

## Royal Borough of Windsor and Maidenhead

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 STARDUST BREWERY LTD.

*(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			
UNIT 5 HOW LANE FARM ESTATE HOWE LANE WHITE WALTHAM MAIDENHEAD SL6 3JAP			
Post town	MAIDENHEAD	Postcode	SL6 3JAP
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 13250	

#### 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                           | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership                              | <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 | <input type="checkbox"/>            | please complete section (B) |
| f) a health service body                          | <input type="checkbox"/>            | please complete section (B) |

- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales  please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

I am making the application pursuant to a statutory function or

a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</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	STARDUST BREWERY LTD.
Address	UNIT 5 HOW LANE FARM ESTATE HOWE LANE WHITE WALTHAM MAIDEN HEAD SL6 3SP
Registered number (where applicable)	10101290
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	
E-mail address (optional)	ben@stardustbrewery.co.uk

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
01	08	2016

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)

THE PREMISES INCLUDES PART OF A CONVERTED FARM BUILDING AND AN ADJACENT COURT YARD. THE BUILDING HAS ANOTHER BUSINESS OPERATING FROM ONE CORNER OF IT. IT IS SITUATED IN THE MIDDLE OF A SMALL FARM ESTATE, NOW BUSINESS ESTATE. THE ESTATE IS SECURED WITH CCTV AND ELECTRIC STEEL GATES WHICH AUTOMATICALLY CLOSE OVERNIGHT.

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)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	09:00	18:00			
Tue	09:00	18:00			
Wed	09:00	18:00			
Thur	09:00	22:00			
Fri	09:00	22:00			
Sat	09:00	22:00			
Sun	11:00	16:00			
			<b>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</b> (please read guidance note 5)		

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

Name	BENJAMIN ROLAND EBBETTS
Address	BOWDENS TERRYS LANE COOKHAM BERKSHIRE SL6 9TJ
Postcode	SL6 9TJ
Personal licence number (if known)	PENDING
Issuing licensing authority (if known)	ROYAL BOROUGH OF WINDSOR & MAIDENHEAD

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).

NONE OTHER THAN SUPPLY OF ALCOHOL.

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)
Day	Start	Finish	
Mon	09:00	18:00	<p><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u> (please read guidance note 5)</p>
Tue	09:00	18:00	
Wed	09:00	18:00	
Thur	09:00	22:00	
Fri	09:00	22:00	
Sat	09:00	22:00	
Sun	11:00	16:00	

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)

ALL STAFF WILL BE TRAINED ON THE FOLLOWING:

- UNDERSTANDING THE FOUR LICENSING OBJECTIVES
- AWARENESS OF THE FOUR LICENSING OBJECTIVES
- SITUATIONS THAT MAY BREACH THE OBJECTIVES
- PREVENTION MEASURES

b) The prevention of crime and disorder

THE BUILDING WILL BE SECURELY LOCKED AND ALARMED WHEN UNOCCUPIED. THE ESTATE HAS CCTV AND STEEL GATES WHICH SHUT OVERNIGHT. MOTION DETECTION LIGHTING WILL COVER THE COURTYARD DURING THE HOURS OF DARKNESS. DURING OPEN HOURS ACCESS WILL EITHER BE LOCKED OR GUARDED BY A MEMBER OF STAFF. ANY DRUGS OR WEAPONS INCIDENT WILL BE REPORTED TO THE POLICE IMMEDIATELY.

c) Public safety

RISK ASSESSMENTS WILL BE CARRIED OUT ON A REGULAR BASIS. A FIRST AID BOX WILL BE ON PREMISE AND IN AN EASILY VISIBLE AND OBTAINABLE PLACE. FIRE ALARMS ARE FITTED AND WILL BE REGULARLY CHECKED. WORKING AREAS WILL BE CLEARLY MARKED AND SEGREGATED WHERE APPROPRIATE.

d) The prevention of public nuisance

BINS WILL BE PROVIDED AND CLEARLY DISPLAYED. ALL EFFORTS WILL BE MADE TO DISPOSE OF LITTER ON THE PREMISES AND NOT TAKEN AWAY BY THE PUBLIC. EXTERNAL LIGHTING WILL BE ON MOTION DETECTION AND THEREFORE NOT ON OUTSIDE OCCUPIED HOURS. NOISE WILL BE MONITORED BY STAFF AND SHOUTING WILL NOT BE TOLERATED. TRAFFIC WILL BE MONITORED BY STAFF AND PARKING MEASURES WILL BE REGULARLY REVIEWED.

e) The protection of children from harm

A POLICY WILL BE SET WHERE ID IS REQUIRED IF THE PURCHASER LOOKS UNDER 25. ONLY A UK PASSPORT OR A UK DRIVERS LICENCE WILL BE ACCEPTABLE FORMS OF ID. STAFF WILL BE TRAINED TO COMMUNICATE AND IDENTIFY TO EACH OTHER POSSIBLE UNDER 25 YEAR OLDS AND COMMUNICATE THOSE WHO HAVE PROVEN THEIR AGE (AS ABOVE).



**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	<i>Ben [Signature]</i>
Date	11/07/16
Capacity	DIRECTOR

For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Consent of individual to being specified as premises supervisor

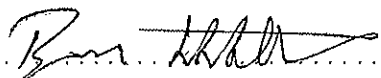
I BENJAMIN EBBETTS [full name of prospective supervisor]  
of BOWDENS, TERRY'S LANE, COOKHAM, BERKSHIRE  
SL6 9TJ [home address of prospective premises  
supervisor] hereby confirm that I give my consent to be specified as the designated premises  
supervisor in relation to the application for A PREMISES LICENCE, SUPPLY OF ALCOHOL  
[type of application]

by STARDUST BREWERY LTD [name of  
applicant] relating to a premises licence [number of existing  
licence, if any] for UNIT 5, HOWE LANE FARM ESTATE, HOWE LANE,  
WHITE WALTHAM SL6 3JP [name & address of premises to which  
the application relates] and any premises licence to be granted or varied in respect of this  
application made by STARDUST BREWERY LTD  
[name of applicant] concerning the supply of alcohol at UNIT 5, HOWE  
LANE FARM ESTATE, HOWE LANE, WHITE WALTHAM SL6 3JP [name &  
address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence,  
details of which I set out below.

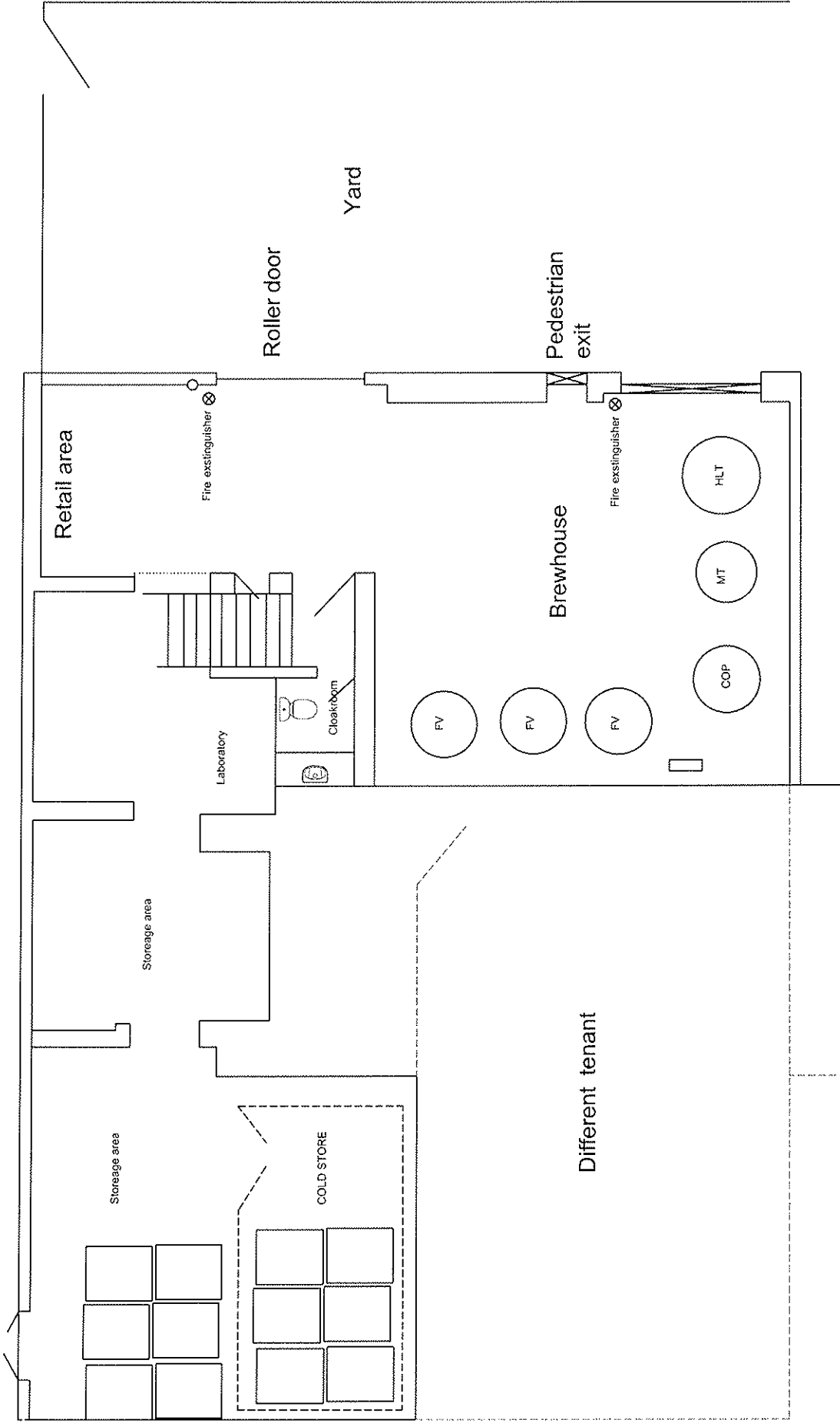
Personal Licence number PENDING [insert Personal Licence number, if  
any] Personal Licence issuing authority ROYAL BOROUGH OF WINDSOR & MAIDENHEAD  
.....

[insert name & address & telephone number of Personal Licence issuing authority, if any]

  
BENJAMIN EBBETTS  
11/07/16

Signed  
Name (please print)  
Dated

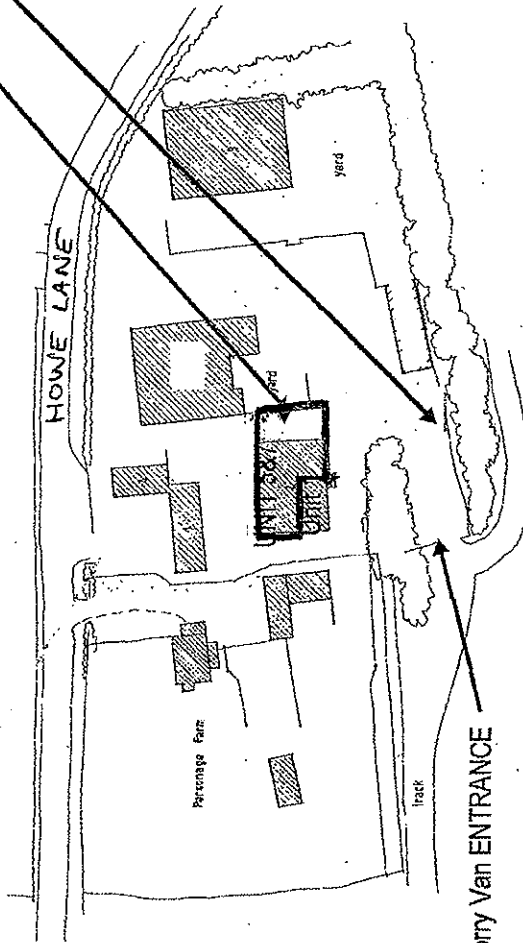
Pedestrian exit



Car parking

ENTRANCE (Cars) Height restricted

Car Parking



Lorry Van ENTRANCE

1:500 SCALE  
0 5 10 20 30 40 50 meters

SITE PLAN

— = PREMISES

1:50 SCALE  
0 1 2 3 4 5 6 m

Rev A plan revised. 8.3.14.

STEVIE ATKINSON 250 Wood Dale Lane, Great Baddow, Essex, S.S.14.

ARCHITECTS

HOME LANE FARM ESTATE  
WHITE HORSE  
24.07.14  
250 Wood Dale Lane, Great Baddow, Essex, S.S.14.

HOME LANE FARM ESTATE  
Drawing Number: 24.075-01A.