



South Hams
District Council

**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.

I/We BEACHHOUSEMOTHECOMBE LIMITED.
(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			
THE OLD SCHOOL TEAHOUSE (SCHOOLHOUSE) MOTHECOMBE. HOLBETON			
Post town	PLYMOUTH.	Postcode	PL8 1LB.
Telephone number at premises (if any)	01752 830552.		
Non-domestic rateable value of premises	£	1950.00.	

Part 2 - Applicant Details

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

- 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)
- 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)

[Handwritten scribbles and arrows pointing to options b, c, d, and e]

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input checked="" 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	BEACHHOUSEMOTHECOMBE LIMITED.
Address	WHITEHOUSE CHILLINGTON KINGSBRIDGE. DEVON. TQ7-25X.
Registered number (where applicable)	10580449
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY.
Telephone number (if any)	01548 580505
E-mail address (optional)	TAMARA@WHITEHOUSEDEVON.COM.

- 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 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)					

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
04	20	17

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)

ONE BUILDING, LOCATED ON MAIN ROAD, USED TO BE AN OLD SCHOOL. AND IS CONVERTED INTO A TEA ROOM. 3 TOILETS. 1 KITCHEN & 1 MAIN HALL. BUILDING IS HALF A MILE AWAY FROM A BEACH & WILL BE POPULAR IN SUMMERTIME. BUILDING IS IN THE HEART OF A SMALL VILLAGE & WILL BE USED ALL YEAR BY LOCAL RESIDENTS.

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)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
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 5)		
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"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)		
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) <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4) <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)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>			
Mon			<u>Please give further details here</u> (please read guidance note 3)			
Tue						
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)			
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 5)			
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 type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)			
Thur						
Fri						
Sat			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)			
Sun			NEW YEARS EVE 18-00 - 02-00.			

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
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 5)		
Sat					
Sun					

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 (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					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
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 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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				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 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 5)		
Sun					

I

n/a.

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

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 checked="" 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	24:00						
Tue	09:00	24:00						
Wed	09:00	24:00						
Thur	09:00	24:00				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	09:00	24:00						
Sat	09:00	24:00						
Sun	09:00	22:00						
			NEW YEARS EVE - 09:00 - 02:00					

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

Name	TAMARA COSTW.
Address	THE WHITEHOUSE CHILTINGTON. KNYBROUKE. DEVON.
Postcode	TQ7 2JX.
Personal licence number (if known)	
Issuing licensing authority (if known)	

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).

None.

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	09:00	24:00	None.
Tue	09:00	24:00	
Wed	09:00	24:00	
Thur	09:00	24:00	
Fri	09:00	24:00	
Sat	09:00	24:00	
Sun	09:00	22:00	

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 5)

New Years Eve.
09:00 - 02:00.

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)

- All reasonable steps taken to ensure all staff do not carry out or arrange in any or participate in any irresponsible promotions
- Free tap water on request
- Alcohol available in following measurements:
beer/cider 1/2 pt, spirits 25ml, wine 125ml
customers are made aware of this.

b) The prevention of crime and disorder

- Any person appearing to be under 25 will be required to provide photographic ID before being sold or provided alcohol.
- There will be a secure area for customers personal belongings if needed which the designated supervisor will manage access to.
- Most beverages will be served in plastic containers.
- Alcohol will only be consumed whilst sat at a table either inside the restaurant or in the immediate garden on tables.
- The maximum capacity as per fire authority will never be reached.

c) Public safety

- As above, maximum occupancy will never be met as all persons are seated. Last
- Last entry to the premises will be 9pm.
- All safety certificates & inspections will be carried out by Vance Briggs & kept on site.
- Exits will be unobstructed & clear & easily openable.
- There will be ramps to enter the building for disabled people.
- Adequate first aid kit on site with suitably trained staff.

d) The prevention of public nuisance

- Noise & vibration kept to a minimum with only background music, movement of bins only in daytime hours.
- Lighting will cease at midnight except where provided for safety reasons.
- All refuse generated will be stored & locked away & bins provided will be emptied regularly & when cleared away.

e) The protection of children from harm

- | | |
|--|----------------|
| - No nudity / strip tease ever | - No drugs |
| - No Theatre performances | - No gambling. |
| - No advertising of any alcohol | |
| - Children permitted to eat with families but not consume alcohol. | |

Checklist:

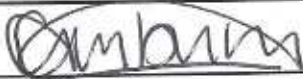
Please tick to indicate agreement

- 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	
Date	27/3/17
Capacity	Accountant

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)

TAMARA COSTIN,
 WHITEHOUSE
 CHILLINGTON
 DEVON.

Post town | KINGSBRIDGE | Postcode | TQ7-2JX.

Telephone number (if any) | ~~01752 830552~~, 01548 580505

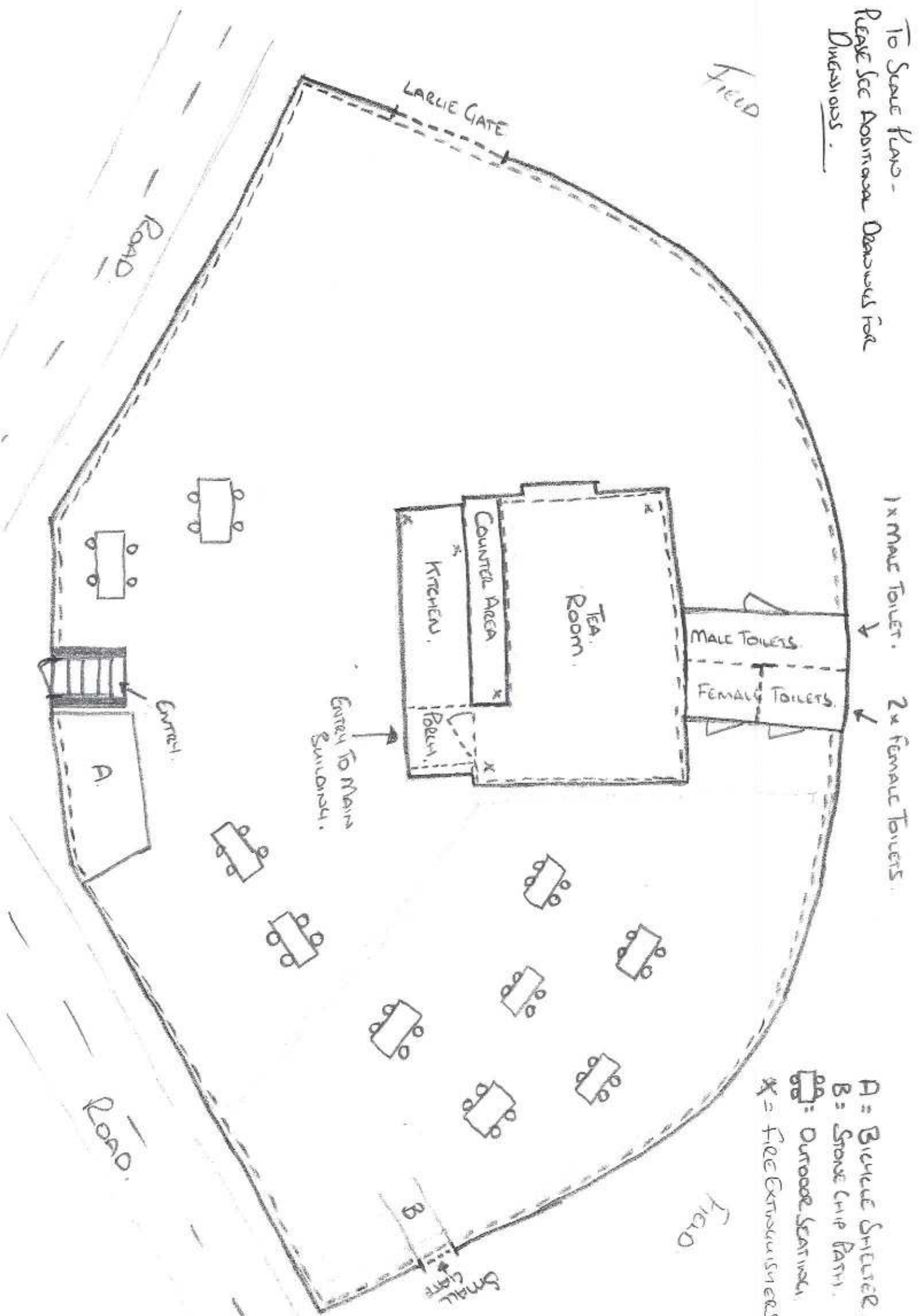
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

TAMARA@WHITEHOUSEDEVON.CO.UK

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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

To Scale Plans -
 Please See Approximate Dimensions For
 Dimensions.



1 x Male Toilets
 2 x Female Toilets

A = Bicycle Shelter.
 B = Stone Chip Path.
 Car icon = Outdoor Seating.
 X = Fire Extinguishers

LARGE GATE

Field

Road

Road

Field

Small Gate

Entry To Main Surrounds

Entrance

MALE TOILETS

FEMALE TOILETS

TEA ROOM

COUNTER AREA

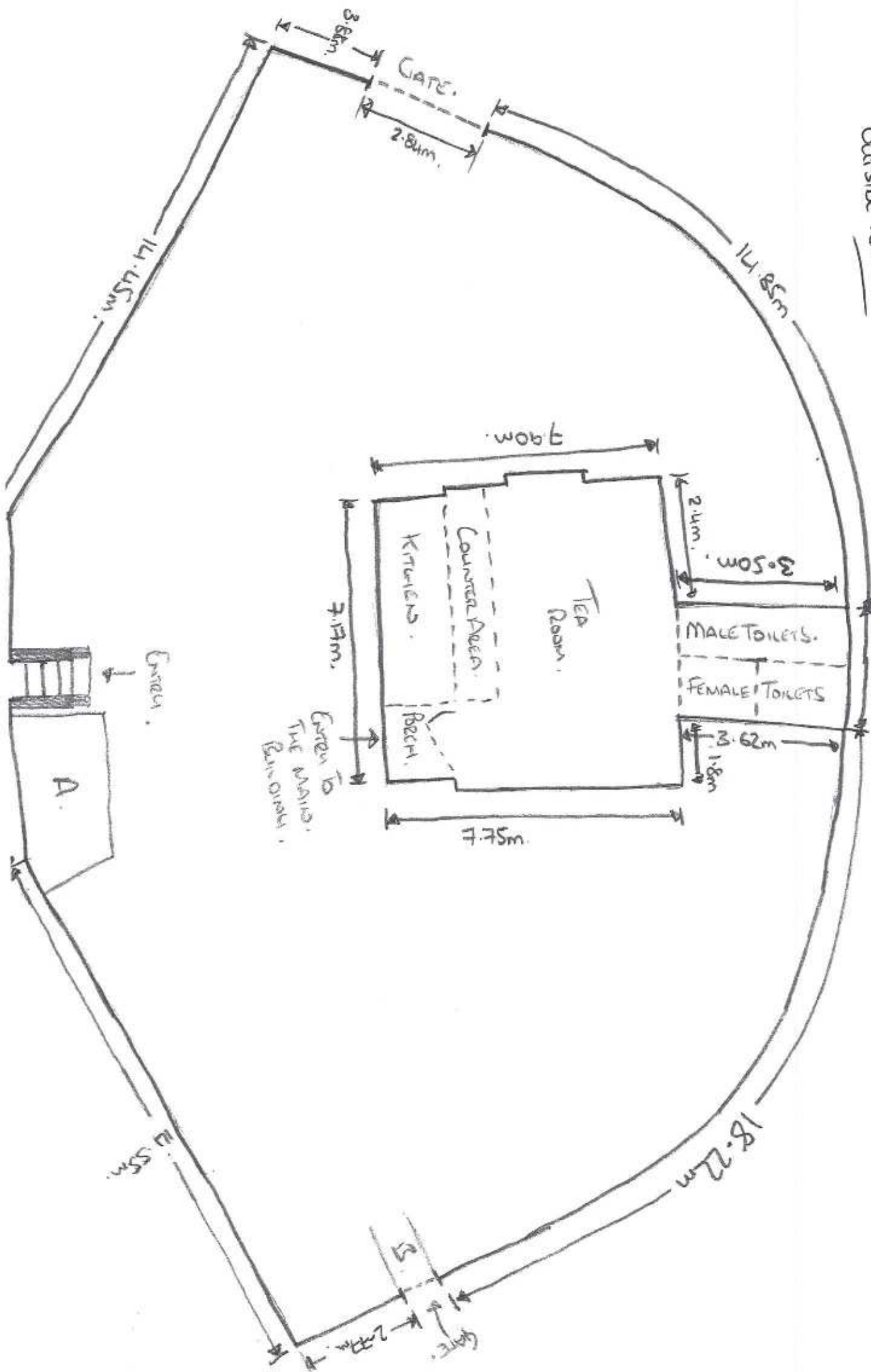
KITCHEN

REAR

A

Additional Drawing A.

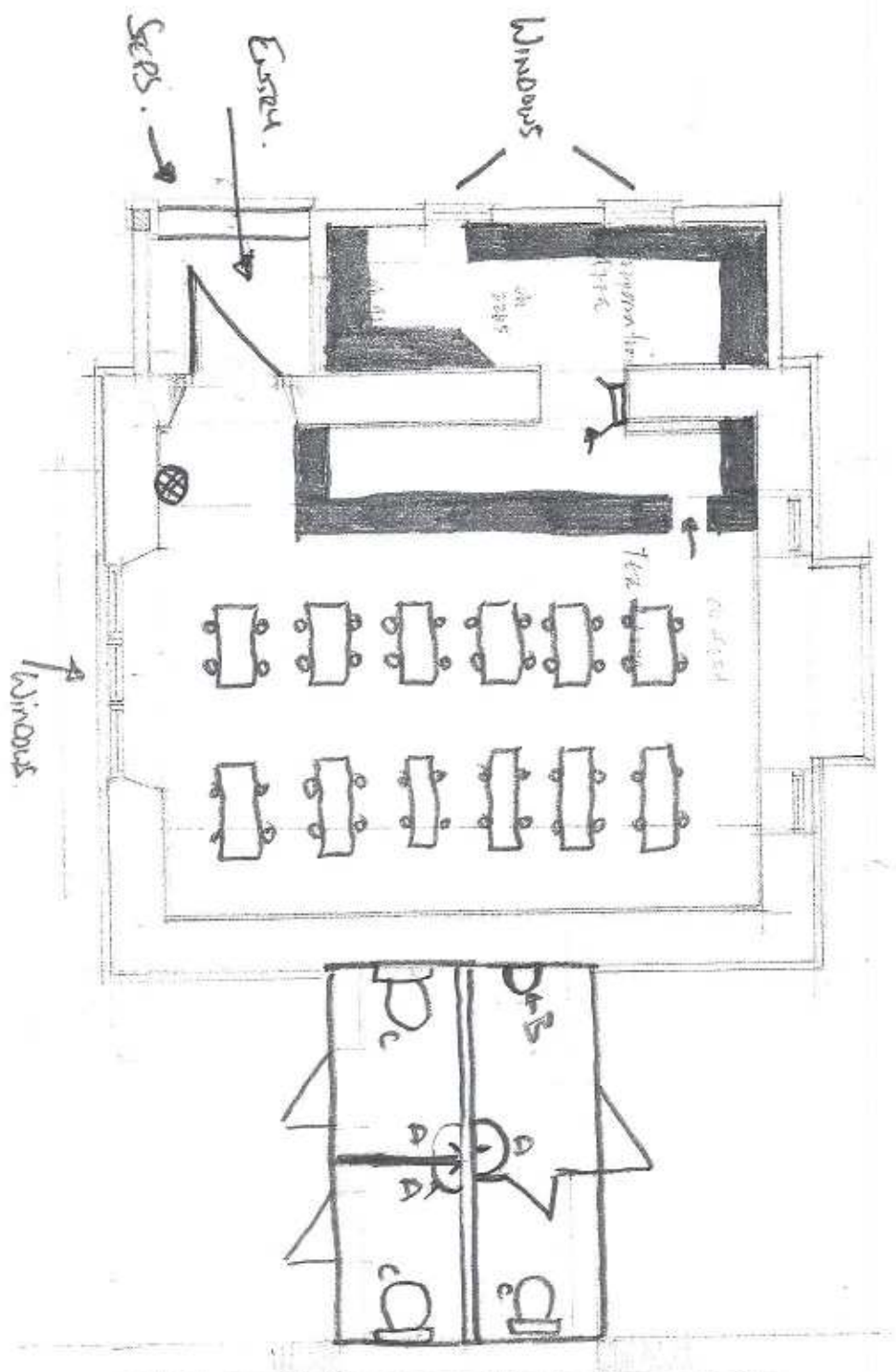
Outside Plans.



A: BICYCLE SHELTER.
B: STONE COVERED PATH.

ADDENDUM DRAWING B.

Inside Plans.



Existing Room Plan

The old school Tea Room Australia

© Javits. February 2017 : 5201

MENS TOILETS x 1.

FEMALE TOILETS x 2.

A = Wash Basins.

B = Mirror.

C = Toilet.

D = Tables.

E = Fire Extinguishers

F = Fire Blanket.

■ Open Surfaces.

Surreal landscape of freeways.



Google

LICENSING ACT 2003.

I Tamara Costin do hereby give notice that on 18/03/2017 I applied to the Licensing Authority at South Hams District Council for a new Premises Licence at The Old School House, Mothecombe, Plymouth, PL8 1LB, known as "Schoolhouse".

The application is for: A Premises Alcohol Licence.

Any person wishing to make representations to this application may do so in writing to the Licensing Manager, South Hams District Council, Follaton House, Plymouth Road, Totnes, TQ9 5NE. (www.southhams.gov.uk).

Representations must be received NO LATER than 15/04/2017.

A copy of the application can be viewed at the Licensing Authority's address during normal office hours.

It is an offence knowingly or recklessly to make a false statement in connection with this application, the maximum fine on summary conviction being £5000.

Signed: Tamara Costin.

Dated: 18/03/2017.