

**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 JANET CARPENTER
(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 CARPENTER & CO

Postal address of premises or, if none, ordnance survey map reference or description			
<u>26 HIGH STREET</u>			
Post town	<u>PINNER</u>	Post code	<u>HA5 5PW</u>

Telephone number at premises (if any)	<u>TBC</u>
Non-domestic rateable value of premises	£ <u>10,500</u>

Part 2 - Applicant Details

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

- | | | |
|---|-------------------------------------|-----------------------------|
| 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)

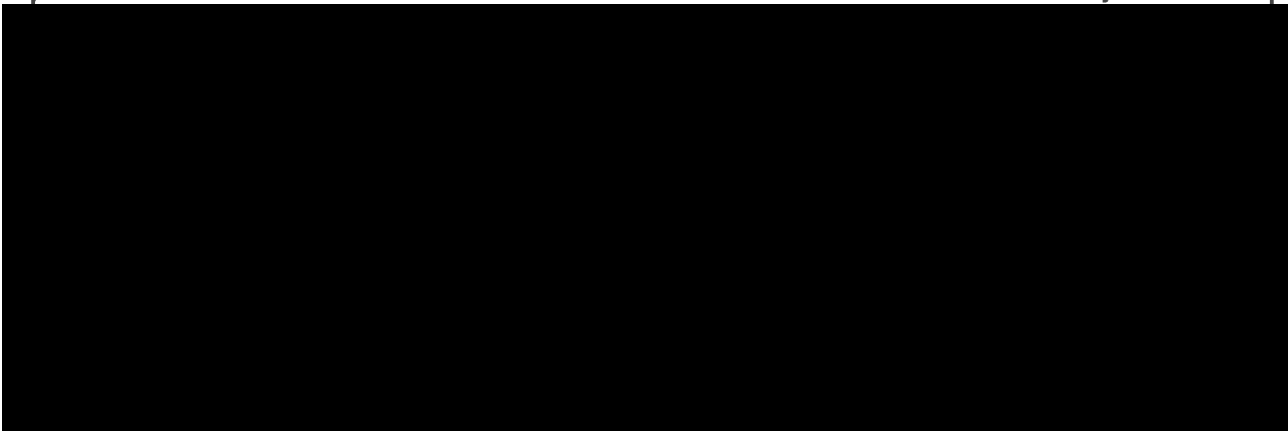
* If you are applying as a person described in (a) or (b) please confirm:

Please 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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <i>CARPENTIER</i>			First names <i>HARRIET FLORENCE VICTORIA</i>		
I am 18 years old or over				<input 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?

Day	Month	Year
20	09	2014

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

Day	Month	Year

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

SEMI DETACHED 2 STOREY BUILDING.
GROUND FLOOR SHOP
FIRST FLOOR RESIDENTIAL FLAT

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

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

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

Provision of regulated entertainment

Please tick yes

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- 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 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

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)					
Mon	0900	2300						
Tue	0900	2300						
Wed	0900	2300						
Thur	0900	2300				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)		
Fri	0900	2300						
Sat	0900	2300						
Sun	0900	2300						

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

Name	HARRIET CARPENTIER
	

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	0900	2300	
Tue	0900	2300	
Wed	0900	2300	
Thur	0900	2300	Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri	0900	2300	
Sat	0900	2300	
Sun	0900	2300	

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)

DUE TO THE NATURE OF MY BUSINESS (GENERAL DELICATESSEN STYLE FOOD RETAILER) OUR APPROACH TO THE OBJECTIVES WILL BE VERY CLEARLY DEFINED; WITH EXTENSIVE STAFF TRAINING & PROTOCOL TO ENSURE FULL ADHERENCE TO THE FOUR AREAS. WE WILL RETAIL VERY SPECIALIST, UP MARKET WINES & SPIRITS. SOME WINES WILL BE AVAILABLE TO PURCHASE & TRY ONSITE.

b) The prevention of crime and disorder

- STAFF WILL BE TRAINED IN RESPONSIBLE ALCOHOL RETAILING GUIDELINES & RULES, TO PROTECT OUR CUSTOMERS & THEMSELVES.
- CCTV WILL BE INSTALLED ON GRANTING OF THE LICENCE.
- THE LANDLADY (OWNER OF PREMISES) WILL LIVE IN THE FLAT UPSTAIRS SO THERE WILL BE SOMEONE ON SITE ^{AT} MOST ALWAYS.
- WE WILL NOT SELL CIGARETTES - WHICH IS OFTEN A BIG ATTRACTION TO THIEVES.

c) Public safety

- WE WILL BE SELLING GLASSES OF WINE ONSITE IN SMALL MEASURES. WE WILL NOT SELL TO ANYONE WHO IS DRUNK, STAFF WILL BE TRAINED ON THIS & ASSIDUOUS IN 'CHECK 21'
- THERE WILL BE NO IRRESPONSIBLE ALCOHOL PROMOTIONS THAT MIGHT CAUSE PEOPLE TO DRINK MORE/FASTER THAN NORMAL

d) The prevention of public nuisance

- CONSUMPTION OF DRINKS (ONSITE) WILL BE LIMITED TO INTERNAL SEATING - WHICH WILL ALSO BE SMALL IN NUMBER.
- OUR PRODUCTS ARE MOSTLY DESIGNED TO BE TAKEN HOME AND IF CONSUMED ON PREMISES CUSTOMERS WILL BE ALLOWED ADEQUATE "DRINK UP" TIME SO AS TO ENSURE THEY ARE NOT RUSHED INTO DRINKING FASTER THAN THEY NORMALLY WOULD.
- CUSTOMERS WILL BE REMINDED TO LEAVE QUIETLY AFTER 8PM.

e) The protection of children from harm

- AS PREVIOUSLY MENTIONED; 'CHECK 21' WILL BE ASSIDUOUSLY ENFORCED & STAFF THOROUGHLY TRAINED ON THIS.
- WE WILL NOT SELL PRODUCTS THAT ARE GENERALLY SOUGHT AFTER BY YOUNGER CONSUMERS/CHILDREN i.e. CHEAP TINNED BEER, ALCOPOPS OR LOW PRICE SPIRITS.
- OUR ALCOHOLIC PRODUCTS WILL BE DISPLAYED IN POSITIONS UNACCESSIBLE TO CHILDREN.

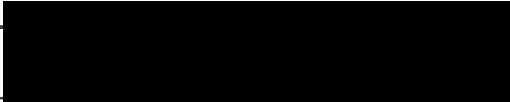
Please tick yes

- 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	27 / 8 / 14
Capacity	OWNER

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.**

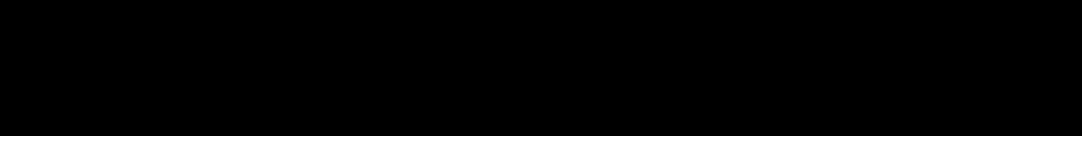
Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

Consent of individual to being specified as premises supervisor

I HARRIET CARPENTIER
[full name of prospective premises supervisor]



.....
[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

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

by HARRIET CARPENTIER.....[name of applicant]

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

for CARPENTIER 210.....

26 HIGH STREET.....

DUNVEIL MASS SPW.....

[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 HARRIET CARPENTIER.....[name of applicant]

concerning the supply of alcohol at CARPENTIER 210.....

26 HIGH STREET DUNVEIL.....

MASS SPW.....

[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 AWAITS.....
[insert personal licence number, if any]

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



.....signed

HARRIET CARPENTIER.....name (please print)

27 / 8 / 14.....dated