

Appendix B

Samantha Neale

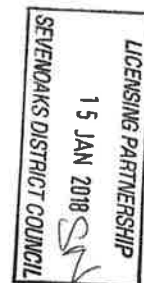
From: Uniform_Service_Request_Connector-Licensing@sevenoaks.gov.uk
Sent: 12 January 2018 22:09
To: Licensing
Subject: Uniform LI Connector: New Licensing application notification

A new Uniform Licensing application has been created by the Licensing Connector server.

Application Reference Value: 18/00126/LAPRE Application Type: LAPRE Application CaseType: NEW Application Address: 10 Station Road Swanley
Created: 12/01/2018 00:00:00

Message sent from host name WKIP-SOAP-15 by user LicensingConnectorService_LIVE at 12/01/2018 22:08:51.

You have been sent this message because your address is defined as a contact address in the Uniform Licensing Connector configuration. Contact your Uniform systems administrator if you no longer wish to receive this message.



Licensing Authority: *The Licensing Partnership*

Licensing Partnership
P.O. Box 182
Sevenoaks
Kent TN13 1GP

Ref:

Application for a Premises Licence under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes found at bottom of Page 4 of this form.

Use the blank page at the end of the form to provide further details if necessary.

When it is complete you can submit the form directly to us - click on the Submit Form button.

You may wish to print and keep a copy of the completed form for your records.

For help information about filling in this type of electronic form, click on the help information button.

I / We David Miller 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

10 Station Road
Swanley

Post town

Kent

Post code

BR8 8ET

Telephone number of premises (if any)

07897387876

Non-domestic rateable value of premises

£

If the premises is under construction please check here



If the premises hasn't been assigned a rateable value yet, please check here



Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please make selection with an "x"

- | | |
|---|---|
| a) An individual or individuals* | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual* | |
| i as a limited company | <input type="checkbox"/> please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> please complete section (B) |
| c) A recognised club | <input type="checkbox"/> please complete section (B) |
| d) a charity | <input type="checkbox"/> 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 make selection with an "x"

- ☒ 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)

Title

Mr

Surname

Miller

First names

David Graham

Are you 18 years or older?

☒ Yes
☐ No

Date of Birth

24/02/1986

Nationality

British

31 years of age.

Current postal address
if different from premises address

117 Parkside Avenue
Barnehurst

Post Town

Kent

Postcode

DA7 6NH

Daytime contact telephone number

07897387876

Email address
(optional)

thecottonmill@outlook.com

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Title

Surname

First names

Date of Birth
(you must be 18
years old or over)

Nationality

**Current postal
address
if different from
premises address**

Postcode

Post Town

Daytime contact telephone number

**Email address
(optional)**

(B) OTHER APPLICANTS *You do not have to fill in this section.*

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name

Address

Registered number (where applicable)

**Description of applicant (for example,
partnership, company, unincorporated
association etc.)**

Telephone number (if any)

E-mail address (optional)

Part 3 - Operating Schedule

When do you want the premises licence to start?

24/02/2018

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

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

General description of premises (please read guidance note 1)

A small micropub located just outside of Swanley town centre. It is a detached property situated on Station Road with no through traffic. It is located within a Swanley customer pay and display car park and has two car parking spaces which we are responsible for. Area is mixed commercial/residential with a main shopping street adjacent. Detached property with two small garden areas. Building comprises bar area, wash room, toilet and beer cellar. We will serve alcoholic beverages, non-alcoholic beverages and light snacks. It will be a hybrid business, a coffee shop serving hot and cold drinks with light refreshments in the mornings and a micropub in the evening. We will also cater for functions, small music performances and community charity events.

What licensable activities do you intend to carry on from the premises?
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

*Please check all
relevant boxes*

Provision of regulated entertainment (please read guidance note 2)

- | | |
|--|-------------------------------------|
| 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 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 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

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both - please make selection with an "x" (please read guidance note 3).	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for performance of live music (please read guidance note 5)		
Thur					
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 6)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both - please make selection with an "x" (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
				Both	
Mon	07:00	22:00	Please give further details here (please read guidance note 4) We will play recorded background music during the hours of opening.		
Tue	07:00	22:00			
Wed	07:00	22:00	State any seasonal variations for playing recorded music (please read guidance note 5) Christmas eve - ability to play until midnight New Years eve - ability to play until 1am.		
Thur	07:00	22:00			
Fri	07:00	22:00	Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat	12:00	22:00			
Sun	12:00	22:00			

M

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption please make selection with an "X" (please read guidance note 8).	On the premises	X
Day	Start	Finish		Off the premises	
Mon	12:00	22:00		Both	
Tue	12:00	22:00	<u>State any proposed seasonal variations for the supply of alcohol</u> (please read guidance note 5) Christmas eve - until 00:00 New Years eve - until 01:00		
Wed	12:00	22:00			
Thur	12:00	22:00			
Fri	12:00	22:00	<u>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</u> (please read guidance note 6)		
Sat	12:00	22:00			
Sun	12:00	22:00			

State the name and details of the individual whom you wish to specify on the licence as premises supervisor. (Please see declaration about the entitlement to work in the checklist at the end of the form):

Title	Mr
Surname	MILLER
First Name(s)	DAVID GRAHAM
Date of Birth	24/02/1986
Address	117 PARKSIDE AVENUE BARNEHURST KENT
Postcode	DA7 6NH
Personal Licence number (if known)	KE-PE 1509
Issuing licensing authority (if known)	CANTERBURY CITY COUNCIL

Please print the 'Consent of individual to being specified as premises supervisor' form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.

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 9)

NO RISK PRESENTED

O

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variation (please read guidance note 5) Christmas Eve - closing at 00:00 New years Eve - closing at 01:00
Day	Start	Finish	Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 6)
Mon	07:00	22:00	
Tue	07:00	22:00	
Wed	07:00	22:00	
Thur	07:00	22:00	
Fri	07:00	22:00	
Sat	12:00	22:00	
Sun	12:00	22:00	

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 10)

- 1) No supply of alcohol may be made under the premises licence:
 - (a) At a time where there is no Designated Premises Supervisor in respect of the premises licence; or
 - (b) At a time when the Designated Premises Supervisor does not hold a Personal Licence or his Personal Licence is suspended.
- 2) Every supply of alcohol under the Premises Licence must be made, or authorised by, a person who holds a Personal Licence
- 3) All licensing objectives are to be visible in the back of house areas to all staff.

b) The prevention of crime and disorder

- 1) The interior and exterior of the premises shall be covered by CCTV to monitor public behaviour and safety. The CCTV images shall be stored for thirty one (31) days and be of evidential standard that shall be acceptable to the Metropolitan Police Service. The footage shall be made available upon request to the police or other responsible authority.
- 2) All matters relating to drugs shall be in accordance with the "Metropolitan Police Best Practice Guide" on the handling of drugs in pubs and clubs.
- 3) Any individuals carrying out security activities at the premises must be licensed by the Security Industry Authority.
- 4) All incidents shall be recorded in a log and reported to the appropriate authorities. These records will remain on site.

c) Public safety

- 1) An up to date health and safety file will remain on site incorporating regular health and safety checks and all relevant documentation/certification.
- 2) Management will ensure regular checks are being carried out during the hours of operation to ensure all areas remain rubbish and clutter free regardless of the source.
- 3) An accident book should be kept to record all accidents incidents and made available for inspection.

d) The prevention of public nuisance

- 1) Display prominent notices close to the exit doors, requesting patrons to leave the premises quickly and quietly.
- 2) All parking spaces controlled by the premises will have an appointed governing body to police the areas.
- 3) A twenty (20)-minute "drinking-up time" shall allow an orderly and calm departure from the building and shall be incorporated within the licensed hours.

e) The protection of children from harm

- 1) "Challenge 25" Policy:
The premises shall operate a "Challenge 25" Policy, whereby customers purchasing alcohol who look or appear to be under 25 years of age shall be asked for an approved form of proof-of-age to verify their age - those being: (i) Photo driving licence (ii) Passport, or (iii) 'PASS' card.
- 2) The licensee shall ensure that each member of staff authorised to sell alcohol has received adequate training on the law with regard to age-restricted products, and that this has been properly documented and training records kept.
- 3) A refusals log shall be kept on the premises and ensure that it is filled out whenever a sale is refused to a person who cannot prove they are over the age of 18.

Please make
selection with an "x"

I have enclosed the plan of the premises

☒

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

☒

[Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships.] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

☒

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 5 - Declaration (please read guidance note 11)

Confirmation of applicant or applicant's solicitor or other duly authorised agent. (See guidance note 12) **If confirming on behalf of the applicant please state in what capacity.**

• [Applicable to all individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).

• The DPS named in this application form is entitled to work in the UK, (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15).

Confirmation

☒

Name

DAVID MILLER

Date

12/01/2018

Capacity

MANAGING DIRECTOR

Please print the 'Consent of individual to being specified as premises supervisor form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.

For joint applications confirmation of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 13) **If confirming on behalf of the applicant please state in what capacity.**

Confirmation

☐

Name

Date

Capacity

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

Name

Address

Post Town

Postcode

Telephone number (if any)

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

Use this page if there is any other information that you think we should know about.
Information entered on this page will be sent to us, along with the data on the rest of the form when you use the "Submit" option.

- 1) The responsible person must ensure that staff on the premises do not carry out, arrange or participate in any irresponsible promotions in relation to the premises.
- 2) In this paragraph, an irresponsible promotion means any one or more of the following activities, or substantially similar activities, carried on for the purpose of encouraging the sale or supply of alcohol for consumption on the premises:
 - (a) games or other activities which require or encourage, or are designed to require or encourage, individuals to;
 - (i) drink a quantity of alcohol within a time limit (other than to drink alcohol sold or supplied on the premises before the cessation of the period in which the responsible person is authorised to sell or supply alcohol) or, (ii) drink as much alcohol as possible.

Notes for Guidance are available online

Last page

Form end

You have now reached the end of the form. If you have entered all the necessary information, and read all the guidance notes, please now submit the form.

Custom Process Configuration

XML Specific

Application Type
Licence Case Type
Licence Status
XML Template
CAPS Reference

Payments request

CallingAppID
CallingAppRef
PaymentSourceCode

Customer Message

Response response

PaymentAuthorisationCode
IncomeManagementReceiptNumber
OriginatorsReference
CardScheme
CardType
PaymentAmount
ResponseCode
ResponseDescription
Number of payment lines

Service Message

Payment 1

Receipt Number
DueDate
PaymentType
Pay Description
XML Description
PaymentDue VAT ☐
Paid
Payment Date
Fund
Reference

Payment 2

Receipt Number
DueDate
PaymentType
Pay Description
XMLDescription
PaymentDue VAT ☐
Paid
Payment Date
Fund
Reference

Payment 3

Receipt Number
DueDate
PaymentType
Pay Description
XML Description
PaymentDue VAT ☐
Paid
Payment Date
Fund
Reference

Payment 4

Receipt Number
DueDate
PaymentType
Pay Description
XML Description
PaymentDue VAT ☐
Paid
Payment Date
Fund
Reference

Payment 5

Receipt Number
DueDate
PaymentType
Pay Description
XML Description
PaymentDue VAT ☐
Paid
Payment Date
Fund
Reference