

Licensing Authority: *The Licensing Partnership*

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

## APPENDIX B

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 **Jobie Baldwin - Trading as Our Vegan Weekend** 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

Hever Camping  
Wilderness Lane  
Mark Beech

Post town

Edenbridge

Post code

TN8 7LP

Telephone number of premises (if any)

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

Mrs

Surname

Baldwin

First names

Jobie

Are you 18 years or older?

☒ Yes  
☐ No

Date of Birth

14/05/1961

Nationality

British

49 years of age.

Current postal address  
If different from premises address

14 Furze Place

Post Town

Canterbury

Postcode

CT1 3EH

Daytime contact telephone number

01222 345678

Email address  
(optional)

ourveganweekend@gmail.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?

13/07/2018

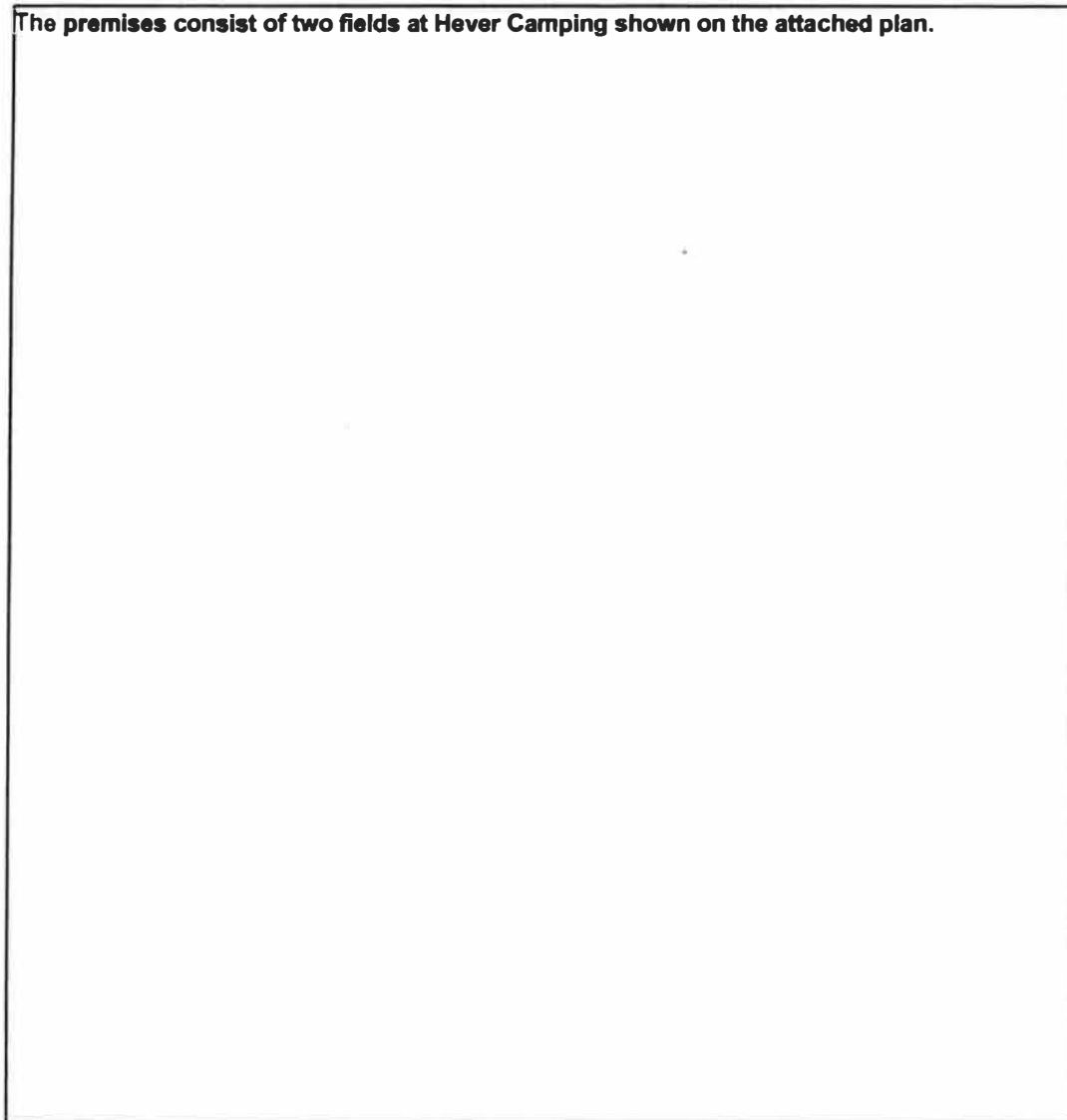
If you wish the licence to be valid only for a limited period,  
when do you want it to end?

15/07/2018

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)

The premises consist of two fields at Hever Camping shown on the attached plan.



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 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 checked="" type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)<br>(if ticking yes, fill in box H) | <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**

## E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place <u>indoors or outdoors</u> or both - please make selection with an "x" (please read guidance note 3).	Indoors	
Day	Start	Finish		Outdoors	
				Both	X
Mon			<u>Please give further details here</u> (please read guidance note 4)  Amplified performances of music within the main event at times between 17:30 and 23:00. Unamplified live performances of music outside (by the campfire) during the same hours.		
Tue					
Wed			<u>State any seasonal variations for performance of live music</u> (please read guidance note 5)		
Thur					
Fri	17:30	23:00	<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> (please read guidance note 6)		
Sat	17:30	23:00			
Sun					

## F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>indoors or outdoors</u> or both - please make selection with an "x" (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
				Both	
Mon			<u>Please give further details here</u> (please read guidance note 4)  Recorded music will be played by DJs within the main event at times between 17:30 and 23:00.		
Tue					
Wed			<u>State any seasonal variations for playing recorded music</u> (please read guidance note 5)		
Thur					
Fri	17:30	23:00	<u>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</u> (please read guidance note 6)		
Sat	17:30	23:00			
Sun					

**G**

<b>Performance of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both - please make selection with an "x"</b> (please read guidance note 3).		Indoors	<b>X</b>
Day	Start	Finish			Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 4)  <b>There will be dancing to the live and recorded music and there may be 'swing' lessons as a ice-breaker.</b>		Both	
Tue						
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)			
Thur						
Fri	17:00	23:00	<b>Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 6)			
Sat	17:00	23:00				
Sun						

**H**

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			<b>Please give a description of the type of entertainment you will be providing</b>  <b>Sound/Light performance</b>			
Day	Start	Finish	<b>Will the entertainment take place indoors or outdoors or both - please make selection with an "x"</b> (please read guidance note 3).		Indoors	<b>X</b>
Mon					Outdoors	
Tue			<b>Please give further details here</b> (please read guidance note 4)  <b>Sound/light experience within the main event tent between 17:30 and 23:00.</b>		Both	
Wed						
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)			
Fri	17:30	23:00				
Sat	17:30	23:00	<b>Non standard timings. Where you intend to use the premises for 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</b> (please read guidance note 6)			
Sun						

**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
				Off the premises	
				Both	
Day	Start	Finish			
Mon					
Tue			State any proposed seasonal variations for the supply of alcohol (please read guidance note 5)		
Wed					
Thur					
Fri	14:00	23:00	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 6)		
Sat	10:00	23:00			
Sun	10:00	23:00			

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	Clement
First Name(s)	Alan
Date of Birth	07/02/1963
Address	16 Solway Rd, Cheltenham, Gloucestershire
Postcode	GL51 0LZ
Personal Licence number (if known)	17/01806/PERA
Issuing licensing authority (if known)	Cheltenham Borough 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)

None.

# 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)
Day	Start	Finish	
Mon			<p><b>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</b> (please read guidance note 6)</p>
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

**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)**

**Our risk assessment is attached which sets out the responsible management of the event.**

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

**There will be one bar premises which will be effectively and responsibly managed by Alan Clement.**

**We will have different coloured wristbands for those under 18 and a challenge 25 policy will be in place at the event.**

**We will have volunteer stewards patrolling the area and we will have two SIA approved security guards during the hours of darkness, one of whom will be a licensed Door Supervisor.**

**There will be outside lighting between the main event area and the campsite.**

**c) Public safety**

**We have developed a suitable and sufficient risk assessment detailing means of escape, means of giving warning, fire fighting equipment and emergency lighting. Also see attached plan.**

**Volunteer stewards will be on duty to to secure the safety of the premises and SIA approved security guards will be on duty during the hours of darkness. Appropriate training for volunteer stewards will be carried out.**

**There will be a medic on hand during daytime hours and at least two volunteer first-aiders will be on site for the event.**

**d) The prevention of public nuisance**

**All organised activities will cease by 23:00 each evening and will not resume until after 09:00 in the mornings. SIA approved security personnel will be on site during the hours of darkness to prevent public nuisance.**

**Noise conditions have been agreed (see continuation sheet) which include limits on volume.**

**External lighting will be positioned to provide safety to the public but in the best way to limit any nuisance to neighbours.**

**We have appointed a litter contractor who will provide bins throughout the site and dispose after the even**

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

**Wristbands for young children will have the capacity to write telephone number of guardian.**

**Children under 18 will have different wristbands and a Challenge 25 policy will be operated to prevent children being given alcohol.**

**All children under 16 must be accompanied by a responsible adult.**

**We have developed a management procedure for lost children.**

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 2008 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

Jobie Baldwin

Date

Capacity

Event Organiser

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.**

**Notes for Guidance are available online**