

[Insert name and address of relevant licensing authority and its reference number (optional).]

**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 SARA GRISEWOOD  
(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			
PLEASANT STORES 8 MOUNT PLEASANT			
Post town	LEWES	Postcode	BN7 2DH
Telephone number at premises (if any)	<del>0773</del> 07525 146211		
Non-domestic rateable value of premises	£ 1650		

**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 type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname GRISEWOOD			First names SARA		
I am 18 years old or over				<input checked="" 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
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
01	11	2013

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)

SINGLE STOREY SHOP /CAFE WITH SEATING FOR  
15-20 PEOPLE

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 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)			<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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
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"/>
Day      Start      Finish					Both	<input checked="" type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)			
Tue			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)			
Wed			<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)			
Thur			ON BONFIRE NIGHT FROM 11PM TO 1AM THE FOLLOWING MORNING			
Fri						
Sat						
Sun						

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	0800	2300			
Tue	0800	2300			
Wed	0800	2300			
Thur	0800	2300			
Fri	0800	2300			
Sat	0800	2300			
Sun	1100	1800			
			<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)		
			ON BONFIRE NIGHT UNTIL 1AM THE FOLLOWING MORNING		

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

Name	SARA GRISEWOOD
Address	20 NEW ROAD LEWES
Postcode	BN7 1Y
Personal licence number (if known)	LN/2007/00312
Issuing licensing authority (if known)	LEWES 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).

NONE

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	0800	2300	
Tue	0800	2300	
Wed	0800	2300	
Thur	0800	2300	
Fri	0800	2300	
Sat	0800	2300	
Sun	1100	1800	

**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)**

ON BONFIRE NIGHT  
TO 1AM THE FOLLOWING  
MORNING



**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)

ALCOHOL SUPPLIED FOR CONSUMPTION ON THE PREMISES WILL BE TO CUSTOMERS SEATED AT TABLES THERE WILL BE NO BAR

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

STAFF WILL BE TRAINED TO RECOGNISE AND REPORT POTENTIAL ISSUES RELATING TO CRIME + DISORDER

c) **Public safety**

REGULAR FIRE RISK ASSESSMENTS WILL BE UNDERTAKEN

d) **The prevention of public nuisance**

CUSTOMERS WILL BE ENCOURAGED BY STAFF TO RESPECT OUR NEIGHBOURS AND LEAVE THE PREMISES IN AN ORDERLY MANNER

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

CHALLENGE 25 POLICY WILL BE IN PLACE  
 STAFF WILL BE TRAINED IN LICENSING LAW  
 ONLY PHOTOGRAPHIC ID (PASSPORT/DRIVING  
 LICENCE) WILL BE ACCEPTED + OTHER ID CARDS  
 WITH "PASS" SCHEME.

**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	
Date	09/10/2013
Capacity	OWNER

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)

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.