

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 **The Bridges Pub 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

**The Bridges Pub**

Post town

**South Darent**

Post code

**DA4 9AX**

Telephone number of premises (if any)

**07714316155**

Non-domestic rateable value of premises

**£ 4500**

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

**The Bridges Pub Ltd**

Address

**The Bridges Pub Ltd  
124 Mill Road  
Dartford  
Kent  
DA2 7RT**

Registered number (where applicable)

**15208115**Description of applicant (for example,  
partnership, company, unincorporated  
association etc.)**Company**

Telephone number (if any)

E-mail address (optional)

**bridgespublimited@yahoo.com**

**Part 3 - Operating Schedule**

When do you want the premises licence to start?

28/03/2024

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 Bridges Pub is situated in a village. Not set in the heart but in a semi residential area. It is a detached property. An 18 century public house that has been run as a pub for over 150 years. The bar inside is a small area with ample seating around. With a seating area for food which would seat no more than 16 covers. It has a beer garden to the rear upon the river that flows behind. A small car park to the left as if your facing it is useable and has a one way entrance and exit.

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 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**

**M**

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption please make selection with an "x"</u> (please read guidance note 8).	On the premises	
Day	Start	Finish		Off the premises	
Mon	12:00	23:00			
Tue	12:00	23:00	<u>State any proposed seasonal variations for the supply of alcohol</u> (please read guidance note 5)	Both	X
Wed	12:00	23:00			
Thur	12:00	23:00			
Fri	12:00	23:00			
Sat	12:00	23:00	<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)  Christmas Eve, New Years Eve and weekends before a Bank Holiday until 01:00 hours the following day.		
Sun	12:00	23:00			

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

Surname

First Name(s)

Date of Birth

Address

Postcode

Personal Licence number (if known)

Issuing licensing authority (if known)

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)			<u>State any seasonal variation</u> (please read guidance note 5)
Day	Start	Finish	
Mon	12:00	00:00	<p><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)</p> <p><b>Christmas Eve, New Years Eve and weekends before a Bank Holiday until 02:00 hours the following Day.</b></p>
Tue	12:00	00:00	
Wed	12:00	00:00	
Thur	12:00	00:00	
Fri	12:00	00:00	
Sat	12:00	00:00	
Sun	12:00	00:00	

**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)**

We will ensure at all times when the premises is open that sufficient competent staff are on duty at the premises for the purpose of fulfilling their terms and conditions of the licence and for preventing crime and disorder. That all staff staff are trained in there responsibilities in relation to the sale of alcohol particularly in regards to drunkenness and underage persons. Records will be kept of training and refresher training.

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

Any incident of a criminal nature that may occur on the premises will be reported to the police. cctv will be fitted and will be operated and maintained at the premises. All cameras will be situated in appropriate locations and provide recommended coverage. Police will have access too images at any re4asonable time. Signage will be displayed. Anyone suspected of or taking drugs on the premises will be asked to leave immediately and excluded for further use of the premises signage will be put up.

**c) Public safety**

Appropriate fire safety procedureds are in place including fire extinguishers and fire blankets. internally illuminated fire exit signs, required amount of smoke alarms installed. all appliances inspected annually. all emergency exits shall be kept free from obstruction at all times.

**d) The prevention of public nuisance**

All customers will be asked to leave quietly. clear and legible notices will be prominently displayed to remind customers to leave quietly and respect the neighbours.

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

A strict over 25 policy. Staff will be required to ask anyone who looks under 25 to provided photographic id . All staff will be trained for underage sales prevention. A file for refused sales will be kept on the premises.



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.

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,   
[Full name of prospective premises supervisor]

of   
[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 **The Bridges Pub Ltd**  
[name of applicant]

relating to a premises licence   
[Number of existing licence, if any]

for **The Bridges Pub  
South Darenth**  
  
[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  
**The Bridges Pub Ltd**  
[Name of applicant]

concerning the supply of alcohol at  
**The Bridges Pub  
South Darenth**  
  
[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

[insert personal licence number, if any]

Personal licence issuing authority

[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.**