

Appendix 1.

Licensing Team
 Shepway District Council
 Civic Centre
 Castle Hill Avenue
 Folkestone
 Kent CT20 2QY
 Telephone: 01303 858860
 Email: licensing@shepway.gov.uk
 www.shepway.gov.uk

Corporate Post Room

15 JUN 2011

Folkestone

Hythe & Romney Marsh
 Shepway District Council



**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 PAR TABLE LIMITED
 (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 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 <u>UNIT 2, PRINCES GATE</u> <u>BAYLE STREET</u>			
Post town	<u>FOLKESTONE</u>	Postcode	<u>CT20 1SF</u>

Telephone number at premises (if any)	<u>N/A</u>
Non-domestic rateable value of premises	<u>£ 4100-00</u>

Part 2 - Applicant details

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

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual * please complete section (B)
- i as a limited company/limited liability partnership

- ii as a partnership (other than limited liability) 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)
- 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 (by ticking yes to one box below):

- 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		Pook			
First names		ANDREW KEVIN			
Date of birth over	18/04/1965		I am 18 years old or over	<input checked="" type="checkbox"/> Please tick yes	
Nationality	BRITISH				
Current residential address if different from premises address	29 KING EDWARD AVENUE				
Post town	BROADSTAIRS		Postcode	CT10 1FH	
Daytime contact telephone number	0843 602340				
E-mail address (optional)	Rippsalehouse@gmail.com				

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		
Date of birth over		I am 18 years old or		<input type="checkbox"/>	Please tick yes
Nationality					
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
16 07 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)
EXISTING CONVENIENCE STORE, ONCE SELLING ALCOHOL. RECTANGULAR RETAIL AREA ONLY. INTENTION IS TO PROVIDE AN OFF-LICENSE / BOTTLING SHOP SELLING ALCOHOL AND NON ALCOHOLIC (SALAD) DRINKS IN CONJUNCTION WITH DELICATESSEN PRODUCTS.

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all 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 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed				State any seasonal variations for performing plays (please read guidance note 5)	
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 6)
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Wed					
Thur					
			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 6)		
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)	
Day	Start	Finish		
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)	
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 6)
Fri				
Sat				
Sun				

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both = please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
Wed					
Thur					
			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 (please read guidance note 6)		
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place <u>indoors or outdoors or both</u> – <u>please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>	
Day	Start	Finish		Outdoors	<input type="checkbox"/>	
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>	
Tue						
Wed				State any seasonal variations for the 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 tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	0900	2200	Please give further details here (please read guidance note 4) <i>GENERAL RETAIL BACKGROUND MUSIC FROM MP3 SPEAKER</i>	Both	<input type="checkbox"/>
Tue	0900	2200			
Wed	0900	2200	State any seasonal variations for the playing of recorded music (please read guidance note 5) <i>N/A</i>		
Thur	0900	2200			
Fri	0900	2200	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 6)		
Sat	0900	2200			
Sun	0900	2200			

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	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 4)			
Tue						
Wed				<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur						
Fri			<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 6)			
Sat						
Sun						

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing</p>	
Day	Start	Finish	<p>Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)</p>	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<p>Please give further details here (please read guidance note 4)</p>	
Wed				
			<p>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)</p>	
Thur				
Fri				
Sat			<p>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 6)</p>	
Sun				

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	0800	2200	Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	0800	2200			
Wed	0800	2200	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur	0800	2200			
Fri	0800	2200	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 6)		
Sat	0800	2200			
Sun	0800	2200			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	0800	2200						
Tue	0800	2200						
Wed	0800	2200						
Thur	0800	2200				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)		
Fri	0800	2200						
Sat	0800	2200						
Sun	0800	2200						

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

Name	ANDREW KEVIN POOK
Date of birth	18/4/1965
Address	29 KING EDWARD AVENUE BROADSTAIRS KENT
Postcode	CT10 1PH
Personal licence number (if known)	LN/201200747

Issuing licensing authority (if known)

TITANET DISTRICT COUNCIL

□□□□

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 9).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	0800	2200	
Tue	0800	2200	
Wed	0800	2200	
Thur	0800	2200	
Fri	0800	2200	

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 8)

Sat	0800	2200	
Sun	0800	2200	

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 10)

Staff training to obtain PERSONAL LICENCE
 EXTENSIVE CCTV SYSTEM, RECORDED AND REMOTELY
 MONITORED, AS WELL AS IN-SITU MONITORING
 FOLKESTONE CRIME PARTNERSHIP MEMBERSHIP
 REFUSAL BOOK

b) The prevention of crime and disorder

CHALLENGE 25 POLICY IN PLACE - APPROX 11)
 WILL BE REQUESTED WHEN NECESSARY
 NO PERSONS APPEARING TO BE INTOXICATED OR BEHAVING IN
 A DISORDERLY MANNER WILL BE SERVED.
 CCTV SYSTEM MONITORING TO BE KEPT FOR 30 DAYS
 FOLKESTONE CRIME PARTNERSHIP MEMBERSHIP P.N.C WALKIE TALKIE

c) Public safety

HEALTH AND SAFETY TRAINING FOR STAFF
 CHALLENGE 25 POLICY IN PLACE

d) The prevention of public nuisance

CHALLENGE 25 POLICY IN PLACE
 FOLKESTONE CRIME PARTNERSHIP MEMBERSHIP.
 REFUSAL BOOK

e) The protection of children from harm

Challenge 25 Policy in Place
 Folkestone Crane Partnership membership
 (written) (submitted) (checked) Policy
 Refusal Book

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.
- [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 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Declaration	<ul style="list-style-type: none"> • [Applicable to 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
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	<p>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).</p> <ul style="list-style-type: none"> 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)
Signature	
Date	14 TH JUNE 2017
Capacity	DIRECTOR

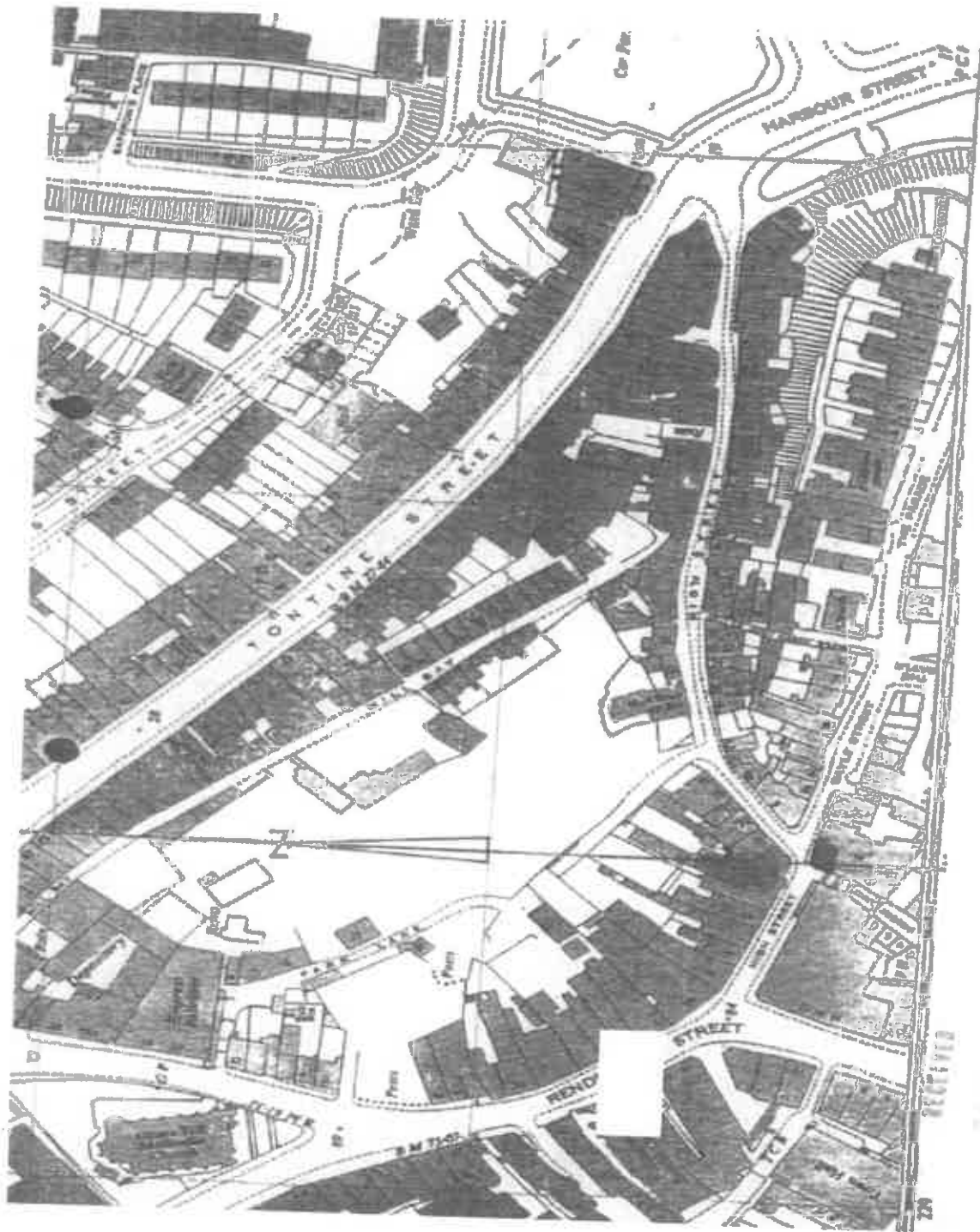
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Post town		Postcode	
Telephone number (if any)		If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	

Notes for Guidance

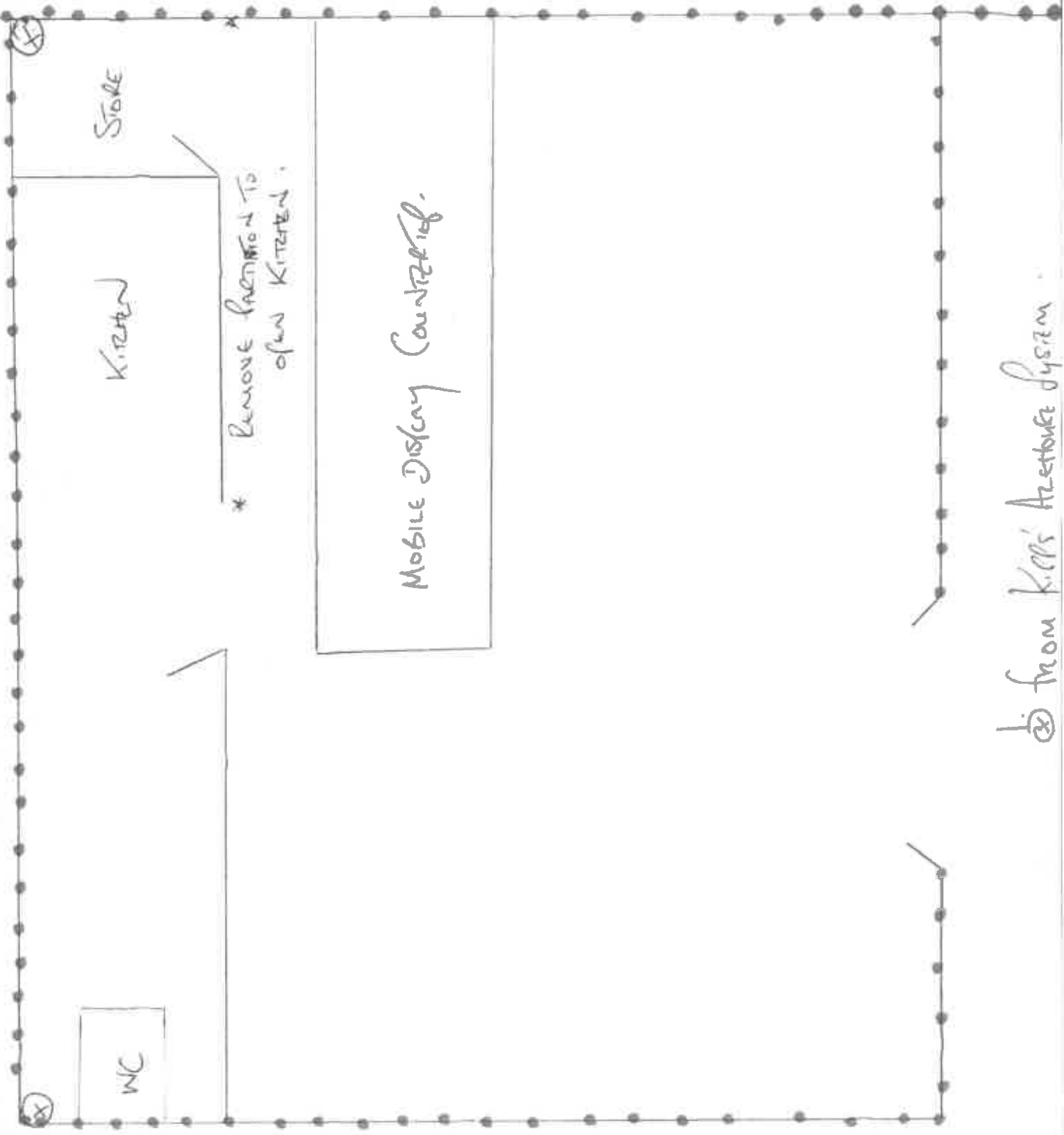
- Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
- In terms of specific regulated entertainments please note that:
 - Plays: no licence is required for performances between 08:00 and 23:00 on any day, provided that the audience does not exceed 500.
 - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08:00 and 23:00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to



16-15 THE OLD NORTH STREET FOLKESTONE
UNIT 2, PRINCES GATE
BAYLE STREET FOLKESTONE G20 1SF.

SCALE 1:1250

Key
 ⊗ (Kofor) (CTV)
 •• (EMISE of (ASBTH)) (Gf)



* REMOVE PARTITION TO OPEN KITCHEN.

⊗ from K.P.'s Architecture System.