

**South Somerset District Council,
The Council Offices, Brympton Way, Yeovil BA20 2HT**

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 Four County Inns Ltd

(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			
The Red Lion, 3 Market Place,			
Post town	Wincanton	Postcode	BA9 9LD

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£11,250

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 type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i. as a limited company | <input checked="" type="checkbox"/> please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> 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 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)					

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 Four County Inns Ltd
49 High Street Warminster Wiltshire BA12 9AQ
Registered number (where applicable) 03897450
Description of applicant (for example, partnership, company, unincorporated association etc.) Company
Telephone number (if any)
E-mail address (optional)



Provision of late night refreshment (if ticking yes, fill in box I)

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)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur			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 5)		
Fri					
Sat					
Sun					

B

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

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3) Typical pub games; e.g. Darts, crib, cards, shove ha'penny And occasional televised sporting events
Day	Start	Finish	
Mon	08:00	24:00	
Tue	08:00	24:00	State any seasonal variations for indoor sporting events (please read guidance note 4) None
Wed	08:00	24:00	
Thur	08:00	24:00	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 (please read guidance note 5)
Fri	08:00	24:00	none
Sat	08:00	24:00	
Sun	12:00	24:00	

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<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> (please read guidance note 5) none		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon	10:00	23:30	Amplified and acoustic		
Tue	10:00	23:30			
Wed	10:00	23:30	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Thur	10:00	23:30	None		
Fri	10:00	24:00	<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> (please read guidance note 5)		
Sat	10:00	24:00	none		
Sun	10:00	23:30			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	10:00	23:30	Please give further details here (please read guidance note 3) Mostly background music to create ambience for eating. Other times from machines with customers' choice. Volume controlled by bar staff.		
Tue	10:00	23:30			
Wed	10:00	23:30	State any seasonal variations for the playing of recorded music (please read guidance note 4) none		
Thur	10:00	23:30			
Fri	10:00	24:00	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 5) None		
Sat	10:00	24:00			
Sun	10:00	23:00			

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Wed					
Thur			<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> (please read guidance note 5)		
Fri					
Sat					
Sun			None		

H

Anything of a similar description to that falling within (e), (f) or (g) 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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon	10:00	23:30		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	10:00	23:30	<u>Please give further details here</u> (please read guidance note 3) Occasional themed food nights. e.g Greek evening, Italian evening		
Wed	10:00	23:30			
Thur	10:00	23:30	<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4) none		
Fri	10:00	24:00			
Sat	10:00	24:00	<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> (please read guidance note 5)		
Sun	10:00	23:30	None		

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	23:00	24:00	<u>Please give further details here</u> (please read guidance note 3) Occasional requirement such as race days or request by valued customers		
Tue	23:00	24:00			
Wed	23:00	24:00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) none		
Thur	23:00	24:00			
Fri	23:00	24:00	<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 5) None		
Sat	00:00	01:00			
	23:00	24:00			
Sun	00:00	01:00			
	23:00	24:00			

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).

Only children accompanied by a responsible adult permitted on the premises.

Clear signage stating that under 18s are not permitted to use any gaming machines.

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	None
Mon	08:00	24:00	
Tue	00:00	00:30	
	08:00	24:00	
Wed	00:00	00:30	
	08:00	24:00	
Thur	00:00	00:30	
	08:00	24:00	
Fri	00:00	01:30	
	08:00	24:00	
Sat	00:00	01:30	
	08:00	24:00	
Sun	00:00	01:30	
	12:00	24:00	
			<p><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> (please read guidance note 5)</p> <p>none</p>

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)

The Red Lion is one of the oldest pubs in the county. It is small and cosy with low ceilings and a large hearth. The ambience and operator will not encourage undesirable customers. The proposed Designated Premises Supervisor is a mature and experienced operator of public houses. The owners of The Red Lion have a number of similar pubs.

This new Premises Licence application is made because there previous lapsed. To our knowledge The Red Lion has been closed for over 1 year.

The applicant has taken note of comments expressed in the Draft Minutes of the Licensing Sub Committee meeting 14/12/2010

b) The prevention of crime and disorder

The Red Lion will have a very significant food trade. Mostly sit down eating and drinking.

The operators will participate in any appropriate watch scheme.

Proof of age scheme will be enforced where a customer appears to be under 18 and if in doubt under 20.

No drugs enforcement policy. E.g. from tip offs by locals and signage such as NO Drugs here. Anyone in possession of banned drugs will be barred.

c) Public safety

A small beer garden is provided suitable for smoking.

Discourage customers from smoking immediately outside.

Free water on demand.

Participation in any Wincanton Town Council scheme for tidy pavements and prevention of anti social behaviour.

Increased vigilance on Race Days.

d) The prevention of public nuisance

Provision of suitable cigarette butt container on outside wall.

Signs to advise customers to leave the premises quietly.

Notice that licensed taxi and private hire services are available.

Wind down music at the end of the evening if there has been music or entertainment

Noise levels are reduced by a double door 2 metre entry lobby.

e) The protection of children from harm

Use of accredited Proof of Age scheme to prevent sales to under 18s. Inspection of the certified photo identity card to establish age and identity. Participation in any local scheme proposed by South Somerset District Council and neighbouring Licencing Authorities.

Any alcohol sales by staff under 18 years of age to be supervised by the Designated Premises Supervisor. Children to be accompanied by a responsible adult.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee. To be invoiced
- I have enclosed the plan of the premises. Plan scale 1/100 separate √
- I have sent copies of this application and the plan to responsible authorities and others where applicable. This is a digital application to South Somerset D C to forward
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. To follow when required
- I understand that I must now advertise my application. Blackmoor Vale Magazine 16/1/2015 √
- 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	<i>E. Turner</i>
Date	14/01/2015
Capacity	Director, Four County Inns (Properties) Ltd. Owners of the Red Lion

For joint applications, signature of 2nd applicant or 2nd 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)

Four County Inns
The Barn
24 Kings Hill
Beech

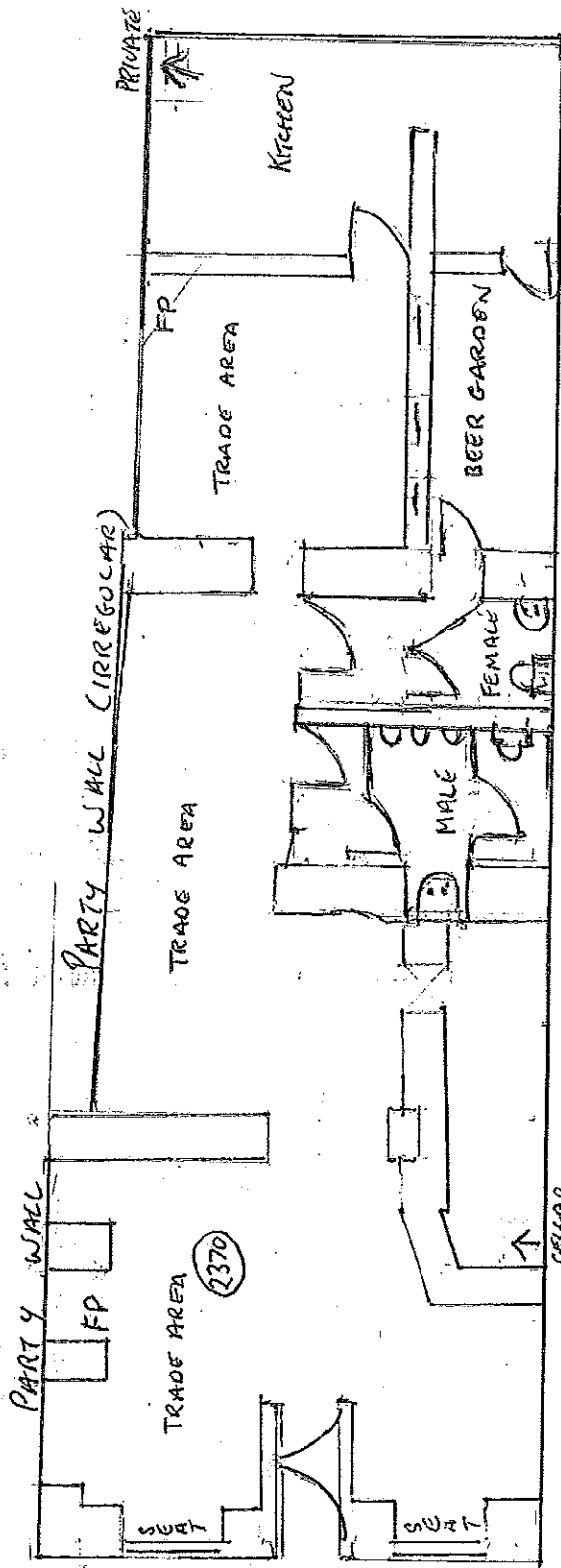
Post town	Alton	Postcode	GU34 4AL
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Telephone number (if any)	01420 563625 or 01225 471177
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)
etoomer.fci@gmail.com

Notes for Guidance

1. 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.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



SCALE 1:100

THE RED LION
WINCANTON

14/01/2015

ET.



H.M. LAND REGISTRY		TITLE NUMBER	
		ST154671	
ORDNANCE SURVEY PLAN REFERENCE	ST 7128	SECTION	J
COUNTY	SOMERSET	DISTRICT	SOUTH SOMERSET
			Scale 1/1750 Enlarged from 1/2500 © Crown copyright 1989



DR
[Signature]

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