

## 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 l	be 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	EV001	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 be	ehalf of the applicant?	Put "no" if you are applying on your own			
○ Yes ● I	No	behalf or on behalf of a business you own or work for.			
Applicant Details					
* First name	Gavin				
* Family name	Hogg				
* E-mail					
Main telephone number		Include country code.			
Other telephone number					
☐ Indicate here if you wou	uld prefer not to be contacted by telephone				
Are you:					
<ul><li>Applying as a business</li></ul>	or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.			
<ul> <li>Applying as an individu</li> </ul>	al	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?	<ul><li>Yes</li><li>No</li></ul>	Note: completing the Applicant Business section is optional in this form.			
Registration number	08692080				
Business name	Salcombe Brewery Co. Ltd	If your business is registered, use its registered name.			
VAT number	233043451	Put "none" if you are not registered for VAT.			
Legal status	Public Limited Company				

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Your position in the business	Managing Director				
Home country	United Kingdom	The country where the headquarters of your business is located.			
Registered Address		Address registered with Companies House.			
Building number or name	Unit 2N				
Street	South Hams Business Park				
District	Churchstow				
City or town	Kingsbridge				
County or administrative area	Devon				
Postcode	TQ7 3QH				
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 application the Licensing Act 2003.				
Premises Address					
Are you able to provide a post	Are you able to provide a postal address, OS map reference or description of the premises?				
Address	p reference O Description				
Postal Address Of Premises					
Building number or name	Estuary View				
Street					
District	Ledstone Cross				
City or town	Kingsbridge				
County or administrative area	Devon				
Postcode	TQ7 4BL				
Country	United Kingdom				
Further Details					
Telephone number					
Non-domestic rateable value of premises (£)					

Secti	on 3 of 19			
APPL	ICATION DETAILS			
In wh	at capacity are you applyi	ng for the premises licence?		
	An individual or individua	als		
$\boxtimes$	A limited company			
	A partnership			
	An unincorporated assoc	iation		
	A recognised club			
	A charity			
	The proprietor of an educ	cational establishment		
	A health service body			
	A person who is registere	ed under part 2 of the Care Standards Act		
	2000 (c14) in respect of a	n 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	e of a police force in England and Wales		
	Other (for example a statutory corporation)			
Confirm 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			
Section 4 of 19				
NON	INDIVIDUAL APPLICANT	'S		
Provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), give the name and address of each party concerned.				
Non Individual Applicant's Name				
Nam	ame Salcombe Brewery Co. Limited			
Deta	ils			
_	legistered number (where pplicable) 08692080			
Desc	ription of applicant (for ex	cample partnership, company, unincorporated association etc)		

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Limited Company	
Address	
Building number or name	Unit 2N
-	
Street	South Hams Business Park
District	Churchstow
City or town	Kingsbridge
County or administrative area	Devon
Postcode	TQ7 3QH
Country	United Kingdom
<b>Contact Details</b>	
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 / 2017 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 olies you must include a description of where the place will be and its proximity to the
We are a stand alone brewery prunning a brewery taproom for	oremises. We intend to run both a retail shop unit supply off - supplies of alcohol as well as ron site sales of alcohol
If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend	

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Section 6 of 19	
PROVISION OF PLAYS	
Will you be providing plays?	
○ Yes	<ul><li>No</li></ul>
Section 7 of 19	
PROVISION OF FILMS	
Will you be providing films?	
○ Yes	<ul><li>No</li></ul>
Section 8 of 19	
PROVISION OF INDOOR SPO	PRTING EVENTS
Will you be providing indoor	sporting events?
○ Yes	<ul><li>No</li></ul>
Section 9 of 19	
PROVISION OF BOXING OR	WRESTLING ENTERTAINMENTS
Will you be providing boxing	or wrestling entertainments?
○ Yes	<ul><li>No</li></ul>
Section 10 of 19	
PROVISION OF LIVE MUSIC	
Will you be providing live mu	sic?
○ Yes	<ul><li>No</li></ul>
Section 11 of 19	
PROVISION OF RECORDED N	AUSIC
Will you be providing recorde	ed music?
○ Yes	<ul><li>No</li></ul>
Section 12 of 19	
PROVISION OF PERFORMAN	ICES OF DANCE
Will you be providing perform	nances of dance?
○ Yes	<ul><li>No</li></ul>
Section 13 of 19	
PROVISION OF ANYTHING C	OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF
Will you be providing anythir performances of dance?	ng similar to live music, recorded music or
○ Yes	<ul><li>No</li></ul>
Section 14 of 19	
LATE NIGHT REFRESHMENT	
Will you be providing late nig	Jht refreshment?

Continued from previous p	oage					○ Yes	•	No
Section 15 of 19								
SUPPLY OF ALCOHOL								
Will you be selling or sup	oplyin	g alcohol?						
<ul><li>Yes</li></ul>		○ No						
Standard Days And Tin	nings							
MONDAY						Give timings in 24 hour clock.		
	Start	09:00	E	nd	23:00	(e.g., 16:00) and only give deta	ails f	
	Start		Е	nd		of the week when you intend to be used for the activity.	the	premises
TUESDAY						,		
102357(1	Start	09:00	F	End	23:00			
					25.00			
	Start			End				
WEDNESDAY								
	Start	09:00	E	End	23:00			
	Start		E	nd				
THURSDAY								
	Start	09:00	E	End	23:00			
	Start		Е	End				
FRIDAY								
	Start	09:00	F	nd	24:00			
	Start			End				
	Jiani		L	_IIU				
SATURDAY	_		_					
	Start	09:00	E	End	24:00			
	Start		E	End				
SUNDAY								
	Start	11:00	E	End	22:00			
	Start		E	End				
Will the sale of alcohol b	e for c	consumption:				If the sale of alcohol is for con		•
On the premises		Off the premises	<b>●</b> E	Both		the premises select on, if the sis for consumption away from select off. If the sale of alcoho consumption on the premises from the premises select both	the lisfo and	e premises or
State any seasonal variat	tions							
For example (but not ex	clusive	ely) where the activity will c	occur	on a	additional da	ys during the summer months		

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_	the premises will be used for the supply of alcol	nol at different times from those listed in the
column on the left, list below		
For example (but not exclusive	ely), where you wish the activity to go on longer	on a particular day e.g. Christmas Eve.
State the name and details of t licence as premises supervisor	he individual whom you wish to specify on the	
Name		
First name	Christopher	
Family name	Lang	
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)	TQ91242	
,		
Issuing licensing authority (if known)	South Ham	
PROPOSED DESIGNATED PRE	MISES SUPERVISOR CONSENT	
	he proposed designated premises supervisor	
be supplied to the authority?	posed designated promises supervisor	
	posed designated premises supervisor	
As an attachment to this		
Reference number for consent form (if known)		If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'

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ADULT ENTERTAINME	NT				
Highlight any adult enterpremises that may give				entertainmer	nt or matters ancillary to the use of the
	ct of chi	ildren, regard	dless of whether you ir	ntend childre	to the use of the premises which may give n to have access to the premises, for example gambling machines etc.
Section 17 of 19					
HOURS PREMISES ARE	OPEN 1	TO THE PUB	LIC		
Standard Days And Ti	mings				
MONDAY					
	Start	09:00	End	23:00	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
	Start		End		to be used for the activity.
TUESDAY					
	Start	09:00	End	23:00	
	Start		End		
WEDNESDAY					
	Start	09:00	End	23:00	
	Start		End		
THURSDAY					
	Start	09:00	End	23:00	
	Start		End		
FRIDAY					
	Start	09:00	End	24:00	
	Start		End	2	
SATURDAY					
SATURDAT	Ctart	09:00	End	24:00	
		09:00	End	24:00	
	Start		End		
SUNDAY					
	Start	11:00	End	22:00	
	Start		End		
State any seasonal varia	itions				

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For example (but not exclusively) where the activity will occur on additional days during the summer months.
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.
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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 will be trained in challenge 21 to ensure there is no underage drinking. We will also enforce no serving of people who are under the influence.
b) The prevention of crime and disorder
No serving of people under age or influence to ensure there are no alcohol related incidents
c) Public safety
We will have a rigorous health and safety policy in place which will ensure that we are compliant with all of the current and future legislation
d) The prevention of public nuisance
We are in a rural location so very limited noise issues.
e) The protection of children from harm
No issues as we will not be showing any age related material or off an adult nature

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Section 19 of 19			
PAYMENT DETAILS			
This fee must be paid to the au	thority. If you cor	mplete the application onlin	e, you must pay it by debit or credit card.
Premises Licence Fees are determined from the chapel halls or premises of a sincosts associated with form college where the approximate specific process.	rmined by the nonestic rateable value.  00 .00 .00 .00 .00 .00* 5.00* is in Bands D or Education of fees milar nature, villatences will be met ealcohol or the proposition of the propos	en domestic rateable& alue go to the Valuation Office and the premises is primaring fee s in relation to the provision ge halls, parish or communit by central Government. If, hovision of late night refreshment the fees associated with the	knbsp;value of the premises. ce Agency site at http://www.voa.gov.uk/  ly used for the consumption of alcohol on the  of regulated entertainment at church halls, ty halls, or other premises of a similar nature. The owever, the licence also authorises the use of
DECLARATION			
licensing act 2003, to make a The information provided wil must protect the public funds may also share this informatio to check the accuracy of reco	false statement in I be held securely Is that we handle, Ion with other org Irds held elsewhe	n or in connection with this a y by this Council in accordan so we may use the informat panisations that handle publi	ce with current Data Protection legislation. We ion provided to prevent and detect fraud. We ic funds. Information provided may also be used outhhams.gov.uk for further information.
This section should be completed behalf of the applicant?"	ted by the applica	ant, unless you answered "Ye	es" to the question "Are you an agent acting on
* Full name	Gavin Hogg		
* Capacity	Managing Direc	tor	

Continued from previous page	
* Date	24 / 01 / 2017 dd mm yyyy
	Add another signatory
with your application.	
	I 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	EV001
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	

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