

Bar Baccus new premise application 120418

licensing

Corporate Post Room

11 2 APR 2018

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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 MARK MACFARLANE
(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	
2 CHURCH STREET	
Post town	FOLKESTONE
Postcode	CT20 1SE

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 11,500

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 *
 - i as a limited company/limited liability partnership please complete section (B)

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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)
- 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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev) <input type="checkbox"/>	
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) <input type="checkbox"/>
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	BAR BACCHUS
Address	2 CHURCH STREET FOLKESTONE CT20 1SE
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
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~~ 05 2018

10

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)

BAR BACCHUS WILL BE A HIGH
END COCKTAIL AND WINE BAR
THAT WILL ALSO SERVE COLD
FOOD AND SELL FINE COFFEE
AND CAKES.

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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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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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 6)		
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 <u>indoors or outdoors or both – 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			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Wed			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)		
Thur					
Fri					
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			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
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			

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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"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish				
Mon			Please give further details here (please read guidance note 4)			
Tue						
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)			
Thur						
Fri			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)			
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)	
			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 performance of live music (please read guidance note 5)	
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 6)	
Fri				
Sat				
Sun				

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F

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

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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						
Wed				State any seasonal variations for the performance of dance (please read guidance note 5)		
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 6)		
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 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)		
Sun					

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I

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)	
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 4)	
Tue			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)	
Wed			<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 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 checked="" type="checkbox"/>	
				Off the premises <input type="checkbox"/>	
				Both <input type="checkbox"/>	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	10.00	23.00			
Tue	10.00	23.00			
Wed	10.00	23.00			
Thur	10.00	23.00			
Fri	10.00	01.00			
Sat	10.00	02.00			
Sun	10.00	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)		

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	MARK MACFARLANE
Date of birth	21/05/78
Address	42a EAST CLIFF FOLKESTONE
Postcode	CT19 6BX
Personal licence number (if known)	SDC 1619

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Issuing licensing authority (if known)

□□□□

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	10.00	23.00	
Tue	10.00	23.00	
Wed	10.00	23.00	
Thur	10.00	23.00	
Fri	10.00	01.00	

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 6)

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Sat	10.00	01.00
Sun	10.00	23.00

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 10)

- * NEIGHBOURS NOTIFIED AND HAPPY WITH BUSINESS
- * CEILING WILL BE HEAVILY SOUND PROOFED
- * OUTSIDE AREA FROM SHOP WILL BE METICULOUSLY MAINTAINED AND SWEEPED NIGHTLY

b) The prevention of crime and disorder

- * CCTV
- * PUB WATCH MEMBERSHIP
- * DOOR SUPERVISORS IF NECESSARY
- * STAGGERED DISPERSAL/CLOSING TIMES

c) Public safety

- * EXTERNAL LIGHTING
- * CCTV
- * DOOR SUPERVISORS AS REQUIRED

d) The prevention of public nuisance

- * HEAVY SOUND INSULATION
- * VERBAL REQUESTS TO ROWDY CUSTOMERS TO DISPERSE QUIETLY WHEN WALKING HOME

e) The protection of children from harm

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* CHALLENGE 25 SCHEME
* NO UNDER 18's POST 19.00
* ENCOURAGEMENT TOWARDS PARENTS
TO KEEP THEIR CHILDREN ORDERLY

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.

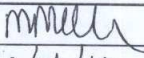
IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT 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	10/04/18
Capacity	MANAGER AND APPLICANT OF BAR BACCUS

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.

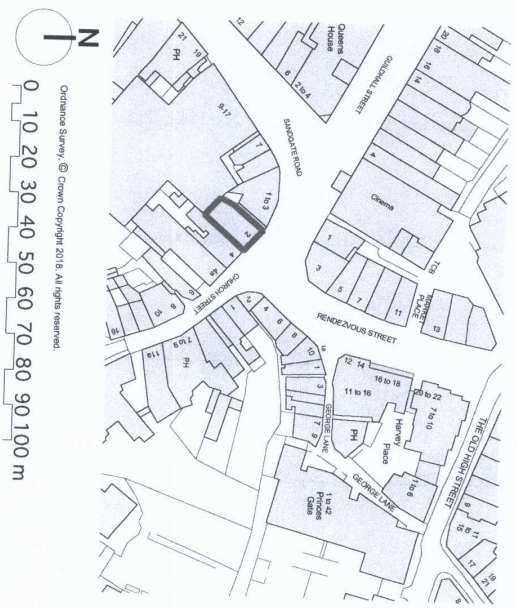
Signature	
Date	
Capacity	

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

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SITE LOCATION PLAN

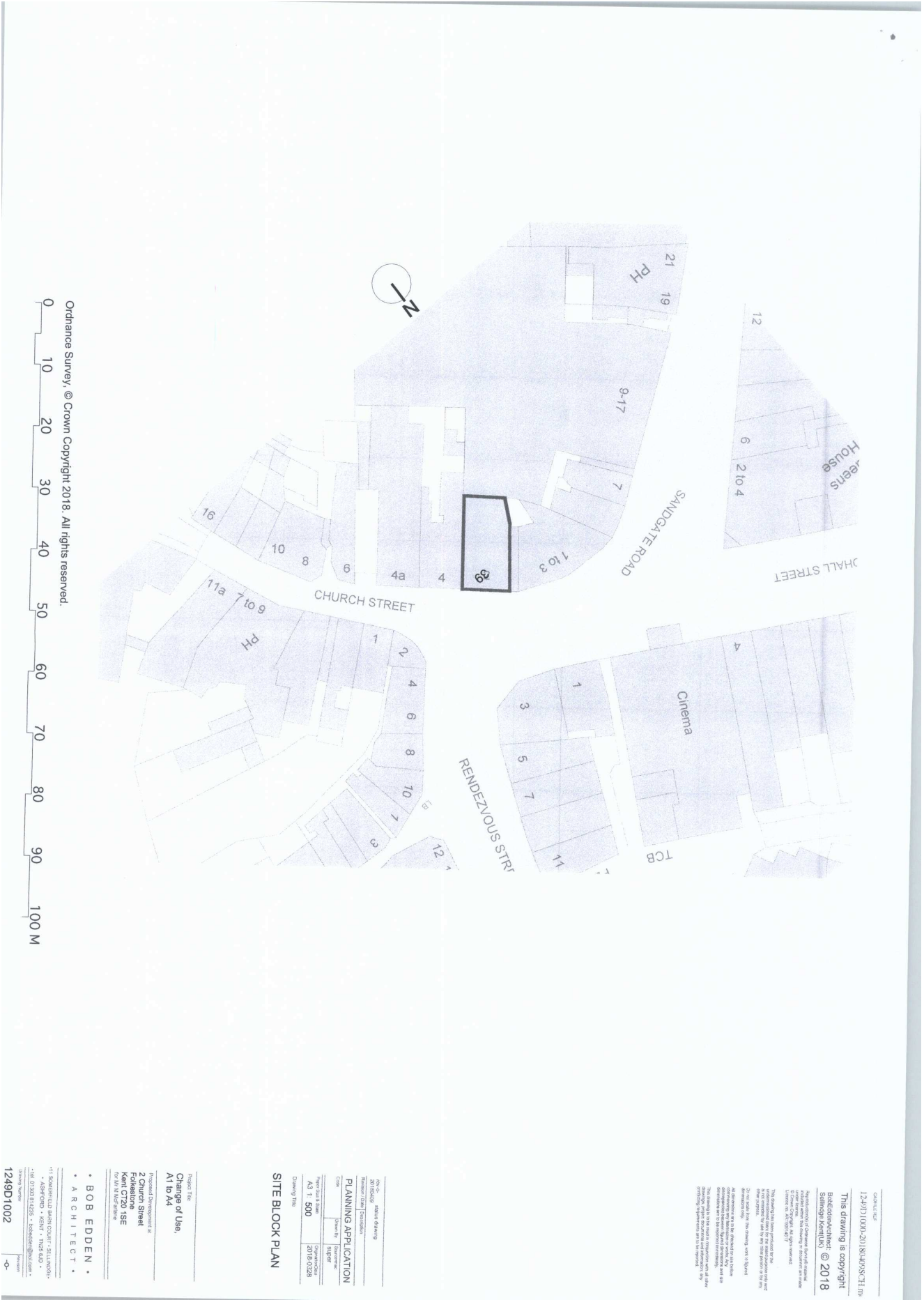
124011001_20181804053131.mxd
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 The drawing is to be read in conjunction with the other drawings in this set of drawings and shall not be used in isolation.
 The drawing is to be read in conjunction with the other drawings in this set of drawings and shall not be used in isolation.

Project Title	Change of Use A1 to A4
Project Location	2 Church Street Folkestone Kent CT20 1SE
Client	BOB EDDEN ARCHITECT
Project No.	120418
Issue No.	1
Issue Date	2018-03-28

SITE LOCATION PLAN

Project Title
 Change of Use
 A1 to A4
 Project Location
 2 Church Street
 Folkestone
 Kent CT20 1SE
 Client
 BOB EDDEN
 ARCHITECT
 Project No.
 120418
 Issue No.
 1
 Issue Date
 2018-03-28

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1249D1002-2118RHS0CH1.mxd
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 Robert M. Kent
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 Sullidge Kent LLP
 Sullidge Kent LLP
 111 Southfield Bank Court - Tallmadge, OH 44128
 216.333.1423 - rkent@sullidgekent.com
 216.333.1424 - rkent@sullidgekent.com
 216.333.1425 - rkent@sullidgekent.com

Project Title
 Change of Use,
 A1 to A4
 Proposed Development at
 2 Church Street
 Kenton, OH 44130
 for A1/A4 Use

Project No.
 1249D1002

Client
 Bob Edden
 Architect

Scale
 AS 1:500

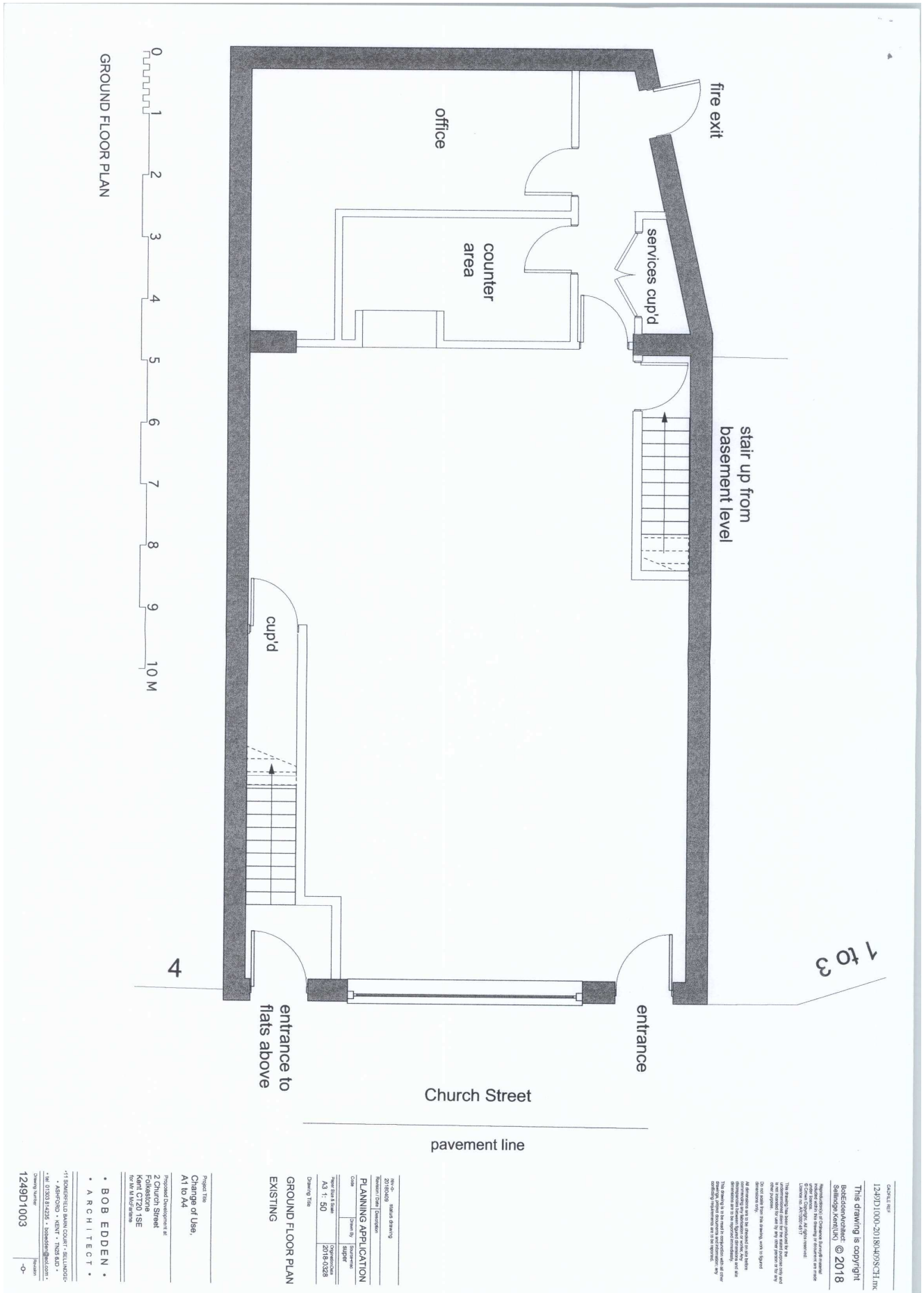
Date
 2018-02-28

Drawing Title
 SITE BLOCK PLAN

111 Southfield Bank Court - Tallmadge, OH 44128
 216.333.1423 - rkent@sullidgekent.com
 216.333.1424 - rkent@sullidgekent.com
 216.333.1425 - rkent@sullidgekent.com

1249D1002

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1 to 3

Church Street
pavement line



1249D1003-20180409SCLink
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no-0	initial drawing
20180409	20180409
Project Name: Conversion	
PLANNING APPLICATION	
COM	Site/Service
Drawn By: Sallinger	Checked By: Sallinger
Issue No: 1	Date: 2018/03/28
AS 1: 50	

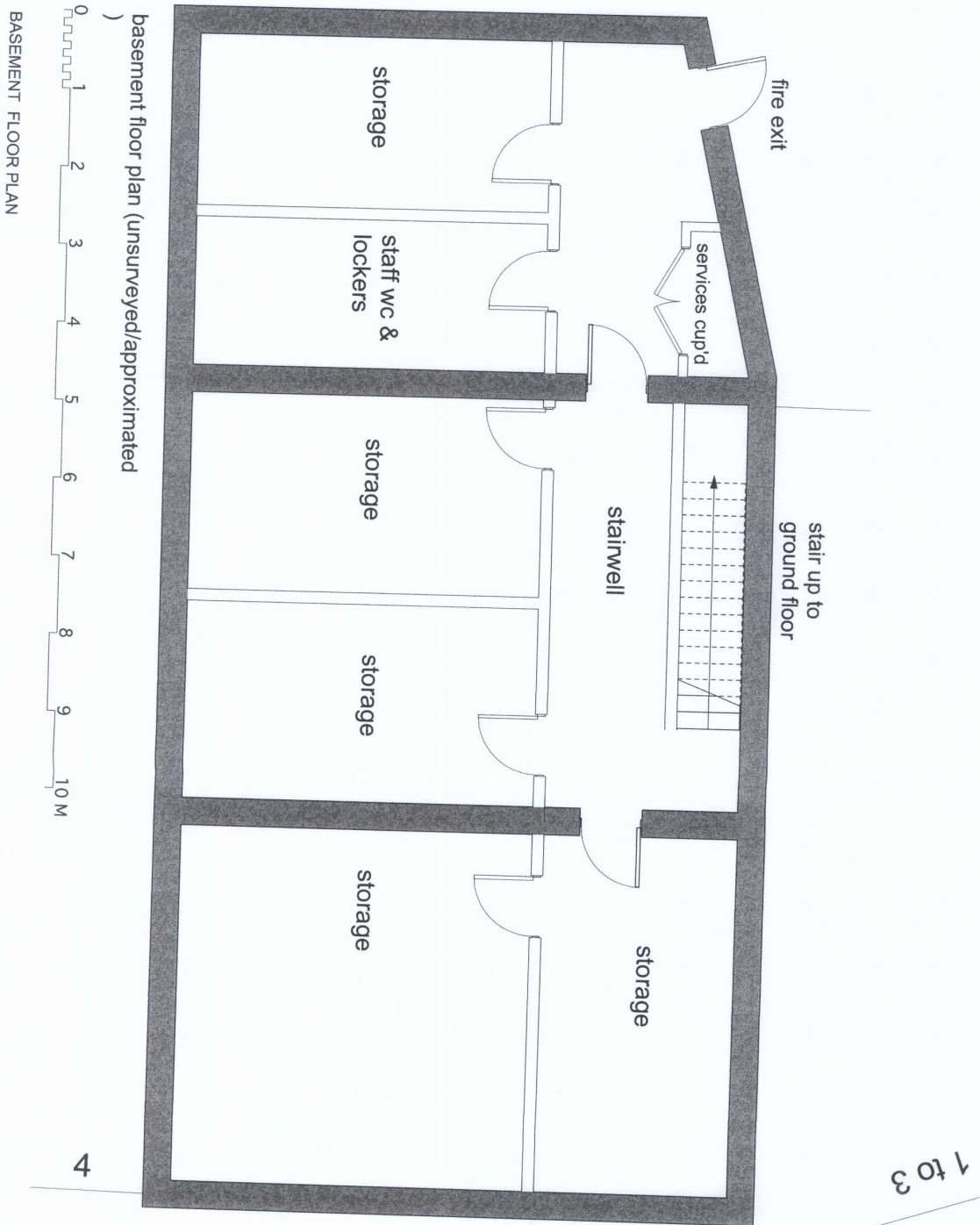
GROUND FLOOR PLAN
 EXISTING

Project Title
 Change of Use,
 A1 to A4
 Proposed Development at
 2 FOLKTON STREET
 KENT CT20 1SE
 for Mr M. McArthur

• BOB EDDEN •
 • ARCHITECT •

1249D1003

Bar Baccus new premise application 120418



CADFILE REF
1248D1000-2018W409SCH.mxd

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This drawing has been prepared by me or under my direct supervision and I am a registered architect in the United Kingdom and I am a member of the Royal Institute of British Architects (RIBA).

All dimensions are to the finished work unless otherwise stated. The drawing is to be used in conjunction with any other drawings and specifications for the project.

This drawing is to be used in conjunction with any other drawings and specifications for the project.

Project Title	Bar Baccus - Bar & Restaurant
Client	Bar Baccus Ltd
Location	2 Church Street, Folkestone, Kent CT20 1SE
Scale	A3 1:50
Date	2018.02.28

Bob Eden Architects
2 Church Street
Folkestone, Kent CT20 1SE
Tel: 01303 814231
www.bobeden.co.uk

Project Title
Change of Use,
A1 to A4

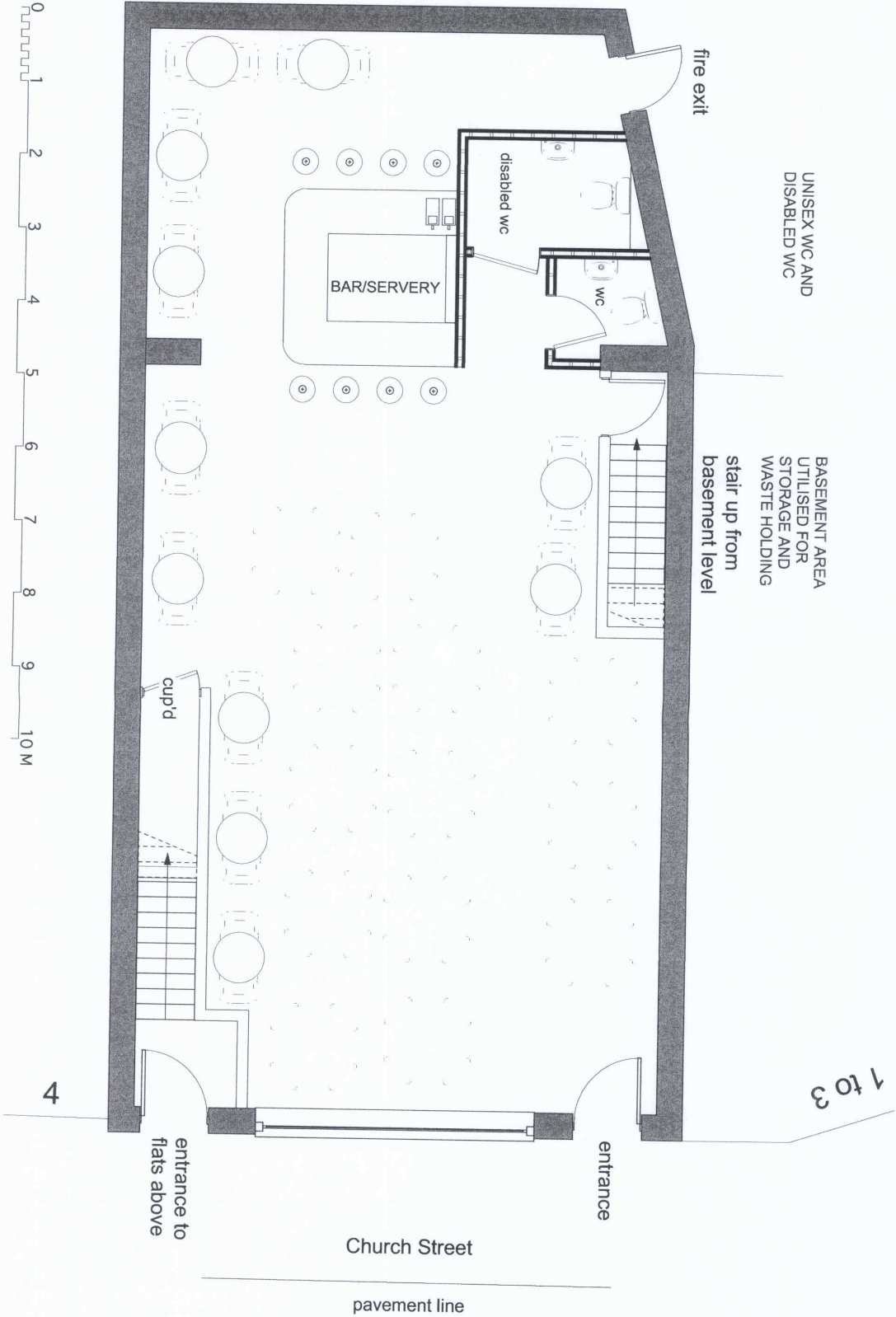
Residential Development at
2 Church Street
Folkestone
Kent CT20 1SE
for use as a bar/restaurant

• BOB EDDEN •
• ARCHITECT •

432000004

Bar Baccus new premise application 120418

GROUND FLOOR PLAN



1249D1000-2018RJD/SCH,inc
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(Small text regarding copyright and liability)

Project Title	Bar Baccus
Client	BOB EDDEN ARCHITECT
Location	2 Church Street, Salford, Greater Manchester, M6 6PU
Drawing Title	GROUND FLOOR PLAN PROPOSED
Date	2018-03-28

Project Title: Bar Baccus
 Client: BOB EDDEN ARCHITECT
 Location: 2 Church Street, Salford, Greater Manchester, M6 6PU
 Drawing Title: GROUND FLOOR PLAN PROPOSED
 Date: 2018-03-28

BOB EDDEN ARCHITECT

17 ROBERTFIELD BANK COURT • SALLINGBURY
 ASHFORD • NENT • TN25 5AD •
 TEL 01293 812295 • ROBERT@bobedden.com

Drawing Number: 1249D1005