

07.03.15
03.04.15

[Herefordshire Council, Blueschool House, PO Box 233, Hereford, HR1 2ZB]

ENDING SECTION RECEIVED
06 MAR 2015
OPR 1669
TO:

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.

We ~~THE SHACK REVOLUTION~~ Mornings Fruit Ltd TIAS Shack Revolution
(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 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 UNITS 16 & 17 BASTION MEWS UNION STREET			
Post town	HEREFORD	Postcode	HR1 2BT

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£8200

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)
- 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)					

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 MANNINGS FRUIT LTD (T/AS THE SHACK REVOLUTION)
Address NEW CROSS FARM EDWYN RALPH BROMYARD HEREFORDSHIRE HR7 4NF
Registered number (where applicable) 07026012
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY
Telephone number (if any) 01885 488325
E-mail address (optional) hq@theshackrevolution.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	3	042015

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

DD	MM	YYYY
3	1	122015

The unit is a open plan space, within a court yard area where we plan to create a social space and serve a range of pizzas, juices and coffees, and also our seasonal cocktails and craft beers and ciders. It will be a pop-up concept initially, opening 5 days a week from Wednesday to Sunday between April and the end of September. If successful we would look at extending the pop-up through to the end of 2015

It will be a space where groups of friends and families can come together and enjoy good food, exciting drinks and a friendly, fun filled atmosphere.

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

100

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)			Will the exhibition of films 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 the exhibition of films (please read guidance note 4)		
Wed					
Thur			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 (please read guidance note 5)		
Fri					
Sat					
Sun					

C

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

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Back ground music, guests will be able to talk clearly over it. It will be used to create atmosphere.		
Mon					
Tue			State any seasonal variations for the playing of recorded music (please read guidance note 4) n/a		
Wed	12.00	23.00			
Thur	12.00	23.00	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) n/a		
Fri	12.00	23.00			
Sat	12.00	23.00			
Sun	12.00	21.00			

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 (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 the performance of dance (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
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					

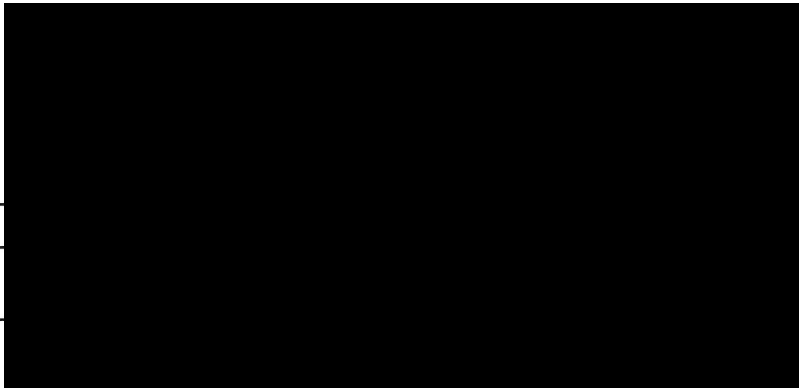
I

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 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 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) n/a		
Mon					
Tue					
Wed	12.00	23.00			
Thur	12.00	23.00			
Fri	12.00	23.00			
Sat	12.00	23.00			
Sun	12.00	21.00			
			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) n/a		

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

Name RICHARD MANNING
Address 

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).

There will be nothing that would give rise to concern to children or any adult entertainment.

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon			N/A
Tue			
Wed	12.00	23.00	<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)
Thur	12.00	23.00	
Fri	12.00	23.00	N/A
Sat	12.00	23.00	
Sun	12.00	21.00	

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)

The Shack Revolution will be promoted through a restaurant type atmosphere rather than a drinking bar atmosphere. Guests will be subject to a relaxed and fun environment which would not promote any safety related issues or disorderly actions.

Responsible consumption will be at the core of creating a space where guests can socialise and enjoy themselves with friends and family.

b) The prevention of crime and disorder

- A personal licence holder will always be on site
- All bar staff will be trained to BIIAB Level 1 and training records will be kept onsite
- Licence holder and staff will ensure that no vessels are taken of site
- There will be a minimal use of glass or china on site
- A incident log will be kept - for police reference at any time
- Licence holder to use SIA door staff if deemed necessary on certain busy city nights

c) Public safety

- All staff to wear clear Shack Revolution staff uniform
- HSE compliant first aid kit to be kept on site at all times
- Accredited first aider on site at all times
- All electrical and gas systems to be checked by authorised and accredited personal on a annual basis – records to be kept onsite
- All fixtures and fittings around the site to be kept in safe repair
- All exits to be free from locks and easy to open for everyone, including people with disabilities.
- Comprehensive emergency lighting will be provided
- Access for emergency vehicle or fire escape routes will be kept clear at all times
- A full fire alarm system comprising of call points, sounders and fire detection units will be used as well as emergency lighting an a full fire protection management system

d) The prevention of public nuisance

- Licence holder to always comply to requests made to adjust noise levels
- All windows and doors to be kept closed after 10pm
- Music speakers to be directed away from any residential property
- Alcohol consumed outside shall only be consumed by guests seated around tables
- All outside seating to close at 11pm
- Signs outside all areas with requests to keep the noise down when either leaving premises or smoking

e) The protection of children from harm

- No person under the age of 18 will be allowed on the premises after 6pm, unless they are either an employed member of staff or are accompanied by an adult aged 21 or over
- The premises will operate a strict Challenge 25 Policy. Signs will be displayed at all entrances and also at the bar. Staff will be trained to understand and thoroughly implement the policy
- A written register of all refusals will be kept, including people who are unable to provide identification. This information can be produced for either the police or a Trading Standards officer.
- No adult entertainment will take place on the premises or anything that would jeopardise the safety of children

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	13/02/2015
Capacity	Director

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)			
Post town		Postcode	
Telephone number (if any)			
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 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.

Consent of individual to being specified as premises supervisor

I RICHARD MANNING
[full name of prospective premises supervisor]

of
NEW CROSS FARM
EDWYN RATH
BROMYARD
HEREFORDSHIRE
HR7 6NF
[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

THE STARK REVOLUTION @ UNITS 16,17 BASTION MEWS, HEREFORD
[type of application]

by
MANING'S FRUIT LTD (has THE STARK REVOLUTION)
[name of applicant]

relating to a premises licence not available yet
[number of existing licence, if any]

for
UNITS 16 x 17, BASTION MEWS, HEREFORD, HR1 2BT
[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

THE SHACK REVOLUTION

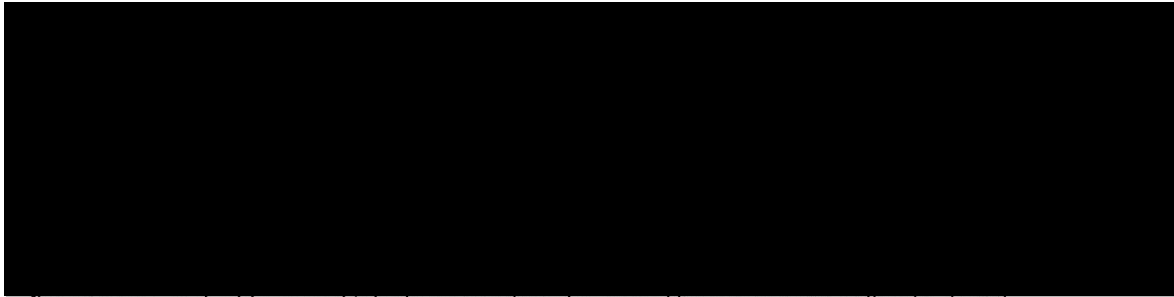
[name of applicant]

concerning the supply of alcohol at

UNITS 16 & 17, EASTON MANS, HERFORD, HERL 2BT

[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.



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

Signed



Name (please print)

RICHARD MANNING

Date

3/3/15

Legend of Numbers and Symbols

Shack Revolution @ Bastion Mews Units 16 & 17

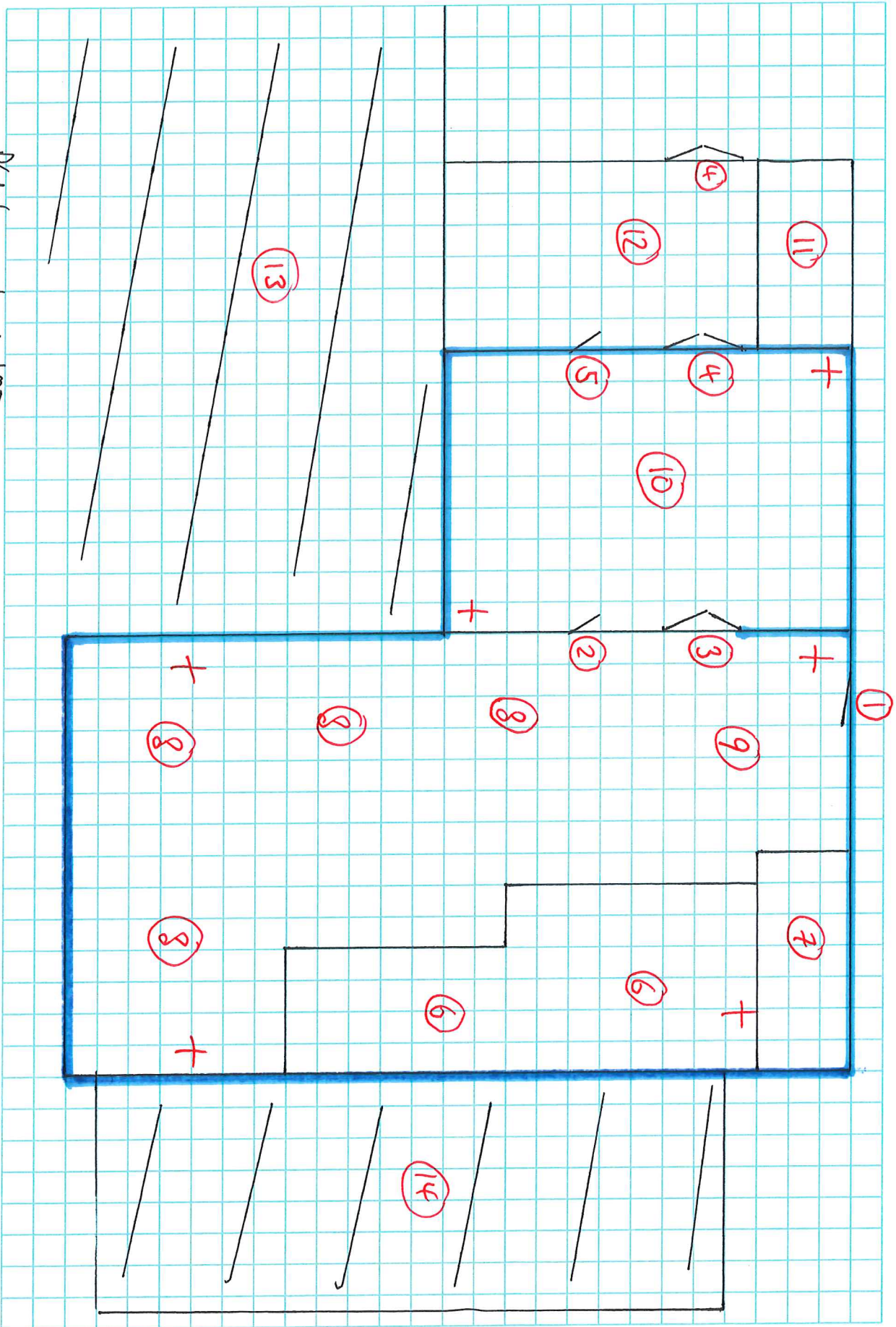
Key Points

- Blue lines indicate external boundaries of licensed area
- Narrow Black lines indicate internal boundaries
- Red Crosses indicate fire safety equipment locations
Fire Fighting equipment provided:
 - 4 x 6 litre Foam Type extinguishers
 - 1 x Wet Chemical Type Extinguisher
 - 1 x 4kg CO2 type extinguisher
 - 1 x 2kg Dry Powder Type Extinguisher
 - 1 x Fire Blanket

Numbered Symbols

1. Main Guests Entrance and Exit to licensed area
2. Exit and Entrance point leading to outside covered area and toilets
3. Fire exit, 1520mm wide opening, with fire push bar and externally opening. Opens onto seating area outside with a open alley through to external fire escape
4. Fire exits, 1520mm wide opening, with fire push bar and externally opening. Opens into open courtyard area which then opens onto car park
5. Guest access to outside toilet block
6. Open plan pizza kitchen and bar area
7. Kitchen Washing Up Room
8. Guest seating area
9. Reception Space – open entrance space to premises for access points
10. Covered outside area, used for outside seating
11. Toilet block – this is placed just outside of licensed area in courtyard
12. Part of Courtyard – separated off for access to toilet block.
13. Unused building
14. Unused building

PREMISES PLAN FOR THE SHACK REVISION @ KASTROM MENS
W/RS 16 & 17.



- PLAN - 1 : 100
- See legend of numbers and symbols on separate page.