

Licensing Team
 Shepway District Council
 Civic Centre
 Castle Hill Avenue
 Folkestone
 Kent CT20 2QY
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Corporate Post Room
 30 MAY 2017



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.

We IAN GOODBAN SHARON JOYCE GOODBAN
 (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			
370 CHERITON ROAD FOLKSTONE KENT			
Post town	FOLKSTONE	Postcode	CT19 4DX

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 8,600

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)
- c) a recognised club please complete section (B)

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- 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 type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname GOODBAN		First names SHARON JOYCE		
I am 18 years old or over <input checked="" type="checkbox"/>				Please tick yes
Current postal address if different from premises address		134 HAMILTON ROAD WALMER		
Post town	DEAL		Postcode	CT14 9BP
Daytime contact telephone number		07733 301611		
E-mail address (optional)				

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SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname GOODBAN			First names IAN		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		134 HAMILTON ROAD WALMER			
Post town	DEAL			Postcode	CT14 9BP
Daytime contact telephone number		0779 3321126			
E-mail address (optional)		goodban 70@yahoo.co.uk			

(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)

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Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
01 09 2017

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)

TERRACED RETAIL UNIT. CAFE TO ONE SIDE, CHARITY SHOP TO THE OTHER. RESIDENTIAL FLAT ABOVE. BROAD PAVEMENT TO FRONT. SHOP HAS FRONT AND REAR ACCESS. PARKING AND BINS TO REAR. FRONT HAS SINGLE DOOR AND LARGE GLASS WINDOW. PREVIOUS USE - GREENGROCER. WC AND KITCHEN AREA AT REAR PLUS STORAGE AREA.

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

- 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)

Please tick any that apply

-
-
-
-
-
-
-
-
-
-

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

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

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C

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

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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			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			<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)	
Fri				
Sat				
Sun				

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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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3) MUSIC WILL BE UNAMPLIFIED AND WILL INCLUDE NO MORE THAN THREE ARTISTS ON STAGE		
Tue					
Wed	18:00 18:00	22:00 22:00	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	18:00 18:00	22:00 22:00			
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			AD HOC PERFORMANCES EXPECTED OCCASIONALLY. MUSIC WILL NOT BE PLAYED BEYOND 22:30		
Sun					

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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	12:00	22:30	Please give further details here (please read guidance note 3) BACKGROUND MUSIC ONLY. POLICY IS TO TURN MUSIC DOWN OR OFF WHEN BUSY. WILL NOT BE RUNNING DISCOS OR MUSIC TO DANCE TO		
Tue	12:00	22:30			
Wed	12:00	22:30	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	12:00	22:30			
Fri	12:00	22:30	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	12:00	22:30			
Sun	12:00	22:30			

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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"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

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H

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					

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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		
Mon			Please give further details here (please read guidance note 3)	
Tue				
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	
Thur				
Fri			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 (please read guidance note 5)	
Sat				
Sun				

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	
			On the premises	<input checked="" type="checkbox"/>
			Off the premises	<input checked="" type="checkbox"/>
			Both	<input checked="" type="checkbox"/>
Day	Start	Finish		
Mon	12:00	23:00	State any seasonal variations for the supply of alcohol (please read guidance note 4) NEW YEAR'S EVE 12:00 TO 01:00	
Tue	12:00	23:00		
Wed	12:00	23:00		
Thur	12:00	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 5)	
Fri	12:00	23:00		
Sat	12:00	23:00		
Sun	12:00	23:00		

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

Name	IAN GOODBAN
Address	134 HAMILTON ROAD WALMER DEAL
Postcode	CT14 9BP
Personal licence number (if known)	LN 060004420
Issuing licensing authority (if known)	DOVER

K

<p>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).</p> <p>NONE</p>
--

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L

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	12:00	23:00	<p>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)</p> <p>NEW YEAR'S EVE 12:00 to 01:00</p>
Tue	12:00	23:00	
Wed	12:00	23:00	
Thur	12:00	23:00	
Fri	12:00	23:00	
Sat	12:00	23:00	
Sun	12:00	23:00	

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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)

STRONG MANAGEMENT AND STAFF TRAINING TO COVER

1) ID CHECKS FOR UNDERAGE DRINKING	8) AN INCIDENT BOOK
2) PREVENTION OF DRUNKENNESS	TO RECORD ALL NOTABLE
3) ZERO TOLERANCE ON DRUGS	OCCURANCES
4) PREVENTION OF ANTI-SOCIAL BEHAVIOUR	
5) ADHERENCE TO ANY LOCAL LICENSING AUTHORITY SCHEDULES	
6) SECURITY OF BUILDING AND CUSTOMERS	
7) AWARENESS OF CHILD PROTECTION LEGISLATION + POLICIES	

b) The prevention of crime and disorder

OPENING HOURS DISPLAYED AND ADHERED TO
NOTICES ADVERTISING ZERO TOLERANCE ON DRUGS AND
UNDERAGE DRINKING.
CLEAR POLICY + TRAINING FOR DEALING WITH INTOXICATED
INDIVIDUALS. FULL COOPERATION WITH POLICE AND LOCAL
AUTHORITIES TO IDENTIFY, REPORT AND CONTROL CRIMINAL
ACTIVITY. CUSTOMERS WILL LEAVE THE PREMISES IN AN
ORDERLY FASHION ON CLOSING

c) Public safety

TRAINING AND IMPLICATION OF ID CHECKS AND
ENVIRONMENTAL HEALTH REQUIREMENTS
RECORDS KEPT OF INSPECTIONS AND ANY PUBLIC SAFETY
CONDITIONS ATTACHED TO THE PREMISES
ALL ELECTRICAL FITTINGS TO BE KEPT IN GOOD
REPAIR AND TESTED. STAFF TO BE TRAINED IN PUBLIC
SAFETY REQUIREMENTS AND IMPLEMENTATION.
A LOG FOR RECORDING DEFECTS AND CONCERNS

d) The prevention of public nuisance

LISTEN AND REACT TO CONCERNS / QUERIES RAISED BY
LOCAL RESIDENTS. PREVENT CUSTOMERS GATHERING
OUTSIDE WHEN BAR SHUTS. ALLOW PEOPLE TO WAIT
INSIDE FOR TAXIS. ADHERE TO OPENING HOURS. LIMIT
DELIVERIES AND RUBBISH COLLECTION TO 09:00 TO 21:00
WHERE POSSIBLE. IF PEOPLE ARE SITTING OUTSIDE OF
PREMISES MONITOR BEHAVIOUR REMOVE SEATING BY 22:00

e) The protection of children from harm

STAFF TRAINED IN PREVENTING UNDERAGE DRINKING
THROUGH ID CHECKS.
CHILDREN UNDER THE AGE OF 15 WILL NOT BE
ADMITTED AFTER 19:00 UNDER THE AGE OF 18 22:00
BEHAVIOUR OF CUSTOMERS OUTSIDE TO BE CLOSELY
MONITORED

Checklist:

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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.

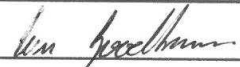
IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

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	26-5-17
Capacity	FIRST APPLICANT

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	26/5/17
Capacity	SECOND APPLICANT

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

134 HAMILTON ROAD WALMER			
Post town	DEAL	Postcode	CT14 9BP
Telephone number (if any)	0779 3321126		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) goodban70@yahoo.co.uk			

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