

Annex 1

Higher  
Eggbeer  
last day  
18.10.16



**Licensing Authority**  
**Mid Devon District Council**  
Phoenix House, Phoenix Lane  
Tiverton, Devon EX16 6PP  
Tel: 01884 244617/8/9

**Licensing Act 2003**

**Application for a premises licence to be granted  
under the Licensing Act 2003**

CHECKLIST	Please tick ✓ yes
I have made or enclosed payment of the fee	<input checked="" type="checkbox"/>
I have enclosed the plan of the premises	<input checked="" type="checkbox"/>
I have sent copies of this application and the plan to responsible authorities and others where applicable	<input checked="" type="checkbox"/>
I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable	<input checked="" type="checkbox"/>
I understand that I must now advertise my application	<input checked="" type="checkbox"/>
I understand that if I do not comply with the above requirements my application will be rejected	<input checked="" type="checkbox"/>
<b>For office use only</b>	<b>Payment code: HC5507266</b>

This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see [www.middevon.gov.uk/index.cfm?articleid=3746](http://www.middevon.gov.uk/index.cfm?articleid=3746) or contact the Information Management and e-gov Officer on 01884 234916.

paid £100.00 r/n 02/18149  
20.9.16

**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** ALISTAIR SCOTT-LAWSON

*(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>HIGHER EGGBEER FARM, CHERITON BISHOP.</b>			
<b>Post town</b>	EXETER	<b>Postcode</b>	EX66JQ

Telephone number at premises (if any)	<b>07850136131</b>
Non-domestic rateable value of premises	<b>£ 0</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 \*  please complete section (A)
- b) a person other than an individual \*
  - i. as a limited company  please complete section (B)
  - ii. as a partnership  please complete section (B)
  - iii. as an unincorporated association or  please complete section (B)
  - iv. other (for example a statutory corporation)  please complete section (B)
- c) a recognised club  please complete section (B)
- d) a charity  please complete section (B)
- e) the proprietor of an educational establishment  please complete section (B)

- f) a health service body  please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales  please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

I am making the application pursuant to a statutory function or   
 a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> SCOTT-LAWSON			<b>First names</b> ALISTAIR		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		As above			
Post town		Postcode			
<b>Daytime contact telephone number</b>		07850136131			
<b>E-mail address (optional)</b>		ascottlawson@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		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
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? 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
⊥	⊥	⊥
⊥	⊥	⊥
⊥	⊥	⊥

Please give a general description of the premises (please read guidance note 1)  
 HIGHER EGGBEER IS PREDOMINANTLY A WEDDING VENUE, WE ALSO HOLD THE LOFT BARBERS LIVE SESSIONS WHICH IS FAST BECOMING ONE OF THE BEST SMALL MUSIC VENUES IN ENGLAND. IT COMPRISES OF A FARM HOUSE WITH BARNES SET IN FOURTEEN ACRES OF LAND. THERE IS A LARGE GARDEN AND YARD, WHICH IS WHERE THE ARRIVAL DRINKS ARE USUALLY SERVED. THE MAIN BARN IS IN THE MEDIAEVAL STYLE WITH A BAR SITUATED AT THE BACK. THERE IS A SECOND BAR/GAMES ROOM ON THE SOUTH SIDE OF THE LOWER YARD. THE FARM HAS A LONG PRIVATE DRIVE AND HAS NO CLOSE NEIGHBOURS.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment	Please tick any that apply
a) plays (if ticking yes, fill in box A)	x
b) films (if ticking yes, fill in box B)	x
c) indoor sporting events (if ticking yes, fill in box C)	<input type="checkbox"/>
d) boxing or wrestling entertainment (if ticking yes, fill in box D)	<input type="checkbox"/>
e) live music (if ticking yes, fill in box E)	x
f) recorded music (if ticking yes, fill in box F)	x
g) performances of dance (if ticking yes, fill in box G)	x
h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	x
<b><u>Provision of late night refreshment</u></b> (if ticking yes, fill in box I)	x

**Supply of alcohol** (if ticking yes, fill in box J)

X

In all cases complete boxes K, L and M

**A**

Plays Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	X <input type="checkbox"/>
Mon	11:00	23:00	<b>Please give further details here</b> (please read guidance note 3)		
Tue	11:00	23:00			
Wed	11:00	23:00	<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur	11:00	23:00			
Fri	11:00	23:00	<b>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</b> (please read guidance note 5) NEW YEARS EVE, DEREGULATED.		
Sat	11:00	23:00			
Sun	11:00	23:00			

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	11:00	23:00			
Tue	11:00	23:00	<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Wed	11:00	23:00			
Thur	11:00	23:00	<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 5) NEW YEARS EVE, DEREGULATED.		
Fri	11:00	23:00			
Sat	11:00	23:00			
Sun	11:00	23:00			

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			
Thur			<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 5)
Fri			
Sat			
Sun			



**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	
			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 3)	
Mon				
Tue			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)	
Wed				
Thur			<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 5)	
Fri				
Sat				
Sun				

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon	11:00	23:30			
Tue	11:00	23:30			
Wed	11:00	23:30	<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 4)		
Thur	11:00	23:30			
Fri	11:00	23:30	<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 5) NEW YEARS EVE, DEREGULATED.		
Sat	11:00	23:30			
Sun	11:00	23:30			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/> <input type="checkbox"/>
Mon	11:00	01:30	<b>Please give further details here</b> (please read guidance note 3)		
Tue	11:00	01:30			
Wed	11:00	01:30	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur	11:00	01:30			
Fri	11:00	01:30	<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 5) NEW YEARS EVE, DEREGULATED.		
Sat	11:00	01:30			
Sun	11:00	01:30			

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
					<sup>x</sup> <input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon	11:00	23:00			
Tue	11:00	23:00			
			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Wed	11:00	23:00			
Thur	11:00	23:00			
			<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 5) NEW YEARS EVE, DEREGULATED.		
Fri	11:00	23:00			
Sat	11:00	23:00			
Sun	11:00	23:00			



# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	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 3)		
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 4)		
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 5)		
Sun					

I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon	11:00	01:30			
Tue	11:00	01:30	<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Wed	11:00	01:30			
Thur	11:00	01:30	<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 5) NEW YEARS EVE, DEREGULATED.		
Fri	11:00	01:30			
Sat	11:00	01:30			
Sun	11:00	24:00			

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	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 4)		
Mon	11:00	01:30			
Tue	11:00	01:30			
Wed	11:00	01:30			
Thur	11:00	01:30			
Fri	11:00	01:30			
Sat	11:00	01:30			
Sun	11:00	24:00			
			<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 5) NEW YEARS EVE, DEREGULATED.		

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

Name SIMON SAUNDERS	
Address 53 New Street, Chagford Newton Abbott	
Postcode	TQ13 8BB
Personal licence number (if known) PA0274	
Issuing licensing authority (if known) West Devon Borough 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 8).

NONE

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	09:00	02:00	<b>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</b> (please read guidance note 5)
Tue	09:00	02:00	
Wed	09:00	02:00	
Thur	09:00	02:00	
Fri	09:00	02:00	
Sat	09:00	02:00	
Sun	09:00	24:00	



## 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 9)**

I AM AWARE OF ALL THE LICENSING OBJECTIVES, I WILL BE HAPPY TO ACCEPT ANY FURTHER ADVICE FROM THE RESPONSIBLE AUTHORITIES.

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

I AM AWARE OF ALL THE LICENSING OBJECTIVES, I WILL BE HAPPY TO ACCEPT ANY FURTHER ADVICE FROM THE RESPONSIBLE AUTHORITIES.

**c) Public safety**

I AM AWARE OF ALL THE LICENSING OBJECTIVES, I WILL BE HAPPY TO ACCEPT ANY FURTHER ADVICE FROM THE RESPONSIBLE AUTHORITIES.

**d) The prevention of public nuisance**

I AM AWARE OF ALL THE LICENSING OBJECTIVES, I WILL BE HAPPY TO ACCEPT ANY FURTHER ADVICE FROM THE RESPONSIBLE AUTHORITIES.

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

I AM AWARE OF ALL THE LICENSING OBJECTIVES, I WILL BE HAPPY TO ACCEPT ANY FURTHER ADVICE FROM THE RESPONSIBLE AUTHORITIES.

**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.

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

**Part 4 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 11). **If signing on behalf of the applicant, please state in what capacity.**

Signature	Alistair Scott- Lawson
Date	20 September 2016
Capacity	Director

**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 12). **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 13)

Higher Eggbeer Farm  
Cheriton Bishop  
Devon

Post town	<b>Exeter</b>	Postcode	<b>EX6 6JQ</b>
Telephone number (if any)	07850136131		

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)  
ascottlawson@gmail.com



**Licensing Authority**  
**Mid Devon District Council**  
Phoenix House, Phoenix Lane  
Tiverton, Devon EX16 6PP  
Tel: 01884 244617/8/9

**Licensing Act 2003**

**Consent of individual to being specified as premises supervisor**

I [full name of prospective premises supervisor]
<i>SIMON CHRISTOPHER STEWART SANDERS</i>
Of [home address of prospective premises supervisor]
<i>53, NEW STREET, CHAGFORD, NEWTON ABBOT TQ13 8BB</i>
hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for [type of application]
<i>FULL ON LICENCE</i>
by [name of applicant]
<i>ALISTAIR SCOTT-LAWSON</i>
relating to a premises licence [number of existing licence, if any]
<i>N/A</i>

for [name and address of premises to which the application relates] MIGHER LEGGIER, CHERTON BISHOP EX6 6JQ
and any premises licence to be granted or varied in respect of this application made by [name of applicant] ARISTAIR SCOTT-LAWSON
concerning the supply of alcohol at [name and address of premises to which application relates] MIGHER LEGGIER, CHERTON BISHOP EX6 6JQ

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.

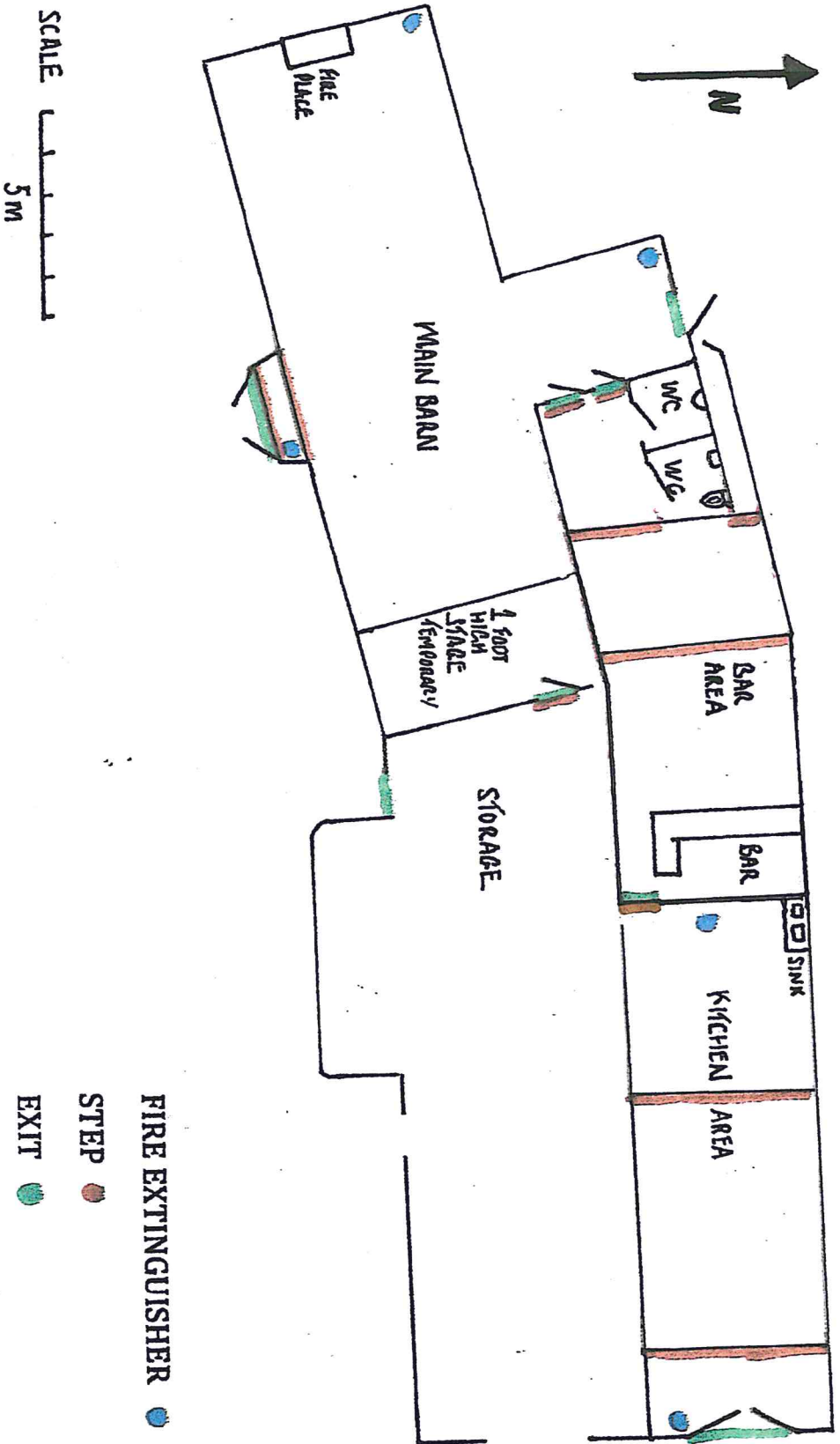
Personal licence number [insert personal licence number, if any] PA0274
Personal licence issuing authority [insert name and address and telephone number of personal licence issuing authority, if any] WEST DEVON BOROUGH COUNCIL

<b>Signed</b>	
<b>Name (please print)</b>	S. SANDERS
<b>Date</b>	12/9/2016

This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see [www.middevon.gov.uk/index.cfm?articleid=3746](http://www.middevon.gov.uk/index.cfm?articleid=3746) or contact the Information Management and e-gov Officer on 01884 234916.



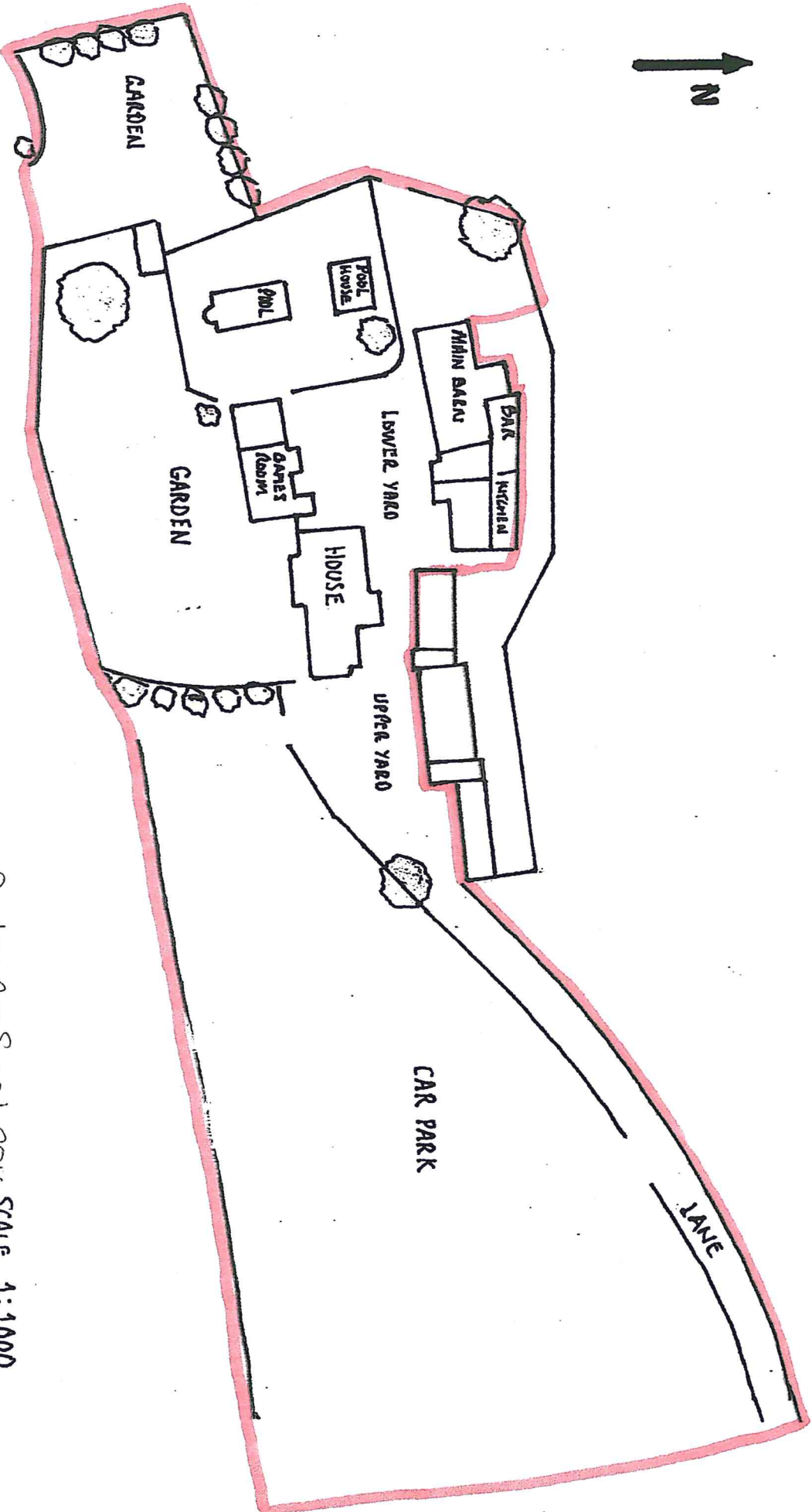
HIGHER EGGBEER



Date: 20 September 2014

# HIGHER EGGBEER

AREA OUTLINED IN RED WILL BE FOR ALL LICENSABLE ACTIVITIES.



Date: 20 Sept 2016 SCALE 1:1000

## Noise

During the performance of any regulated entertainment from the licensed premises the Aweighted equivalent continuous noise level ( $LA_{eq}$ ) emanating from the premises, as measured at monitoring points 1, 2 & 3 (detailed on the plan below) shall be controlled to:

ensure that the daytime music noise level between the hours of 09:00 – 23:00 shall not exceed 45 dB ( $LA_{eq(15\text{ min})}$ ) throughout the daytime use of the venue.

ensure that the night-time music noise level between the hours of 23:00 – 09:00 shall not exceed 40 dB ( $LA_{eq(5\text{ min})}$ ) throughout the night-time use of the venue.

