

PUBLIC NOTICE
LICENSING APPLICATION

LICENSING ACT 2003

An application has been made by Mr Michael Hill to Horsham District Council as the Licensing Authority seeking a new premises licence for Swains Farm Shop, Brighton Road, Woodmancote, BN5 9RP

The application seeks the following:

1. Sell and supply of alcohol by retail for consumption on and off the premises, – Monday to Sunday: 08:00 till 22:00
2. Premises open to the public, – Monday to Sunday: 08:00 till 22:00

The application can be viewed online at Horsham District Council's website or by contacting the Alcohol Licensing Officer at Licensing Department, Parkside, Chart Way, Horsham or via email, [**licensing@horsham.gov.uk**](mailto:licensing@horsham.gov.uk)

Interested parties or responsible authorities can make representations at any time between the 16 June 2023 and the 14 July 2023.

All representations must be in writing (including email or fax) addressed to the Alcohol Licensing Officer at Horsham District Council.

It is an offence for anyone to recklessly or knowingly make a false statement in connection with a licensing application. The maximum fine on conviction is £5000.00.

Application for a Premises licence to be granted under the Licensing Act 2003

This Form

Please use this form to apply for a New Premises Licence.

What we will do with your information:

We will only use the personal details you provide in order to deliver the service that you have requested or to contact you by letter, telephone or email in relation to the service that you have requested.

We will not send you emails about other Council services unless you have requested them elsewhere, or share this information with any other organisations unless required to do so in order to provide the service or as permitted by law.

Further information about how we handle your data can be found in our Privacy Policy.

Please confirm that you have read and accept this policy by ticking here:

☒

Guidance_notes

Use Of The Form

Form Ref. No.

3448038

This form can be completed on-line. When completed it should be PRINTED and POSTED back to the Council.

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes which accompany the various sections. If you need to add more details to this form by hand please **USE OR ATTACH ADDITIONAL SHEETS** as necessary and write legibly in block capitals in black ink. You may wish to keep a copy of the completed form for your records (note a PDF copy will be sent to your email address). Please return completed application forms to Horsham District Council and any relevant authorities as listed in the Licensing Policy Statement.

Guidance Notes:

1. Describe the premises. For example the type of premises, its general situation and layout and any other information that 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 is and its proximity to the premises.

2. Where taking place in the building or other structure please tick as appropriate. Indoors may include a tent.

3. For example state 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 format (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. If you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish for 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 that 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 of restricted age groups, the presence of gaming machines.

9. Please list here the steps you will take to promote all four licensing objectives together.

10. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.

11. Where there is more than one applicant, the applicants or their respective agents must sign the application form.

12. This is the address that we shall use to correspond with you about this application.

Please note your application will be available for public inspection and posted on the Council's website.

Applicant Name / Premise Details

Applicant Name

Title or ORGANISATION	Mr
Forenames/Organisation Name	MICHAEL JAMES
Surname/Organisation Type(e.g. Ltd Co, Partnership etc)	HILL
Date of Birth	
Applicant 18 years old or over?	Yes
Nationality	BRITISH
Address Line 1	
Address Line 2	
City / Town	
County	
Postcode	
Telephone	
Email	

Premises Details

Premises Name	SWAINS FARM SHOP
Address Line 1	Brighton Rd, Woodmancote
Address Line 2	
City / Town	HENFIELD
County	WEST SUSSEX
Postcode	BN5 9RP
Telephone	01273 494582
Non-Domestic Rateable Value	
Email Address	

Applicant Details

Type Of Application

Application for a Premises licence to be granted under the Licensing Act 2003

PLEASE STATE WHETHER YOU ARE APPLYING FOR A PREMISES LICENCE AS:

a) An Individual or Individuals * ☒ Complete Section A

b) A person other than an individual *

i) As a Limited Company ☐ Complete Section B

ii) As a Partnership ☐ Complete Section B

iii) As an unincorporated association ☐ Complete Section B

iv) Other ☐ Complete Section B

c) A recognised Club ☐ Complete Section B

d) A Charity ☐ Complete Section B

e) The Proprietor of an educational establishment ☐ Complete Section B

f) Health Service Body ☐ 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 ☐ Complete Section B

h) Chief Officer of Police of a police force in England and Wales ☐ Complete Section B

If you are applying as a person described in (a) or (b) please confirm one of the next 3 options:

(If yes please tick box)

I am carrying on or propose to carry on business that involves the use of the premises for licensable activities; ☒ Licensable Activities

OR

I am making the application pursuant to a:

☐ (i) Statutory function

☐ (ii) A function discharged by virtue of Her Majesty's prerogative

Second Individual

Further Applicants

- ☐ Need to enter Second individual applicant details? (please select if YES)
- ☐ Need to enter Other/Further applicant details? (please select if YES)

Operating Schedule

Part 3 - Operating Schedule

When do you want the premises licence to start?

14/07/2023

If you wish the licence to be valid only for a limited

period, when do you want it to end

If 5000 or more people are expected to attend the premises at any one time,

please state the number expected to attend

0

Please give a general description of the premises (Please see guidance note 1)

The premises consists of an extended farm shop and a new cafe that will sell alcohol both on and off license. The cafe will sell a limited range of alcoholic drinks that can be consumed in the cafe seating area inside and the small outdoor seating area adjacent to the cafe. The business has been established for over 20 years now and is run by the same family.

Licensable Activities

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

a) Play(s)	<input type="checkbox"/>	(if ticking yes, fill in box A)
b) Film(s)	<input type="checkbox"/>	(if ticking yes, fill in box B)
c) Indoor sporting event(s)	<input type="checkbox"/>	(if ticking yes, fill in box C)
d) Boxing or wrestling entertainment	<input type="checkbox"/>	(if ticking yes, fill in box D)
e) Live music	<input type="checkbox"/>	(if ticking yes, fill in box E)
f) Recorded music	<input type="checkbox"/>	(if ticking yes, fill in box F)
g) Performances of dance	<input type="checkbox"/>	(if ticking yes, fill in box G)
h) Anything of a similar description to that falling within (e), (f) or (g)	<input type="checkbox"/>	(if ticking yes, fill in box H)

i) Making music	<input type="checkbox"/>	(if ticking yes, fill in box I)
j) Dancing	<input type="checkbox"/>	(if ticking yes, fill in box J)
k) Entertainment of a similar description to that falling within (i) or (j)	<input type="checkbox"/>	(if ticking yes, fill in box K)
l) Provision of late night refreshment	<input type="checkbox"/>	(if ticking yes, fill in box L)
m) Supply of alcohol	<input checked="" type="checkbox"/>	(if ticking yes, fill in box M)

In all cases complete boxes N, O and P (see later pages)

[illegible]

M - Supply of Alcohol

M - Supply of Alcohol

Will the sale of alcohol be for consumption on the premises, off the premises or both? Please select.
(Read guidance note 6)

Both On Sales & Off Sales

State any seasonal variations for the supply of alcohol (please read guidance note 4)

NONE

Non-standard timings.
Where you intend to use the premises for the provision of

NONE

supply of alcohol at different times to those listed in the column below, please

list (please read guidance note 5)

Standard timings (read guidance note 6)

Start

Mon	08:00
Tues	08:00
Wed	08:00
Thur	08:00
Fri	08:00
Sat	08:00
Sun	09:00

FINISH

Mon	22:00
Tues	22:00
Wed	22:00
Thur	22:00
Fri	22:00
Sat	22:00
Sun	22:00

Designated Premises Supervisor

Specify the designated premises supervisor.

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

Title	Mrs
Forenames	NINA ELIZABETH
Surname	HEARN
Date of Birth	
Address Line 1	
Address Line 2	
Address Line 3	
City / Town	
County	
Postcode	
Telephone	
Email Address	
Personal Licence Number (if known)	176/22/2062/PERS
Issuing Licencing Authority (if known)	HORSHAM DISTRICT COUNCIL

N - Adult Entertainment

N - Specify adult entertainment or services, activities, other entertainment or matters

Please highlight any adult entertainment or services, activities, other entertainment or matters	NONE
ancillary to the use of the premises that may give rise to concern in respect of children (Please read guidance note 8)	

O- Premises open to public

O - Hours Premises are open to public

State any seasonal variations (please read guidance note 4)

NONE

Non-standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 5)

NONE

Standard timings (read guidance note 6)

Start

Mon	08:00
Tues	08:00
Wed	08:00
Thur	08:00
Fri	08:00
Sat	08:00
Sun	09:00

FINISH

Mon	22:00
Tues	22:00
Wed	22:00
Thur	22:00
Fri	22:00
Sat	22:00
Sun	22:00

P - Licensing objectives:

P - Describe the steps you intend to take to promote the four licensing objectives:

a) General ñ all four licensing objectives (b,c,d,e) (See guidance note 9)

- Staff training
- Management presence in all public areas observing and controlling the safe sale of alcohol
- Adequate security measures in place
- Working with all relevant partners to ensure the legal and safe sale of alcohol

b) The prevention of crime and disorder

- CCTV to be installed where required
- Notices displayed advertising that CCTV is in operation whilst the premises is trading
- Management presence on shop floor monitoring the selection and sale of alcohol

c) Public Safety

- All staff are aware of their social and legal obligations and their responsibilities regarding the sale alcohol
- All staff to receive appropriate training about emergency and general safety precautions and procedures
- The electrical system at the premises including portable appliances are tested annually by a competent person
- An adequate and appropriate supply of first aid equipment and materials to be be available on the premises

d) The prevention of public nuisance

- Staff training and awareness
- Full implementation of age restricted sales, i.e Challenge 25.
- The use of CCTV as a deterrent
- Limiting opening hours, avoiding anti-social potential periods

e) The protection of children from harm

- Proof of age policy in place ; Challenge 25. The only forms of ID will be PASS accredited ID, passport or photo driving license
- All staff trained in sale of alcohol procedures and the effects and consequences of under age sales. Refresher training on a regular basis

Checklist

Checklist (If yes please tick)

- ☒ 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 other where applicable
- ☒ I have enclosed the consent form completed by the individual I wish to be 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 CONVICTION TO A FINE UP TO LEVEL 5 (£5000) ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Signatures

Part 4 - Signatures

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Declaration

- [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15)
- The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)

Signature	<input type="text" value="Mark Ellis"/>
Date	<input type="text" value="15/06/2023"/>
Capacity	<input type="text" value="AUTHORISED AGENT"/>

Contact name

Contact name (where not previously given)

and address for correspondence associated with this application. (Please read guidance note 12)

☐ Click here if you need to specify a name not previously given for correspondence

Pay & Submit

Enter Total Amount Due

You have two options for paying for the application you have made:

Option 1 - Pay online now using your Debit/Credit Card. A copy of the form will then be emailed to you. Please **PRINT & SIGN** it and **POST** back to the Public Health & Licensing Team at Horsham District Council at the address below.

Option 2 - Pay by cheque. Submit the form online and a copy will be emailed to you. Please **PRINT & SIGN** it and **POST** it with a cheque made payable to **Horsham District Council** to the following address.

(Please quote the form number on the back of the cheque)

Public Health and Licensing

Horsham District Council

Parkside

Chart Way

Horsham

West Sussex

RH12 1RL

Pay online.

Option 1

☒ Pay online.

Option 2

☐ Submit cheque in post (make cheques payable to 'Horsham District Council')

Pay & Submit