



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

(1) Reference number:

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

(2) I/We **NANETTE HUNTE**

I/we 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	
114 HIGH STREET - YIEWSHEY	
Post town WEST DRAYTON	Postcode UB7 7BE

Telephone number at premises(if any) 01895 441 445

Non-domestic rateable value of premises £5,900

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

- | | |
|---|---|
| <p>a) an individual or individuals*</p> <p>b) a person other than an individual*</p> <p style="margin-left: 20px;">i. as a limited company</p> <p style="margin-left: 20px;">ii. as a partnership</p> <p style="margin-left: 20px;">iii. as an unincorporated association; or</p> <p style="margin-left: 20px;">iv. other (for example a statutory corporation)</p> | <p>Please tick <input checked="" type="checkbox"/> yes</p> <p><input checked="" type="checkbox"/> please complete section (A)</p> <p><input type="checkbox"/> please complete section (B)</p> <p><input type="checkbox"/> please complete section (B)</p> <p><input type="checkbox"/> please complete section (B)</p> <p><input type="checkbox"/> please complete section (B)</p> |
|---|---|

(1) Insert name and address of relevant licensing authority and its reference number (optional)
(2) Insert name(s) of applicant

- 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 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 Mrs Miss Ms Other title (for example, Rev)

Surname First names

I am 18 years old or over Please tick ✓ yes Date of birth

Day	Month	Year
20	10	1969

Current postal address if different from premises address

Post town Postcode

Daytime contact telephone number

E-mail address (optional)

- 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 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:

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or Please tick ✓ yes
- 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 Mrs Miss Ms Other title (for example, Rev)

Surname

HUNTE

First names

NANETTE

I am 18 years old or over Please tick ✓ yes

Date of birth

Day	Month	Year
20	10	1969

Current postal address if different from premises address

100 KEATS WAY

Post town WEST DRAYTON

Postcode UB9 9DU

Daytime contact telephone number

07535 624710

E-mail address (optional)



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(1)

Reference number:

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(2) I/We

apply for a premises licence under section 17 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 114 HIGH STREET VIEWSLEY	
Post town	Postcode UB4 9DU
Telephone number at premises(if any)	01895 441 445
Non-domestic rateable value of premises	£ 5,900

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

- Please tick yes
- a) an individual or individuals* please complete section (A)
 - b) a person other than an individual*
 - i. as a limited company please complete section (B)
 - ii. as a partnership 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)

(1) Insert name and address of relevant licensing authority and its reference number (optional)
(2) Insert name(s) of applicant

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr Mrs Miss Ms Other title
(for example, Rev)

Surname

First names

I am 18 years old or over Please tick ✓ yes

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 licences to start?

Day	Month	Year
01	07	2009

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

Day	Month	Year

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

restaurant | wine bar

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

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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)

Provision of regulated entertainment

Please tick yes

- 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 entertainment facilities for:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K)

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

A

Plays			Will the performance of a play take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	
Standard days and timings (please read guidance note 6)			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for performing plays (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for the performance of plays at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

B

Films			Will the exhibition of films take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	
Standard days and timings (please read guidance note 6)			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for the exhibition of films (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for the exhibition of films at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

C

Indoor sporting events			Please give further details here (please read guidance note 3)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed			
Thur			Non-standard timings. Where you intend to use the premises for indoor sporting events at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments			Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

E

Live music			Will the performance of live music take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon	18.00		Please give further details here (please read guidance note 3)
		01.00	
Tue	18.00		
		01.00	
Wed	18.00		State any seasonal variations for the performance of live music (please read guidance note 4)
		01.00	
Thur	18.00		
		01.00	
Fri	18.00		Non-standard timings. Where you intend to use the premises for the performance of live music at different times from those listed in the column on the left, please list (please read guidance note 5)
		01.00	
Sat	18.00		
		01.00	
Sun	18.00		
		01.00	

F

Recorded music			Will the playing of recorded music take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon	19.00		Please give further details here (please read guidance note 3)
		01.00	
Tue	09.00		
		01.00	
Wed	09.00		State any seasonal variations for the playing of recorded music (please read guidance note 4)
		01.00	
Thur	09.00		
		01.00	
Fri	09.00		Non-standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
		01.00	
Sat	09.00		PRIVATE PARTIES WEDDINGS FUNCTIONS
		01.00	
Sun	09.00		
		01.00	

Provision of facilities for making music			Please give a description of the facilities for making music you will be providing
Standard days and timings (please read guidance note 6)			Will the facilities for making music be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon	18.00		Please give further details here (please read guidance note 3)
		01.00	
Tue	18.00		
		01.00	
Wed	18.00		State any seasonal variations for the provision of facilities for making music (please read guidance note 4)
		01.00	
Thur	18.00		
		01.00	
Fri	18.00		Non-standard timings. Where you intend to use the premises for provision of facilities for making music at different times from those listed in the column on the left, please list (please read guidance note 5)
		01.00	
Sat	18.00		
		01.00	
Sun	18.00		
		01.00	

J

Provision of facilities for dancing			Please give a description of the facilities for dancing you will be providing
Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon	18.00		Please give further details here (please read guidance note 3)
		01.00	
Tue	18.00		
		01.00	
Wed	18.00		State any seasonal variations for providing dancing facilities (please read guidance note 4)
		01.00	
Thur	18.00		
		01.00	
Fri	18.00		Non-standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times from those listed in the column of the left, please list (please read guidance note 5)
		01.00	
Sat	18.00		
		01.00	
Sun	18.00		
		01.00	

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon	18.00		Please give further details here (please read guidance note 3)
		01.00	
Tue	18.00		
		01.00	
Wed	18.00		State any seasonal variations for the performance of dance (please read guidance note 4)
		01.00	
Thur	18.00		
		01.00	
Fri	18.00		Non-standard timings. Where you intend to use the premises for the performance of dance entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
		01.00	
Sat	18.00		
		01.00	
Sun	18.00		
		01.00	

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	Will this entertainment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Mon			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)
Wed			
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)
Fri			
Sat			Non-standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times from those listed in the column on the left, please list (please read guidance note 5)
Sun			

K

Provision of facilities for entertainment of a similar description to that falling within I or J			Please give a description of the type of entertainment facility you will be providing
Standard days and timings (please read guidance note 6)			Will the entertainment facility be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

L

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 <input checked="" type="checkbox"/> (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	23.00	01.00	
Tue	23.00	01.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)
Wed	23.00	01.00	
Thur	23.00	01.00	Non-standard timings. Where you intend to use the premises for the provision of late night refreshment at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri	23.00	01.00	
Sat	23.00	01.00	
Sun	23.00	01.00	

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption - please tick box <input checked="" type="checkbox"/> (please read guidance note 7)
			On the premises <input type="checkbox"/> Off the premises <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)
Mon	09.00	01.00	
Tue	09.00	01.00	Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list (please read guidance note 5)
Wed	09.00	01.00	
Thur	09.00	01.00	
Fri	09.00	01.00	
Sat	09.00	01.00	
Sun	09.00	01.00	

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

Name **THOMAS THORSA**
 Address **100 KEATS WAY**
WEST DRAYTON
 Postcode **UB7 9SU**
 Personal Licence number (if known)
 Issuing licensing authority (if known) **To Follow**

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 8)

NONE

O

Hours premises are open to the public

Standard days and timings
 (please read guidance note 6)

Day	Start	Finish
Mon	09.00	
		01.00
Tue	09.00	
		01.00
Wed	09.00	
		01.00
Thur	09.00	
		01.00
Fri	09.00	
		01.00
Sat	09.00	
		01.00
Sun	09.00	
		01.00

State any seasonal variations (please read guidance note 4)

Non-standard timings. Where you intend to use 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 5)

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 9)

b) The prevention of crime and disorder

CCTV
STAFF MEMBERS ON DUTY
MINI CAB NUMBER

c) Public safety

AS Box B.

d) The prevention of public nuisance

SIGNS & NOTICES ASKING PATRONS
TO LEAVE QUIETLY

STAFF TO MONITOR NOISE

e) The protection of children from harm

PROOF OF AGE SCHEME
UNDER '18' NOT ALLOWED AT BAR SIGN

Part 3 - Operating Schedule

When do you want the premises licences to start?

Day	Month	Year
1	3	08 2009

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

Day	Month	Year

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

RESTAURANT / WINE BAR

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

--

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr

Mrs

Miss

Ms

Other title
(for example, Rev)

Surname

First names

I am 18 years old or over Please tick ✓ yes

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

CHECKLIST:

Please tick ✓ yes

- 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 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 CONVICTION TO A FINE UP TO 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. (Please read guidance note 11)
If signing on behalf of the applicant please state in what capacity.

Signature

Nanette Hunt

Date

Capacity

MANAGING DIRECTOR.

For joint applications signature of 2nd applicant, 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)

*NANETTE HUNTE
114 High Street
Yiewsley
W*

Post town

WEST DRAYTON

Postcode

UB7 7BE

Telephone number (if any)

01895 441 445

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

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. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick 'on the premises', if you wish people to be able to purchase alcohol to consume away from the premises please tick 'off the premises'. If you wish people to be able to do both please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.