



**South Somerset District Council  
The Council Offices, Brympton Way  
Yeovil, Somerset, 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 MR NICHOLAS JAMES ELSE & MRS TRACEY ANN MARIE ELSE**  
(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			
68 MIDDLE STREET			
Post town	YEovil	Postcode	BA20 1LL

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 15, 000

**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 type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <b>ELSE</b>			First names <b>TRACEY ANN MARIE</b>		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		<b>2 JUNIPER CLOSE</b>			
Post town	<b>YEovil</b>		Postcode	<b>BA20 2JP</b>	
Daytime contact telephone number			<b>01935 509553</b>		
E-mail address (optional)		<b>tracey.dowler@btinternet.com</b>			

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <b>ELSE</b>			First names <b>NICHOLAS JAMES</b>		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		<b>2 JUNIPER CLOSE</b>			
Post town	<b>YEovil</b>	Postcode	<b>BA20 2JP</b>		
Daytime contact telephone number		<b>01935 509553</b>			
E-mail address (optional)	<b>nick.else@yahoo.co.uk</b>				

**(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?

DD	MM	YYYY
03	04	2015

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)

Trade as bar. Music played. Functions held there. 2 FLOOR BUILDING SURROUNDED BY OTHER LICENCE PREMISES.

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)
- 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 D)

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

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	00:00	23.59	Please give further details here (please read guidance note 3) DON'T HAVE IMMEDIATE PLANS FOR PLAYS BUT JUST WANT THE FLEXIBILITY TO HAVE THEM.	Both	<input checked="" type="checkbox"/>
Tue	00.00	23.59			
Wed	00.00	23.59	State any seasonal variations for performing plays (please read guidance note 4)		
Thur	00.00	23.59			
Fri	00.00	23.59	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)		
Sat	00.00	23.59			
Sun	00.00	23.59			

**B**

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	00.00	23.59	Please give further details here (please read guidance note 3) DON'T HAVE IMMEDIATE PLANS FOR FILMS BUT JUST WANT THE FLEXIBILITY TO HAVE THEM	Both	<input checked="" type="checkbox"/>
Tue	00.00	23.59			
Wed	00.00	23.59	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur	00.00	23.59			
Fri	00.00	23.59	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 5)		
Sat	00.00	23.59			
Sun	00.00	23.59			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3) DONT HAVE IMMEDIATE PLANS FOR INDOOR SPORTING EVENTS BUT JUST WANT THE FLEXIBILITY TO HAVE THEM.
Day	Start	Finish	
Mon	00.00	23.59	
Tue	00.00	23.59	State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed	00.00	23.59	
Thur	00.00	23.59	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	00.00	23.59	
Sat	00.00	23.59	
Sun	00.00	23.59	

**D**

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	00.00	23.59	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	00.00	23.59			
Wed	00.00	23.59	State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur	00.00	23.59			
Fri	00.00	23.59	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 5)		
Sat	00.00	23.59			
Sun	00.00	23.59			



**E**

Live music Standard days and timings (please read guidance note 6)			Will the performance of live 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"/>
Mon	00.00	23.59	Please give further details here (please read guidance note 3) DONT PLAN TO HAVE LIVE MUSIC BUT WANT THE FLEXIBILITY TO HAVE IT.	Both	<input checked="" type="checkbox"/>
Tue	00.00	23.59			
Wed	00.00	23.59	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	00.00	23.59			
Fri	00.00	23.59	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)		
Sat	00.00	23.59			
Sun	00.00	23.59			

**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 – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	00.00	23.59	Please give further details here (please read guidance note 3) WOULD LIKE TO HAVE DJ'S AND RECORDED MUSIC USED AS ENTERTAINMENT.	Both	<input checked="" type="checkbox"/>
Tue	00.00	23.59			
Wed	00.00	23.59	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	00.00	23.59			
Fri	00.00	23.59	Non standard timings. Where you intend to use the premises for the <u>playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat	00.00	23.59			
Sun	00.00	23.59			

**G**

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	00.00	23.59	Please give further details here (please read guidance note 3) NO PLANS AT PRESENT FOR DANCE BUT WOULD LIKE THE FLEXIBILITY TO HAVE IT.	Both	<input checked="" type="checkbox"/>
Tue	00.00	23.59			
Wed	00.00	23.59	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	00.00	23.59			
Fri	00.00	23.59	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 5)		
Sat	00.00	23.59			
Sun	00.00	23.59			

H

<p><b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing  <b>NO PLANS AT PRESENT BUT WOULD LIKE THE FLEXIBILITY TO.</b></p>		
Day	Start	Finish	<p><b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon	00.00	23.59		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	00.00	23.59	<p><b><u>Please give further details here</u></b> (please read guidance note 3)</p>		
Wed	00.00	23.59			
Thur	00.00	23.59	<p><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)</p>		
Fri	00.00	23.59			
Sat	00.00	23.59	<p><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)</p>		
Sun	00.00	23.59			

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 type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	00.00	23.59	<b>Please give further details here</b> (please read guidance note 3) TO BE ABLE TO OFFER DRIVERS HOT BEVERAGES, AND ANYONE ELSE WHO WOULD LIKE TO.	Both	<input checked="" type="checkbox"/>
Tue	00.00	23.59			
Wed	00.00	23.59	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur	00.00	23.59			
Fri	00.00	23.59	<b>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</b> (please read guidance note 5)		
Sat	00.00	23.59			
Sun	00.00	23.59			

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	00.00	23.59						
Tue	00.00	23.59						
Wed	00.00	23.59						
Thur	00.00	23.59				<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)		
Fri	00.00	23.59						
Sat	00.00	23.59						
Sun	00.00	23.59						

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

Name	MRS TRACEY ANN MARIE ELSE
Address	
Postcode	
Personal	
Issuing licensing authority (if known)	NORTH DORSET 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 8).

WOULD LIKE TO BE ABLE TO OFFER BURLESQUE SHOWS OR STRIP TEASE. ITS JUST A FLEXIBILITY TO HAVE FOR THE BUSINESS.

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	
Mon	00.00	23.59	<p><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)</p>
Tue	00.00	23.59	
Wed	00.00	23.59	
Thur	00.00	23.59	
Fri	00.00	23.59	
Sat	00.00	23.59	
Sun	00.00	23.59	

**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)

WE WILL HAVE STRONG MANAGEMENT AND HAVE ALL STAFF TRAINED AND KNOWLEDGEABLE ON THE FOUR OBJECTIVES. WE WILL HAVE "CHALLENGE 25" IN PLACE AND CCTV WILL BE USED. WE UNDERSTAND THE IMPORTANCE AS A LICENSED PREMISES TO MAKE SURE WE AND THE STAFF PROMOTE THESE OBJECTIVES.

b) The prevention of crime and disorder

CCTV WILL BE PLACE.  
NOTICES WARNING PEOPLE TO LOOK AFTER THEIR PROPERTY.  
DRUNK AND TOO INTOXICATED PEOPLE WILL NOT BE SERVED.  
ILLEGAL DRUGS USED AND SOLD WILL BE EVICTED.  
STAFF WILL BE TRAINED TO NOTICE THESE POINTS AND RESPOND ACCORDINGLY.

c) Public safety

STAFF WILL BE TRAINED AND EXPECTED TO DO ID CHECKS RANDOMLY AND WHEN THEY HAVE ANY DOUBTS.  
LOG BOOKS WILL BE KEPT FOR ANY INCIDENTS, PERSON BEING ASKED TO LEAVE OR REFUSED SERVICE.  
THERE WILL BE ADEQUATE LIGHTING AND FLOORS MAINTAINED TO PREVENT ACCIDENTS.

d) The prevention of public nuisance

CLEAR NOTICES DISPLAYED ON EXIT TO LEAVE QUIETLY.  
DELIVERIES WILL BE CONDUCTED IN A MANNER SO AS TO NOT DISTURB UN-NECESSARY.  
STAFF WILL RESPECT NEIGHBOURS WHEN LEAVING SHIFTS.  
CUSTOMERS WILL BE MOVED ALONG AS CLOSE TO AVOID EXTRA NOISE.

e) The protection of children from harm

"CHALLENGE 25" SIGNS WILL BE DISPLAYED TO ENCOURAGE OVER 18'S BUT UNDER 25 TO CARRY ACCEPTABLE ID.  
STAFF WILL BE TRAINED IN REQUIREMENTS FOR CHECKING ANYONE THEY DOUBT.  
LOG BOOK WILL BE KEPT RECORDING FOR ANY REFUSALS.



## ADDITIONAL INFORMATION

M

AS WE ARE ALREADY RUNNING WOODS NEXT DOOR WE KNOW HOW VITAL IT IS TO HAVE DOOR STAFF. WE WOULD HAVE DOOR STAFF EVERY FRIDAY AND SATURDAY NIGHT. 10PM - CLOSE. THE DOOR STAFF WOULD BE EXPECTED TO I.D ALL CUSTOMERS. DO CHECKS IN THE BUILDING WHILE OPEN EVERY 30-60 MINUTES. TIMES WOULD BE RANDOM SO CUSTOMERS DON'T NOTICE A PATTERN. WE WOULD HAVE A NO ENTRY / RE-ENTRY AFTER 2am.

WE ATTEND THE PUB WATCH MEETINGS TO KEEP UP TO DATE AND ALWAYS CHECK THE RADIO'S TO NOT LEAVE US VULNERABLE.

CCTV WILL BE INSTALLED TO POLICE SATISFACTION AND AT THE POLICE DISPOSAL.

WE WILL ASSIST THE POLICE IN ANY WAY POSSIBLE TO GET THE BAR TO SUCCEED.

WE SIGNED A 10 YEAR LEASE WITH WOODS AND

THIS LEASE WOULD BE FOR 8½ YEARS.

WE ARE NOT LOOKING FOR TROUBLE AS WE

WANT BOTH BUSINESSES TO SUCCEED. IF

MY POINTS AREN'T CONVINCING ENOUGH

THEN PLEASE GIVE ME MORE POINTERS.

**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	<i>[Handwritten Signature]</i>
Date	26 <sup>th</sup> FEBRUARY 2015
Capacity	PARTNER

**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	<i>[Handwritten Signature]</i>
Date	26 <sup>th</sup> FEBRUARY 2015
Capacity	PARTNER
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)	
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

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.