



[Insert name and address of relevant licensing authority and its reference number (optional)]

**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 Jason Carroll

(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 | | | |
| Beer Asylum 1 Red Lion Parade Bridge Street | | | |
| Post town | Pinner | Postcode | HA5 3JD |

| | |
|---|---------|
| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | £17,750 |

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- 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)

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- 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:

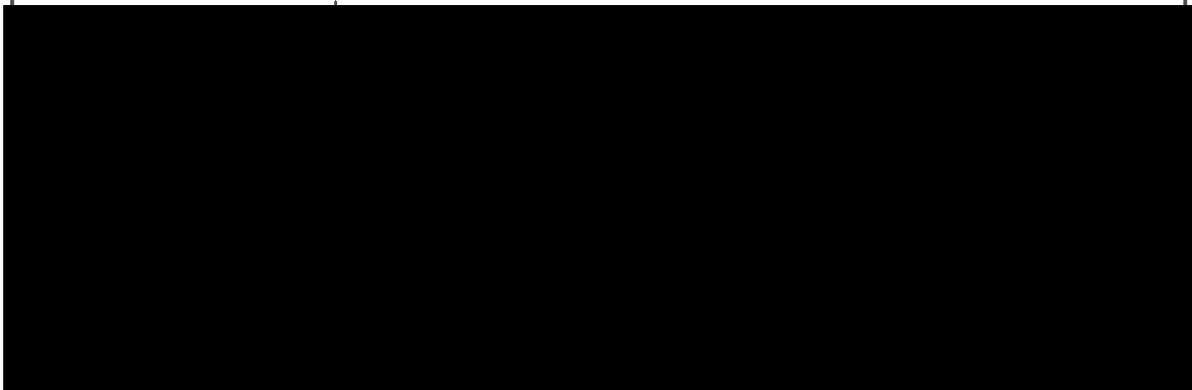
Please tick yes

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

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

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

| | | | | | |
|--|------------------------------|-------------------------------|-----------------------------|-------------------------------------|-----------------|
| Mr <input checked="" type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other Title (for example, Rev) | |
| Surname Carroll | | | First names Jason | | |
| I am 18 years old or over | | | | <input checked="" type="checkbox"/> | Please tick yes |



SECOND INDIVIDUAL APPLICANT (if applicable)

| | | | | | |
|---|------------------------------|-------------------------------|-----------------------------|--------------------------------|-----------------|
| Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other Title (for example, Rev) | |
| Surname | | | First names | | |
| I am 18 years old or over | | | | <input type="checkbox"/> | Please tick yes |
| Current postal address if different from premises address | | | | | |
| Post town | | Postcode | | | |
| Daytime contact telephone number | | | | | |
| E-mail address (optional) | | | | | |

(B) OTHER APPLICANTS

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

| |
|---|
| Name |
| 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?

| | | |
|-----|-----|------|
| DD | MM | YYYY |
| A S | A P | |

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

| | | |
|----|----|------|
| DD | MM | YYYY |
| | | |

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

Following the success of the beer shop concept in 4 other London locations 'The Beer Asylum' would be the sole outlet of its type in North West London.
 The Beer Asylum is a bottled and draught beer shop. It will provide a "try before you buy" or "try while you shop" environment. It is the answer to the ever increasing demand for home grown and International craft beers. It will provide beers from around the world and be a showcase for the hundred or so craft Breweries in London and surrounding Counties that can be sampled and bought in store. As well as being a craft beer shop it will sell beer related merchandise and gifts and also host "meet the Brewer evenings" and "beer and food matching evenings". The Beer Asylum will provide a comfortable, casual and informative retail environment.

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

| |
|-----|
| N/A |
|-----|

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

- 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)
- f) recorded music (if ticking yes, fill in box F)
- 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 late night refreshment (if ticking yes, fill in box I)

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

A

| Plays Standard days and timings (please read guidance note 6) | | | Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
|---|-------|--------|--|----------|--------------------------|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 3) | Both | <input type="checkbox"/> |
| Tue | | | | | |
| Wed | | | State any seasonal variations for performing plays (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | 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 (please read guidance note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

B

| | | | | | |
|--|-------|--------|--|----------|--------------------------|
| Films Standard days and timings (please read guidance note 6) | | | <u>Will the exhibition of films take place 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 | <u>Please give further details here</u> (please read guidance note 3) | | |
| Mon | | | | | |
| | | | <u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4) | | |
| Tue | | | | | |
| | | | <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) | | |
| Wed | | | | | |
| | | | | | |
| Thur | | | | | |
| | | | | | |
| Fri | | | | | |
| | | | | | |
| Sat | | | | | |
| | | | | | |
| Sun | | | | | |

C

| Indoor sporting events Standard days and timings (please read guidance note 6) | | | Please give further details (please read guidance note 3) |
|--|-------|--------|---|
| Day | Start | Finish | |
| Mon | | | |
| | | | |
| Tue | | | State any seasonal variations for indoor sporting events (please read guidance note 4) |
| | | | |
| Wed | | | |
| | | | |
| Thur | | | 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 (please read guidance note 5) |
| | | | |
| Fri | | | |
| | | | |
| Sat | | | |
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| Sun | | | |
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D

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|---|-------|--------|--|----------|--------------------------|
| 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"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | |
| Mon | | | | | |
| | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4) | | |
| Tue | | | | | |
| | | | <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) | | |
| Wed | | | | | |
| | | | | | |
| Thur | | | | | |
| | | | | | |
| Fri | | | | | |
| | | | | | |
| Sat | | | | | |
| | | | | | |
| Sun | | | | | |

E

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|---|--------------|---------------|---|--|----------|--------------------------|
| 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 type="checkbox"/> |
| Day | Start | Finish | Please give further details here (please read guidance note 3) | | | |
| Mon | | | | | | |
| | | | | | | |
| Tue | | | | | | |
| | | | State any seasonal variations for the performance of live music (please read guidance note 4) | | | |
| Wed | | | | | | |
| | | | | | | |
| Thur | | | | | | |
| | | | 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) | | | |
| Fri | | | | | | |
| | | | | | | |
| Sat | | | | | | |
| | | | | | | |
| Sun | | | | | | |

F

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

G

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

H

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|---|-------|--------|---|----------|--------------------------|
| Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6) | | | Please give a description of the type of entertainment you will be providing | | |
| Day | Start | Finish | Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| Mon | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | | | Please give further details here (please read guidance note 3) | | |
| | | | | | |
| Wed | | | | | |
| Thur | | | State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4) | | |
| | | | | | |
| Fri | | | | | |
| Sat | | | 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 (please read guidance note 5) | | |
| | | | | | |
| Sun | | | | | |
| | | | | | |

I

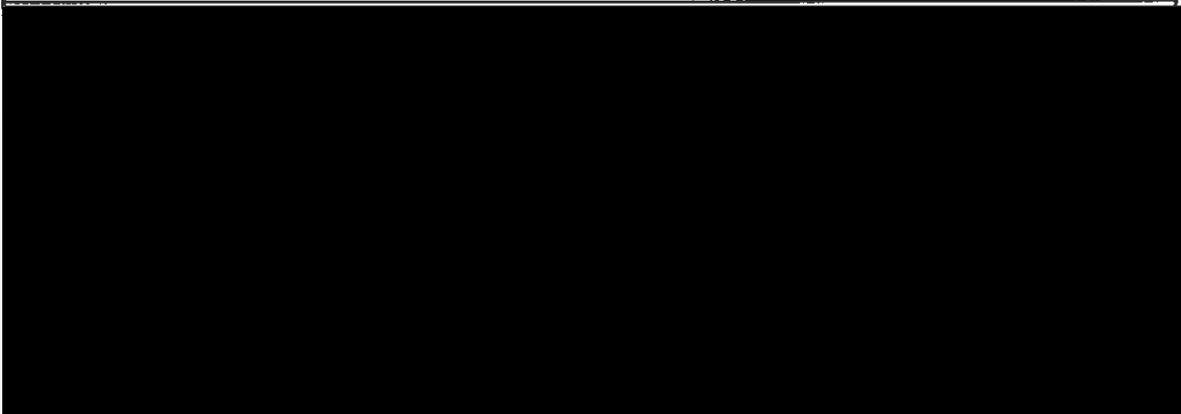
| | | | | | |
|---|--------------|---------------|---|----------|--------------------------|
| Late night refreshment Standard days and timings (please read guidance note 6) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | |
| Mon | | | | | |
| Tue | | | | | |
| | | | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | | | |
| | | | <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) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

J

| | | | | | | | | |
|--|--------------|---------------|---|------------------|-------------------------------------|--|--|--|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | <u>Will the supply of alcohol be for consumption – please tick</u> (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 | <u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) None | | | | | |
| Mon | 12:00 | 22:00 | | | | | | |
| | | | | | | | | |
| Tue | 12:00 | 22:00 | | | | | | |
| | | | | | | | | |
| Wed | 12:00 | 22:00 | | | | | | |
| | | | | | | | | |
| Thur | 12:00 | 23:00 | | | | <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 5) | | |
| | | | | | | | | |
| Fri | 12:00 | 23:00 | | | | | | |
| | | | | | | | | |
| Sat | 12:00 | 23:00 | | | | | | |
| | | | | | | | | |
| Sun | 12:00 | 22:00 | | | | | | |
| | | | | | | | | |

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

| |
|--------------------------|
| Name Mr Jason Carroll |
|--------------------------|



K

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

L

| Hours premises are open to the public Standard days and timings (please read guidance note 6) | | | <u>State any seasonal variations</u> (please read guidance note 4) | |
|---|-------|--------|--|---|
| Day | Start | Finish | None | |
| Mon | 12:00 | 22:00 | | |
| | | | | |
| Tue | 12:00 | 22:00 | | |
| | | | | |
| Wed | 12:00 | 22:00 | | |
| | | | | |
| Thur | 12:00 | 23:00 | | <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) |
| | | | | |
| Fri | 12:00 | 23:00 | | |
| | | | | |
| Sat | 12:00 | 23:00 | | |
| | | | | |
| Sun | 12:00 | 22:00 | | |
| | | | | |

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

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

1. Staff shall be trained in First Aid, Age Verification and Underage sales prevention

b) The prevention of crime and disorder

1. CCTV shall be installed, operated and maintained in agreement with the Police. The system will enable frontal identification of every person entering the premises. The system shall record in real time and operate whilst the premises are open for licensable activities. The recordings shall be kept available for a minimum of 31 days. Recordings shall be made available immediately on request to an Authorised Officer or a Police Officer (subject to the Data Protection Act 1998) throughout the preceding 31 day period following any incident.
2. A member of staff with knowledge of the CCTV will be present on site whilst the premises are open to the public to aid any enquiry from a Police Officer or Authorised Officer requiring recent CCTV recordings with the minimum of delay when requested.

c) Public safety

1. All exit routes shall be kept unobstructed, with non-slippery and even surfaces, free of trip hazards and clearly signed.
2. Adequate and appropriate first aid equipment and materials will be kept on site, regularly checked and kept in an easily accessible place by staff.
3. Public areas will be maintained free from obstruction and trip hazards

d) The prevention of public nuisance

1. All highway and public spaces in the vicinity of the premises will be kept free from litter to the satisfaction of the council.
2. All waste will be properly packaged and presented for collection no earlier than 30 minutes before scheduled collection times.
3. Refuse will be placed into receptacles outside the premises at times that will minimise the disturbance to nearby properties.
4. No deliveries will take place between 23:00 and 07:00 hours.
5. No collections, including refuse shall take place between 00:00 and 07:00 hours.
6. After 21:00 all entrance doors and windows will be kept closed except to allow for immediate access and egress to the premises.
7. Notices shall be prominently displayed at all exits requesting patrons to leave the premises quietly

e) The protection of children from harm

1. A challenge 25 policy will be adopted with proportionate and appropriate signage displayed.
2. A refusal to serve log shall be maintained and made available for inspection by a Police Officer or Authorised Officer, this log shall include the Date, Time and name and signature of the staff member who refused the sale. This Log shall also be signed by the DPS of the premises on a monthly basis
3. Staff shall be trained in Licensing Law with regards to age verification, children and alcohol, and the procedures that shall be adopted if it is considered that an individual may be under the age of 18.

Checklist:

Please tick to indicate agreement

- 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 designated 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 SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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.

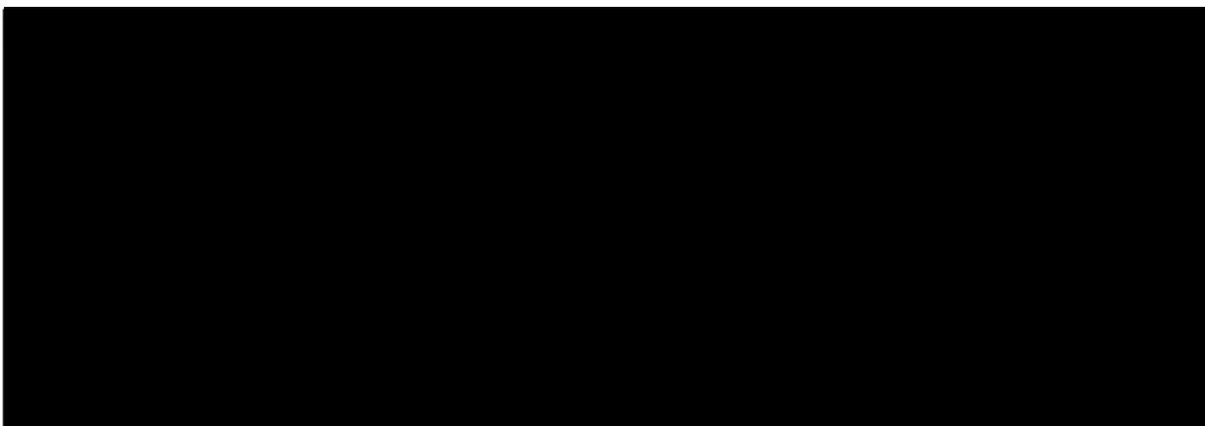
Part 4 – Signatures (please read guidance note 10)

**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 | 16/11/2015 |
| Capacity | Agent |

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 | |



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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor

I Jason Myles Mathew Carroll
[full name of prospective premises supervisor]

of. 

.....
[home address of prospective premises supervisor]

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

..... PREMISES LICENCE [type of application]

by JASON CARROLL [name of applicant]

relating to a premises licence [number of existing licence, if any]

for THE BEER ASYLUM, 1 RED LEON PARADE BRIDGE STREET, PENNER, HAS 350

.....
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made

by JASON CARROLL [name of applicant]

concerning the supply of alcohol at THE BEER ASYLUM, 1 RED LEON PARADE, BRIDGE STREET, PENNER, HAS 350

.....
[name and address of premises to which application relates].

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number EXE - 000187
[insert personal licence number, if any]

Personal licence issuing authority EXETER CITY COUNCIL
[insert name and address and telephone number of personal licence issuing authority, if

 signed

J M M Carroll name (please print)

05/11/15 dated