

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 **Tim Bullen**

(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 Secret Campsite,Brickyard Farm, Town Littleworth, Cooksbridge, East Sussex.			
Post town	Lewes	Postcode	BN8 4TD

Telephone number at premises (if any)	01273 401100
Non-domestic rateable value of premises	£ 6200

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)

- 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 (by ticking yes to one box below):

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		
Date of birth		I am 18 years old or over <input type="checkbox"/>		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
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)					

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	TIM BULLEN -
Address	THE OLD BRICKHOUSE TOWN LITTLEWORTH COOKSBRIDGE EAST SUSSEX BN8 4TD
Registered number (where applicable)	8430806
Description of applicant (for example, partnership, company, unincorporated association etc.)	DIRECTOR OF LIMITED COMPANY

Telephone number (if any)	01273 401100
E-mail address (optional)	TIM@THESECRETCAMPSITE.CO.UK

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	07	2020

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)

THE PREMISES ARE THE RECEPTION OF THE SECRET CAMPSITE, BASED AT BRICKYARD FARM. SALES WILL BE MADE FROM CAMPSITE RECEPTION BUILDING. WHICH CURRENTLY SELLS FIREWOOD AND OTHER MISC SUPPLIES TO CAMPER.

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

NA

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 type="checkbox"/>
f) recorded music (if ticking yes, fill in box F)	<input 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

A NA

Plays Standard days and timings (please read guidance note 7)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
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 6)		
Sat					
Sun					

B NA

Films Standard days and timings (please read guidance note 7)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	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 4)		
Mon					
Tue			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5)		
Wed					
Thur			<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 6)		
Fri					
Sat					
Sun					

C

NA

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)	
Day	Start	Finish		
Mon				
Tue				<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
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 6)
Fri				
Sat				
Sun				

D

NA

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon				Both	<input type="checkbox"/>
Tue					
			<u>Please give further details here</u> (please read guidance note 4)		
			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
			<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 6)		

E NA

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)		
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 6)		
Sat					
Sun					

F

NA

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	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 4)					
Mon								
Tue								
Wed						<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur								
Fri						<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)		
Sat								
Sun								

G

NA

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon				<u>Please give further details here</u> (please read guidance note 4)	
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur					
Fri			<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 6)		
Sat					
Sun					

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 4)</p>		
Wed					
Thur			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)</p>		
Fri					
Sat			<p><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 6)</p>		
Sun					

I

NA

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	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 4)	
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur					
Fri			<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 6)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 8)	On the premises	<input type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5) NA					
Mon	0900	1100						
	1500	1930						
Tue	0900	1100						
	1500	1930						
Wed	0900	1100						
	1500	1930						
Thur	0900	1100				<u>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</u> (please read guidance note 6) NA		
	1500	1930						
Fri	0900	1100						
	1500	1930						
Sat	0900	1100						
	1500	1930						
Sun	0900	1100						
	1500	1930						

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):

Name	TIMOTHY JOHN ROBERT BULLEN
Date of birth	16 / 11 / 1967
Address	THE OLD BRICKHOUSE TOWN LITTLEWORTH COOKSBRIDGE EAST SUSSEX
Postcode	BN8 4TD
Personal licence number (if known)	
Issuing licensing authority (if known)	

K NA

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 9).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5) NA
Day	Start	Finish	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 6) NA
Mon	0900	1100	
	1500	1930	
Tue	0900	1100	
	1500	1930	
Wed	0900	1100	
	1500	1930	
Thur	0900	1100	
	1500	1930	
Fri	0900	1100	
	1500	1930	
Sat	0900	1100	
	1500	1930	
Sun	0900	1100	
	1500	1930	

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)

ALCOHOL WILL ONLY BE SOLD BY SECRET CAMPSITE STAFF,
ALL WEARING SECRET CAMPSITE UNIFORM
ALCOHOL WILL ONLY BE SOLD DURING RECEPTION HOURS OF
0900-1100 AND 1500-1930

b) The prevention of crime and disorder

ALL STOCK WILL BE KEPT IN A SECURE AND LOCKED ROOM

c) Public safety

WE WILL EMPLOY CHALLENGE 21 POLICY.
ALCOHOL WILL ONLY BE SOLD BY STAFF OVER 18 YEARS, WEARING SECRET
CAMPSITE T SHIRTS.

d) The prevention of public nuisance

RECYCLING FACILITIES FOR GLASS / METAL / PLASTIC ARE ALL FREELY AVAILABLE
ON SITE.

e) The protection of children from harm

WE WILL ENFORCE CHALLENGE 21 / 25 POLICY.
PERMISSIVE ID WILL BE DRIVERS LICENSE / PASSPORT / PASS ACCREDITED ID.
WE WILL USE SIGNAGE TO REINFORCE THIS MESSAGE.

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).• 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
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	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>Tim Bullen</i>
Date	16 June 2020
Capacity	owner / director

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	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) Tim Bullen The Old Brickhouse Town Littleworth Cooksbridge East Sussex			
Post town	LEWES	Postcode	BN84TD
Telephone number (if any)	01273 401100		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) tim@thesecretcampsite.co.uk			

Consent of individual to being specified as premises supervisor

TIMOTHY JOHN ROBERT BULLEN

I

.....
[full name of prospective premises supervisor]

of

THE OLD BRICKHOUSE
TOWN LITTLEWORTH
COOKSBRIDGE
EAST SUSSEX
BN84TD

.....
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

PREMISES LICENSE

.....
[type of application]

by

TIMOTHY JOHN ROBERT BULLEN

.....
[name of applicant]

relating to a premises licence

.....
[number of existing licence, if any]

for

THE SECRET CAMPSITE
BRICKYARD FARM
TOWN LITTLEWORTH
COOKSBRIDGE
EAST SUSSEX BN8 4TD

.....
[name and address of premises to which the application relates]

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

TIMOTHY JOHN ROBERT BULLEN

[name of applicant]

concerning the supply of alcohol at

THE SECRET CAMPSITE
BRICKYARD FARM
TOWN LITTLEWORTH
COOKSBRIDGE
EAST SUSSEX
BN84TD

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

[insert personal licence number, if any]

Personal licence issuing authority

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

Tim Bullen

Name (please print)

TIMOTHY JOHN ROBERT BULLEN

Date

16 JUNE 2020

**LICENSING ACT 2003
PUBLIC NOTICE
(Premises licences and Club premises certificates)
Regulations 2005
Regulation 25**

Application for the grant of a Premises Licence

Name of applicant: (1) TIMOTHY JOHN ROBERT BULLEN
Full postal address: (2) THE OLD BRICKHOUSE, TOWN
LITTLEWORTH, COOKSBRIDGE
EAST SUSSEX. BN8 4TD

Proposed Licensable activities

(3) SALE OF ALCOHOL AT
THE SECRET CAMPSITE, BRICKYARD FARM, TOWN LITTLEWORTH, COOKSBRIDGE.
EAST SUSSEX. BN8 4TD. between hours of 9:00-11:00 and 15:00-19:30

The details of the above application may be viewed on the Licensing Register at the Council Offices at Southover House, Southover Road, Lewes, BN7 1AB. Opening Hours 9am to 5pm Monday to Friday.

Website: www.lewes.gov.uk.

Any persons wishing to make representation in respect of the above must do so in writing to the Licensing Officer at the above Council Office address within 28 days of the following date:

Notice Posted: (4) *22 June 2020* (insert date)

It is an offence to knowingly or recklessly make a false statement in connection with an application. Maximum fine on summary conviction £5,000

Notes on completing the form:

1. Insert the full name of the individual/company/partnership etc. that is making the application as detailed in the application itself.
2. Insert the full name of the premises and the full address for which the application is being made.
3. List all the proposed licensable activities as detailed on the application and the hours of those activities.
4. 'Notice Posted': insert the date the day after the application was given to the Licensing Authority.

Displaying the notice on the premises

You must, for a period of no less than 28 consecutive days starting on the day after the day on which the application was given to the Licensing Authority, display a notice which is of a size equal or larger than A4, of a pale blue colour, printed legibly in black in or typed in black in a font of a size equal to or larger than 16 in all cases, prominently at or on the premises to which the application relates where it can be conveniently read from the exterior of the premises. In the case of a premises covering an area of more than fifty metres square, a further notice in the same form and subject to the same requirements must be placed every fifty metres along the external perimeter of the premises abutting any highway.

In the local press

You must publish a notice in a local newspaper, in a local newsletter circular or similar document circulating in the vicinity of the premises on at least one occasion during the period of ten working days starting on the day after the day on which the application was given to the Licensing Authority.