

South Hams Application for a premises licence Licensing Act 2003

For help contact licensing@southhams.gov.uk Telephone: licensing@southhams.gov.uk

* required information

Section 1 of 19				
You can save the form at any	time and resume it later. You do not need to k	pe logged in when you resume.		
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.		
Your reference	Gastrobus Treats	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.		
Are you an agent acting on b	ehalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.		
Applicant Details				
* First name	Claire			
* Family name	Bishop			
* E-mail				
Main telephone number		Include country code.		
Other telephone number				
☐ Indicate here if you wo	uld prefer not to be contacted by telephone			
Are you:				
Applying as a business	or organisation, including as a sole trader	A sole trader is a business owned by one		
 Applying as an individual 	ual	person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.		
Applicant Business				
* Is your business registered in the UK with Companies House?	○ Yes			
* Is your business registered outside the UK?	○ Yes			
* Business name	Gastrobus Catering	If your business is registered, use its registered name.		
* VAT number	none	Put "none" if you are not registered for VAT.		
* Legal status	Partnership			

Continued from previous page		
* Your position in the business	owner	
Home country	United Kingdom	The country where the headquarters of your business is located.
Business Address		If you have one, this should be your official
* Building number or name	Victoria Cottage	address - that is an address required of you by law for receiving communications.
* Street	Blachford Road	
District		
* City or town	lvybridge	
County or administrative area	devon	
* Postcode	PL210AD	
* Country	United Kingdom	
Section 2 of 19		
PREMISES DETAILS		
	ply for a premises licence under section 17 of the premises) and I/we are making this applicat of the Licensing Act 2003.	
Premises Address		
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
Address	p reference O Description	
Postal Address Of Premises		
Building number or name	Gastrobus Treats	
Street	Bantham Beach Car Park	
District	Bantham	
City or town	Kingsbridge	
County or administrative area	South Hams Devon	
Postcode	TQ7 3AN	
Country	United Kingdom	
Further Details		
Telephone number		
Non-domestic rateable value of premises (£)	2,600	

Secti	on 3 of 19				
APPL	ICATION DETAILS				
In wh	nat capacity are you applying for the premises licence?				
	An individual or individuals				
	A limited company				
\boxtimes	A partnership				
	An unincorporated association				
	A recognised club				
	A charity				
	The proprietor of an educational establishment				
	A health service body				
	A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales				
	A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England				
	The chief officer of police of a police force in England and Wales				
	Other (for example a statutory corporation)				
Conf	firm The Following				
\boxtimes	I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities				
	I am making the application pursuant to a statutory function				
	I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative				
Secti	on 4 of 19				
NON	INDIVIDUAL APPLICANTS				
	ide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a nership or other joint venture (other than a body corporate), give the name and address of each party concerned.				
Non	Individual Applicant's Name				
Nam	me				
Deta	nils				
_	egistered number (where oplicable)				
Desc	Description of applicant (for example partnership, company, unincorporated association etc)				

Continued from previous page	
Address	
Building number or name	
Street	
District	
City or town	
County or administrative area	
Postcode	
Country	United Kingdom
Contact Details	
E-mail	
Telephone number	
Other telephone number	
	Add another applicant
Section 5 of 19	
OPERATING SCHEDULE	
When do you want the premises licence to start?	01 / 03 / 2016 dd mm yyyy
If you wish the licence to be valid only for a limited period, when do you want it to end	dd mm yyyy
Provide a general description of	of the premises
licensing objectives. Where you	ses, its general situation and layout and any other information which could be relevant to the ur application includes off-supplies of alcohol and you intend to provide a place for blies you must include a description of where the place will be and its proximity to the
securely away from site every n	n HVan selling Ice cream other treats and Alcohol. The vehicle is removed and stored ight in a lock up. The Van will be situated in a designated area in the beach car park. Alcohol visitors, to drink at the bus in designated seating are or for off sales to be taken to beach.
If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend	

Continued from previous page	
Section 6 of 19	
PROVISION OF PLAYS	
Will you be providing plays?	
○ Yes	No
Section 7 of 19	
PROVISION OF FILMS	
Will you be providing films?	
○ Yes	No
Section 8 of 19	
PROVISION OF INDOOR SPOI	RTING EVENTS
Will you be providing indoor s	porting events?
○ Yes	No
Section 9 of 19	
PROVISION OF BOXING OR W	RESTLING ENTERTAINMENTS
Will you be providing boxing	or wrestling entertainments?
○ Yes	No
Section 10 of 19	
PROVISION OF LIVE MUSIC	
Will you be providing live mus	ic?
○ Yes	No
Section 11 of 19	
PROVISION OF RECORDED M	USIC
Will you be providing recorded	d music?
○ Yes	No
Section 12 of 19	
PROVISION OF PERFORMANC	CES OF DANCE
Will you be providing perform	ances of dance?
○ Yes	No
Section 13 of 19	
PROVISION OF ANYTHING OF DANCE	F A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF
Will you be providing anything performances of dance?	g similar to live music, recorded music or
○ Yes	No
Section 14 of 19	
LATE NIGHT REFRESHMENT	
Will you be providing late nigh	nt refreshment?

Continued from previous	раде					○ Yes	•	No
Section 15 of 19								
SUPPLY OF ALCOHOL								
Will you be selling or su	pplying	alcohol?						
Yes	(No						
Standard Days And Tir	mings							
MONDAY						Give timings in 24 hour	clock	
	Start	12:00		End	20:30	(e.g., 16:00) and only given	e details	
	Start			End		of the week when you in to be used for the activi		premises
TUESDAY								
	Start	12:00		End	20:30			
	Start			End				
WEDNIECDAY	Start [Liid				
WEDNESDAY	c [12.00			20.20			
		12:00		End	20:30			
	Start			End				
THURSDAY	-							
	Start	12:00		End	20:30			
	Start			End				
FRIDAY								
	Start	12:00		End	20:30			
	Start			End				
SATURDAY								
	Start	12:00		End	20:30			
	Start			End				
CLINIDAY	Start [Liid				
SUNDAY	C+ [-	12.00		المما	20.20			
		12:00		End	20:30			
	Start	·		End		If the cale of alcohol is f	or conclin	antion on
Will the sale of alcohol b	oe for co	-				If the sale of alcohol is for the premises select on,		-
On the premises	(Off the premises	•	Both		is for consumption away select off. If the sale of a	lcohol is	for
						consumption on the profession the premises select		u away
State any seasonal varia	tions							
•		y) where the activity wil	ll occi	ur on a	additional da	ys during the summer m	onths.	
The sale bus will be pres		<u> </u>				<u> </u>		

Continued from manious man		
Continued from previous page		
Non-standard timings. Where t column on the left, list below	he premises will be used for the supply of alcoh	nol at different times from those listed in the
For example (but not exclusive	ly), where you wish the activity to go on longer	on a particular day e.g. Christmas Eve.
State the name and details of the licence as premises supervisor	he individual whom you wish to specify on the	
Name		
First name	claire	
Family name	bishop	
Enter the contact's address		
Building number or name		
Street		
District		
City or town		
County or administrative area		
Postcode		
Country		
Personal Licence number		
(if known)		
Issuing licensing authority		
(if known)		
	MISES SUPERVISOR CONSENT	
be supplied to the authority?	ne proposed designated premises supervisor	
C Electronically, by the prop	oosed designated premises supervisor	
As an attachment to this a	application	
Reference number for consent		If the consent form is already submitted, ask
form (if known)		the proposed designated premises supervisor for its 'system reference' or 'your reference'.

Continued from previous p	oage				
Section 16 of 19					
ADULT ENTERTAINME	TV				
Highlight any adult ento premises that may give				entertainmen	nt or matters ancillary to the use of the
Give information about	anythino	g intended t	to occur at the premise	es or ancillary	to the use of the premises which may give
	ct of child	dren, regarc	lless of whether you ir	ntend childre	n to have access to the premises, for example
(but not exclusively) no	uity or se	:ini-nadity,	illins for restricted age	groups etc g	gambling machines etc.
Section 17 of 19					
HOURS PREMISES ARE	OPEN TO	O THE PUR	lic		
Standard Days And Tir					
	95				
MONDAY	s [s		- 1	24.00	Give timings in 24 hour clock.
	Start C	09:00	End	21:00	(e.g., 16:00) and only give details for the days of the week when you intend the premises
	Start		End		to be used for the activity.
TUESDAY					
	Start 0	09:00	End	21:00	
	Start		End		
WEDNESDAY					
.,,,	Start 0)9:00	End	21:00	
		75.00		21.00	
	Start _		End		
THURSDAY	_				
	Start C)9:00	End	21:00	
	Start		End		
FRIDAY					
	Start 0	09:00	End	21:00	
	Start		End		
SATURDAY					
SATORDAT	Start 0	00.00	End	21:00	
		75.00		21.00	
	Start		End		
SUNDAY	_				
	Start C)9:00	End	21:00	
	Start		End		
State any seasonal varia	tions				

For example (but not exclusively) where the activity will occur on additional days during the summer months. The Van will only be open during the summer season (May - Sept) and during School holidays Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve. Section 18 of 19 LICENSING OBJECTIVES Describe the steps you intend to take to promote the four licensing objectives: a) General – all four licensing objectives (b,c,d,e) List here steps you will take to promote all four licensing objectives together. All Staff Trained on Licensing Act b) The prevention of crime and disorder An incident book will be kept to record the details of all instances of refused sales together with the description of the customer and reason for refusal must be recorded. The incident book must be made available to the Police and Weights and Measures (Trading Standards). The land is monitored by security when the car park closes. All visitors must leave premises by 9pm During licensing hours the EstackBeach is patrolled by Estate Staff Licensing hours will be clearly displayed Vehicle will be removed from site and securely locked away at night. c) Public safety RNLI are present on the beach during the summer season No Glasses used for drinks Electrical and Gas safety checks carried out annually on vehicle d) The prevention of public nuisance Management control of Refuse A notice displayed reference, The Respect of other beach visitors	
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Management control of Refuse A notice displayed reference, The Respect of other beach visitors	No Glasses used for drinks Electrical and Gas safety checks carried out annually on vehicle
A notice displayed reference, The Respect of other beach visitors	d) The prevention of public nuisance
opecing taxi initi prione number displayed for customers	Management control of Refuse A notice displayed reference, The Respect of other beach visitors Specific taxi firm phone number displayed for customers

e) The protection of children from harm

Continued from previous page...

there will be a "Challenge 25" proof of age policy. Any person who appears to be under the age of 25 years must have to provide valid identification before they are permitted to purchase alcohol. The only forms of identification accepted are a valid UK Photo Driving Licence, Passport or recognised Pass Scheme ID.

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

Premises Licence Fees are determined by the non domestic rateable value of the premises.

To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/business_rates/index.htm

Band A - No RV to £4300 £100.00

Band B - £4301 to £33000 £190.00

Band C - £33001 to £8700 £315.00

Band D - £87001 to £12500 £450.00*

Band E - £125001 and over £635.00*

*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then your are required to pay a higher fee

Band D - £87001 to £12500 £900.00

Band E - £125001 and over £1,905.00

There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required.

Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college.

If you operate a large event you are subject to ADDITIONAL fees based upon the number in attendance at any one time Capacity 5000-9999 £1,000.00

Capacity 10000 -14999 £2,000.00

Capacity 15000-19999 £4,000.00

Capacity 20000-29999 £8,000.00

Capacity 30000-39000 £16,000.00

Capacity 40000-49999 £24,000.00

Capacity 50000-59999 £32,000.00

Capacity 60000-69999 £40,000.00

Capacity 70000-79999 £48,000.00

Capacity 80000-89999 £56,000.00

Capacity 90000 and over £64,000.00

* Fee amount (£)

100.00

DECLARATION

- * I/we understand 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.
- The information provided will be held securely by this Council in accordance with current Data Protection legislation. We must protect the public funds that we handle, so we may use the information provided to prevent and detect fraud. We may also share this information with other organisations that handle public funds. Information provided may also be used to check the accuracy of records held elsewhere in the council. See www.southhams.gov.uk for further information.
 - ☐ Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

Continued from previous page						
* Full name	Claire Louise Bishop					
* Capacity	Owner operator					
* Date	25 / 02 / 2016 dd mm yyyy					
	Add another signatory					
with your application.						
-	N SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION					
OFFICE USE ONLY						
Applicant reference number	Gastrobus Treats					
Fee paid						
Payment provider reference						
ELMS Payment Reference						
Payment status						
Payment authorisation code						
Payment authorisation date						
Date and time submitted						
Approval deadline						
Error message						
Is Digitally signed						
< Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u>	<u>5 6 7 8 9 10 11 12 13 14 15 16 17 18 19</u> Next >					