indoor sporting events (if ticking yes, fill in box C) **YES**
- 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) **YES**
- g) performances of dance (if ticking yes, fill in box G) **YES**
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) **YES**

Provision of entertainment facilities:

- i) making music (if ticking yes, fill in box I) **YES**
- j) dancing (if ticking yes, fill in box J) **YES**
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) **YES**

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

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

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors <input checked="" type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input type="checkbox"/>
Day	Start	Finish				
Mon	18.00	23.00	<u>Please give further details here</u> (please read guidance note 3)			
Tue	18.00	23.00	MUSIC MAY BE UNAMPLIFIED OR AMPLIFIED			
Wed	18.00	23.00	<u>State any seasonal variations for performing plays</u> (please read guidance note 4)			
Thur	18.00	23.00				
Fri	18.00	23.00	<u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u> (please read guidance note 5)			
Sat	18.00	23.00				
Sun	-	-				

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 checked="" type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input type="checkbox"/>
Day	Start	Finish				
Mon	18.00	23.00	<u>Please give further details here</u> (please read guidance note 3)			
Tue	18.00	23.00				
Wed	18.00	23.00	<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)			
Thur	18.00	23.00				
Fri	18.00	23.00	<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> (please read guidance note 5)			
Sat	18.00	23.00				
Sun	14.00 18.00	18.00 22.00				

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3) DARTS, CARB.
Day	Start	Finish	
Mon	18.00	23.00	
Tue	18.00	23.00	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed	18.00	23.00	
Thur	18.00	23.00	<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)
Fri	18.00	23.00	
Sat	18.00	23.00	
Sun	18.00	22.00	

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	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 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	
Day	Start	Finish			Outdoors	
Mon					Both	<input checked="" type="checkbox"/>
Tue			Please give further details here (please read guidance note 3) MAY BE AMPLIFIED OR NOT.			
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)			
Thur	18.00	23.00	MORE OUTSIDE DURING SUMMER MONTHS			
Fri	18.00	23.30	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	18.00	18.00				
	18.00	23.30				
Sun	18.00	18.00				
	18.00	22.00	CHRISTMAS EVE, NEW YEAR EVE			

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 checked="" type="checkbox"/>	Outdoors <input type="checkbox"/>
Day	Start	Finish		Both <input type="checkbox"/>	
Mon	8.00	23.00	Please give further details here (please read guidance note 3)		
Tue	8.00	23.00			
Wed	8.00	23.00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	8.00	23.00			
Fri	8.00	23.30	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	8.00	23.30			
Sun	10.00	22.30			

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors <input checked="" type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input type="checkbox"/>
Day	Start	Finish				
Mon			<u>Please give further details here</u> (please read guidance note 3)			
Tue						
Wed						
Thur	18.00	23.00	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)			
Fri	18.00	23.30	<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> (please read guidance note 5) CHRISTMAS / NEW YEARS EVE			
Sat	18.00	23.30				
Sun	18.00	22.00				

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> DEMONSTRATIONS OF BREWING BEER TASTING MAKING BEER,</p>	
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors <input checked="" type="checkbox"/>
Mon	10.00 18.00	18.00 21.00		Outdoors <input type="checkbox"/>
Tue	10.00 18.00	18.00 21.00	<p><u>Please give further details here</u> (please read guidance note 3)</p>	Both <input type="checkbox"/>
Wed	10.00 18.00	18.00 21.00		<p><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)</p>
Thur	10.00 18.00	18.00 21.00	<p><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)</p>	
Fri	10.00 18.00	18.00 21.00		
Sat	10.00 18.00	18.00 21.00		
Sun	10.00 18.00	18.00 21.00		

I

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 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 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

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			<u>Will the facilities for dancing be indoors or outdoors or both – please tick</u> (see guidance note 2)	Indoors <input checked="" type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
			<u>Please give a description of the facilities for dancing you will be providing</u>	
Day	Start	Finish		
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue				
Wed			<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)	
Thur	18.00	23.00		
Fri	18.00	23.30	<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> (please read guidance note 5)	
Sat	18.00	23.30		
Sun	14.00	18.00		
	18.00	22.00	CHRISTMAS , NEW YEAR EVE	

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)			<u>Please give a description of the type of entertainment facility you will be providing</u> COMEDY NIGHT FILM NIGHT RACE NIGHT		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon				Outdoors	
Tue				Both	
Wed			<u>Please give further details here</u> (please read guidance note 3) MUSIC MAY BE AMPLIFIED		
Thur	18.00	23.00	<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)		
Fri	18.00	23.30	<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> (please read guidance note 5)		
Sat	14.00 18.00	18.00 23.30			
Sun	14.00 16.00	18.00 22.00			

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 checked="" type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish	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 late night refreshment</u> (please read guidance note 4)		
Thur					
Fri	18.00	01.00	<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)		
Sat	18.00	01.00			
Sun					

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"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) 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)		
Mon	10.00	23.00			
Tue	10.00	23.00			
Wed	10.00	23.00			
Thur	10.00	23.00			
Fri	10.00	01.00			
Sat	10.00	01.00			
Sun	10.00	22.30			

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

Name	AORIAN CLIVE JENKINS
Address	14 INMEAD, EDINGTON, WILTSHIRE, BA13 4QR
Postcode	BA13 4QR
Personal Licence number (if known)	2005/00120/06EPEC
Issuing licensing authority (if known)	EASTLEIGH

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

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	18.00 18.00	18.00 23.00
Tue	18.00 18.00	18.00 23.00
Wed	10.00	23.00

			<p><u>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</u> (please read guidance note 5)</p>
--	--	--	---

--	--	--	--

Thur	10.00	23.00
Fri	10.00	21.00
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 ALL TIMES
ALL KEY EMPLOYEES SENT ON PERSONAL LICENSE COURSE

b) The prevention of crime and disorder

CCTV INSTALLED, LOGGING INFO IN THE CRIME & DISORDER INCIDENT BOOK

c) Public safety

WEEKLY FIRE SAFETY CHECKS, FIRST AIDER AVAILABLE, LIMITED NUMBERS

d) The prevention of public nuisance

NOISE TO A MINIMUM, CLEARING LITTER DAILY, EXTERNAL LIGHTS OFF AT 12.AM.
NO BOTTLES EMPTIED AFTER 9PM

e) The protection of children from harm

CONTROL OF STRONG LANGUAGE, CHILDREN TO BE SAT AT TABLES

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	11/2/13
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 address for correspondence associated with this application (please read guidance note 13)

ADRIAN JENKINS THREE DAGGERS 47 WESTBURY ROAD
 Post town EDINGTON, WILTSHIRE Post code BA13 4PG
 Telephone number (if any) 01380 830940
 If you would prefer us to correspond with you by e-mail your e-mail address (optional) ajenkins@threedaggers.co.uk.

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.

Cons up 18/13

WK/201302TTS Shop

Shop 18/12/13
Powers 19/12
cliv 25/12

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~~ **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, ~~EDINGTON~~ EDINGTON 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) 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 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)

Please give a general description of the premises (please read guidance note 1)

RETAIL SHOP CONTAINING WINE, SPIRITS, BEERS, ALSO THE ABILITY
TO SELL DRAUGHT BEER DISPENSING INTO A CONTAINER FOR TAKE HOME.

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

No

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) YES
- 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

* 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
 - statutory function or
 - a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr			
	Mrs		
	Miss		
	Ms		
	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 Town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr		
	Mrs	
	Miss	
	Ms	

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"/>	Outdoors <input type="checkbox"/>	Both <input checked="" type="checkbox"/>
Day	Start	Finish				
Mon			Please give further details here (please read guidance note 3)			
Tue			AMPLIFIED & UNAMPLIFIED			
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)			
Thur			OUTDOORS DURING SUMMER MONTHS			
Fri			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	14.00	23.00				
Sun	11.00	16.00	MAYBALL, WEDDINGS			

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors <input checked="" type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input type="checkbox"/>
Day	Start	Finish				
Mon	8.00	23.00	<u>Please give further details here</u> (please read guidance note 3)			
Tue	8.00	23.00				
Wed	8.00	23.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)			
Thur	8.00	23.00				
Fri	8.00	23.00	<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	8.00	23.00				
Sun	8.00	23.00				

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 Off the premises <input checked="" type="checkbox"/> Both
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) 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)	
Mon	8.00	22.00		
Tue	8.00	22.00		
Wed	8.00	22.00		
Thur	8.00	22.00		
Fri	8.00	22.00		
Sat	8.00	22.00		
Sun	10.00	16.00		

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 INMEAD EDINGTON, WILTSHIRE BA13 4QR.
Postcode	BA13 4QR
Personal Licence number (if known)	2005/00120/06EPEC
Issuing licensing authority (if known)	EASTLEIGH

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

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><u>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</u> (please read guidance note 5)</p>

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

~~PERSONAL LICENSE HOLDER~~ AVAILABLE AT ALL TIMES
 PERSONAL LICENSE HOLDER. / ALL KEY EMPLOYEES SENT ON PERSONAL LICENCE

b) The prevention of crime and disorder

COURSE
 ONLY SERVE PERSONS WHO ARE FIT & PROPER CCTV Installed.
 LOGGING INFORMATION IN THE CRIME & DISORDER INCIDENT BOOK.

c) Public safety

WEEKLY FIRE SAFETY CHECKS FIRST AIDER AVAILABLE AT ALL TIMES
 LIMITING NUMBERS DURING BUSIER TIMES

d) The prevention of public nuisance

NOISE TO A MINIMUM, CLEARING LITTER DAILY, LIGHTS OFF AT 12 AM.
 NO BOTTLES EMPTIED AFTER 9PM

e) The protection of children from harm

CONTROL OF STRONG LANGUAGE, UNDER AGE 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	
Date	11/2/13
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 address for correspondence associated with this application (please read guidance note 13)

ADRIAN JENKINS, THREE DAGGERS, 41 WESTBURY ROAD
 Post town EDINGTON, WILTSHIRE Post code BA13 4PG
 Telephone number (if any) 01380 830940

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

ajenkins@threedaggers.co.uk.

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.