

DORSET COUNCIL

16 MAR 2022

Application for a premises licence to be granted under the Licensing Act 2003

Digital Media Room

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~~ Theresa Ann Roads

(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			
Sheaf of Arrows Yeovil Road Meltbury osmond			
Post town	Dorchester	Postcode	DT2 0NF

Telephone number at premises (if any)	n/a
Non-domestic rateable value of premises	£ 10,500

Part 2 - Applicant details

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

Please tick as

- | | |
|--|---|
| a) an individual or individuals * | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| 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) | <input type="checkbox"/> please complete section (B) |
| c) a recognised club | <input type="checkbox"/> 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 <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname		First names			
Date of birth		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					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

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)		
Surname						First names				
Date of birth over						I am 18 years old or <input type="checkbox"/> Please tick yes				
Nationality										
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)										
Current residential address if different from premises address										
Post town							Postcode			
Daytime contact telephone number										
E-mail address (optional)										

(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	04	2022

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)

Public house/restaurant/B&B, situated alongside the main A37 at Melbury Osmond between Yeovil & Dorchester. A "drive to" public house backing onto fields & not in close proximity to any residences.

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

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

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
Thur					
Fri			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)		
Sat					
Sun					

B

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

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			
Thur			<u>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</u> (please read guidance note 6)
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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
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					

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)	
Mon				
Tue				
			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)	
Wed				
Thur				
			<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> (please read guidance note 6)	
Fri				
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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
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)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur					
Fri			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 (please read guidance note 6)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			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 (please read guidance note 6)		
Sun					

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	23:00	05:00	<u>Please give further details here</u> (please read guidance note 4)		
Tue	23:00	05:00			
Wed	23:00	05:00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur	23:00	06:00			
Fri	23:00	05:00	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	23:00	06:00			
Sun	23:00	05:00			

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	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	00:00	23:59			
Tue	00:00	23:59			
Wed	00:00	23:59			
Thur	00:00	23:59	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)		
Fri	00:00	23:59			
Sat	00:00	23:59			
Sun	00:00	23:59			

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	Deborah Caroline Hughes		
Date of birth	[REDACTED]		
Address	[REDACTED]		
Postcode	[REDACTED]	[REDACTED]	

Personal licence number (if known)	PA1027
Issuing licensing authority (if known)	West Dorset District 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	07:00	23:59	
Tue	07:00	23:59	
Wed	07:00	23:59	
Thur	07:00	23:59	
Fri	07:00	23:59	
			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)

Sat	07:00	23:59	
Sun	07:00	23:59	

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)

Well trained staff with knowledge & understanding of the Licensing Act 2003.
 A responsible approach to sale & late night refreshment.
 on site staff training for specific policies relating to the business.
 Children must be accompanied by an adult.

b) The prevention of crime and disorder

CD01, CD02, CD03, CD04, CD07, CD08 & CD9.
 CD41-46.

c) Public safety

PS03, PS05, PS07, PS09, PS11, PS16 & PS17.

d) The prevention of public nuisance

PPN03 & PPN06

e) The protection of children from harm

n/a

Checklist:

Please tick to indicate agreement

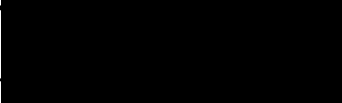
- I have made or enclosed payment of the fee. ☐
- I have enclosed the plan of the premises. ☐
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☐
- I have enclosed the consent form completed by the individual I wish to be designated premises 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 or my share code issued by the Home Office online right to work checking service (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.

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 to work (please see note 15)
Signature	
Date	7/3/2022
Capacity	owner

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)			

APPENDIX 2 - OPERATING SCHEDULE

Prevention of Crime and Disorder

- 1: A Closed-Circuit Television (CCTV) system will be operational at the premises at all times when licensable activities are being carried out and at any other times when members of the public are present on the premises.
- 2: The CCTV system will cover all areas of the premises occupied by the public under the terms of the licence (licensed areas), including corridors and stairways (excluding WCs and changing rooms).
- 3: The CCTV system will cover the main entrance/s and exit/s and designated emergency egress routes from the premises.
- 4: The CCTV system will cover all external areas of the premises occupied by the public, i.e. queuing areas, beer gardens, smoking areas and car parks.
- 5: The CCTV system will contain the correct time and date stamp information.
- 6: The CCTV system will have sufficient storage retention capacity for a minimum of 31 days' continuous footage.
- 7: A designated member/members of staff at the premises will be authorised to access the CCTV footage and be conversant with operating the CCTV system. At the request of an authorised officer of the Licensing Authority or a Responsible Authority (under the Licensing Act 2003) any CCTV footage, as requested, will be downloaded immediately or secured to prevent any overwriting. The CCTV footage material will be supplied, on request, to an authorised officer of the Licensing Authority or a Responsible Authority with the absolute minimum of delay.
- 8: A Supervisor's Register will be maintained at the licensed premises, showing the names, addresses and up-to-date contact details for the DPS and all personal licence holders.
- 9: The Supervisors Register will state the name of the person who is in overall charge of the premises at each time that licensed activities are carried out, and this information will be retained for a period of twelve months and produced for inspection on request to an authorised officer.
- 10: The PLH/DPS staff will ask for proof of age from any person appearing to be under the age of 25 who attempts to purchase alcohol at the premises.
- 11: The PLH/DPS staff will ask for photographic identification in the form of either a passport, EU photographic driving licence or PASS accredited identification, from any person appearing to be under the age of 25 who attempts to purchase alcohol at the premises.
- 12: A log shall be kept detailing all refused sales of alcohol. The log should include the date and time of the refused sale, a description of the person refused, why they were refused (e.g. no ID, fake ID) and the name of the member of staff who refused the sale. The log shall be available for inspection at the premises by the police or an authorised officer of a Responsible Authority (Licensing Act 2003).
- 13: Glass and Bottles Drinks, open bottles and glasses will not be taken from the premises at any time. Empty bottles and glasses will be collected regularly and promptly. Glass and other sharp objects will be stored and disposed of using tamper proof receptacles. Receptacles will be secured and not accessible to the customers.
- 14: The PLH/DPS will prominently display notices which inform customers that open bottles or glasses may not be taken off the premises.

Public Safety

- 1: Written records of all accidents and safety incidents involving members of the public and/or staff will be kept. These will be made available at the request of an authorised officer.
- 2: A suitably trained and competent person must ensure weekly safety checks of the premises, decorative and functional fixtures, floor surfaces and equipment (including electrical appliances) to which the public may come into contact are undertaken. Records of these safety checks must be kept and made available for inspection by an authorised officer.
- 3: Electrical installations will be inspected on a periodic basis (at least every 3 years or at a frequency specified in writing) by a suitably qualified and competent person. Inspection records/certificates will be kept and made available at the request of an

authorised officer. If used, any temporary electrical wiring and distributions will also be inspected. Inspection records/certificates will be kept. These will be made available at the request of an authorised officer.

4: Weekly safety checks of guardings to stairs, balconies, landings and ramps will be undertaken, and a supervision policy will be maintained to prevent people from inappropriate behaviour, including climbing which may lead to a fall from height.

5: A written spillage policy will be kept to ensure spillages are dealt with in a timely and safe manner. All staff will be made aware of the policy.

6: First Aid equipment and materials adequate for the number of persons on the premises will be available on the premises at all times. All staff will be made aware of first aid location.

7: A procedure for dealing with unwell members of the public will be in place including those who appear to be affected by alcohol or drugs. Staff will be appropriately trained in such procedures.

Prevention of Public Nuisance

1: There will be no external loudspeakers.

2: A direct telephone number for the manager at the premises shall be publicly available at all times the premises is open. This telephone number is to be made available to residents and businesses in the vicinity.