



South Derbyshire District Council

APPENDIX 2.

Environmental Health Division
Civic offices, Civic Way
Swadlincote
Derbyshire DE11 0AH
01283 595890/ 01283 595724
www.south-derbys.gov.uk

Schedule 1 Article 2

Application for an existing licence to be converted to a premises licence under the Licensing Act 2003 and (Part B) application to vary the premises licence simultaneously

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 or typed in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I/We [] apply to convert an existing licence to a premises licence under Schedule 8 to the Licensing Act 2003 for the premises described in Part A1 below

Part A1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description	
Royal oak inn, main st, cauldwell	
Post town	Post code
Swadlincote	DE12 6RR

Telephone number of premises (if any)

01283 761486

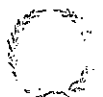
Non-domestic rateable value of premises

£11000

Part A2 – Applicant Details

Please state the capacity in which you are applying to convert your existing licence

- please tick
- 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

please complete section (B)

h) the chief officer of police of a police force in England and Wales

please complete section (B)

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr

Mrs

Miss

Ms

Other title (for example, Rev)

Surname

GREENLOCK

First names

SUSAN ELIZABETH

I am 18 years old or over

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

Mrs

Miss

Ms

Other title (for example, Rev)

Surname

First names

I am 18 years old or over

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 case of a partnership or other joint nature (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)

Part A3 - Operating Schedule

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

General description of premises (please read guidance note 1)

Please tick Yes

What existing licensable activities are authorised by your existing licence(s)?

Provision of regulated entertainment

- a) plays
- b) films
- c) indoor sporting events
- d) boxing or wrestling entertainment
- e) live music
- f) recorded music
- g) performances of dance
- h) anything of a similar description to that falling within (e), (f) or (g)

Provision of entertainment facilities for:

- j) making music
- k) dancing
- l) entertainment of a similar description to that falling within (i) or (j)

Provision of late night refreshment

Sale by retail of alcohol

- a) for consumption on the premises
- b) for consumption off the premises

Please state who you wish to be specified to be the premises supervisor under the new licence

Name Susan Elizabeth Greenock

Address ROYAL OAK MAIN ST CANLDWELL

Personal Licence number, if known,

State any limitations on the hours during which you are permitted by your licence(s) or any additional authorities to conduct licensable activities, including the sale of alcohol.

Normal Licensing Hours

Describe the conditions subject to which your existing licence(s) has/have been granted (please read guidance note 2):

a) General – all four licensing objectives (b,c,d,e)

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

Please tick ✓

Yes

- I have made or enclosed payment of the fee
- I have enclosed my existing licence(s) or a certified copy of each licence
- I have enclosed a plan of the premises
- I have sent copies of this application to the chief officer of police (please read guidance note 3)
- I have enclosed the consent form completed by the proposed premises supervisor, if relevant
- I have enclosed the consent of the justices' licence holder to my application, if relevant
- I understand that if I do not comply with the above requirements my application will be rejected

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE [AMOUNT], UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part A5 – Signatures (please read guidance note 4)

Signature of applicant or applicant's solicitor or other duly authorised agent. (Please read guidance note 5). If signing on behalf of the applicant please state in what capacity.

Signature S. M.

Date 27.06.05

Capacity licensee

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (Please read guidance note 6). If signing on behalf of the applicant please state in what capacity.

Signature

Date

Capacity

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 7)	
Post town	Post code
Telephone number	
E-mail address (optional)	

IF YOU WISH TO APPLY SIMULTANEOUSLY FOR A VARIATION OF THE PREMISES LICENCE IF IT IS CONVERTED FROM YOUR EXISTING LICENCE(S) UNDER SECTION 34 OR 37 OF THE LICENSING ACT 2003, NOW COMPLETE PART B OF THIS FORM.

IF YOU DO NOT WISH TO APPLY SIMULTANEOUSLY FOR A VARIATION OF THE PREMISES LICENCE IF IT IS CONVERTED FROM YOUR EXISTING LICENCE(S), YOU SHOULD LEAVE PART B BLANK.

PART B - Application to vary a premises licence under the Licensing Act 2003

~~1/11/06~~ SUSAN GREWCOCK being the proposed premises licence holder of an
[Insert name of applicant]
existing licence to be converted under the terms of Schedule 8 to the Licensing Act
2003 apply to vary it under section 34/section 37 of the Licensing Act 2003 (delete as
applicable) for the premises described in Part A above.

Part B1 - Variation

Do you want the proposed variation to have effect from the second appointed day? Please tick

If not do you want the variation to take effect from

Day	Month	Year

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any
one time, please state the number expected to attend

Please describe briefly the nature of the proposed variation. (Please read guidance note 8)

Part B2 - Operating Schedule

Please complete those parts of the operating schedule which would be subject to change if this application to vary were successful.

What licensable activities do you now intend to conduct on the premises and/or at what varied times do you intend to conduct them?

(please see section 1 of the Licensing Act 2003 and Schedule 1 to the Licensing Act 2003)

- Provision of regulated entertainment** Please tick
- 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 entertainment facilities:**
- i) making music (if ticking yes, fill in box I)
 - j) dancing (if ticking yes, fill in box J)
 - k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)
- Provision of late night refreshment (if ticking yes, fill in box L)**
- Sale by retail of alcohol (if ticking yes, fill in box M)**
- Please complete Part B3 on this form**

A

Plays			Will the performance of a play take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 9).	Indoors	
Standard days and timings (please read guidance note 8)				Outdoors	
Day	Start	Finish	Both		
Mon			Please give further details here (please read guidance note 10)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 11)		
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 12)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 8)			Will the exhibition of films take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 9).	Indoors		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 10) N/A	Both		
Tue						
Wed				State any seasonal variations for the exhibition of films (please read guidance note 11)		
Thur						
Fri						
Sat				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 12)		
Sun						

C

Indoor sporting events Standard days and timings (please read guidance note 8)			Please give further details (please read guidance note 10)
Day	Start	Finish	
Mon			N/A
Tue			
Wed			State any seasonal variations for indoor sporting events (please read guidance note 11)
Thur			
Fri			
Sat			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 12)
Sun			

D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 8)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 9).	Indoors	
				Outdoors	
Day	Start	Finish	Both		
Mon			Please give further details here (please read guidance note 10) N/A		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 11).		
Thur					
Fri			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 (please read guidance note 12)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 8)			Will the performance of live music take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 9).	Indoors	
				Outdoors	
Day	Start	Finish	Both		
Mon			Please give further details here (please read guidance note 10) N/A		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 11).		
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 12)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 8)			Will the playing of recorded music take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 9).	Indoors	
Day	Start	Finish		Outdoors	
Mon	11am	1am	Please give further details here (please read guidance note 10) 12 Midnight Seal 12 Midnight 12 Midnight Seal 12 Midnight Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 12)		
Tue	11am	1am			
Wed	11am	1am			
Thur	11am	1am			
Fri	11am	1am			
Sat	11am	1am			
Sun	11am	12 Mid night			
			State any seasonal variations for playing recorded music (please read guidance note 11)		

G

Performances of dance Standard days and timings (please read guidance note 8)			Will the performance of dance take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 9).	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 10) N/A State any seasonal variations for the performance of dance (please read guidance note 11)		
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 12)		

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 8)			Please give a description of the type of entertainment you will be providing <p style="text-align: center;">N/A</p>		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 9).	Indoors	
				Outdoors	
Mon				Both	
Tue			Please give further details here (please read guidance note 10)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 11)		
Fri					
Sat			Non standard timings. Where you intend to use the premises for the entertainment of 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 12)		
Sun					

Provision of facilities for making music Standard days and timings (please read guidance note 8)			Please give a description of the facilities for making music you will be providing		
			N/A		
			Will the facilities for making music be indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 9).		Indoors
					Outdoors
					Both
Day	Start	Finish	Please give further details here (please read guidance note 10)		
Mon			State any seasonal variations for the provision of facilities for making music (please read guidance note 11)		
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list (please read guidance note 12)		

Provision of facilities for dancing Standard days and timings (please read guidance note 1)			Will the facilities for dancing be indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (see guidance note 9).		
			N/A		
					Indoors
					Outdoors
					Both
Day	Start	Finish	Please give further details here (please read guidance note 10)		
Mon			State any seasonal variations for providing dancing facilities (please read guidance note 11)		
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 12)		

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 8)			Please give a description of the type of entertainment facility you will be providing <p style="text-align: center;">N/A</p>		
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 9)		Indoor
Mon					Outdoor
Tue			Please give further details here (please read guidance note 10)		
Wed					
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 11)		
Fri					
Sat			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list (please read guidance note 12)		
Sun					

L

Late night refreshment Standard days and timings (please read guidance note 8)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 9)		Indoors	
Day	Start	Finish			Outdoors	
Mon					Both	
Tue			Please give further details here (please read guidance note 10)			
Wed			<p style="text-align: center;">N/A</p>			
Thur						
Fri			State any seasonal variations for the provision of late night refreshment (please read guidance note 11)			
Sat						
Sun			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 12)			

M

Supply of alcohol Standard days and timings (please read guidance note 8)			Will the supply of alcohol be for consumption (Please tick box <input checked="" type="checkbox"/>) (please read guidance note 13)	On the premises	<input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
Mon	11 AM	1 AM 12	State any seasonal variations for the supply of alcohol (please read guidance note 11) No variation <i>See</i>	Both	<input checked="" type="checkbox"/>
Tue	11 AM	1 AM 12			
Wed	11 AM	1 AM 12			
Thur	11 AM	1 AM 12		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 12) NO <i>See</i>	
Fri	11 AM	1 AM 1 AM			
Sat	11 AM	1 AM 1 AM			
Sun	11 AM	12 MID MIDNIGHT			

IN ALL CASES PLEASE COMPLETE BOXES N, O, P and Q below

N

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 14)

N/A

O

Hours premises are open to the public Standard days and timings (please read guidance note 8)			State any seasonal variation (please read guidance note 11)
Day	Start	Finish	
Mon	11 am	1:30 am	30 minutes drinking up time
Tue	11 am	1:30 am	
Wed	11 am	1:30 am	
Thur	11 am	1:30 am	
Fri	11 am	1:30 am	
Sat	11 am	1:30 am	
Sun	11 am	12:30 MIDNIGHT	
			Non standard timings. Where you intend to use 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 12)

P

Please identify any of the conditions, terms or restrictions currently imposed on the converted licence which you believe could be removed as a consequence of the proposed variation you are seeking

~~PQ~~ Please describe any additional steps that you intend to take in order to promote the four licensing objectives if the proposed variation is granted:

a) General – all four licensing objectives (b, c, d, e) (please read guidance note 15)

b) The prevention of crime and disorder

pub watch
good relationship with
Stn Derby's police

c) Public safety

Fire extinguishers
Fire Notices
Smoke alarms

d) The prevention of public nuisance

agreed amendments with
environmental and pollution

e) The protection of children from harm

Signs in garden

Part B3 – Premises Supervisor

Full name of proposed designated premises supervisor

Susan Elizabeth Grewcock

Address of proposed designated premises supervisor

Royal Oak Inn
Main Street
Cewldwell. DE12 6RR.

Personal licence number of proposed designated premises supervisor, if any, and issuing authority of the personal licence, if applicable

Please tick ✓

Yes

- I enclose the consent form completed by the proposed premises supervisor
- I will give a copy of Part B3 of this application to the chief officer of police (section 37 of the Licensing Act 2003)
- I have sent copies of this application to vary (except Part B3) to responsible authorities and others where applicable (section 34 of the Licensing Act 2003)
- I understand that I must now advertise my application to vary (section 37 of the Licensing Act 2003)
- I understand that if I do not comply with the above requirements my application will be rejected

Part B5 – Signatures (please read guidance note 16)

Signature of applicant (the proposed current premises licence holder) or applicant's solicitor or other duly authorised agent. (See guidance note 17) If signing on behalf of the applicant please state in what capacity.

Signature Sarah

Date 16.07.05

Capacity licencee

Where the premises licence is jointly held signature of 2nd applicant (the proposed current premises licence holder) or 2nd applicant's solicitor or other authorised agent. (please read guidance note 18) If signing on behalf of the applicant please state in what capacity.

Signature

Date

Capacity

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 19)	
Post town	Post code

Notes for Guidance

PART A

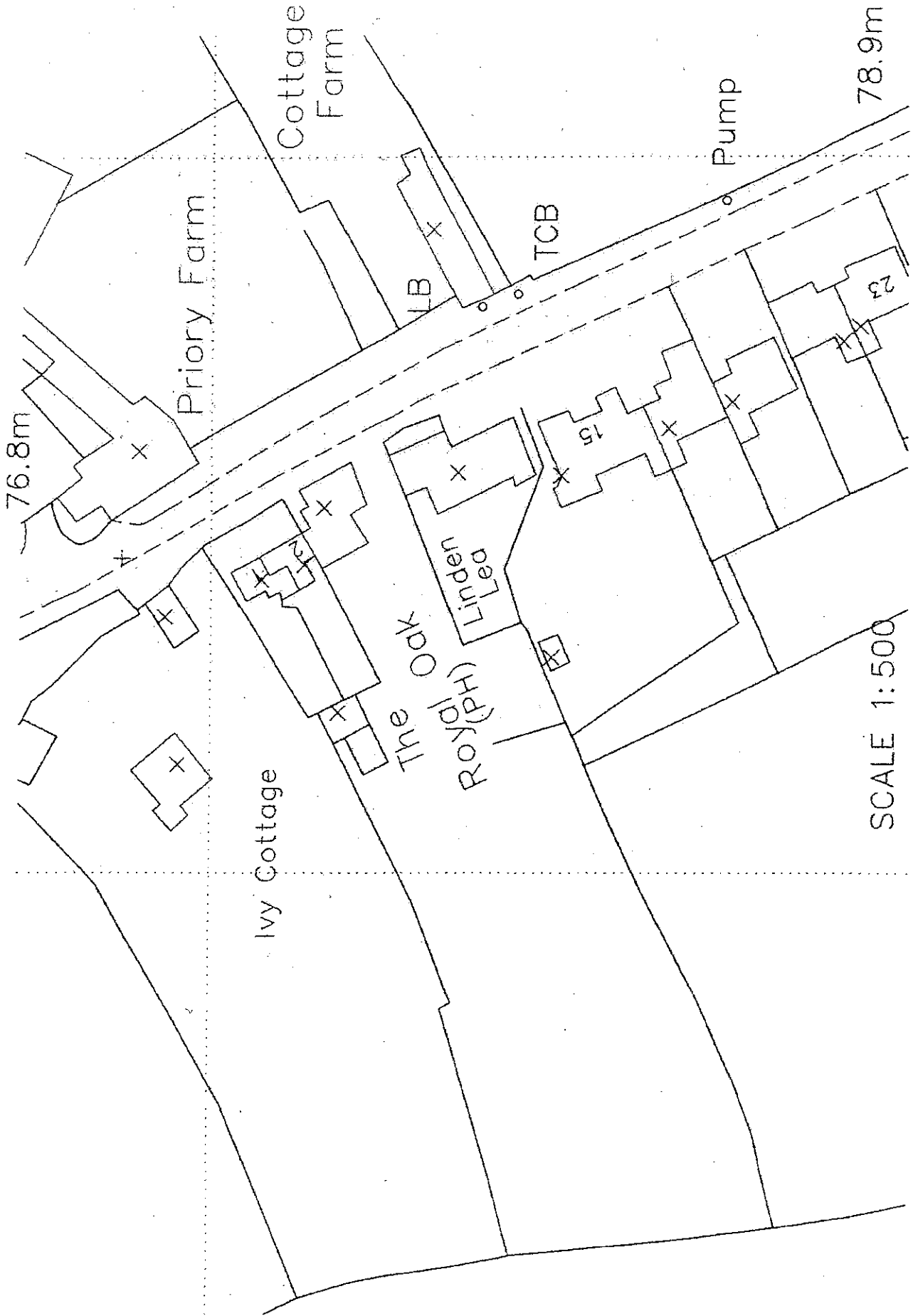
1. Describe the premises. For example the type of premises, its general situation and layout and any other information which would be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and provide a place for consumption of these off-supplies you must include a description of where the place is and its proximity to the premises.
2. Where the conditions to which your existing licence(s) is granted do not relate solely to any one of the four licensing objectives, please describe such conditions in the general box.
3. The law requires you to send a mandatory copy of this application to the chief officer of police for that area at the same time as sending to the relevant licensing authority.
4. The application form must be signed.

5. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
6. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
7. This is the address we shall use to correspond with you about this application.

PART B

This application cannot be used to vary the licence to vary substantially the premises to which it relates. If you wish to make that type of change to the premises licence you should make a new premises licence application under section 17 of the Licensing Act.

8. Please give timings in 24 hour clock and only give details for days of the week when you intend the premises to be used for the activity.
9. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
10. Please state 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.
11. For example (but not exclusively), where the activity will occur on additional days during the summer.
12. For example (but not exclusively), where you wish the activity to go on longer on a particular day i.e. Christmas Eve.
13. 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 people to be able to do both please tick both.
14. Please give information about anything to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gambling machines.
15. Please list here steps you will take to promote all four licensing objectives together.
16. The application form must be signed.
17. A applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
18. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
19. This is the address which we shall use to correspond with you about this application.



Declaration Form

This form is to confirm that you will or will not require any form of permanent licence under the Licensing Act 2003

Please complete using block capitals

1. Name of Premises	Royal oak inn
2. Address of premises	main st, cauldwell, Swadlincote, DE126RR
3. Contact Telephone Number	01283 761486
4. Type of Premises	Public house
5. Name of person completing form	Susan Grewcock

Declarations	please circle appropriate one	
6. Will you be selling any form of alcohol	<input checked="" type="radio"/> yes	<input type="radio"/> no
7. Will you be undertaking any form of Entertainment that falls within the definition (See reverse of this sheet)	<input checked="" type="radio"/> yes	<input type="radio"/> no
8. Will you be open for the sale of hot food or Hot drink between 11pm and 5 am	<input type="radio"/> yes	<input checked="" type="radio"/> no
9. if you do not require a premise licence will you be likely to apply in the future for a temporary events Notice (no more than 12 per year)	<input type="radio"/> yes	<input checked="" type="radio"/> no

Amusement with prizes machine

10. Do you have any amusement with prizes machines (fruit machines)	<input type="radio"/> yes	<input checked="" type="radio"/> no
11. If the answer to 10 was yes please indicate number		

Signature of person completing form Susan
Name of person completing form Susan Grewcock
(block capitals)

Please return form to Licensing Section South Derbyshire District Council, Civic Offices Civic Way Swadlincote DE11 0AH in the envelope provided

Royal Oak
Main Street
Caldwell
Swadlincote
Derbys
DE12 6RR

Dear sir or Madam

Enclosed herewith is the application form for the transfer of my licence as a (Grand Fathers Rights) with variations.

Attached is other relevant documents with site plan of the Public house

Yours Sincerely

Susan Galewick

PP M. Ray.



South Derbyshire District Council

Schedule 2 Article 2

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

1 ALISON JILL VEARNCOMBE hereby consent to being named as the premises supervisor in a new licence granted under paragraph 4 of Schedule 8 to the Licensing Act 2003 to ² ALISON JILL VEARNCOMBE 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 ³ for ⁴ ROYAL OAK MAIN STREET, CALDWELL SWADLINCOTE DERBYSHIRE DE12 6RR if that application is successful.

Signed

Dated

¹ Insert first names and surname of prospective premises supervisor
² Insert full name of applicant
³ delete as applicable
⁴ Insert name and address of existing licensed premises



