

PRO1699
05-09-15
02-10-15

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 CHARMAIN BROOKE
(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 <u>THE ROYAL OAK HOTEL</u> <u>SOUTH STREET</u> <u>LEOMINSTER</u> <u>HEREFORDSHIRE</u>
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Post town <u>LEOMINSTER</u>	Postcode <u>HR6 8JA</u>
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Telephone number at premises (if any) <u>01568 612610</u>
Non-domestic rateable value of premises <u>£ SIX HUNDRED THOUSAND</u>

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)

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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

- c) a recognised club please complete section (A)
- 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:

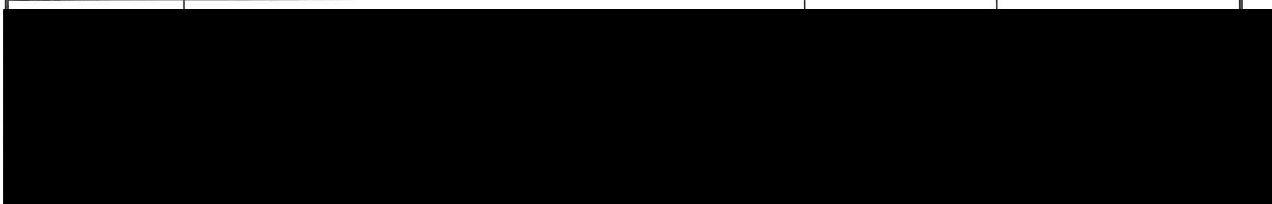
Please tick yes

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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev) <input type="checkbox"/>
Surname BROOKE		First names CHARMAIN RHODA		
I am 18 years old or over		<input checked="" type="checkbox"/> Please tick yes		
Current postal address if different from premises address				



Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
02	09	2015

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)

HOTEL/PUBLIC HOUSE / BAR44 / FUNCTION ROOM
RESTAURANT.

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"/>
				Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed					
			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Thur			<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)		
Fri					
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) SEASONAL DARTS TEAM
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			<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)
Thur			
Fri	20.00	22.30	
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			
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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	09.00	00.00	Please give further details here (please read guidance note 3) DJ BAR44 EVERY FRIDAY AND SATURDAY AND ALSO BANK HOLIDAYS. KAREOKE EVERY TWO WEEKS ON FRIDAY AND SATURDAY - LIVE ENTERTAINMENT ONCE A MONTH ON A SATURDAY FUNCTION ROOM Public Booking		
Tue					
Wed					
Thur					
			State any seasonal variations for the performance of live music (please read guidance note 4)		
Fri	09.00	0.0.00	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	09.00	00.00	BANK HOLIDAYS . 09.00 - 01.00 CHRISTMAS EVE 09.00 - 01.00 BOXING DAY 09.00 - 01.00		
Sun	09.00	00.00	NEW YEAREVE. 09.00 - 01.00		

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) JUKE BOX OCCASIONAL SKY MUSIC CHANNEL		
Mon	09.00	00.00			
Tue	09.00	00.00			
Wed	09.00	00.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Thur	09.00	00.00			
Fri	09.00	00.00	<u>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</u> (please read guidance note 5)		
Sat	09.00	00.00			
Sun	09.00	00.00			

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	09.00	00.00	Please give further details here (please read guidance note 3) BAR 44 MAIN BAR FUNCTION ROOM		
Tue	09.00	00.00			
Wed	09.00	00.00	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	09.00	00.00			
Fri	09.00	00.00	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	09.00	00.00			
Sun	09.00	00.00			

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 (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					

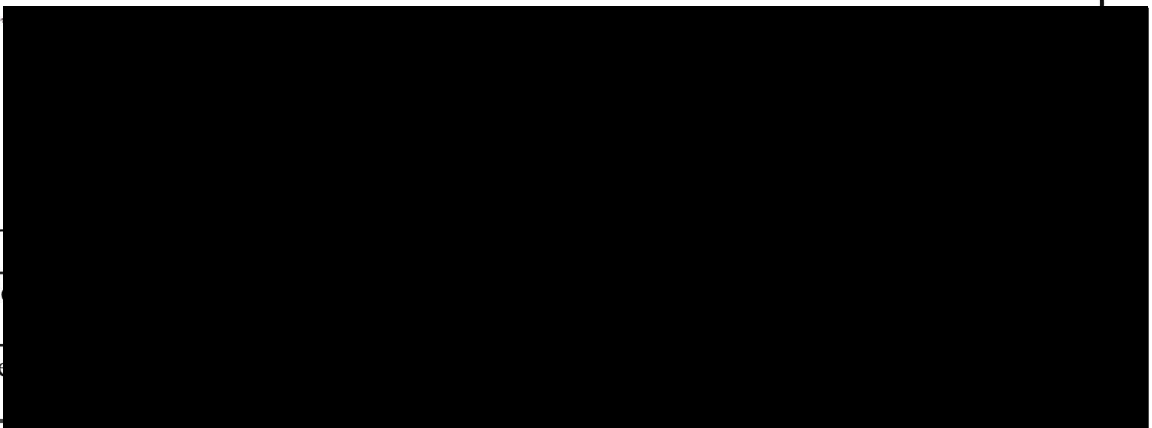
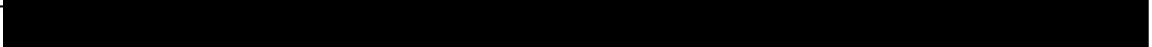
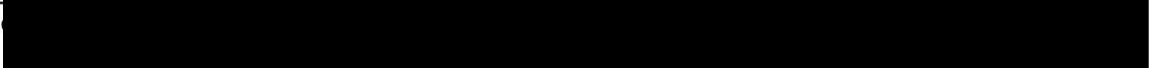
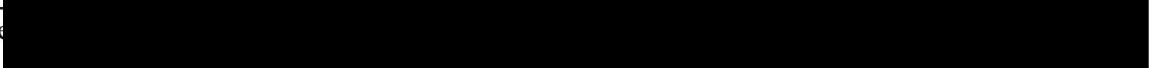
I

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 checked="" type="checkbox"/>
Day	Start	Finish			
Mon	09.00	00.00	Please give further details here (please read guidance note 3) OUTDOOR SMOKE AREA DRINK WILL BE SERVED FROM MAIN BAR BAR 44 FUNCTION ROOM RESTARANT.		
Tue	09.00	00.00			
Wed	09.00	00.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4) BANK HOLIDAYS 09.00 - 01.00 CHRISTMAS EVE 09.00 - 01.00 BOXING DAY 09.00 - 01.00 NEW YEAR EVE 09.00 - 01.00		
Thur	09.00	00.00			
Fri	09.00	00.00	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	09.00	00.00			
Sun	09.00	00.00			

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 type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) OUTDOOR SMOKE AREA DRINK WILL BE SERVED FROM MAIN BAR BAR44, FUNCTION ROOM		
Mon	09.00	00.00			
Tue	09.00	00.00			
Wed	09.00	00.00			
Thur	09.00	00.00			
Fri	09.00	00.00			
Sat	09.00	00.00			
			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) BANK HOLIDAYS. 09.00 - 01.00 CHRISTMAS EVE 09.00 - 01.00 BOXING DAY 09.00 - 01.00 NEW YEAREVE. 09.00 - 01.00		
Sun	09.00	00.00			

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

Name	CHARMAIN BROOKE
Address	
Postcode	
Personal licence	
Issuing licence	

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).

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) BANK HOLIDAY - 09.00-01.00 CHRISTMAS EVE 09.00-01.00 BOXING DAY 09.00-01.00 NEW YEAR EVE 09.00-01.00
Day	Start	Finish	
Mon	09.00	00.00	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)
Tue	09.00	00.00	
Wed	09.00	00.00	
Thur	09.00	00.00	
Fri	09.00	00.00	
Sat	09.00	00.00	
Sun	09.00	00.00	

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)

11.30pm ON A FRIDAY & SATURDAY ALL DOORS SHUT TO PUBLIC FROM ENTERING
NEW SYSTEM FOR CCTV IN PLACE IN AND AROUND PREMISES
WALK AROUND FORMS PUT INTO PLACE, EXTRA STAFF WEEKEND FOR
GLASS AND BOTTLE COLLECTING, CHILDREN ONLY ALLOWED TO STAY UNTIL 21.00
STAFF TRAINING (IC BBIIAB LEVEL 1) SIGNS OF PUBLIC AND FIRE SAFETY
SIGNED FOR WHEN LEAVING PREMISES TO RESPECT NEIGHBOURS AND
GUESTS CHALLENGE 21 IN PLACE 2 x REGISTERED DOOR STAFF S.I.A

b) The prevention of crime and disorder

NEW CCTV SYSTEM TO RECORDED FOR 31 DAYS 2 x REGISTERED S.I.A DOOR
STAFF EXTRA STAFF FOR GLASS AND BOTTLE COLLECTING, NO HATS SUNGLASSES
HOODS INDOORS RADIOS ON PREMISES, OWN BAND BOOK, CHALLENGE 21 IN
PLACE, DRUGS LEGAL WEAPONS ARE LOCKED IN A SAFE POLICE ARE
CALLED AND THE INCIDENT BOOK BE LOGGED

c) Public safety

DRUGS AND LEGAL WEAPONS TO BE UNDER LOCK AND KEY AND INCIDENT
BOOK FILLED OUT 2 x SIA DOOR STAFF, STAFF UNIFORM, STAFF TRAINING
FIRST AID BOX AND LOG BOOK, WEEKLY MAINTENANCE AND REPAIRS
CCTV RECORDING FOR 31 DAYS SIGNS ABOUT PUBLIC SAFETY.
INCIDENT BOOK TO BE FILLED IN WHEN NEEDED, FIRE ALARMS, FIRE EXITS
AND FIRE POINTS CHECKED BEFORE OPENING

d) The prevention of public nuisance

ALCOHOL CHART FROM HAND BAND. FACEWATCH RESPECT NEIGHBOURS
AND GUESTS. STAFF ARE MADE AWARE TO CALL 999 IN A
EMERGENCY OR 101 FOR NON EMERGENCY. AMPLIFIERS ARE IN
A LOCKABLE CUPBOARD.

e) The protection of children from harm

CHALLENGE 25

ID A11

CHILDREN UNDER 18 IF ACCOMPANIED BY A ADULT TILL 9PM (21.00) ONLY

KNIVES, DRUGS ARE LOCKED AWAY FROM HARM.

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.

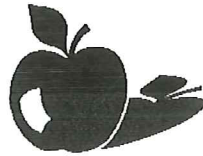
Part 4 – Signatures (please read guidance note 10)

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	02-09-2015
Capacity	MRS. C. R. BROOKE.

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	



HEREFORDSHIRE
COUNCIL

**Form of consent given by the person whom the applicant wishes to be the
Premises supervisor**

I, Charmain Rhoda Brooke hereby consents to being named as the premises supervisor in a new licence granted under paragraph 4 of Schedule 8 to the Licensing Act 2003 to Charmain Rhoda Brooke in respect of the application to convert an existing justices' licence held by the applicant where the holder of the licence has consented to the application being made by the applicant for The Royal Oak Hotel Leominster Herefordshire HR6 8JA if that application is successful.

[REDACTED]

Dated 02-09-2015

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.

THE ROYAL OAK HOTEL LEOMINSTER HEREFORDSHIRE
Ground Floor Plan - HOTEL

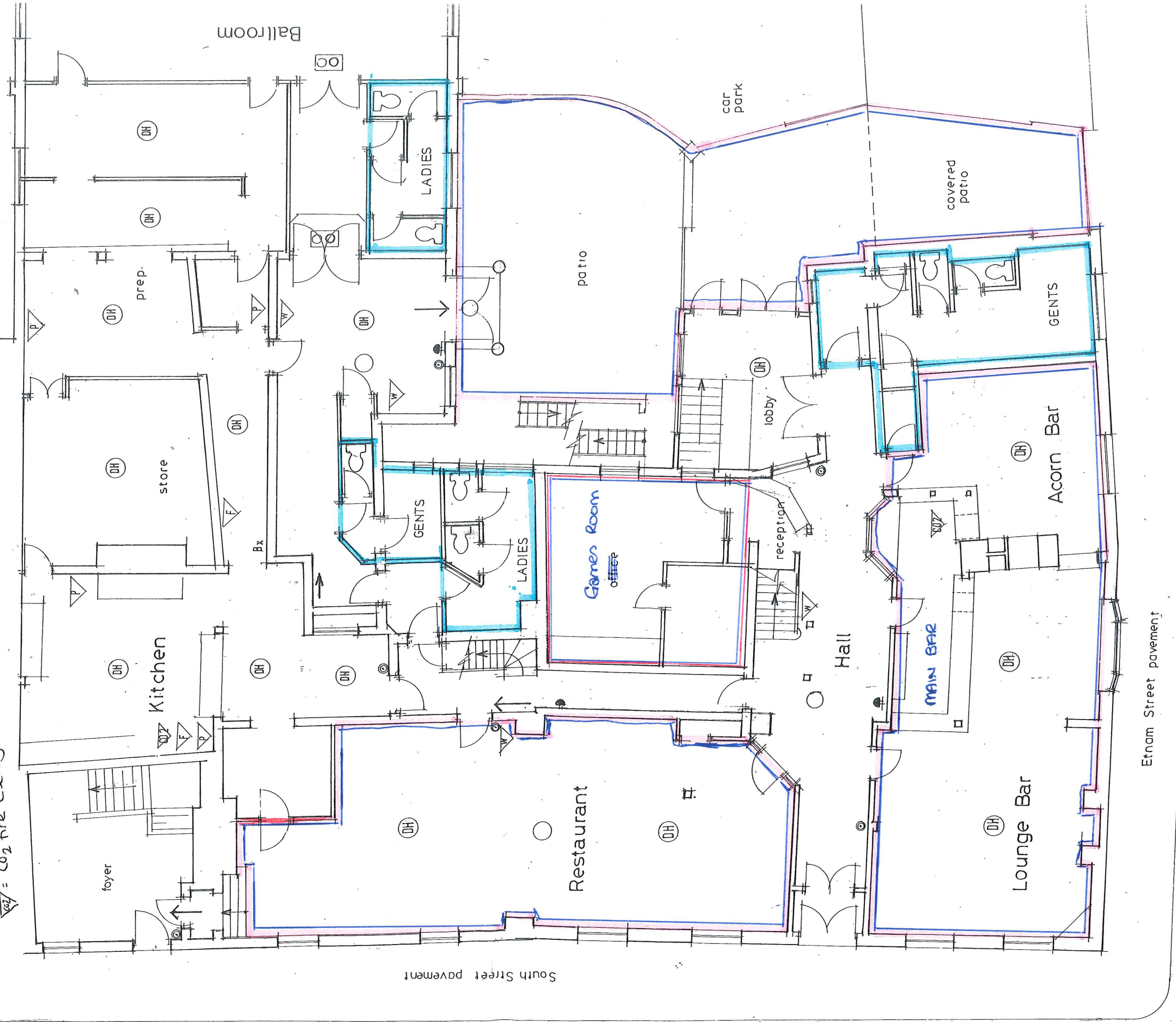
1:100 scale
 July 2005

- *Licenseable activity area*
- *consumption of alcohol area*

- (DH) = heat detector
- (CO2) = CO₂ fire extinguisher
- (F) = fire alarm sander
- (C) = fire alarm

- (A) = foam extinguisher
- (P) = powder extinguisher
- (W) = water extinguisher

NORTH

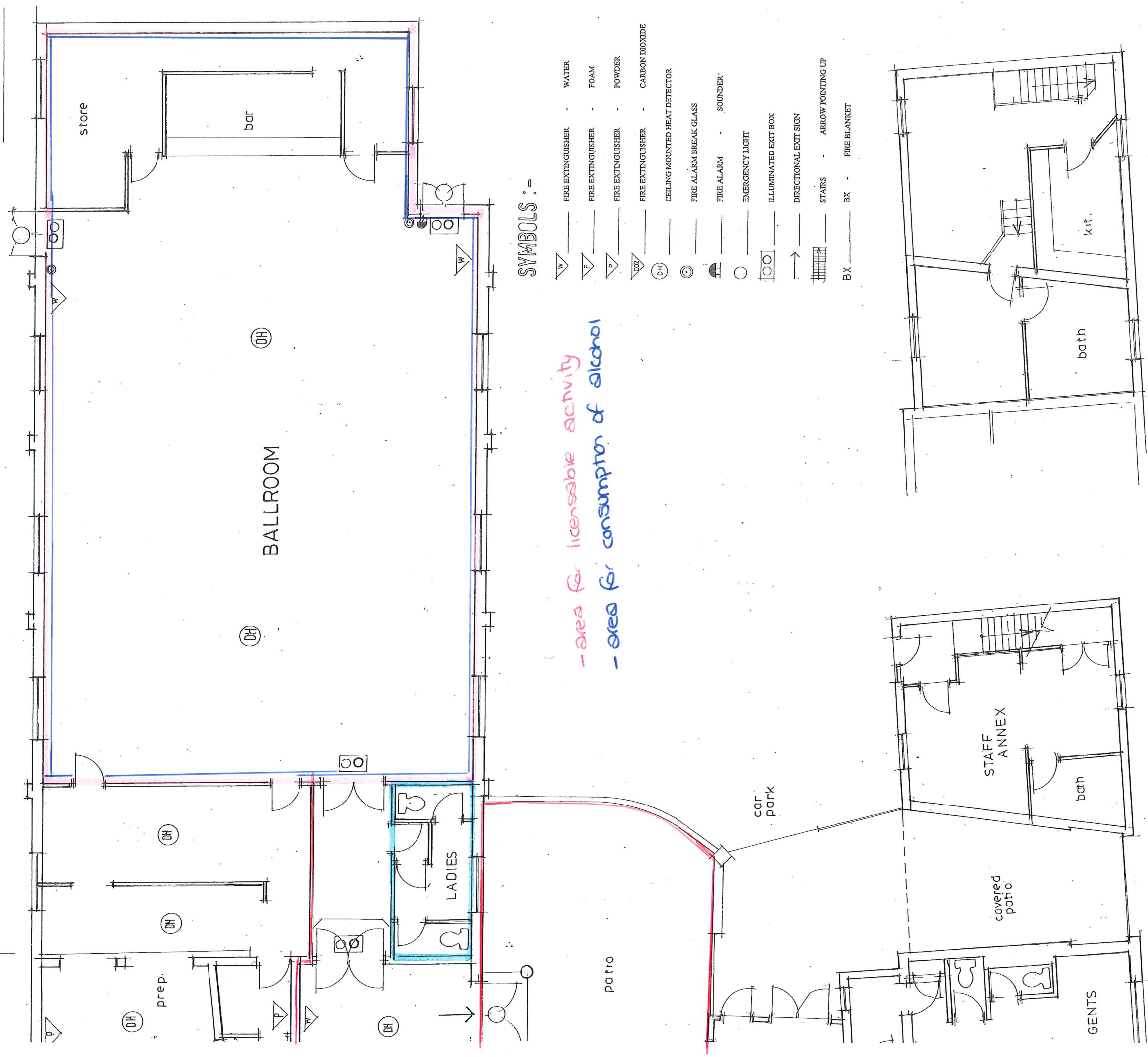
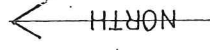


South Street pavement

Etnam Street pavement

THE ROYAL OAK HOTEL LEOMINSTER HEREFORDSHIRE
Ground Floor Plan - BALLROOM
 and ANNEX

1:100 scale
 July 2005



SYMBOLS :-

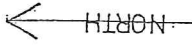
- W FIRE EXTINGUISHER - WATER
- F FIRE EXTINGUISHER - FOAM
- P FIRE EXTINGUISHER - POWDER
- CO2 FIRE EXTINGUISHER - CARBON DIOXIDE
- DH CEILING MOUNTED HEAT DETECTOR
- C FIRE ALARM BREAK GLASS
- Fire Alarm Sounder
- Emergency Light
- ILLUMINATED EXIT BOX
- DIRECTIONAL EXIT SIGN
- STAIRS - ARROW POINTING UP
- BX FIRE BLANKET

- area for licensable activity
- area for consumption of alcohol

STAFF ANNEX - first floor plan

THE ROYAL OAK HOTEL LEOMINSTER HEREFORDSHIRE
First Floor Plan

1:100 scale
 July 2005



flat roof



SYMBOLS :-

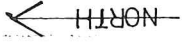
- FIRE EXTINGUISHER - WATER
- FIRE EXTINGUISHER - FOAM
- FIRE EXTINGUISHER - POWDER
- FIRE EXTINGUISHER - CARBON DIOXIDE
- CEILING MOUNTED HEAT DETECTOR
- FIRE ALARM BREAK GLASS
- FIRE ALARM - SOUNDER
- EMERGENCY LIGHT
- ILLUMINATED EXIT BOX
- DIRECTIONAL EXIT SIGN
- STAIRS - ARROW POINTING UP
- BX - FIRE BLANKET

- licensable activity area
 - consumption of alcohol area.

~~Left~~ General Manager.

THE ROYAL OAK HOTEL LEOMINSTER HEREFORDSHIRE
Basement Plan

1:100 scale
 July 2005



SYMBOLS :-

	FIRE EXTINGUISHER - WATER
	FIRE EXTINGUISHER - FOAM
	FIRE EXTINGUISHER - POWDER
	FIRE EXTINGUISHER - CARBON DIOXIDE
	CEILING MOUNTED HEAT DETECTOR
	FIRE ALARM BREAK GLASS
	FIRE ALARM - SOUNDER
	EMERGENCY LIGHT
	ILLUMINATED EXIT BOX
	DIRECTIONAL EXIT SIGN
	STAIRS - ARROW POINTING UP
	BX - FIRE BLANKET

- Licensable activity area
- consumption of alcohol area

