

**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 DAVID WILLIAM SMITH
(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>HIGHWAYS</u> <u>COCKSHUT LANE</u> <u>MENBORNE DREBT</u>			
Post town		Postcode	<u>DE73 8DS</u>
Telephone number at premises (if any)		<u>01332 862699</u>	
Non-domestic rateable value of premises		<u>£13250</u> <u>£190.00</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 * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input checked="" type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability) | <input type="checkbox"/> | please complete section (B) |
| iii as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | 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 (by ticking yes to one box below):

- 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)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over		<input checked="" type="checkbox"/> Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town			Postcode		
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other Title (for example, Rev)	
Surname			First names		

Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes	
Nationality			
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	THE NATIONAL FOREST SPRING WATER CO LTD
Address	HIGHFIELD COCKSHUT LANE MENBOURNE DERBY DE73 8DG
Registered number (where applicable)	4426417
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMPANY
Telephone number (if any)	01332 862699
E-mail address (optional)	SALES@NATIONALFORESTSPRINGWATER.CO.LTD

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
31 05 2018

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)

NATIONAL FOUR SPRING WATER SELLING
A SMALL SELECTION OF GIN AND VODKA
FLAVOURED SPIRITS. OFF THE PREMISES ONLY
PURCHASES TO MADE VIA INTERNET AND
PHONE PRIMARLY.

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all 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)
- N/A

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 7)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

N/A

B

Films Standard days and timings (please read guidance note 7)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	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 4)		
Tue					
Wed					
Thur			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5) <div style="text-align: center; font-size: 2em;">N/A</div>		
Fri			<u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			
			N/A
Thur			<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 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon				Both	<input type="checkbox"/>
Tue				Please give further details here (please read guidance note 4)	
Wed					
Thur			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5) <div style="text-align: center; font-size: 2em;">N/A</div>		
Fri					
Sat			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 6)		
Sun					

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon				
Tue				
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)	
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 6)	
Sat				
Sun				

N/A

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon				Both	<input type="checkbox"/>
Tue				Please give further details here (please read guidance note 4)	
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur			N/A		
Fri			Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 5) N/A		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat					
Sun					

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p>Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
Tue			<p>Please give further details here (please read guidance note 4)</p> <p style="text-align: center; font-size: 2em;">N/A</p>	Both	<input type="checkbox"/>
Wed					
Thur					
Fri			<p>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)</p>		
Sat			<p>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 6)</p>		
Sun					

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	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 4)		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5) N/A		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption - please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	000	2400						
Tue	000	2400	NONE					
Wed	000	2400						
Thur	000	2400						
Fri	000	2400						
Sat	000	2400						
Sun	000	2400						
						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 6)		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	DAVID WILLIAM SMITH	
Date of birth	15/5/1952	
Address	HIGHFIELD BAEN COCKSHU: KANE MELBOURNE DRURY	
Postcode	DE73 8DS	
Personal licence number (if known)		
Issuing licensing authority (if known)	SOUTH DORSETSHIRE	

□□□□

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 9).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	000	2400	<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 6)
Tue	000	2400	
Wed	000	2400	
Thur	000	2400	
Fri	000	2400	
Sat	000	2400	
Sun	000	2400	

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 10)

AS PER ATTACHED CONDITIONS AGREED
WITH DFBOT CONSTABULARY

b) The prevention of crime and disorder

SECURE BUILDING

c) Public safety

NO SALES TO BE CONSUMED ON
SITE

d) The prevention of public nuisance

NOT SELLING FOR CONSUMPTION ON SITE

e) The protection of children from harm

NOT OPEN TO 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.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

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.

Part 4 – Signatures (please read guidance note 11)

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	<ul style="list-style-type: none"> • [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	
Date	4/4/18
Capacity	M/O

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). 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 14)			
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. In terms of specific regulated entertainments please note that:

David Smith

From: David Smith <sales@nationalforestspringwater.co.uk>
Sent: Thursday, January 11, 2018 12:28 PM
To: 'Paternoster, Mark, 14100'
Subject: RE: Licence Conditions

Thanks Mark

Kind Regards

David Smith
The National Forest Spring Water Co
Highfields
Cockshut Lane
Melbourne
Derbys
DE73 8DG
Tel 01332 862699 Mob 07855 436178

From: Paternoster, Mark, 14100 [mailto:Mark.Paternoster.14100@Derbyshire.PNN.Police.UK]
Sent: Thursday, January 11, 2018 12:10 PM
To: sales@nationalforestspringwater.co.uk
Subject: Licence Conditions

Afternoon,

As per our conversation yesterday, in the event of applying for a license I would ask for the following conditions to be included on the application:

1. Alcohol shall only be sold directly to customers visiting the premise where the customer has pre-ordered the alcohol and is merely collecting the alcohol on an appointment basis. Any other sale of alcohol shall be made solely in order to appropriate that alcohol to an order or contract previously agreed and effect the onward delivery (i.e. Internet/mail order).
2. The Premise licence holder or DPS shall ensure that there is a system in place to verify the age of the person to whom any alcohol is sold, to prevent the sale to a person under the age of 18.
3. All deliveries will be made using a reputable courier who must have a policy in place for age verification, on delivery.
4. The premise licence holder or DPS shall ensure that where alcohol is stored at the premise, the alcohol is stored in such a way that only authorised members of staff who are over the age of 18 have access to the store.
5. Any person employed with regards to the sale of alcohol shall be trained in all procedures and aware of the premise licence conditions and age verification policy.
6. A 'Challenge 25' age verification policy will be operated at the premises with regards to the sale of alcohol.
7. Where an order is received over the telephone, the customer will be informed that the alcohol will only be delivered to a person aged 18 or over and that the 'Challenge 25' policy will be used.
8. Where orders are placed online, the customer will be required to confirm that they are aged 18 or over and informed that the alcohol will only be delivered to a person aged 18 or over.

9. A system of recording refused sales shall be operated at all times. This shall include sales refused at the point of order and at the point of delivery.
10. Full training is to be provided by the Designated Premises Supervisor or a nominated person to all staff on commencement of employment relating to all age restricted products sold, and any system or procedures they are expected to follow in the course of dealing with these goods.
11. Refresher training will be provided at regular intervals (at least every six months). Records detailing all training shall be kept on the premises for a period of not less than 12 months and shall be produced upon request of a Police Officer or other authorised person as defined in the Licensing Act 2003.
12. Should a CCTV system be installed, all CCTV recordings must be retained for a period of no less than 28 days. These images must be available for viewing at a reasonable time upon request of a Police Officer or other authorised person as defined in the Licensing Act 2003.
13. Should a CCTV system be installed, the Premises Licence Holder, Designated Premises Supervisor or other nominated person must be able to retrieve and copy relevant recordings/images at the time of asking or within 48 hours if so required.
14. Should a CCTV system be installed, the CCTV recording unit is to be kept secure, to be opened only by the Premises Licence Holder, Designated Premises Supervisor or other nominated person.
15. All cameras installed will be of a standard that will offer an optimum image quality in low light.
16. All digital recordings are to be made in real time (time lapse is not to be used).

Due to the limited retail sales, I am not going to insist CCTV is fitted however, as discussed, should you decide to install CCTV I would insist that the system complies with the above conditions.

If you feel for whatever reason that you were not able to comply with the above conditions or wish to alter or amend them, please let me know so we can have a discussion and update them.

Kind regards,

Mark

PC 14100 M Paternoster
Derbyshire Constabulary
Licensing Enforcement Officer
St Marys Wharf Police Station
Prime Parkway
Chester Green
Derby
DE1 3AB

Tel. 101
Office. 0300 122 6067
Mobile. 07860 826 205

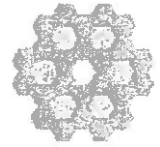
Integrity Performance Responsibility Innovation



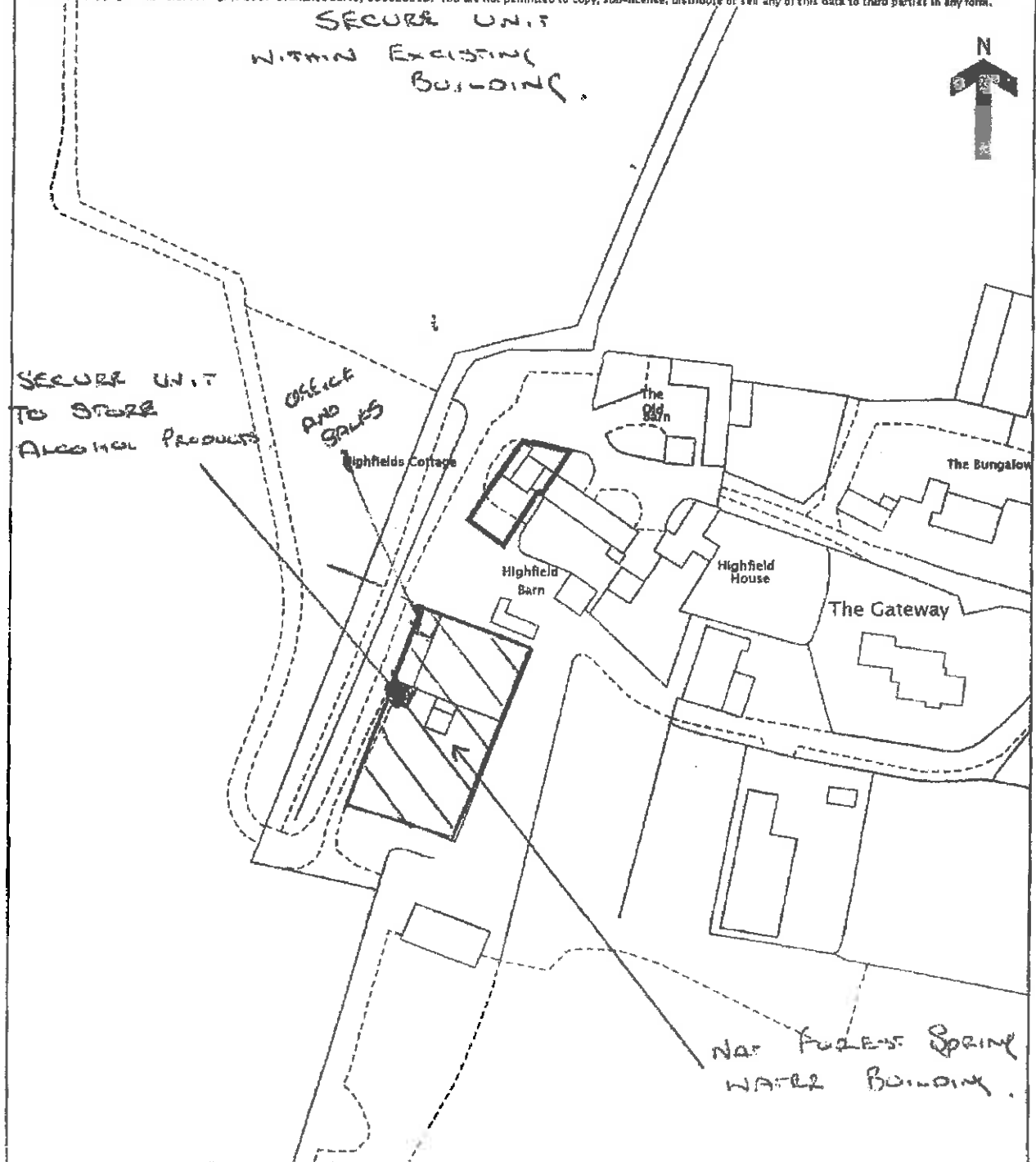
Police Link Officers for Deaf people (PLOD)

HM Land Registry
Official copy of
title plan

Title number DY512768
Ordnance Survey map reference SK3725SW
Scale 1:1250 enlarged from 1:2500
Administrative area Derbyshire : South
Derbyshire



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HIGHFIELDS
COCKSHUT LANE
MELBOURNE
DARBY DE73 8DG

This official copy is incomplete without the preceding notes page.

[Signature]
11/1/18

