

Appendix 1.

Sandgate Vaults Premise application

Licensing Team
 Shepway District Council
 Civic Centre
 Castle Hill Avenue
 Folkestone
 Kent CT20 2QY
 Telephone: 01303 858800
 Email: licensing@shepway.gov.uk
 www.shepway.gov.uk

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Folkestone

Hythe & Romney Marsh
 Shepway District Council



www.shepway.gov.uk

**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 DAVID SCOBLE AND ALAN NEAVES
 (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

SANDGATE
 VAULTS →

Postal address of premises or, if none, Ordnance Survey map reference or description	35 TO 37 SANDGATE HIGH STREET SANDGATE, FOLKSTONE, KENT		
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Post town	SANDGATE	Postcode	CT20 3AH
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Telephone number at premises (if any)	NONE
Non-domestic rateable value of premises	£ 6400

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

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- 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)
- ge) 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 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 residential address if different from premises address					
Post town		Postcode			
Daytime contact telephone number					
E-mail address (optional)					

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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	DDA KENT LTD
Address	117E SANDGATE HIGH STREET SANDGATE FOLKSTONE, KENT CT20 3BZ
Registered number (where applicable)	10662716
Description of applicant (for example, partnership, company, unincorporated association etc.)	PRIVATE LIMITED COMPANY
Telephone number (if any)	07816826131
E-mail address (optional)	DJSCOBLE@AOL.COM

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Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
01/11/2017

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)

RESTAURANT ON GROUND
FLOOR AND BASEMENT BAR

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 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)

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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			State any seasonal variations for performing plays (please read guidance note 5)		
Wed			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 8)		
Thur					
Fri					
Sat					
Sun					

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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					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
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 6)		
Sat					
Sun					

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C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed			
Thur			Non standard timings. Where you intend to use the premise for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 8)
Fri			
Sat			
Sun			

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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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
Wed			Non standard timings. Where you intend to use the premise for boxing or wrestling entertainment at different times to those listed in the column on the left, please list (please read guidance note 6)		
Thur					
Fri					
Sat					
Sun					

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E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	
Day	Start	Finish	Indoors	Outdoors
Mon			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tue			<input type="checkbox"/>	<input type="checkbox"/>
Wed	20.00	23.00	<input type="checkbox"/>	<input type="checkbox"/>
Thur	20.00	23.00	<input type="checkbox"/>	<input type="checkbox"/>
Fri	20.00	23.00	<input type="checkbox"/>	<input type="checkbox"/>
Sat	14.00	23.00	<input type="checkbox"/>	<input type="checkbox"/>
Sun	14.00	20.00	<input type="checkbox"/>	<input type="checkbox"/>

Please give further details here (please read guidance note 4)		
Mon		AMPLIFIED
Tue		
Wed	20.00	23.00
Thur	20.00	23.00
Fri	20.00	23.00
Sat	14.00	23.00
Sun	14.00	20.00

State any seasonal variations for the performance of live music (please read guidance note 5)		
Mon		NONE
Tue		
Wed	20.00	23.00
Thur	20.00	23.00
Fri	20.00	23.00
Sat	14.00	23.00
Sun	14.00	20.00

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)		
Mon		
Tue		
Wed	20.00	23.00
Thur	20.00	23.00
Fri	20.00	23.00
Sat	14.00	23.00
Sun	14.00	20.00

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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	11.00	23.00	Please give further details here (please read guidance note 4) UN AMPLIFIED	Both	<input type="checkbox"/>
Tue	11.00	23.00			
Wed	11.00	23.00	State any seasonal variations for the playing of recorded music (please read guidance note 5) NONE		
Thur	11.00	23.00			
Fri	11.00	23.00	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) NONE		
Sat	11.00	23.00			
Sun	11.00	23.00			

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G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance 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			State any seasonal variations for the performance of dance (please read guidance note 5)		
Wed			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 6)		
Thur					
Fri					
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 7)			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 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			Non standard timings. Where you intend to use the premise 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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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 8)	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			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Wed			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)		
Thur					
Fri					
Sat					
Sun					

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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 type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	11.00	23.00	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Tue	11.00	23.00			
Wed	11.00	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)		
Thur	11.00	23.00			
Fri	11.00	23.00	CHRISTMAS EVE		
			NEW YEARS EVE		
Sat	11.00	23.00			
Sun	11.00	23.00			

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	KATIE HOBBS
Date of birth	16-02-1975
Address	71, CROMWELL PARK PLACE, FLORESTONE, KENT.
Postcode	CT20 3SD
Personal licence number (if known)	SDC 1278

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Issuing licensing authority (if known) SHEPWAY DISTRICT

□□□□

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			
Tue			
Wed			
			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)
Thur			
Fri			

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Sat			
Sun			

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)

NO SALES OF ANY ALCOHOL TO UNDER AGE
RIGEROUS STRICTLY ENFORCED ANTI DRUGS
POLICY, NO DRUNK OR DISORDERLY BEHAVIOR
ON PREMISES. NO VIOLENT OR ANTI SOCIAL
BEHAVIOR

b) The prevention of crime and disorder

RECORDED CCT SYSTEM COVERING ALL
AREAS. NOTICES DISPLAYING OPENING HOURS
AND CRIMINAL ACTIVITY ON ENTRANCE,
STAFF WILL BE TRAINED IN THE LICENSING LAW'S

c) Public safety

INTERNAL AND EXTERNAL LIGHTING INCLUDING
EMERGENCY LIGHTING, FIRE ROUTE SIGN'S,
STAFF TRAINING IN ID AND COMPANY
SAFETY POLICY

d) The prevention of public nuisance

NOTICES PROMINENTLY DISPLAYED AT EXIT
REQUESTING ~~GOAT~~ CUSTOMERS TO RESPECT
LOCAL RESIDENTS AND TO LEAVE AREA
QUIETLY. DELIVERIES ARRANGED AT TIMES
AS TO NOT DISTURBED RESIDENTS

e) The protection of children from harm

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CHALLENGE 25's SYSTEM TO BE OPERATED.
STAFF TRAINED AND RECORDED IN TRAINING RECORDS

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 168 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 16 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.

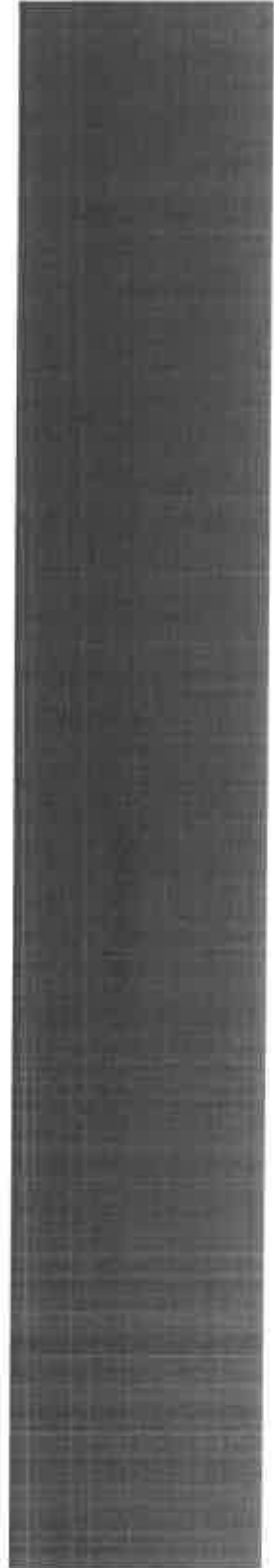
Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject
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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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	<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 16)
Signature	<i>[Handwritten Signature]</i>
Date	20-08-2017
Capacity	DIRECTOR OF COMPANY

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

Signature	<i>[Handwritten Signature]</i>
Date	20-08-2017
Capacity	Company Director

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

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Licensing Team
Shepway District Council
Civic Centre
Castle Hill Avenue
Folkestone
Kent CT20 2QY
Telephone: 01303 853626/3407

Folkestone

Hythe & Romney Marsh
Shepway District Council



www.shepway.gov.uk

Consent of individual to being specified as premises supervisor

I, KATIE HOBBS
(full name of prospective premises supervisor)

of 71, CROMWELL PARK PLACE
FOLKSTONE
KENT
CT20 3BS

(Please address of proposed 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

DDA KENT LTD
(name of applicant)

relating to a premises licence (number of existing licence, if any)

for SANDGATE VAULTS
35 to 37 SANDGATE HIGH STREET
SANDGATE, FOLKSTONE
KENT CT20 3AH
(name and address of premises to which the application relates)

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

(Name of applicant)

concerning the supply of alcohol at

(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

SDC 1278

(Insert personal licence number if any)

Personal licence issuing authority

SHEPWAY DISTRICT COUNCIL

(Insert name and address and telephone number of personal licence issuing authority, if any)

Signed



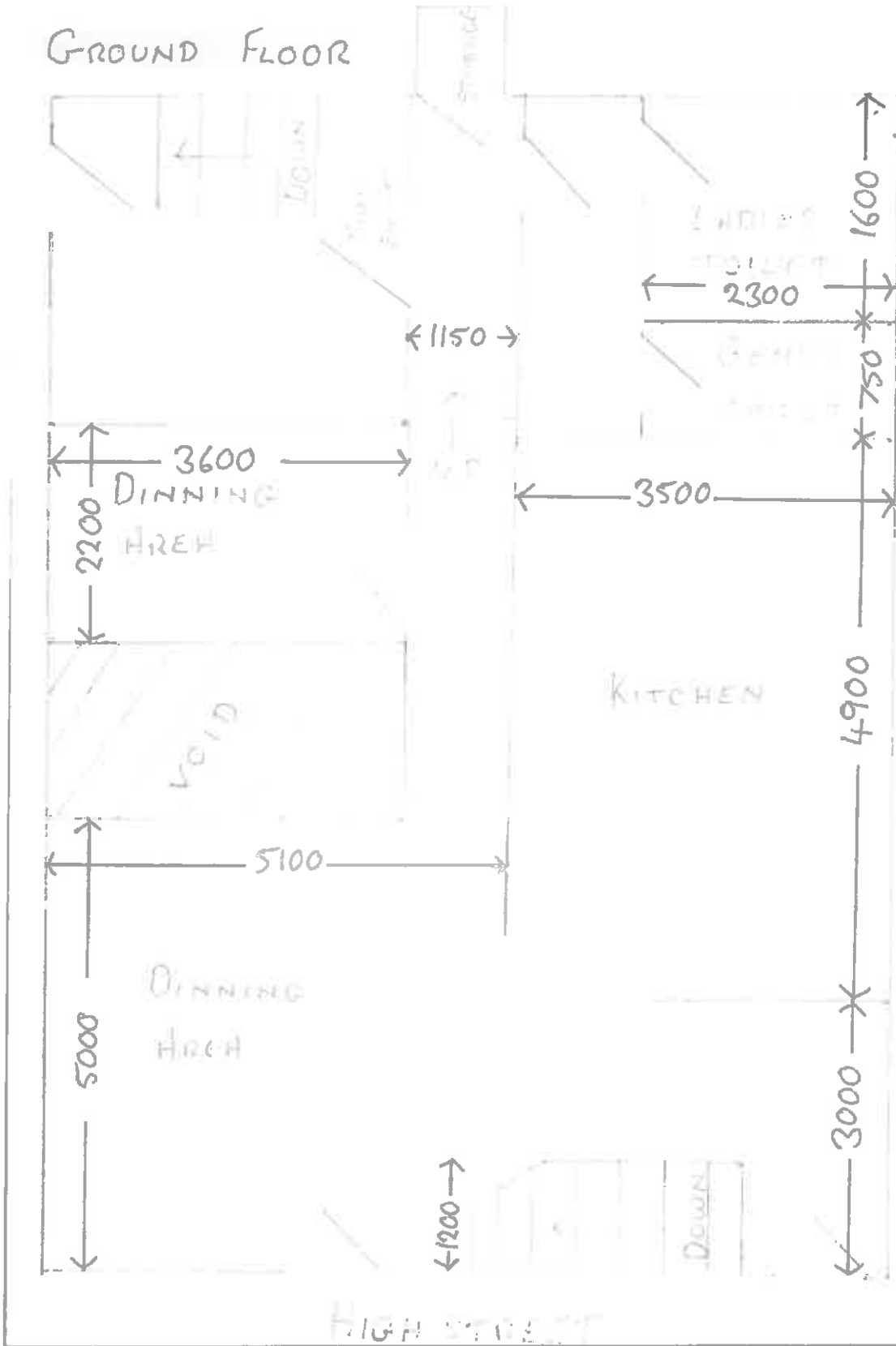
Name (please print)

KATIE HOBBS

Date

21-8-2017

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