

**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 Paul Berry and Donna Berry

*(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			
<b>Spelt</b> <b>42 Brook Street</b> <b>Bampton</b>  <b>(Formally Bawdens the Bakers)</b>			
<b>Post town</b>	Tiverton	<b>Postcode</b>	EX16 9LY

Telephone number at premises (if any)	<b>None currently</b>
Non-domestic rateable value of premises	<b>£3,650</b>

**Part 2 - Applicant details**

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

- |    |  |                                     |                             |
|----|--|-------------------------------------|-----------------------------|
| 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/limited liability partnership | <input type="checkbox"/>            | please complete section (B) |
|    | ii as a partnership (other than limited liability)   | <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 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)	
<b>Surname</b> Berry			<b>First names</b> Paul		
<b>Date of birth</b> [REDACTED]		I am 18 years old or over		Please tick <input checked="" type="checkbox"/>	
<b>Nationality - British</b>					
Current residential address if different from premises address		The swan Station road, Bampton, Devon,			
Post town	Bampton			Postcode	EX16 9NG
<b>Daytime contact telephone number</b>		[REDACTED]			
<b>E-mail address (optional)</b>		[REDACTED]			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					
[REDACTED]					

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> Berry			<b>First names</b> Donna		
<b>Date of birth</b> over		I am 18 years old or		<input checked="" type="checkbox"/>	Please tick yes
<b>Nationality – British</b>					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
[REDACTED]					
Current residential address if different from premises address			The swan Station road, Bampton, Devon,		
Post town	Bampton			Postcode	EX16 9NG
<b>Daytime contact telephone number</b>			[REDACTED]		
<b>E-mail address (optional)</b>		[REDACTED]			

**(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? ASAP

DD	MM	YYYY

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

DD	MM	YYYY

<p>Please give a general description of the premises (please read guidance note 1)</p> <p>Small restaurant/ bistro selling tapas style food, breakfast, lunch and dinner with alcoholic and non- alcoholic beverages. A selection of quality products including alcohol will also be for sale off the premises. There will be seating for approximately 30 – 32 people.</p> <p>We are experienced premises operators and will have best practice measures in place to ensure we uphold the licensing objectives.</p> <p>The 1<sup>st</sup> floor flat shown on the plan is not connected to the premises.</p>
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If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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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**

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

**B**

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

**C**

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



**D**

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

# E

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon	12.00	23.00			
Tue	12.00	23.00			
Wed	12.00	23.00			
			<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 5)		
Thur	12.00	23.00			
			Bampton Fair takes place on the last Thursday in October. During the week of Bampton Fair - Monday to Sunday until 00.00 Christmas eve until 00.00		
Fri	12.00	23.00			
			<b><u>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</u></b> (please read guidance note 6)		
Sat	12.00	23.00			
			New Year's Eve de-regulated		
Sun	12.00	23.00			

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	12.00	23.00	<b>Please give further details here</b> (please read guidance note 4)		
Tue	12.00	23.00			
Wed	12.00	23.00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)		
Thur	12.00	23.00	Bampton Fair takes place on the last Thursday in October. During the week of Bampton Fair - Monday to Sunday until 00.00 Christmas eve until 00.00		
Fri	12.00	23.00	<b>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</b> (please read guidance note 6)		
Sat	12.00	23.00	New Year's Eve de-regulated		
Sun	12.00	23.00			

# G

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

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> 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	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)		
Fri					
Sat			<b><u>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</u></b> (please read guidance note 6)		
Sun					

**I**

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

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  Bampton Fair takes place on the last Thursday in October. During the week of Bampton Fair - Monday to Sunday until 00.00 Christmas eve until 00.00		
Mon	9.00	23.30			
Tue	9.00	23.30			
Wed	9.00	23.30			
Thur	9.00	23.30			
Fri	9.00	23.30			
Sat	9.00	23.30			
Sun	9.00	23.30			
			<b>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</b> (please read guidance note 6)  New year's eve de-regulated		

**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):**

<b>Name</b> Paul Berry	
<b>Date of birth</b> 09/02/1967	
<b>Address</b>  The swan Station road, Bampton, Devon,	
<b>Postcode</b>	EX16 9NG
<b>Personal licence number (if known)</b> 139	
<b>Issuing licensing authority (if known)</b> South Oxfordshire 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).**

None

**L**

<p><b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)</p>			<p><b><u>State any seasonal variations</u></b> (please read guidance note 5)</p> <p>Bampton Fair takes place on the last Thursday in October. During the week of Bampton Fair - Monday to Sunday until 00.30 Christmas eve until 00.30</p>
Day	Start	Finish	<p><b><u>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</u></b> (please read guidance note 6)</p> <p>New Year's Eve de - regulated</p>
Mon	0800	00.00	
Tue	0800	00.00	
Wed	0800	00.00	
Thur	0800	00.00	
Fri	0800	00.00	
Sat	0800	00.00	
Sun	0800	00.00	



## 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)**

We will consider advice from the responsible authorities.

**b) The prevention of crime and disorder**

We will consider advice from the responsible authorities.

Additionally:-

No open vessels containing alcohol or soft drinks will be taken out of the premises except for Bampton Fair when plastic glasses must be used.

**c) Public safety**

We will consider advice from the responsible authorities.

**d) The prevention of public nuisance**

We will consider advice from the responsible authorities.

**e) The protection of children from harm**

We will consider advice from the responsible authorities.

Additionally:-

1. There will be in place a written age verification policy in relation to the sale or supply of alcohol, which will specify a Challenge 25 proof of age requirement. This means that staff working at the premises must ask individuals who appear to be under 25 years of age, attempting

to purchase alcohol, to produce identification.

The only acceptable identification documents will be:

- A photo driving licence
- A passport
- An identification card carrying the PASS hologram

Unless such identification is produced the sale of alcohol must be refused. This policy will include documented steps taken to prevent adults from purchasing alcohol for or on behalf of children under 18.

**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 or my share code issued by the Home Office online right to work checking service (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.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>[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 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).</li> <li>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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)</li> </ul>
Signature	Paul Berry
Date	05/02/2019
Capacity	Joint licence holder

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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	Donna Berry
Date	05/02/2019
Capacity	Joint licence holder

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) Paul and Donna Berry The Swan Bampton			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) Paul Berry paul@theswan.co Donna Berry			