

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 **Union Knockholt LTD** 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

Rushmore Hill Farm
Main Road
Knockholt

Post town

Sevenoaks

Post code

TN14 7LR

Telephone number of premises (if any)

Non-domestic rateable value of premises

£

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* | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual* | | |
| i as a limited company | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) A recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | 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)

You do not have to answer the questions in this section.

Title

Surname

First names

Are you 18 years or older?

- Yes
- No

Date of Birth

Nationality

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

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**

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

Union Knockholt LTD

Address

14 - 16 Powis Street
London
SE18 6LF

Registered number (where applicable)

12530577

Description of applicant (for example,
partnership, company, unincorporated
association etc.)

Limited company

Telephone number (if any)

E-mail address (optional)

info@theknockholtfest.com

Part 3 - Operating Schedule

When do you want the premises licence to start?

05/08/2023

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

05/08/2023

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)

Rushmore Hill Farm is a privately owned venue with natural outstanding beauty and now open to organising wonderful community events and fundraisers for the local surrounding communities. We aim to support local businesses, food and produce.

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)
- 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 L)

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

In all cases complete boxes N, O and P

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both - please make selection with an "x" (please read guidance note 3).	Indoors	
Day	Start	Finish		Outdoors	X
Mon			Please give further details here (please read guidance note 4)	Both	
Tue					
Wed				State any seasonal variations for performance of live music (please read guidance note 5)	
Thur					
Fri			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 6)		
Sat	11:00	22:00			
Sun					

F

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

M

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption <u>please make selection with an "x"</u> (please read guidance note 8).	On the premises	X
Day	Start	Finish		Off the premises	
Mon					
Tue			State any proposed seasonal variations for the supply of alcohol (please read guidance note 5)		
Wed					
Thur					
Fri					
Sat	11:00	22:00	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 6)		
Sun					

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	Mr
Surname	To be confirmed
First Name(s)	To be confirmed
Date of Birth	30/03/2023
Address	To be confirmed
Postcode	To be confirmed
Personal Licence number (if known)	To be confirmed
Issuing licensing authority (if known)	To be confirmed

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

O

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variation (please read guidance note 5)
Day	Start	Finish	
Mon			<p>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 (please read guidance note 6)</p>
Tue			
Wed			
Thur			
Fri			
Sat	10:30	22:30	
Sun			

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)

As a standalone document it will contain all event details and will reference other documents that may be found as appendices. It is intended that it is a 'working document' that will evolve with ongoing liaison between the event organisers, the local licensing authority and other responsible authorities. The event organisers are an experienced team. They have successfully run The Kent Food Fest for 7 years and are now consulting for Knockholt community festival.

The event planning work is conducted to the highest standard to increase our contribution to arts and culture whilst minimising any adverse effects to local residents, public safety and the environment.

We believe good communication with stakeholders, such as local authorities and community groups, is vital to the success of any event and hope collaborative documents like this aid such communication.

The Kent Food Fest has 7-year track record without any significant concern, site safety, public safety.

b) The prevention of crime and disorder

See additional sheet.

c) Public safety

Stewards and volunteers will be used to assist with general information and monitoring of activity around the site. This team will not replace or replicate the provisions of the SIA Licensed security team; their purpose is to provide information to festival goers and a large network of eyes and ears around the event site. Stewards and volunteers will be trained before the event commencement.

d) The prevention of public nuisance

A noise assessment and management plan will be produced in order to consider and reduce the nuisance effects of noise arising from the event, taking into account the size, type and direction of each Soundsystem.

The following conditions will be adhered to in managing noise created by the event: Between the hours of 11am and 10pm on the 5th August 2023.

We will employ a noise management engineer to be responsible for the regular monitoring and control of noise levels during the event. Records of monitoring and any action taken to will be maintained and made available to the local authority for inspection during the event. Records will be submitted to the local authority following the event.

e) The protection of children from harm

See additional sheet.

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.

Operating schedule continued...

Prevention of crime and disorder

1. Crowd Management

Crowd Management Planning and Implementation will be undertaken by Able Security LTD The Crowd Management plan details roles, responsibilities and methods for control and evacuation.

Audience Number Control Tickets will be majority sold by pre-sale. A small amount of tickets will be made available on the door for walk up attendees.

2. Police

We will ensure we liaise with all relevant police parties closely in the further planning of the event to ensure they are aware and in agreement with the Event Management Plans. Police presence at the event is always welcomed, though we feel that it is not necessarily required considering the private security arrangements we will have in place. The Food Fest has not required Police Presence in the past.

Event security services SIA Licensed security will be used in any positions where searching, refusal of entry, patrolling or intervention may be required and at the sites of all licensable activities. A detailed crowd management plan will be produced following a risk assessment by a security specialist contractor planning exact security team numbers and positions.

Protection of children from harm

3. Missing Persons or Property and Alcohol

Any lost property may be handed in to our ticket booth team any security or event staff. This will be dealt with by the welfare team, as can any reports of lost property. Property can be reclaimed at the event by direct description or afterwards via collection or post. Contact details for property reclaim will be clearly shown on the event website. Lost persons can also report to the welfare team, as can reports of missing persons. The Production Manager will then be informed. If the lost person is

deemed to be in any way vulnerable, then only persons with a valid DBS check will be allowed to handle the issue. In most cases this would be any of the Welfare team, SIA team, First Aid team, or the event organisers.

Alcohol and our bar on site will be managed in accordance with The Licensing Act 2003 and all Mandatory Licensing Conditions will be met. The bars will stock a wide range of products, including many locally made 'craft' products such as ale, cider and wine. Extremely cheap and excessively strong drinks will not be available.

if there is any doubt about the attendee's age, proof of age identification will be requested.

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, **Mr To be confirmed To be confirmed**

[Full name of prospective premises supervisor]

of **To be confirmed
To be confirmed**

[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 **Union Knockholt LTD**

[name of applicant]

relating to a premises licence

[Number of existing licence, if any]

for **Rushmore Hill Farm**

Main Road
Knockholt
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

Union Knockholt LTD

[Name of applicant]

concerning the supply of alcohol at

Rushmore Hill Farm

Main Road
Knockholt
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

To be confirmed

[insert personal licence number, if any]

Personal licence issuing authority

To be confirmed

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

Signed

Name (please print)

Date

Form end

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

Response response

PaymentAuthorisationCode

IncomeManagementReceiptNumber

OriginatorsReference

CardScheme

CardType

PaymentAmount

ResponseCode

ResponseDescription

Number of payment lines

Payment 1

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

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 5

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue VAT

Paid

Payment Date

Fund

Reference

Customer Message

Empty text area for Customer Message

Service Message

Empty text area for Service Message

Payment 2

Receipt Number

DueDate

PaymentType

Pay Description

XMLDescription

PaymentDue VAT

Paid

Payment Date

Fund

Reference

Payment 4

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue VAT

Paid

Payment Date

Fund

Reference

Case Overview

Form file name: Current Date:

Form data set reference: Date From:

Has been E-Signed Date/Time E-Signed:

Date/Time Submitted to main server: Data Validation Reference:

Date/Time Submitted to external server: Date/Time form Started:

Automatic Messaging

Receipt Email Address: Notification Email Address:

Receipt Email Subject: Notification Email Subject:

Receipt Email Message: Notification Email Message:

Mobile Number:

Case Notes

CRM Integration

CRM Case Ref:

Form History

30/03/2023 12:38:45 | Received on Remote Server
 30/3/2023 12:43:26 | Submitted | (anon,) | Application for a premises licence (1.0).wdf, 132561, Licence Inc Bexley, new | Ref: 132561-30330-85LSOCT
 30/03/2023 12:38:45 | Received on Remote Server
 30/3/2023 12:43:26 | Submitted | (anon,) | Application for a premises licence (1.0).wdf, 132561, Licence Inc Bexley, new | Ref: 132561-30330-85LSOCT

Form Database

Primary Record ID: Secondary Record ID:

Department Name: Form Status:

Depart Classification / Priority: Search Field 3:

Dept Case Reference:

Date Record Started:

Date Last Modified:

Current User

Title: Surname: First Name: User Record Id:

Tel No: Email address: Address:

User Classification:

Portal Username: Expert for this form:

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: