

Licensing Authority: *The Licensing Partnership*

Licensing Partnership  
P.O. Box 182  
Sevenoaks  
Kent TN13 1GP

Ref:

**Application for a Premises Licence under the Licensing Act 2003**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

Before completing this form please read the guidance notes found at bottom of Page 4 of this form.

Use the blank page at the end of the form to provide further details if necessary.

When it is complete you can submit the form directly to us - click on the Submit Form button.

You may wish to print and keep a copy of the completed form for your records.

For help information about filling in this type of electronic form, click on the help information button.

I / We **Amy Foster** 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

**14 South Park**

Post town

**Sevenoaks**

Post code

**TN13 1AN**

Telephone number of premises (if any)

**01732 605669**

Non-domestic rateable value of premises

**£ 5700**

If the premises is under construction please check here

If the premises hasn't been assigned a rateable value yet, please check here

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

*Please make selection with an "x"*

- 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  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 make selection with an "x"*

- 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)

Title

Miss

Surname

Foster

First names

Amy Ellen

Are you 18 years or older?

- Yes
- No

Date of Birth

[Redacted]

Nationality

British

Current postal address if different from premises address

[Redacted]

Post Town

[Redacted]

Postcode

[Redacted]

Daytime contact telephone number

[Redacted]

Email address (optional)

[Redacted]

**SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)**

Title

Surname

First names

Date of Birth  
(you must be 18  
years old or over)

Nationality

Current postal  
address  
if different from  
premises address

Postcode

Post Town

Daytime contact telephone number

Email address  
(optional)**(B) OTHER APPLICANTS** *You do not have to fill in this section.*

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (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?

02/03/2022

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

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

**General description of premises (please read guidance note 1)**

The premise is of single storey construction at the end of a row of three flat roofed shops. It consists of one room with steps leading to a lower kitchen area and a single cubicle toilet, there is a single door onto the pavement at the front of the trading area and a door to the rear of the kitchen area leading to a small outside refuse storage area. The intended sale of alcohol is strictly to be on premise with no off premise sales. The consumption of alcohol is to be restricted to the confines of the building and not outside.

What licensable activities do you intend to carry on from the premises?  
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

*Please check all relevant boxes*

**Provision of regulated entertainment (please read guidance note 2)**

- |  |                                     |
|--|-------------------------------------|
| 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 checked="" 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)<br>(if ticking yes, fill in box H) | <input type="checkbox"/>            |

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

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

**In all cases complete boxes N, O and P**

## E

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of live music take place indoors or outdoors or both - please make selection with an "x"</u></b> (please read guidance note 3).	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)	Both	
Tue					
Wed			<b><u>State any seasonal variations for performance of live music</u></b> (please read guidance note 5)		
Thur					
Fri			<b><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></b> (please read guidance note 6)		
Sat					
Sun					

## F

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the playing of recorded music take place indoors or outdoors or both - please make selection with an "x"</u></b> (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
Mon	1200	2300	<b><u>Please give further details here</u></b> (please read guidance note 4)  <b>Recorded music within these hours is to be to provide ambient atmosphere. Volume levels would be restricted to an acceptable level.</b>	Both	
Tue	1200	2300			
Wed	1200	2300	<b><u>State any seasonal variations for playing recorded music</u></b> (please read guidance note 5)  <b>N/A</b>		
Thur	1200	2300			
Fri	1200	2300	<b><u>Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)  <b>N/A</b>		
Sat	1200	2300			
Sun	1200	2200			

**M**

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption</u> <u>please make selection with an "x"</u> (please read guidance note 8).	On the premises	X
Day	Start	Finish		Off the premises	
Mon	1200	2300			
Tue	1200	2300	<u>State any proposed seasonal variations for the supply of alcohol</u> (please read guidance note 5)  N/A		
Wed	1200	2300			
Thur	1200	2300			
Fri	1200	2300			
Sat	1200	2300	<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)  N/A		
Sun	1200	2200			

State the name and details of the individual whom you wish to specify on the licence as premises supervisor. (Please see declaration about the entitlement to work in the checklist at the end of the form):

Title	Miss
Surname	Foster
First Name(s)	Amy Ellen
Date of Birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal Licence number (if known)	21/01899/LAPER
Issuing licensing authority (if known)	Sevenoaks District Council

Please print the 'Consent of individual to being specified as premises supervisor' form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.

## N

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)

None whatsoever. The only adult service in place would be the service of alcohol but the premise would be strictly limited to over 21's and a Challenge 25 policy will be adhered to.

## O

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<u>State any seasonal variation</u> (please read guidance note 5) <b>N/A</b>
Day	Start	Finish	
Mon	12:00	23:30	
Tue	12:00	23:30	
Wed	12:00	23:30	
Thur	12:00	23:30	<u>Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list</u> (please read guidance note 6) <b>N/A</b>
Fri	12:00	23:30	
Sat	12:00	23:30	
Sun	12:00	22:30	



**P** Describe the steps you intend to take to promote the four licensing objectives:

**a) General - all four licensing objectives (b,c,d,e)** (please read guidance note 10)

At all times of operating hours a Personal License Holder will on premise to ensure all policies are adhered to.

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

A C.C.T.V system will be installed, recordings will be maintained for an appropriate period.  
 Customers will not be permitted to take drinks vessels from the premise.  
 The Sevenoaks Town Pubwatch Scheme will be subscribed and signage in place describing its operation.  
 Irresponsible drinks promotions will not be permitted.  
 An anti-drugs policy will be in place, and any evidence of drugs misuse reported to Kent Police.

**c) Public safety**

A No Smoking policy is operated at the premise with strict ruling that only two patrons can smoke in designated smoking area in walled yard to the rear of the premise. These rules will be detailed by means of prominent, clear and legible notice at the entrance and throughout the premises. The venue maximum occupancy will be set at 48 persons.  
 A suitable Fire Risk Assessment at the premises and implemented the necessary control measures.  
 All exit doors are easily operable without the use of a key, and are regularly checked for operation.  
 Emergency lighting is installed and regularly maintained.  
 The premises have a current certificate of inspection for the fire detection alarm.  
 The premises have current certificates for all portable fire fighting equipment.  
 Continued on page 16

**d) The prevention of public nuisance**

The premise is only to be operated within the agreed hours.  
 Any amplification equipment will be fitted with noise level limiters to keep music within a level to not effect neighbouring premises. For the final hours of opening the music shall be reduced in volume and discernibly quieter, as will doors and windows be closed to limit unnecessary noise emission.  
 Prominent, clear and legible notice will be displayed at the exit to request that customers are to respect local residents and leave the premise and area quietly.  
 Movement of waste containers containing empty bottles from the premise will not take place between 1900 hrs and 0900 hrs to minimise disturbance to nearby occupiers.

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

The premise is to be restricted of entry to over 21's, using the Challenge 25 policy.  
 Prominent, clear and legible notice will be displayed at the entrance of the premise detailing the age restriction.

Please make selection with an "x"

I have enclosed the plan of the premises

I have enclosed the consent form completed by the individual I wish to be 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 (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 5 - Declaration (please read guidance note 11)

**Confirmation of applicant or applicant's solicitor or other duly authorised agent.** (See guidance note 12) **If confirming on behalf of the applicant please state in what capacity.**

• [Applicable to all 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 proof of entitlement to work, if appropriate (please see note 15).

Confirmation

Name  Date

Capacity

**Please print the 'Consent of individual to being specified as premises supervisor form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.**

**For joint applications confirmation of 2nd applicant or 2nd applicant's solicitor or other authorised agent.** (please read guidance note 13) **If confirming on behalf of the applicant please state in what capacity.**

Confirmation

Name  Date

Capacity

**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 14)

Name

Address

Post Town

Postcode

Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

Use this page if there is any other information that you think we should know about.  
Information entered on this page will be sent to us, along with the data on the rest of the form when you use the "Submit" option.

Public safety cont.....

The premises have current and suitable public liability insurance.  
The premises have a current satisfactory NICEIE certificate of electrical safety.  
An evacuation policy is in place that is to the satisfaction of the Fire Authority.  
All staff members have been trained in fire and emergency evacuation procedures.  
Step and stair edges are appropriately highlighted so as to be conspicuous.  
Notices detailing the actions to be taken in the event of fire or other emergency are prominently displayed and maintained in good condition.  
At least one trained first aider will be present when the public are present.  
Adequate and appropriate first aid equipment and materials are available on the premises.

Notes for Guidance are available online

## Consent of individual to being specified as premises supervisor

Please print this form and ask the person being specified as premises supervisor to fill in the below.

Certain details have been pre-populated from data given on this online form. Please amend any incorrect information or add details where necessary.

Please return this completed form to:

Licensing Partnership  
P.O. Box 182  
Sevenoaks  
Kent TN13 1GP

I, **Miss Amy Ellen Foster**

[Full name of prospective premises supervisor]

of

[Redacted address]

[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

**A premises licence**

[Type of application]

by **Amy Foster**

[name of applicant]

relating to a premises licence

[Number of existing licence, if any]

for **14 South Park  
Sevenoaks**

[Name and address of the premises to which the application relates]

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

**Amy Foster**

[Name of applicant]

concerning the supply of alcohol at

**14 South Park  
Sevenoaks**

[Name and address of the premises to which the application relates]

## Consent of individual to being specified as premises supervisor (cont.)

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

**21/01899/LAPER**

[insert personal licence number, if any]

Personal licence issuing authority

**Sevenoaks District Council**

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

**Signed**

**Name (please print)**

**Date**

## Form end

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You have now reached the end of the form. If you have entered all the necessary information, and read all the guidance notes, please now submit the form.

XML Specific

Application Type

Licence Case Type

Licence Status

XML Template

CAPS Reference

Payments request

CallingAppID

CallingAppRef

PaymentSourceCode

Customer Message

Empty text area for Customer Message

Response response

PaymentAuthorisationCode

IncomeManagementReceiptNumber

OriginatorsReference

CardScheme

CardType

PaymentAmount

ResponseCode

ResponseDescription

Number of payment lines

Service Message

Empty text area for Service Message

Payment 1

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue  VAT

Paid

Payment Date

Fund

Reference

Payment 2

Receipt Number

DueDate

PaymentType

Pay Description

XMLDescription

PaymentDue  VAT

Paid

Payment Date

Fund

Reference

Payment 3

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue  VAT

Paid

Payment Date

Fund

Reference

Payment 4

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue  VAT

Paid

Payment Date

Fund

Reference

Payment 5

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue  VAT

Paid

Payment Date

Fund

Reference



**Case Overview**

Form file name:	<input type="text"/>	Current Date	<input type="text"/>
Form data set reference	<input type="text" value="Amy Foster/"/>	Date From	<input type="text"/>
Has been E-Signed	<input type="checkbox"/> Date/Time E-Signed <input type="text"/>		
Date/Time Submitted to main server	<input type="text"/>	Data Validation Reference	<input type="text"/>
Date/Time Submitted to external server	<input type="text"/>	Date/Time form Started	<input type="text" value="22/11/2021 22:05:40"/>

**Automatic Messaging**

Receipt Email Address	<input type="text"/>	Notification Email Address	<input type="text"/>
Receipt Email Subject	<input type="text"/>	Notification Email Subject	<input type="text"/>
Receipt Email Message	<input type="text"/>	Notification Email Message	<input type="text"/>
Mobile Number	<input type="text"/>		

**Case Notes**

**CRM Integration**

CRM Case Ref

**Form History**

11/01/2022 13:28:21 | Received on Remote Server  
 11/1/2022 13:30:34 | Submitted | (anon, ) | Application for a premises licence (1.0).wdf, 77724, Licence Inc Bexley, new | Ref: 077724-20111-6NF1BRH  
 11/01/2022 13:28:21 | Received on Remote Server  
 11/1/2022 13:30:34 | Submitted | (anon, ) | Application for a premises licence (1.0).wdf, 77724, Licence Inc Bexley, new | Ref: 077724-20111-6NF1BRH

**Form Database**

Primary Record ID	<input type="text"/>	Secondary Record ID	<input type="text"/>
Department Name	<input type="text"/>	Form Status	<input type="text"/>
Depart Classification / Priority	<input type="text"/>	Search Field 3	<input type="text" value="14 South Park TN13 1AN"/>
Dept Case Reference	<input type="text"/>		
Date Record Started	<input type="text"/>		
Date Last Modified	<input type="text"/>		

**Current User**

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	User Record Id	<input type="text"/>
Tel No	<input type="text"/>	Email address	<input type="text"/>		Address	<input type="text"/>	
User Classification	<input type="text"/>						
Portal Username	<input type="text"/>	Expert for this form	<input type="text"/>				

**System Data**

Pages active with dynamic paging

Data Locked for Editing  Date of offline forms creation  Enable high-quality print (WDF)

Type of form - ufx, wdf or txt   If TXT - Optimised for screen-readers  Enable top controls on opening

Start page for expert users  Print Collation Config

**Form Design Settings**

Dynamic paging enabled  Use page titles for page menu  ESigning is available  After ESigning/Submission - go to page No?  TXT form is available

Pages with forced error checking

Pages that override forced error checking

Last visible page: Unregistered users  Registered users:  Expert users:  Override for TXT version

Default branding file:  e.g. 'UK Revenues & Benefits Branding (1.0)'

Shared Data Dictionary  e.g. 'Victoria Forms UK Government Data (1.0)'

HTML pages within WDF  Page no for thumbnail