

Environment Services, Customer Service Centre, 85 New Square, Chesterfield, S40 1AH

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31 OCT 2014

LICENSING

**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.

Marcella Kirk

I/We

(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 .			
<p align="center">Petite Maison, 21 Old Road, Brampton,</p>			
Post town	Chesterfield	Postcode	S40 2RE

Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	£ 4450

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | |
|---|---|
| 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 | <input 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 | <input type="checkbox"/> 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:

Please tick yes

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 type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input checked="" type="checkbox"/>	Other Title (for example, Rev)	
Surname Kirk			First names Marcella		
I am 18 years old or over			<input checked="" type="checkbox"/> Please tick yes		
Current postal address if different from premises address		Maison Mes Amis, 19 Old Road, Brampton, Chesterfield.			
Post town	Chesterfield		Postcode	S40 2RE	
Daytime contact telephone number			07944017988		
E-mail address (optional)		kirksretreat@aol.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)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal 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			
0	1	1	2	2	0	1	4

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)

The premises are currently vacant and were previously primarily used as a florists and coffee shop on the ground floor with storage above. The adjoining property is a hairdressers with a beauty salon above. The proposal is to use the ground floor, first floor and rear courtyard as a wine bar. Some tables and chairs will be set out in the property and rear garden but these will be non-fixed. The business will operate in association with the adjacent Maison Mes Amis when functions such as weddings and private parties are taking place next door.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any 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 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		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 3)			
Mon						
Tue						
			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)			
Wed						
Thur						
			<u>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</u> (please read guidance note 5)			
Fri						
Sat						
Sun						

B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
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 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			
Fri			<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 5)
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)			
Wed						
Thur			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 (please read guidance note 5)			
Fri						
Sat						
Sun						

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	
			Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon	10.00am	11.00pm		
Tue	10.00am	11.00pm		
			State any seasonal variations for the performance of live music (please read guidance note 4)	
Wed	10.00am	11.00pm		
Thur	10.00am	11.00pm		
			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 5)	
Fri	10.00am	11.00pm		
Sat	10.00am	11.00pm		
Sun	10.00am	11.00pm		

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
Day	Start	Finish	Both <input checked="" type="checkbox"/>	
Mon	10:00am	11:00pm	Please give further details here (please read guidance note 3) sound restricted amplifier	
Tue	10:00am	11:00pm		
Wed	10:00am	11:00pm	State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Thur	10:00am	11:00pm		
Fri	10:00am	1:00am	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 5)	
Sat	10:00am	1:00am		
Sun	Noon	12:30am		

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
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 5)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<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 5)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	11:00pm	11:30pm			
Tue	11:00pm	11:30pm			
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Wed	11:00pm	11:30pm			
Thur	11:00pm	midnight			
			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 5)		
Fri	11:00pm	1:00am			
Sat	11:00pm	1.00am			
Sun	11.00pm	12.30am			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	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 4)		
Mon	10:00am	11:00pm			
Tue	10:00am	11:00pm			
Wed	10:00am	11:00pm			
Thur	10:00am	midnight	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 5)		
Fri	10:00am	1:00am			
Sat	10:00am	1:00am			
Sun	Noon	12:30am			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

Name	Andrew Longworth
Address	The Dovecote, 1 The Grange Barns, Clayworth Retford Nottinghamshire
Postcode	DN22 9AS
Personal licence number (if known)	BWO762
Issuing licensing authority (if known)	Bassetlaw 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 8).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	10:00am	11:30pm	<p><u>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</u> (please read guidance note 5)</p> <p>New Year's Eve will be open between 11:00am and 02:30am the following day.</p>
Tue	10:00am	11:30pm	
Wed	10:00am	11:30pm	
Thur	10:00am	12.30am	
Fri	10:00am	1:30am	
Sat	10:00am	1:30am	
Sun	Noon	1:00am	

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 9)

The licence holder and designated premises supervisor fully appreciate their responsibilities in providing regulated entertainment and alcohol under the Licensing Act. We will be mindful of our obligations towards our employees, customers and neighbours in promoting the licensing objectives. We recognise our obligations under the other legislation which supports the Licensing Act, including public order and safety, health and safety, fire safety, statutory nuisance and child protection measures. The aspirations of the Licensing Authority and the support offered by the Responsible Authorities in promoting this legislation is also recognised. We appreciate that delivery of the licensing objectives rely on good customer knowledge and ensuring appropriate procedures are implemented. Liaison between the Police, Licensing Authority and Licensee will be supported.

b) The prevention of crime and disorder

Staff are aware of the need to be vigilant to ensure that customers are supervised throughout the premises.

The external premises to the rear is demarcated by a high screen wall. We recognise the need to drink responsibly and the obligations when serving alcohol. Accordingly drinking vessels will be collected regularly, and the Portman Code of Practice will be supported. Notices will be provided on external tables informing customers not to consume any drinks outside of the rear courtyard area. Drinking up times will be enforced in keeping with our stated closing times. We operate a zero tolerance to drugs and all staff will be trained in drug awareness as per the management's drugs policy.

c) Public safety

Nothing beyond existing Health and Safety/Fire Safety etc requirements.

d) The prevention of public nuisance

As far as is practicable we will ensure that the premises and surrounding areas are tidy. We recognise the importance of observing the public nuisance objectives. We will pay appropriate regard to noise sensitive activities. The volume of music is under the control of the management, and will be controlled to prevent noise nuisance to our neighbours. When deemed necessary by management members of staff will be assigned to the exit door at the end of business to remind customers to leave quietly, thereby respecting our neighbours' amenity. Staff will check on noise levels outside the premises at regular intervals after 10:00pm and keep records accordingly.

e) The protection of children from harm

An age verification policy will operate in relation to the sale of alcohol on the premises based on Challenge 25. Where it appears to the person selling the alcohol that a customer may be under 25 years of age, the customer may be asked to produce identification to prove that they are over the age of 18 and can lawfully purchase alcohol.

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. ☒

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 11).
If signing on behalf of the applicant, please state in what capacity.

Signature	<i>M.anelleuk</i>
Date	31/10/14
Capacity	OWNER.

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 12). 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 13)

Maison Mes Amis as above

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

Consent of individual to being specified as premises supervisor

I Andrew Longworth
[full name of prospective premises supervisor]

of

The Dovecote.
1 The Grange Barns.
Clayworth. Retford, Notts. DN22
9AS.

[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 AT
21 Old Road, Chesterfield S40 2RE.
[type of application]

by

Marcella kirk
[name of applicant]

relating to a premises licence

NONE EXISTING
[number of existing licence, if any]

for

21 OLD ROAD, BRAMPTON, CHESTERFIELD S40 2RE

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

Marcella kirh

[name of applicant]

concerning the supply of alcohol at

21 Old Road
Brampton
Cheskerfield S40 2RE.

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

BW0762

[insert personal licence number, if any]

Personal licence issuing authority

BASSETLAW DISTRICT COUNCIL

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

POTTER STREET, WORKSOP, S80 2AH

Signed

Amy A

Name (please print)





A. Longworth

Date



17/10/14

LEGEND

FIRE SAFETY

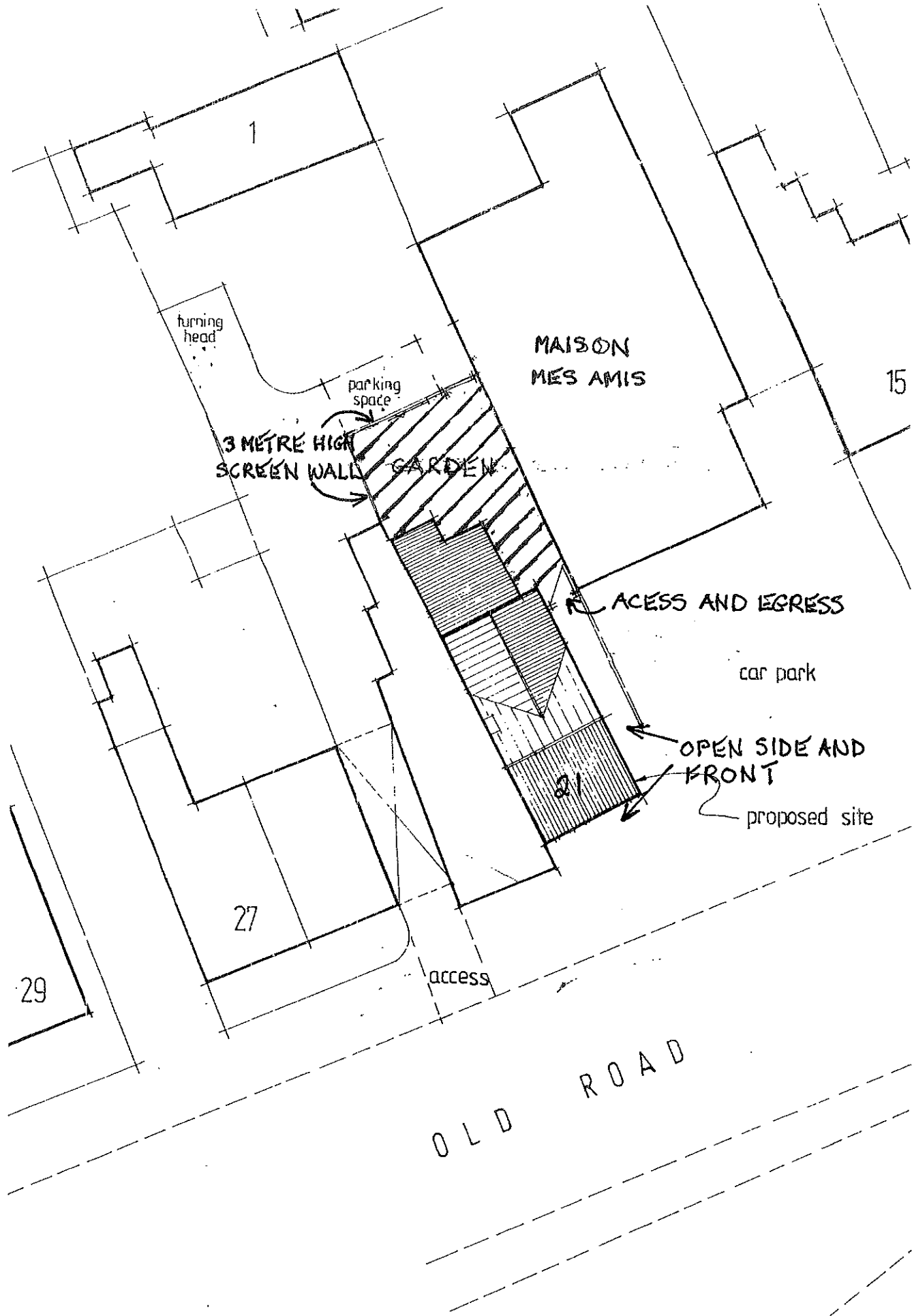
- SD - SMOKE DETECTOR
-  - ESCAPE LIGHT (EL)
-  - EMERGENCY EXIT SIGN
-  - FIRE EXTINGUISHER
-  - MANUAL CALL POINT

LICENSABLE AREAS

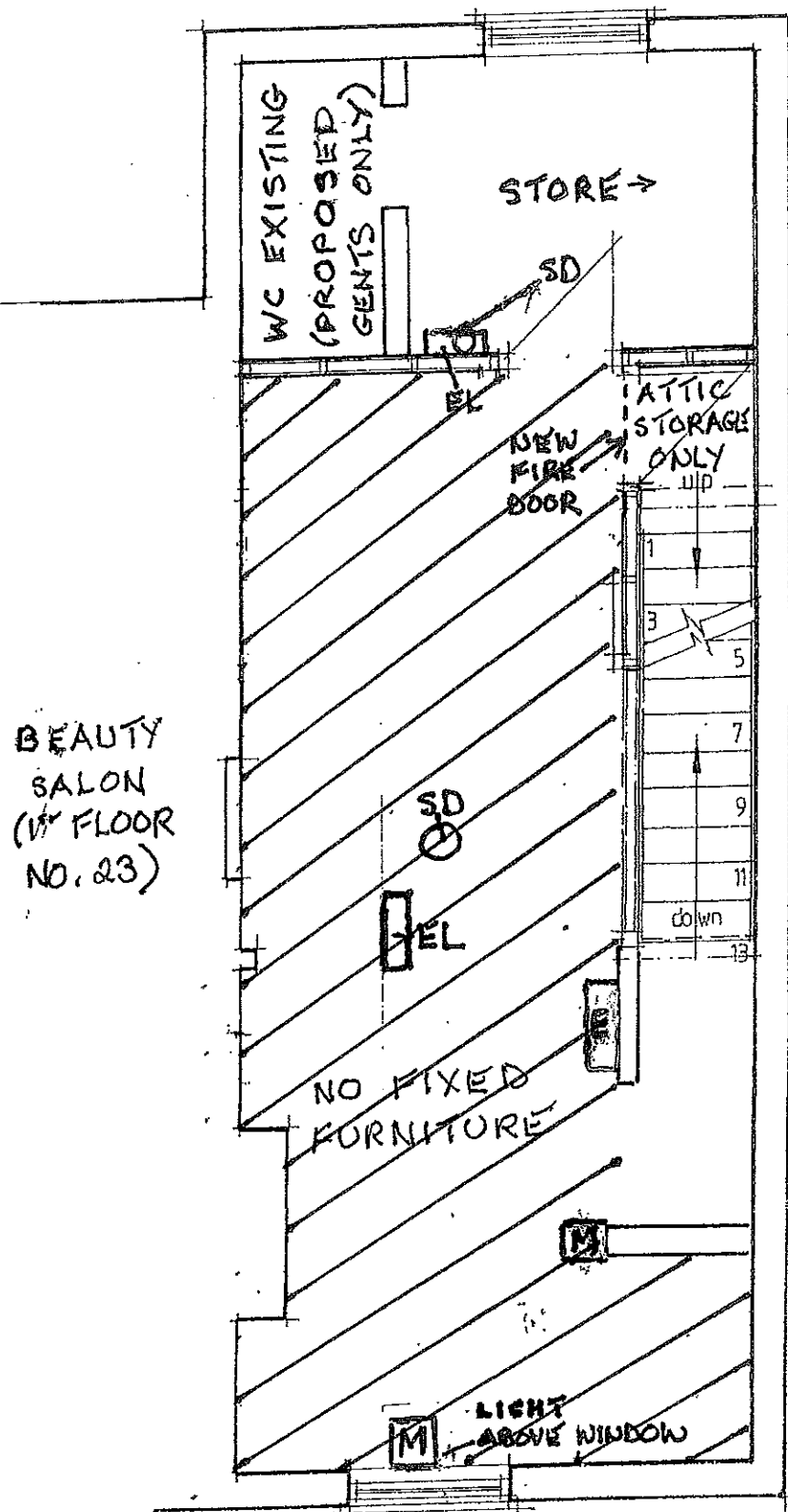
-  - SALE OF ALCOHOL
-  - CONSUMPTION OF ALCOHOL

NOTE

TWO FIRE EXTINGUISHERS AND A FIRE BLANKET WILL BE KEPT BEHIND THE BAR.



SITE PLAN, SCALE 1/200
21 OLD ROAD BRAMPTON



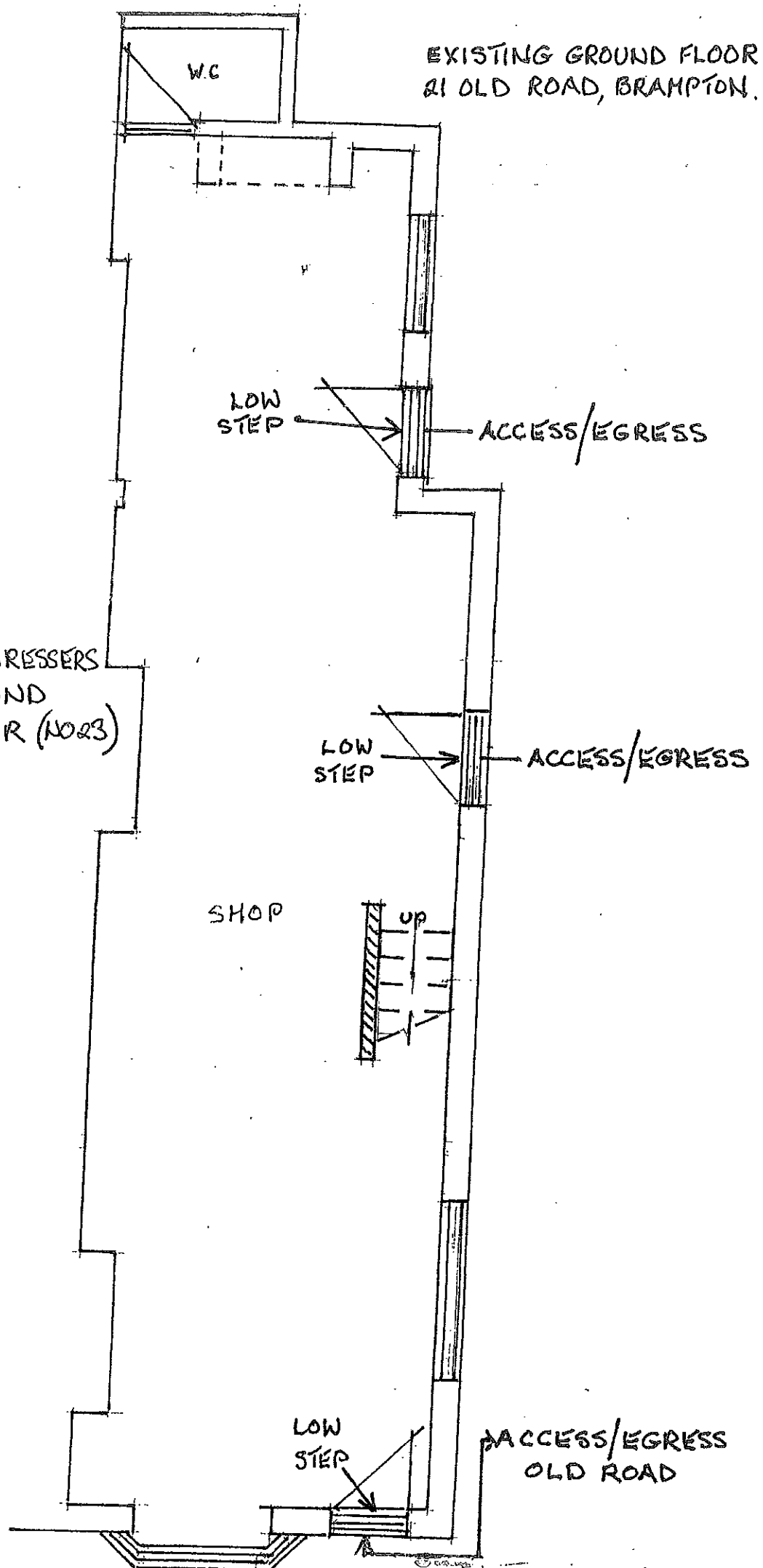
first floor plan, scale 1/50
 EXISTING AND PROPOSED
 21 OLD ROAD, BRAMPTON

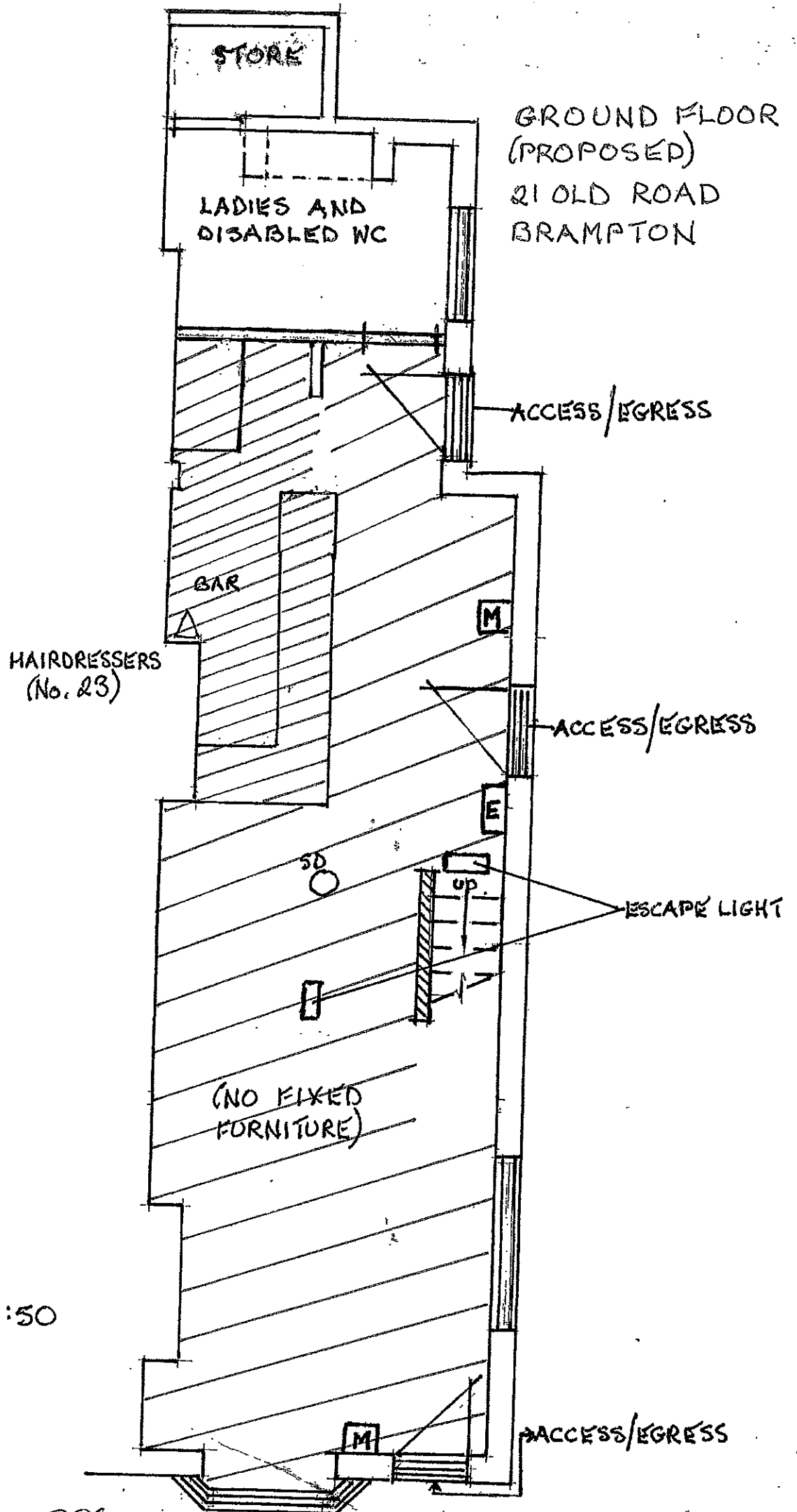
EXISTING GROUND FLOOR
21 OLD ROAD, BRAMPTON.

HAIRDRESSERS
GROUND
FLOOR (NO 23)

SHOP

SCALE 1:50

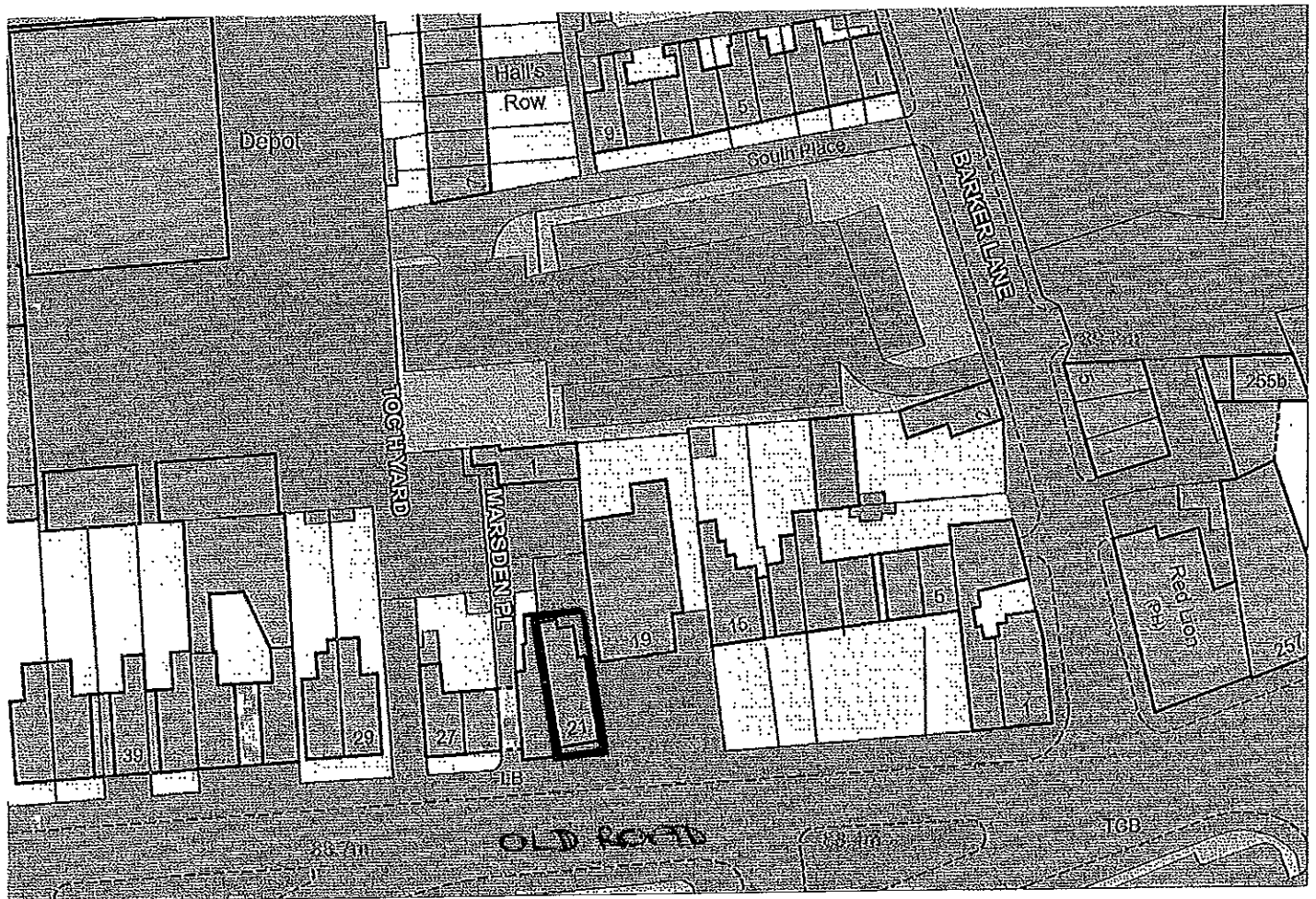




SCALE 1:50

**Petite Maison, 21 Old Road, Brampton,
Chesterfield, Derbyshire, S40 2RE.**

*Chesterfield Town
Centre* →



↓
To Walton

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License number 100018505

