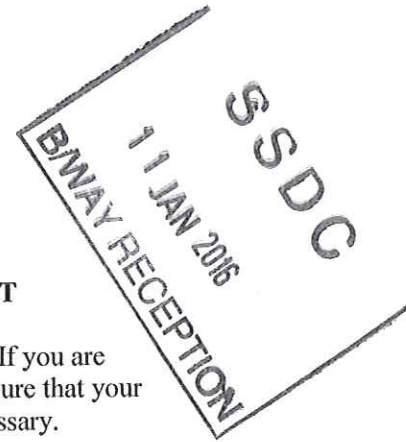




**South Somerset District Council
The Council Offices, Brympton Way
Yeovil, Somerset, BA20 2HT**

**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 TIMOTHY EGGINS

(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 <u>Reads - Holywood street, Mill lane and Boden street.</u> | | | |
| Post town | <u>CHARD</u> | Postcode | |

| | |
|---|------------|
| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | <u>£ 0</u> |

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) | |
| Surname EGGINS | | | First names TIMOTHY MICHAEL | | |
| I am 18 years old or over | | | | <input checked="" type="checkbox"/> Please tick yes | |
| Current postal address if different from premises address | | NORTHAYES FARM, HORNSBURY HILL, CHARD | | | |
| Post town | CHARD | | Postcode | TA20 3DB | |
| Daytime contact telephone number | | | 07912262773 | | |
| E-mail address (optional) | | timdea7@hotmail.co.uk | | | |

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?

DD MM YYYY

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 9 | 0 | 3 | 2 | 0 | 1 | 6 |
|---|---|---|---|---|---|---|---|

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

DD MM YYYY

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 9 | 0 | 3 | 2 | 0 | 1 | 6 |
|---|---|---|---|---|---|---|---|

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

Public streets. Holyrood street, Mill lane and Boden street (from the junction of mill lane as far as the entrance to hiddl super market.

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

less than 999

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 I)

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 <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 | | | <u>Please give further details here</u> (please read guidance note 3) | Both | <input type="checkbox"/> |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for performing plays</u> (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | <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> (please read guidance note 5) | | |
| 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) | | | <u>Please give further details</u> (please read guidance note 3) |
|--|-------|--------|---|
| Day | Start | Finish | |
| Mon | | | |
| | | | |
| Tue | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4) |
| | | | |
| Wed | | | |
| | | | |
| Thur | | | <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> (please read guidance note 5) |
| | | | |
| Fri | | | |
| | | | |
| Sat | | | |
| | | | |
| Sun | | | |
| | | | |

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"/> |
| Day | Start | Finish | Both <input type="checkbox"/> | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| 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) | | |
| 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 type="checkbox"/> | | | |
| | | | | Outdoors | <input checked="" type="checkbox"/> | | | |
| | | | | Both | <input type="checkbox"/> | | | |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) <i>The music stages will be on covered trailers to allow them to be moved in case of emergency</i> | | | | | |
| Mon | | | | | | | | |
| Tue | | | | | | | | |
| Wed | | | | | | <u>State any seasonal variations for the performance of live music</u> (please read guidance note 4) NA | | |
| Thur | | | | | | | | |
| Fri | | | | | | <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) NA | | |
| Sat | 13.30 | 22.00 | | | | | | |
| Sun | | | | | | | | |

F

| | | | | | |
|--|-------|--------|--|----------|--------------------------|
| Recorded music Standard days and timings (please read guidance note 6) | | | <u>Will the playing of recorded music 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 playing of recorded music</u> (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | <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 5) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

G

| Performances of dance Standard days and timings (please read guidance note 6) | | | Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
|--|-------|--------|---|----------|-------------------------------------|
| Day | Start | Finish | | Outdoors | <input checked="" type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 3) Dance styles from around the world, suitable for families | | |
| Tue | | | | | |
| Wed | | | State any seasonal variations for the performance of dance (please read guidance note 4) NA | | |
| Thur | | | | | |
| Fri | | | 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) NA. | | |
| Sat | 20.00 | 21.30 | | | |
| | 18.30 | 19.00 | | | |
| Sun | | | | | |

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 type="checkbox"/> |
| Mon | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| Wed | | | | | |
| Thur | | | <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) | | |
| Fri | | | | | |
| Sat | | | <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 | | | | | |


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 checked="" type="checkbox"/> |
| | | | Both | <input type="checkbox"/> | |
| Mon | | | Please give further details here (please read guidance note 3) we will have traders selling foods of different styles. eg, sushi, Lebanese, Indian | | |
| Tue | | | | | |
| Wed | | | State any seasonal variations for the provision of late night refreshment (please read guidance note 4) NA | | |
| Thur | | | | | |
| Fri | | | 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 (please read guidance note 5) NA | | |
| Sat | 18.30 | 22.00 | | | |
| Sun | | | | | |

J

| | | | | | |
|---|-------|--------|---|------------------|--------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the supply of alcohol be for consumption – please tick (please read guidance note 7) | On the premises | <input type="checkbox"/> |
| | | | | Off the premises | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | State any seasonal variations for the supply of alcohol (please read guidance note 4) | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | 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 5) | | |

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

| | |
|---|--|
| Name | |
| Address | |
|  | |
| Postcode | |
| Personal licence number (if known) | |
| Issuing licensing authority (if known) | |

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).

NA

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 | <p>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 (please read guidance note 5)</p> |
| Mon | | | |
| Tue | | | |
| Wed | | | |
| Thur | | | |
| Fri | | | |
| Sat | | | |
| Sun | | | |

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)

With our event plan in mind we will use an organised system of visual reassurance to the public, protecting and guiding to ensure a trouble free smooth running evening.

b) The prevention of crime and disorder

Co-operation with the police.
Safety stewards at regular and key positions. Maintain the event as an alcohol free zone.
Use of security persons. + hand held communication

c) Public safety

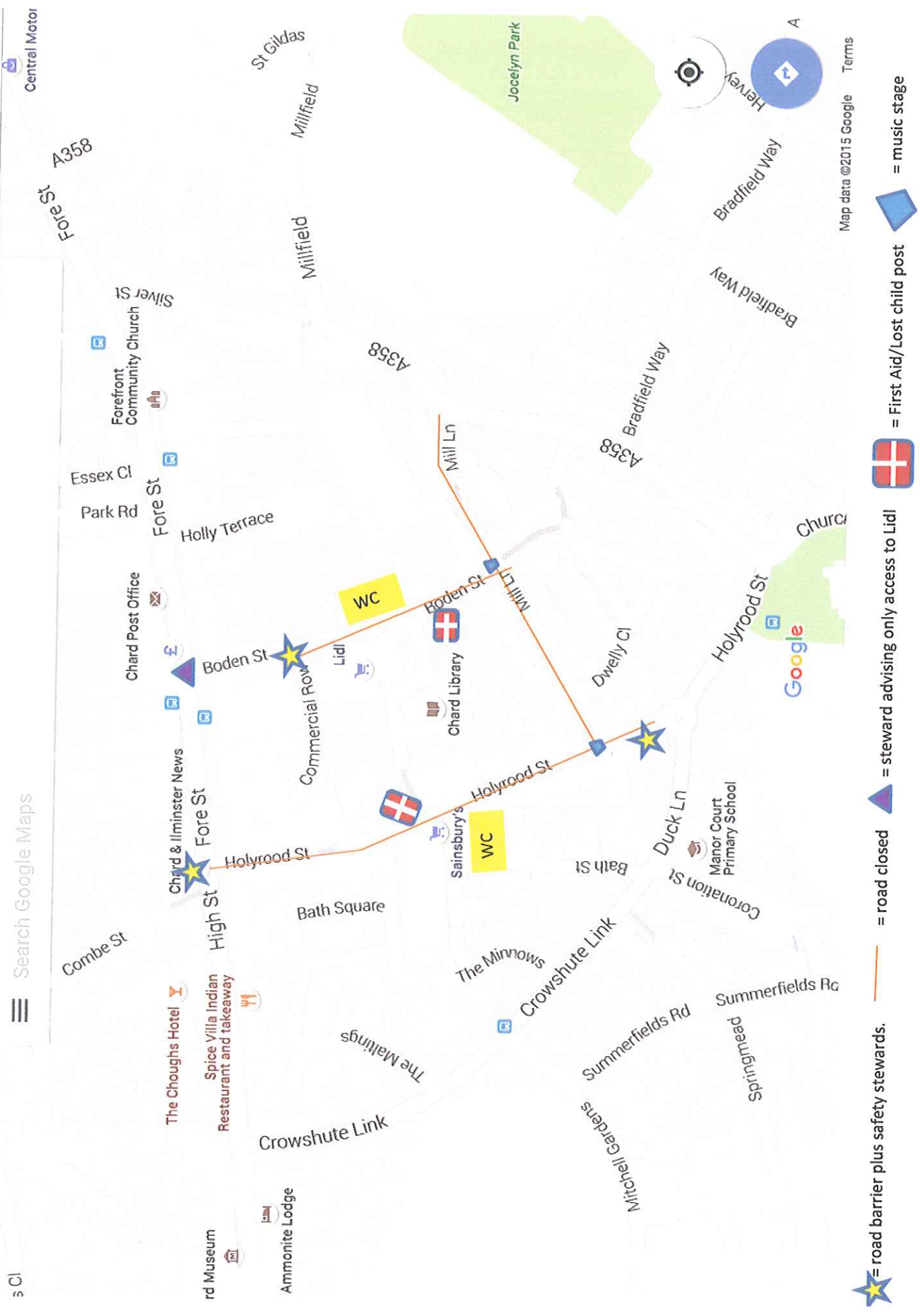
Constant and on going risk assessment.
Safety stewards on duty for the complete event. Continuous litter collection. Safety barriers in key areas. First aid stations and communication with emergency services

d) The prevention of public nuisance

stewarding in key areas as well as steward patrols who will liaise with the chief steward and security staff. Communicating, and guidance to possible offenders. The event will close immediately at 22.00

e) The protection of children from harm

floating stewards! from 18.30 - 22.00.
watching for lost children and/or risks. lost children will be escorted to the lost children collection point.
Protected by CRB checked adults



s Cl

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= road barrier plus safety stewards.

= steward advising only access to Lidl

= First Aid/Lost child post

= music stage