

Wiltshire Council

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 Tina Watson

(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			
4 Market Place Pewsey SN9 5AA			
Post town	Pewsey	Postcode	SN9 5AA

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 8100

Part 2 - Applicant details

Please state whether you are applying for a premises licence as **appropriate** **Please tick as appropriate**

a)	an individual or individuals *	<input checked="" type="checkbox"/>	please complete section (A)
b)	a person other than an individual *	<input type="checkbox"/>	
	i as a limited company/limited liability partnership	<input type="checkbox"/>	please complete section (B)
	ii as a partnership (other than limited liability)	<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)		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	<u>Mrs</u>	Miss	Ms	Other Title (for example, Rev)	
Surname		Watson		First names	
				Tina	
Date of birth		[REDACTED]		I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes	
Nationality		British			
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)		winebarfour@gmail.com			

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)

Second individual applicant (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth or over		I am 18 years old		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 'share code' provided to the applicant by that service: (please see note 15 for information)					

(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	06	2024

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)

~~I previously the site of Thomson's Wine Bar and Deli, the premises is a double fronted shop right in the centre of Pewsey, opposite King Alfred's Statue. The shop part of the property has lain empty since the current owner closed the shop around 10 years ago.~~

~~I would like to reopen the Wine Bar as I feel the village could support such a proposal.~~

WINE BAR WITH NIGHT FOOD OFFER

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 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)	
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)	

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	
<u>Supply of alcohol</u> (if ticking yes, fill in box J)	x

In all cases complete boxes K, L and M

A

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

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur					
Fri			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 (please read guidance note 6)		
Sat					
Sun					

C

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

D

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	
					Outdoors	
Day	Start	Finish			Both	
Mon			<u>Please give further details here</u> (please read guidance note 4)			
Tue						
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)			
Thur						
Fri			<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)			
Sat						
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 tick (please read guidance note 3)	Indoors		
Day	Start	Finish		Outdoors		
Mon				Please give further details here (please read guidance note 4)		
Tue						
Wed			State any seasonal variations for the playing of 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 at different times to those listed in the column on the left, please list (please read guidance note 6)			
Sat						
Sun						

G

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	
Day	Start	Finish		Outdoors	
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	
Mon				Outdoors	
				Both	
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

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
Day	Start	Finish		Outdoors
				Both
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)	
Thur				
Fri			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 (please read guidance note 6)	
Sat				
Sun				

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	
				Off the premises	
				Both	x
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) CHRISTMAS EVE 1100 - 2300 CHRISTMAS DAY 1200 - 1400 NEW YEAR EVE 1100 - 0100 1st Jan		
Mon	n/a				
Tue	n/a				
Wed	1100	2300			
Thur	1100	2300			
Fri	1100	2300			
Sat	1100	2300			
Sun	1100	2300			
			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) MONDAY BANK HOLIDAY 1100 - 2300		

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		Tina Watson
Date of birth		[REDACTED]
Address		
[REDACTED]		
Postcode	[REDACTED]	
Personal licence number (if known)	LN/0022621	
Issuing licensing authority (if known)	Wiltshire 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 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)
Day	Start	Finish	
Mon	n/a		<p>CHRISTMAS EVE 1100 - 2330 CHRISTMAS DAY 1200 - 14³⁰00 NEW YEAR EVE 1100 - 0130 1ST JAN</p>
Tue	n/a		
Wed	1100	2330	
	17.00	22.00	
Thur	1100	2330	
	17.00	22.00	
Fri	1100	2330	
	16.00	23.00	<p>MONDAY BANK HOLIDAY 1100 - 2330</p>
Sat	1100	2330	
	16.00	23.00	
Sun	1100	2330	
	16.00	23.00	

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)

~~Training of any staff would include full knowledge of the licensing objectives so that these can be adhered to. We also will not be able to take many people at a time because the premises is small, which will make it hard to keep an eye on what is going on.~~

NONE.

b) The prevention of crime and disorder

1. A CCTV SYSTEM WILL BE MAINTAINED. FOOTAGE WILL BE RETAINED FOR 28 DAYS.
~~Unfortunately, we no longer have any police in the village so it is down to us to ensure that things run smoothly. Staff training will cover this and it is proposed that CCTV be installed even though it is a tiny space.~~
2. CCTV FOOTAGE WILL BE MADE AVAILABLE TO
3. APPROPRIATE AUTHORITIES PROMPTLY ON REQUEST.
4. INCIDENTS & REFUSALS OF SERVICE WILL BE RECORDED IN WAITING.

c) Public safety

NONE.

~~CCTV will help with this. The Fire Station is just across the road and I will be requesting a fire safety risk assessment, which will be kept updated and appropriate fire extinguishers purchased. Exits are obvious because of the size of the premises but signs will be put up in case of evacuation. Fire alarms to be installed. Any equipment to be PAT tested.~~

d) The prevention of public nuisance

1. THE COURTYARD WILL ONLY BE USED BY PATRONS UNTIL 2200.
~~Opening hours are restricted and the size of the premises means there will not be that many customers. No drinking to be allowed outside and any background music will be very quiet and unobtrusive.~~
2. SMOKERS MAY BE PERMITTED AT LATER TIMES BUT WILL BE MANAGED BY STAFF SO AS TO MINIMISE DISTURBANCE TO RESIDENTS.

3. SIGNS REQUESTING 17 PATRONS LEAVE QUIETLY WILL BE DISPLAYED AT ALL EXITS.

e) The protection of children from harm

Children under 18 will not be permitted even with an adult and staff will be aware of the Challenge 25 policy and if possible a notice will be placed on the door. It is unlikely that people would want to bring children in but unless it is illegal for me to do so I will refuse entry.

1. A CHALLENGE 25 SCHEME WILL BE OPERATED AT THE PREMISES.

Checklist:

Please tick to indicate agreement

<input checked="" type="checkbox"/>	I have made or enclosed payment of the fee.	X
<input checked="" type="checkbox"/>	I have enclosed the plan of the premises.	X
<input checked="" type="checkbox"/>	I have sent copies of this application and the plan to responsible authorities and others where applicable.	n/a as online app
<input checked="" type="checkbox"/>	I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	X
<input checked="" type="checkbox"/>	I understand that I must now advertise my application.	X
<input checked="" type="checkbox"/>	I understand that if I do not comply with the above requirements my application will be rejected.	X
<input checked="" type="checkbox"/>	[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).	X

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.

Notes for Guidance



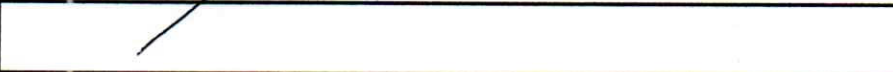
1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. In terms of specific regulated entertainments please note that:
 - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
 - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
 - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
 - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
 - Live music: no licence permission is required for:
 - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
 - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
 - a performance of amplified live music between 08.00 and 23.00 on any day, in a workplace that is not licensed to sell alcohol on those premises, provided that the audience does not exceed 500.
 - a performance of amplified live music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
 - a performance of amplified live music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school or (iii) the health care provider for the hospital.

Part 4 – Signatures (please read guidance note 11)

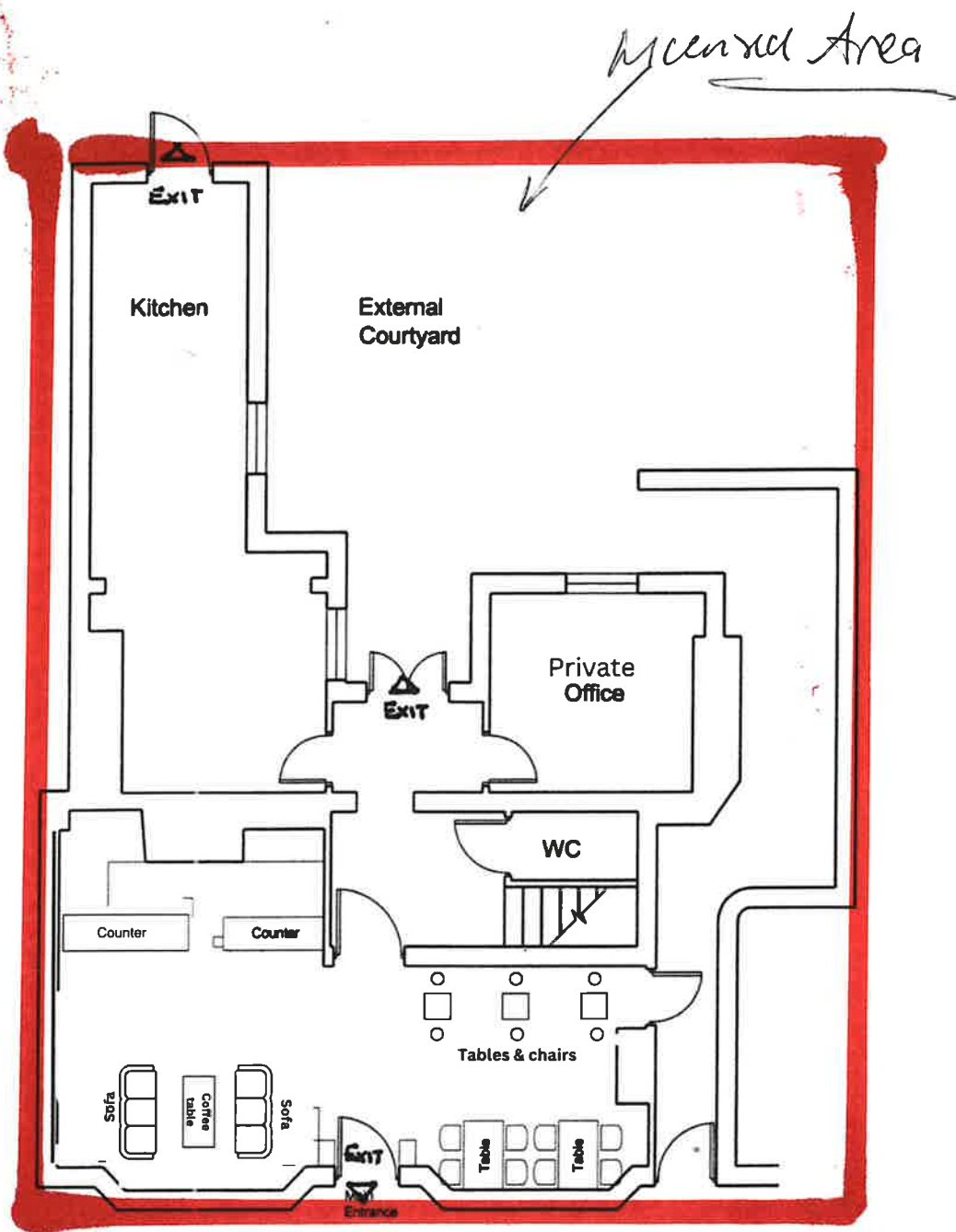
Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

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 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 (please read guidance note 15)
Signature	
Date	29/3/24
Capacity	Applicant

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)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



FLOOR PLAN



Contractors, Sub Contractors and Suppliers are to check all relevant dimensions and levels of site and buildings before commencing any shop drawings or building work.

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19 High Street
Pewsey
Wiltshire
SN9 5AF

tel (01672) 569444
fax (01672) 569488

project
4 Market Place
Pewsey

drawing

Floor Plan with
proposed furniture

scale
1:100 @ A4

drawn by
OG

date
AUG 2010

100809-01

drawing no

rev

