

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 ALISON LOCKYER NICK LOCKYER.
(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			
DAIRYHOUSE FARM, BERE, ALLER			
Post town	LANGPORT	Postcode	TA10 0QX

Telephone number at premises (if any)	01458 250265.
Non-domestic rateable value of premises	£ 8,750.

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/limited liability partnership please complete section (B)
 - 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)

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			I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality					
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)					
Current residential 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	ALISON LOCKYER NICK LOCKYER.
Address	DAIRYHOUSE FARM BERE, ALLER, LANGPORT, SOMERSET TA10 0GX
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	PARTNERSHIP

Telephone number (if any)	01458 250265
E-mail address (optional)	Aly.Lockyer@outlook.com

Part 3 Operating Schedule

When do you want the premises licence to start? DD MM YYYY

0	1	0	6	2	0	2	0
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If you wish the licence to be valid only for a limited period, when do you want it to end? DD MM YYYY

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Please give a general description of the premises (please read guidance note 1)

SINGLE STOREY AGRICULTURAL BARN WITH CHANGE OF USE TO A WEDDING VENUE WITH A CIVIL CEREMONY LICENCE.
 AN OUTSIDE OPEN DUTCH BARN WHICH IS USED FOR OUTSIDE CIVIL CEREMONIES ONLY.
 AN ORCHARD GARDEN OCCASIONAL USE.
 WE DO NOT INTEND TO HAVE ANY LICENSABLE ACTIVITIES (SALE OF ALCOHOL, MUSIC, ETC) IN THIS AREA.

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

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) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| 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) | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	1100	01.00	Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	1100	01.00			
Wed	1100	01.00	State any seasonal variations for the performance of live music (please read guidance note 5)	Both	<input type="checkbox"/>
Thur	1100	01.00			
Fri	1100	01.00	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)	Both	<input type="checkbox"/>
Sat	1100	01.00			
Sun	1100	01.00			

LIVE BANDS (AMPLIFIED)
ACOUSTIC MUSIC

NONE

NONE

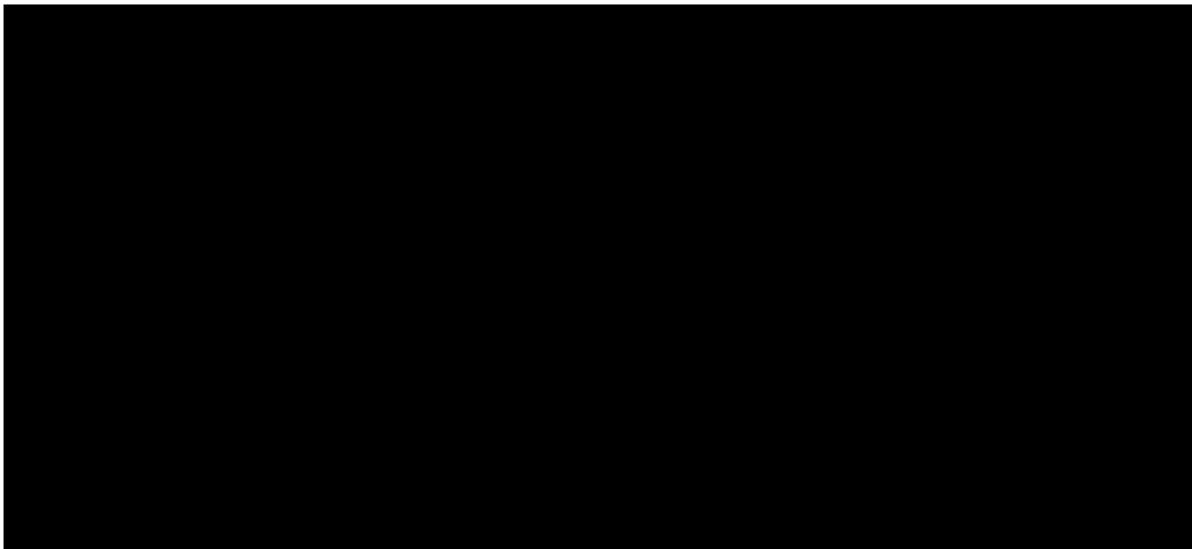
F

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"/>
				Both	<input type="checkbox"/>
Mon	1100	01.00	<u>Please give further details here</u> (please read guidance note 4)	DISCO	
Tue	1100	01.00			
Wed	1100	01.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)	NONE	
Thur	1100	01.00			
Fri	1100	01.00	<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)	NONE	
Sat	1100	01.00			
Sun	1100	01.00			

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"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	1100	01:00 00:00	State any seasonal variations for the supply of alcohol (please read guidance note 5) NONE		
Tue	1100	01:00 00:00			
Wed	1100	01:00 00:00			
Thur	1100	01:00 00:00		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)	
Fri	1100	01:00 00:00			
Sat	1100	01:00 00:00		NONE	
Sun	1100	01:00 00:00			

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):



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)

THERE WILL BE AT LEAST ONE PERSON WHO HAS A PERSONAL LICENCE PRESENT AT ALL TIMES
STAFF TO BE GIVEN INFORMATION ABOUT OFFENCES THAT CAN BE COMMITTED UNDER THE LICENSING ACT 2003 IN RELATION TO THE SALE OF ALCOHOL.
WE WILL PROVIDE TRAINING ON THE PREVENTION OF UNDERAGE SALES, THE AGE VERIFICATION POLICY (CHALLENGE 25) AND HOW AND WHEN TO REFUSE SALES OF ALCOHOL.
WE WILL KEEP A REFUSALS REGISTER + UPDATE WITH DETAILS OF ANY REFUSALS TO SELL ALCOHOL
E.G. BECAUSE THE PERSON WHO TRIES TO BUY ALCOHOL IS ALREADY INTOXICATED OR THEY APPEAR TO BE UNDER 25 AND CAN'T PROVE THEY ARE OVER 18 YRS.

b) The prevention of crime and disorder

MAKING SURE THAT ALL DOORS AND GATES ARE SECURELY LOCKED WHEN NOT IN USE.
WE RESERVE THE RIGHT OF ENTRY AND MAY ASK ANY PERSON TO LEAVE THE PREMISES WHO IS BEHAVING IN AN ANTI-SOCIAL MANNER OR WHO IS IN OUR OPINION UNDER THE INFLUENCE OF DRUGS AND/OR EXCESSIVE ALCOHOL CONSUMPTION AT ANY TIME

c) Public safety

A LIMITED NUMBER OF PEOPLE ALLOWED IN THE BARN (NO OVERCROWDING)
REGULAR PAT TESTED ELECTRICAL ITEMS
OWN FIRE RISK ASSESSMENT
ILLUMINATED FIRE EXITS
SUITABLE FIRE EXTINGUISHERS

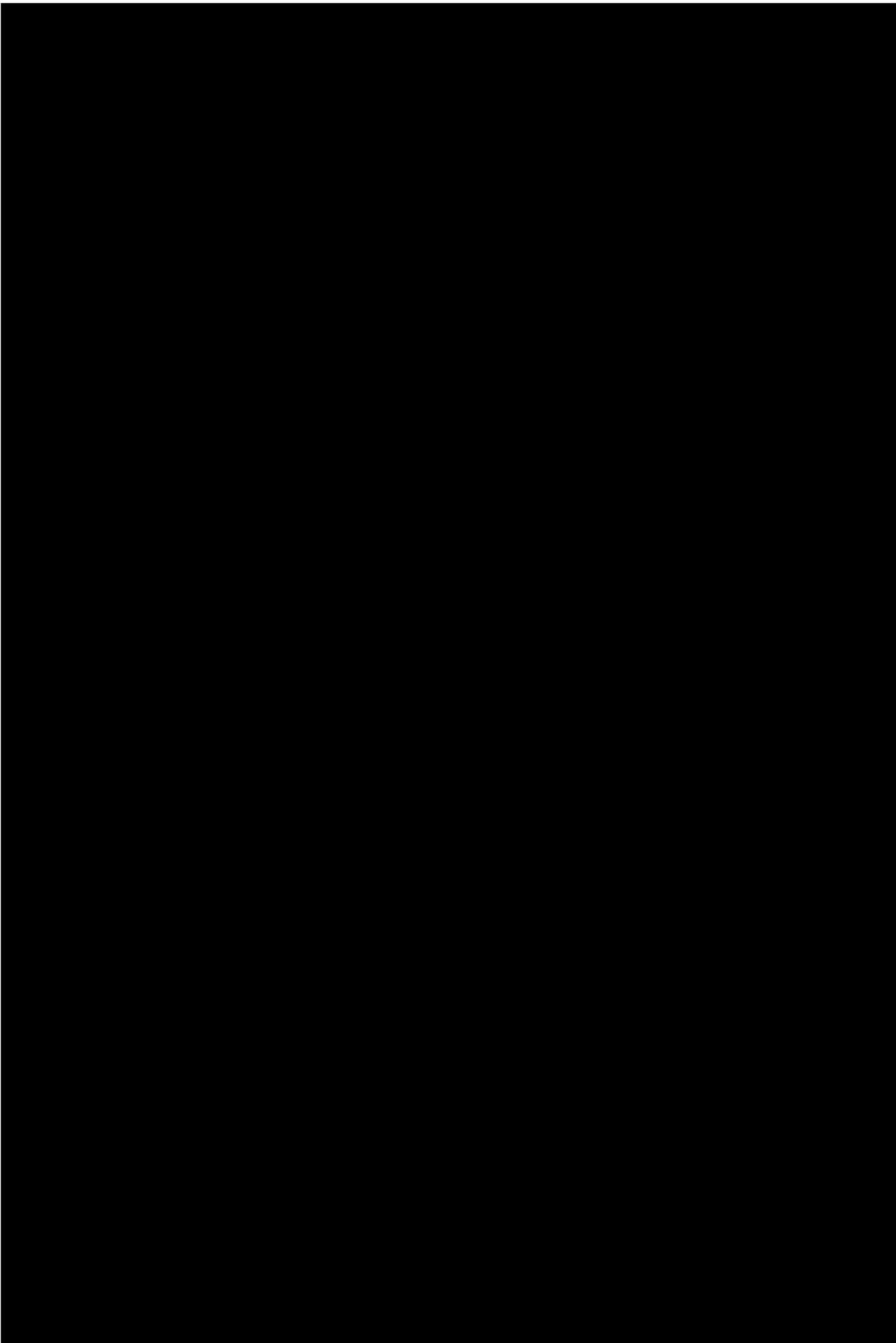
d) The prevention of public nuisance

WINDOWS AND DOORS CLOSED DURING REGULAR ENTERTAINMENT, EXCEPT FOR INGRESS AND EGRESS AND TIMES WHEN IT WOULD BE HARMFUL TO HEALTH (E.G. HIGH TEMPERATURES)
ALL LITTER TO BE REMOVED AND RECYCLED WEEKLY.
ALL GUESTS TO HAVE VACATED THE PREMISES BY 01.00 HRS
THERE WILL BE A WIND DOWN PERIOD STARTING AT MIDNIGHT.
ALL NOTICES AT ENTRANCE AND EXITS TO REMIND CUSTOMERS TO LEAVE QUIETLY. CAR PARKING FACILITIES.

e) The protection of children from harm

TO OPERATE A STRICT NO I.D. NO SALE POLICY (CHALLENGE 25 SCHEME)
WE WILL NOT TOLERATE THE USE OF STRONG LANGUAGE OR ABUSIVE LANGUAGE
WE REQUIRE THAT THE NUMBER OF 10 OR MORE CHILDREN UP TO THE AGE OF 14 YRS, THAT THERE IS CHILDCARE PUT IN PLACE BY COUPLES WHO HAVE HIRED THE VENUE.

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



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 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). • 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)
Signature	<i>N S h</i>
Date	<i>9.6.2020</i>
Capacity	<i>PARTNER (DPS)</i>

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	<i>N D</i>
Date	<i>10.06.20</i>
Capacity	<i>PARTNER</i>

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)			

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.

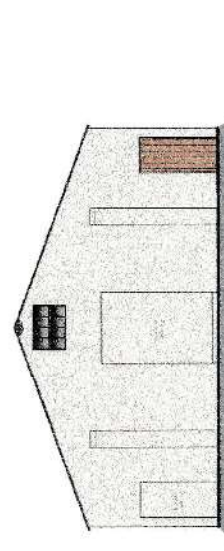
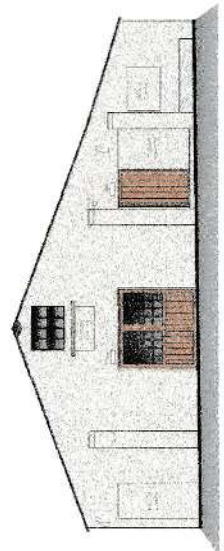
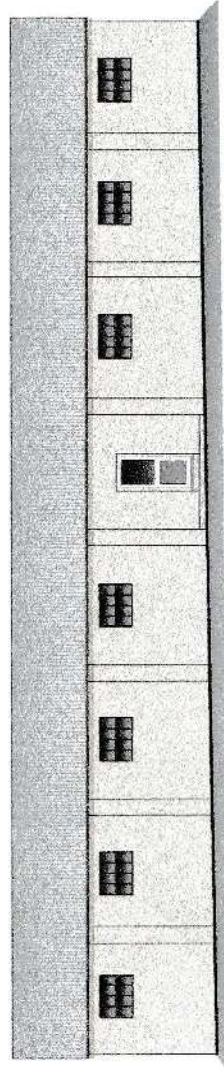
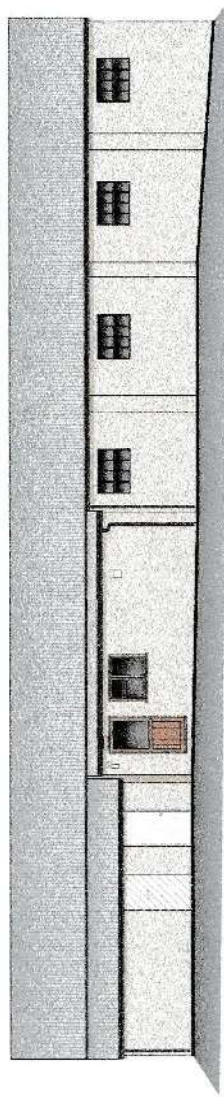
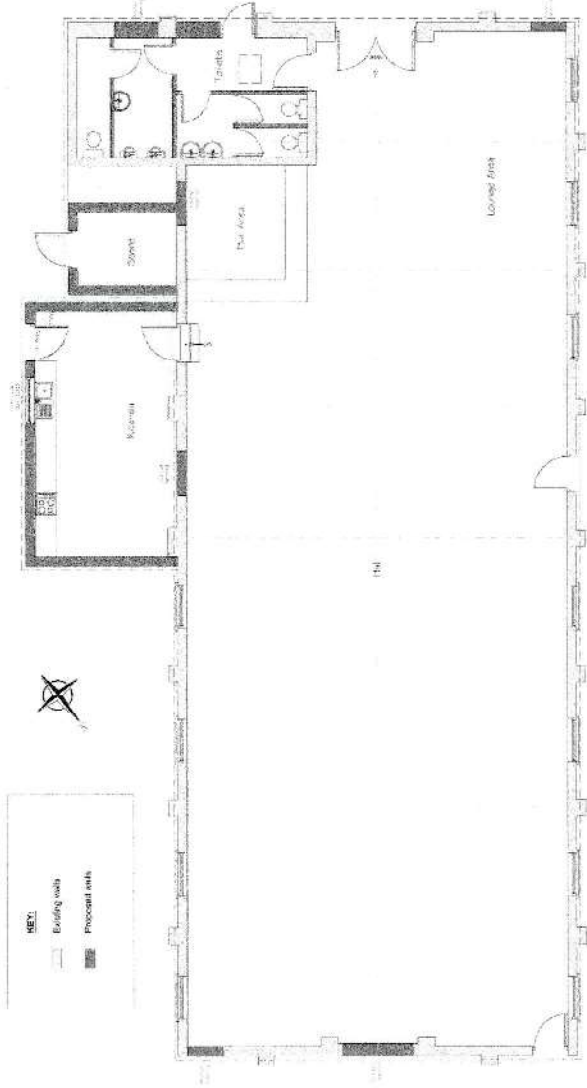
Part 4 – Signatures (please read guidance note 11)

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.**

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 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). <i>ASU 10/6/2020 N/ [Signature] 100620</i> • 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
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No.	Description	Date	By



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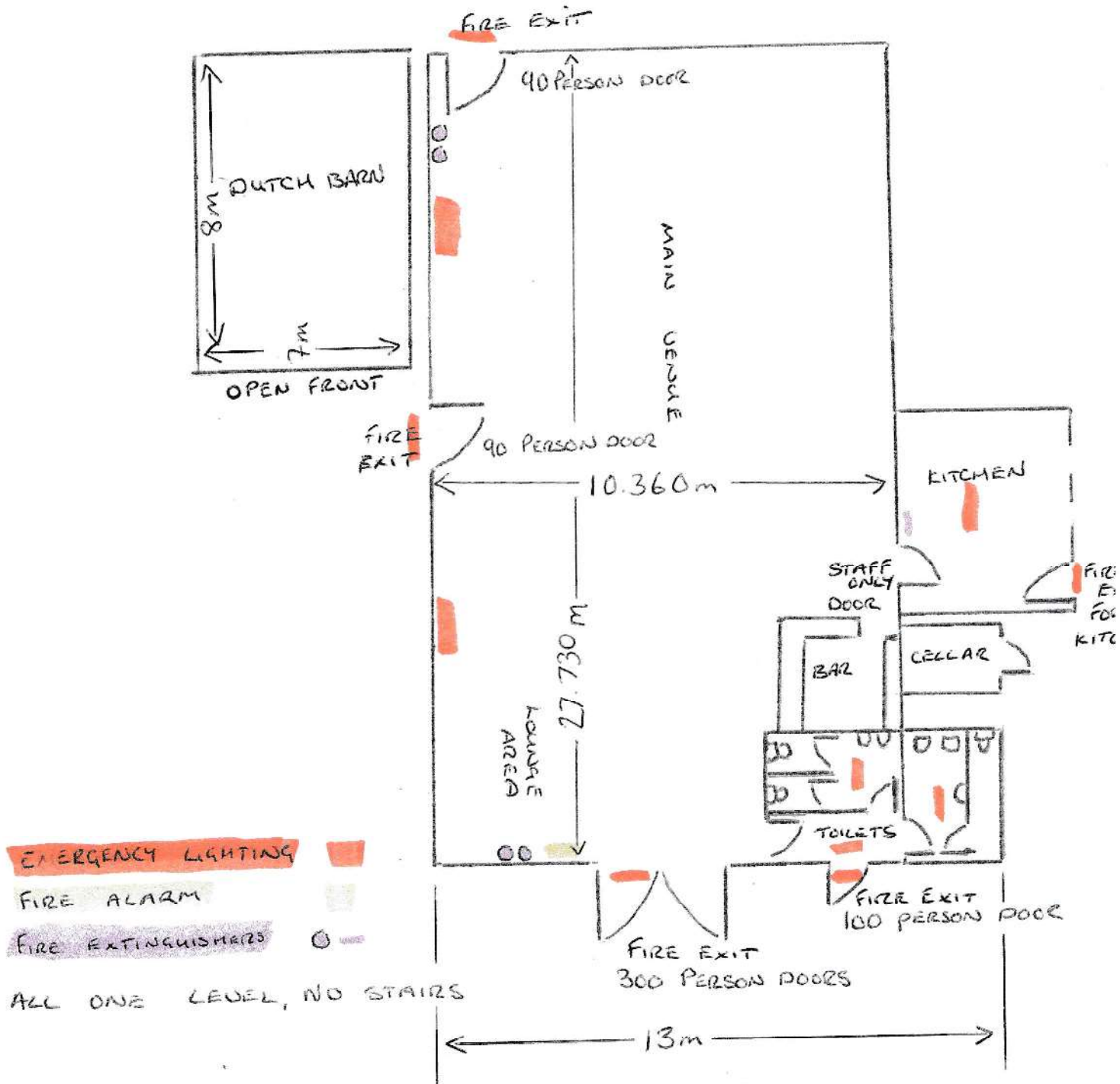
PROJECT:
 Dairy House Farm
 Bene Allier
 Langford T740 00X

PROPOSAL:
 Floor Plan
 and Elevations

STATE	PLANNING
DATE	October 2019
DESIGN	AJC
DRAWING	2647-PL-04
REVISION	

FIRE SAFETY RISK ASSESSMENT FOR SMALL TO MEDIUM SIZED PREMISES

Sketch Plan of Premises 1:125 SCALE



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