

**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 CATHERINE HESTER KENWICK  
(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 <u>THE OUTHOUSE,</u> <u>COURT LODGE,</u> <u>THE STREET,</u> <u>EAST BRABOURNE</u> <u>NR. ASHFORD</u> <u>KENT TN25 5LR</u>			
Post town		Postcode	<u>TN25 5LR</u>

Telephone number at premises (if any)	<u>01303 814432</u>
Non-domestic rateable value of premises	<u>£100</u>

**Part 2 - Applicant details**

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

Please tick

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) ☐ please complete section (B)  
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
- 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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <u>FENWICK</u>			First names <u>CATHERINE HESTER</u>		
Date of birth or over		I am 18 years old <input checked="" type="checkbox"/> Please tick yes			
Nationality <u>BRITISH</u>					
Current residential address if different from premises address		<u>AS ABOVE</u>			
Post town			Postcode		

<b>Daytime contact telephone number</b>	01303 814432 or 07874 855340
<b>E-mail address (optional)</b>	Hesterfenwick@hotmail.com

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

**(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.

<b>Name</b>
<b>Address</b>
<b>Registered number (where applicable)</b>

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	05	2019

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

N/A

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

OUTHOUSE ASSOCIATED WITH A DOMESTIC DWELLING - WINE (DUTY PAID) WILL BE BROUGHT IN TO BE SOLD ON FOR WEB SALES AND DIRECT TO LOCAL CONSUMERS. WINE WILL NOT BE CONSUMED ON THE PREMISES AND CONSUMERS ARE NOT LIKELY TO ENTER THE PREMISES. ~~DWELLING IS A FIVE BEDROOM DETACHED HOUSE SET ON A COURTYARD SURROUNDED BY OUTBUILDINGS.~~

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

N/A
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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) ☐

**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**

J

<b>Supply of alcohol *</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  N/A		
Mon	06:00	23:00			
Tue	06:00	23:00			
Wed	06:00	23:00			
Thur	08:00	23:00	<b>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</b> (please read guidance note 6)  N/A		
Fri	08:00	23:00			
Sat	08:00	23:00			
Sun	08:00	23:00			

\* PLEASE NOTE THIS IS THE RANGE OF TIMES ~~AND~~ WHEN WINE MAY BE PACKAGED UP FOR DISPATCH OR LOCAL CONSUMERS MAY KNOW ON THE DDD. THE PREMISES WILL NOT BE 'OPEN' TO THE PUBLIC AT ALL, EVER.

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	CATHERINE <u>HESTER</u> FEWWICK
Date of birth	25/12/71
Address	COURT LODGE THE STREET EAST BABOURNE NR. ASHFORD
Postcode	TN25 5LR
Personal licence number (if known)	TBC
Issuing licensing authority (if known)	ASHFORD BOROUGH 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).

N/A

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).

N/A

L

**Hours premises are open to the public**  
Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	08:00	23:00
Tue	08:00	23:00
Wed	08:00	23:00
Thur	08:00	23:00
Fri	08:00	23:00
Sat	08:00	23:00
Sun	08:00	23:00

State any seasonal variations (please read guidance note 5)

THE PREMISES WILL NEVER ACTUALLY BE OPEN TO THE PUBLIC BUT IF A MEMBER OF THE PUBLIC KNOWS ON THE DOOR (AND THERE IS SOMEBODY HOME), THEY WILL BE WELCOME DURING THOSE HOURS.

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)



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)

THE BUSINESS IS A SMALL SCALE SALE OF SEALED BOTTLES OF ALCOHOL, EITHER BY POST OR FOR CONSUMERS TO TAKE HOME. THE PRICE POINT WILL BE SUCH THAT THEY WILL WANT TO SAVOUR AT LEISURE, NOT CRACK IT OPEN AND GULP ON THE STREET. NO DISORDER ISSUES ARE FORESEEN.

b) The prevention of crime and disorder

WINE WILL BE HELD SECURELY ON THE PREMISES AND POSTED WITH REGISTERED CARRIERS. OR PACKAGED FOR HOME CONSUMPTION. WE WILL ALSO AIM FOR CASHLESS TRANSACTIONS.

c) Public safety

THE PREMISES AND GROUNDS HAVE ALREADY BEEN ASSESSED FOR SAFETY HAZARDS AS REQUIRED BY OUR PUBLIC LIABILITY INSURERS (TO COVER OUR HOLIDAY COTTAGE). WE CANNOT IDENTIFY ANY ADDITIONAL RISKS.

d) The prevention of public nuisance

NO ALCOHOL WILL BE CONSUMED ON SITE, MOST CONSUMERS WILL BE DRIVING AND UNLIKELY TO COMMIT PUBLIC NUISANCE. THE VOLUME OF TRAFFIC IS MINIMAL GIVEN OUR SCALE. – NOBODY IS LIKELY TO DETOUR TO BUY FROM US.

e) The protection of children from harm

WE HAVE THREE CHILDREN <sup>CLOSE TO</sup> ~~ON~~ THE PREMISES WHO CAN TESTIFY TO THEIR LACK OF HARM. NO ADDITIONAL RISKS ARE FORESEEN – THEY WILL NOT BE INVOLVED WITH THE STORAGE OR SALE OF ALCOHOL AND NOT WITH ANY OTHER CHILDREN

**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 (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.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [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).</li> <li>• 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)</li> </ul>
Signature	<i>Robert Kinnaird</i>
Date	<i>18/1/18</i>
Capacity	<i>APPLICANT</i>

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)		