

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



CC0004421508
163508

(1) Licensing Team, Milton Keynes Council, Environment Directorate, PO Box 105, Civic Offices, 1 Saxon Gate East, Milton Keynes, MK9 3HH

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.

MILTON KEYNES
LICENSING
02 OCT 2006

(2) I/We FROST'S GARDEN CENTRE

apply for a premises licence under section 17 the Licensing Act 2003 for the premises scribed 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>FROST'S GARDEN CENTRE</u> <u>NEWPORT ROAD</u> <u>NORBURN SANDS</u>	
Post town <u>MILTON KEYNES</u>	Post code <u>MK17 8UE</u>

Telephone number at premises(if any) [REDACTED]

Non-domestic rateable value of premises £ 316,000

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

- 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)

(1) Insert name and address of relevant licensing authority and its reference number (optional)
(2) Insert name(s) of applicant

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	Post code

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	FROST GARDEN CENTRE
Address	FROST GARDEN CENTRE NEWPORT ROAD, NOBVEN SANDS MILTON KEYNES MK17 8JL
Registered number (where applicable)	
Description of applicant (for example partnership, company, unincorporated association etc.)	COMPANY
Telephone number (if any)	
E-mail address (optional)	

Part 3 - Operating Schedule

When do you want the premises licences to start?

A.S.A.P

Day	Month	Year

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day	Month	Year

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

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

RETAIL GARDEN CENTRE WITH A
RESTAURANT

What licensable activities do you intend to carry on from the premises?
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick ✓ yes

- 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 for:

- 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)

Supply of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

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 <input type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon			
Tue			
			State any seasonal variations for performing plays (please read guidance note 4)
Wed			
Thur			
			Non-standard timings. Where you intend to use the premises for the performance of plays at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both - please tick <input type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon			
Tue			
			State any seasonal variations for the exhibition of films (please read guidance note 4)
Wed			
Thur			
			Non-standard timings. Where you intend to use the premises for the exhibition of films at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

Indoor sporting events			Please give further details here (please read guidance note 3)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed			
Thur			Non-standard timings. Where you intend to use the premises for indoor sporting events at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments			Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick <input type="checkbox"/> (please read guidance note 2)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Indoors <input type="checkbox"/> 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 boxing or wrestling entertainment (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

E

Live music			Will the performance of live music take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon	10.00	-	Please give further details here (please read guidance note 3) CAROL SINGING, JAZZ BAND
	-	8.00pm	
Tue	10.00	-	State any seasonal variations for the performance of live music (please read guidance note 4)
	-	8.00pm	
Wed	10.00	-	Non-standard timings. Where you intend to use the premises for the performance of live music at different times from those listed in the column on the left, please list (please read guidance note 5)
	-	8.00pm	
Thur	10.00	-	
	-	8.00pm	
Fri	10.00	-	
	-	8.00pm	
Sat	10.00	-	
	-	8.00pm	
Sun	10.00	-	
	-	8.00pm	

F

Recorded music			Will the playing of recorded music take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon	10.00	-	Please give further details here (please read guidance note 3) RECORDED MUSIC IN SIDE GARDEN (CANCEL)
	-	8.00pm	
Tue	10.00	-	State any seasonal variations for the playing of recorded music (please read guidance note 4)
	-	8.00pm	
Wed	10.00	-	Non-standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
	-	8.00pm	
Thur	10.00	-	
	-	8.00pm	
Fri	10.00	-	
	-	8.00pm	
Sat	10.00	-	
	-	8.00pm	
Sun	10.00	-	
	-	8.00pm	

5

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 <input type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	
Mon			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for the performance of dance entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

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	
Mon			Will this entertainment take place indoors or outdoors or both - please tick <input type="checkbox"/> (please read guidance note 2)
Tue			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Wed			Please give further details here (please read guidance note 3)
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 entertainment of a similar description to that falling within (e), (f) or (g) at different times from those listed in the column on the left, please list (please read guidance note 5)
Sun			

(28)

Provision of facilities for making music			Please give a description of the facilities for making music you will be providing
Standard days and timings (please read guidance note 6)			Will the facilities for making music be indoors or outdoors or both - please tick <input type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input type="checkbox"/> 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 the provision of facilities for making music (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

J

Provision of facilities for dancing			Please give a description of the facilities for dancing you will be providing
Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both - please tick <input type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input type="checkbox"/> 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 providing dancing facilities (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times from those listed in the column of the left, please list (please read guidance note 5)
Sat			
Sun			

Provision of facilities for entertainment of a similar description to that falling within I or J			Please give a description of the type of entertainment facility you will be providing
Standard days and timings (please read guidance note 6)			Will the entertainment facility be indoors or outdoors or both - please tick <input type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input type="checkbox"/> 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 the provision of facilities for entertainment of a similar description to that falling within j or k (please read guidance note 4)
Thur			
Fri			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 j or k at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

Late night refreshment			Will the provision of late night refreshment take place indoors or outdoors or both - please tick <input type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	
Mon			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Tue			
Wed			Please give further details here (please read guidance note 3)
Thur			
Fri			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)
Sat			
Sun			Non-standard timings. Where you intend to use the premises for the provision of late night refreshment at different times from those listed in the column on the left, please list (please read guidance note 5)

Supply of alcohol			Will the sale of alcohol be for consumption - please tick box <input checked="" type="checkbox"/> (please read guidance note 7)
Day	Start	Finish	
Mon	09.00	23.00	On the premises <input type="checkbox"/> Off the premises <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Tue	09.00	23.00	
Wed	9.00	23.00	State any seasonal variations for the supply of alcohol (please read guidance note 4) ON + OFF THE PREMISES - GARDEN ROOM RESTAURANTS OFF THE PREMISES - RETAIL AREA IN GARDEN CENTRE + FRUIT + VEG SHOP
Thur	9.00	23.00	
Fri	9.00	23.00	Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat	9.00	23.00	
Sun	12.00	23.00	

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

Name PAUL WILLIAMS
 Address GLADE CLOSE
 LITTLE BILLING, NORTHAMPTON
 Post code NN3 9SN
 Personal Licence number (if known): P00447
 Issuing licensing authority (if known): NORTHAMPTON

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 8)

- NONE

O

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	9.00	-	NORMAL OPENING HOURS MON - FRI 9-6 SAT 9-6 SUN 10.30 - 4.30
	-	23.00	
Tue	9.00	-	
	-	23.00	
Wed	9.00	-	
	-	23.00	
Thur	9.00	-	
	-	23.00	
Fri	9.00	-	
	-	23.00	
Sat	9.00	-	
	-	23.00	
Sun	10.30	-	
	-	23.00	

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

a) General - all four licensing objectives (b, c, d, e) (please read guidance note 9)

NONE

b) The prevention of crime and disorder

NONE

c) Public safety

NONE

d) The prevention of public nuisance

NONE

e) The protection of children from harm

NONE

Please tick ✓ yes

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent you 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 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 ON THE STANDARD SCALE [* £5000], UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 5 - Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent. (Please read guidance note 11)
If signing on behalf of the applicant please state in what capacity.

Signature *P. Williams*

Date 29/9/06

Capacity RESTAURANT MANAGER

For joint applications signature of 2nd applicant, 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 _____

ate

Capacity

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