



Pippa Auger <deputy.clerk@haslemeretc.org>

Fwd: Licensing Act 2003 - Application

1 message

Lisa O'Sullivan <town.clerk@haslemeretc.org>
To: Pippa Auger <deputy.clerk@haslemeretc.org>

Wed, Mar 6, 2024 at 1:02 PM

Licencing

Kind Regards,

Lisa

----- Forwarded message -----

From: **Licensing Policy** <Licensing.Policy@waverley.gov.uk>
Date: Wed, 6 Mar 2024 at 09:49
Subject: Licensing Act 2003 - Application
To: All Councillors Email Group <AllCouncillorsEmailGroup@waverley.gov.uk>
Cc: Haslemere Clerk <town.clerk@haslemeretc.org>

Dear Sir/Madam

An application has been received for a new premises licence. The application is for Live music 11:00-23:30 Monday to Wednesday, 11:00-00:00 Thursday and 11:00-01:00 Friday and Saturday (Christmas Eve, Boxing Day, New Year's Eve, St Patrick's Day and St George's Day until 02:00); Recorded music and On and Off sales of alcohol 09:00-23:30 Monday to Wednesday, 09:00-00:00 Thursday and 09:00-01:00 Friday and Saturday (Christmas Eve, Boxing Day, New Year's Eve, St Patrick's Day and St George's Day until 02:00); and Opening hours 07:00-00:00 Monday to Wednesday, 07:00-00:30 Thursday and 07:00-01:30 Friday and Saturday (Christmas Eve, Boxing Day, New Year's Eve, St Patrick's Day and St George's Day until 02:00). If you would like to make comment or representation on this application, the last date for representations is **3rd April 2024**. All correspondence in relation to this application or if you have any queries in respect of this application, please do not hesitate to contact this office via email to licensing@waverley.gov.uk.

Premises	Application Type	Address	Applicant
The Wheatsheaf Inn Wheatsheaf (Grayswood) Ltd	New	Grayswood Road, Haslemere, Surrey, GU27 2DE	The

Regards

Kate Halsall**Licensing Administrator, Regulatory Services**

(Monday and Wednesday 09:00-17:00, Tuesday and Thursday 09:30-17:00 and Friday 09:00-16:45)

Waverley Borough Council, The Bury, Godalming, Surrey, GU7 1HR

01483 523219 (ext 3219)

www.waverley.gov.uk/licensing

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Please visit our website at <https://www.waverley.gov.uk>

2 attachments



The Wheatsheaf Inn Grayswood new prem lic app.pdf

2264K



The Wheatsheaf Inn Grayswood plans.pdf

1417K



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 MARK MISBROTTI
(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			
THE WHEATSEAF INN GRAYSWOOD ROAD			
Post town	HASLEMERE	Postcode	GU27 2DE

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 15,000

Part 2 - Applicant details

Please state whether you are applying for a premises licence as appropriate

Please tick as

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
- i as a limited company/limited liability partnership please complete section (B)
- ii as a partnership (other than limited liability) 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 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)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth over		I am 18 years old or		<input 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)					

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)

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		
Date of birth over		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 WHEATHEAF (GRAYSWOOD) LIMITED
Address	THE WHEATHEAF INN GRAYSWOOD ROAD HASLEMERE GU27 2DE
Registered number (where applicable)	14144817
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMPANY

Telephone number (if any)	07777 696260
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	05	2024

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)

PUB AND RESTAURANT, ALL ON THE GROUND FLOOR WITH BEER GARDEN LOCATED TO THE FRONT AND SIDE.

THE PREMISES WILL ALSO LIKELY HOST WEDDINGS, WAKES, PRIVATE PARTIES AND FUNCTIONS.

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)

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)			Will the performance of a play 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					
Thur					
Fri					
Sat					
Sun			State any seasonal variations for performing plays (please read guidance note 5)		
			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 6)		

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place <u>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	Please give further details here (please read guidance note 4)		
Mon					
Tue			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Wed					
Thur			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 6)		
Fri					
Sat					
Sun					

C

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

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment 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	<u>Please give further details here</u> (please read guidance note 4)					
Mon								
Tue								
Wed						<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur								
Fri						<u>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</u> (please read guidance note 6)		
Sat								
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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both		
Mon	11 00	23 30	<u>Please give further details here</u> (please read guidance note 4) AMPLIFIED AND MICROPHONE, UNAMPLIFIED.		
Tue	11 00	23 30			
Wed	11 00	23 30	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)		
Thur	11 00	00 00			
Fri	11 00	01 00	<u>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</u> (please read guidance note 6) CHRISTMAS EVE, BOXING DAY, NEW YEAR'S EVE, ST PATRICK'S DAY, ST GEORGE'S DAY UNTIL 02:00		
Sat	11 00	01 00			
Sun	12 00	23 30			

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	09 00	23 30			
Tue	09 00	23 30			
Wed	09 00	23 30	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	09 00	00 00	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)		
Fri	09 00	01 00			
Sat	09 00	01 00	CHRISTMAS EVE, BOXING DAY, NEW YEAR'S EVE ST PATRICK'S DAY, ST GEORGE'S BAY. UNTIL 02:00		
Sun	09 00	23 30			

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance 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	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (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><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 4)</p>		
Wed					
Thur			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)</p>		
Fri					
Sat			<p><u>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</u> (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	Please give further details here (please read guidance note 4)					
Mon								
Tue								
Wed						State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur								
Fri						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 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 type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	09 00	23 30			
Tue	09 00	23 30	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)		
Wed	09 00	23 30			
Thur	09 00	00 00	CHRISTMAS EVE, BOXING DAY, NEW YEAR'S EVE, ST PATRICK'S DAY ST GEORGE'S DAY UNTIL 02:00		
Fri	09 00	01 00			
Sat	09 00	01 00			
Sun	09 00	23 30			

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	MARK MISEROTTI
Date of birth	24/01/1986
Address	FORTALEZA, LUNGHEURST ROAD, WOLDINGHAM SURREY,
Postcode	CR3 7HE
Personal licence number (if known)	TBC
Issuing licensing authority (if known)	TANORIDGE DISTRICT Council

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).

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	07	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 6)</p> <p>CHRISTMAS EVE, BOXING DAY, NEW YEAR'S EVE, ST PATRICK'S DAY, ST GEORGE'S DAY UNIL 02:00</p>
	00	00	
Tue	07	00	
	00	00	
Wed	07	00	
	00	00	
Thur	07	00	
	00	30	
Fri	07	01	
	00	30	
Sat	07	01	
	00	30	
Sun	07	00	
	00	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 10)

ENSURE AT ALL TIMES THERE ARE SUFFICIENT COMPETENT STAFF ON DUTY AT THE PREMISES FOR THE PURPOSE OF FULFILLING THE TERMS AND CONDITIONS OF THE LICENCE AND FOR PREVENTING CRIME & DISORDER, ENSURE STAFF WILL UNDERTAKE TRAINING IN THEIR RESPONSIBILITIES IN RELATION TO THE SALE OF ALCOHOL PARTICULARLY WITH REGARD TO DRUNKENNESS AND UNDERAGE PERSONS.

b) The prevention of crime and disorder

WE HAVE COMPREHENSIVE CCTV COVERAGE AT THE PREMISES, MAINTAINED & OPERATED BY A PROFESSIONAL COMPANY ANY INCIDENTS OF A CRIMINAL NATURE THAT MAY OCCUR WILL BE REPORTED TO THE POLICE.

c) Public safety

APPROPRIATE FIRE SAFETY PROCEDURES ARE IN PLACE INCLUDING FIRE EXTINGUISHERS, INTERMIXEDLY ILLUMINATED FIRE SIGNS, NUMEROUS SMOKE DETECTORS & EMERGENCY LIGHTING, ALL EMERGENCY EXITS SHALL BE KEPT FREE FROM OBSTRUCTION AT ALL TIMES.

d) The prevention of public nuisance

ALL CUSTOMERS WILL BE ASKED TO LEAVE QUIETLY CLEAR NOTICES WILL BE PROMINENTLY DISPLAYED TO REMIND CUSTOMERS TO LEAVE QUIETLY AND HAVE REGARD TO OUR NEIGHBOURS

e) The protection of children from harm

STAFF WILL ASK PERSONS WHO APPEAR TO BE UNDER AGE 25 FOR PHOTO ID, SUCH AS A DRIVING LICENCE, STAFF WILL BE TRAINED FOR UNDERAGE SALES PREVENTION REGULARLY AND A REGISTER OF REVERSE SALES SHALL BE KEPT AND MAINTAINED.

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 or my share code issued by the Home Office online right to work checking service (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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
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Signature	<i>M. Misero</i>
Date	22/02/2024
Capacity	DIRECTOR

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)			
<i>MARCO MISEROTTI</i>			
<i>THE WHEATHEAT INN, GRAYWOOD ROAD, HASLEMERE</i>			
Post town	<i>HASLEMERE</i>	Postcode	<i>GU27 2DE</i>
Telephone number (if any)	<i>07777 696260</i>		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
<i>MISEROTTI_MARK@HOTMAIL.COM</i>			



WAVERLEY BOROUGH COUNCIL
Licensing Team, Waverley Borough Council,
The Burys, Godalming, Surrey GU7 1HR

Consent of individual to being specified as premises supervisor
under the Licensing Act 2003

I MARCO MISGROTTI [full name of prospective premises supervisor]
of FORTALEZZA, LUNGHURST ROAD, WOLDINGHAM
SURREY CR3 7HE

[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 PREMISES LICENCE

[type of application]
by THE WHEATSHHEAF (GRAYSWOOD) LIMITED [name of applicant]

relating to a premises licence [number of existing licence, if any]
for THE WHEATSHHEAF INN, GRAYSWOOD ROAD,
HABLEMERE, SURREY, GU27 2DE

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by
THE WHEATSHHEAF (GRAYSWOOD) LIMITED [name of applicant]
concerning the supply of alcohol at THE WHEATSHHEAF INN,
GRAYSWOOD ROAD, HABLEMERE, SURREY
GU27 2DE

(name and address of premises to which application relates).

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to
apply for or currently hold a personal licence, details of which I set out below.

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 TBC [insert personal licence number, if any]

Personal licence issuing authority TANDRIDGE DISTRICT COUNCIL

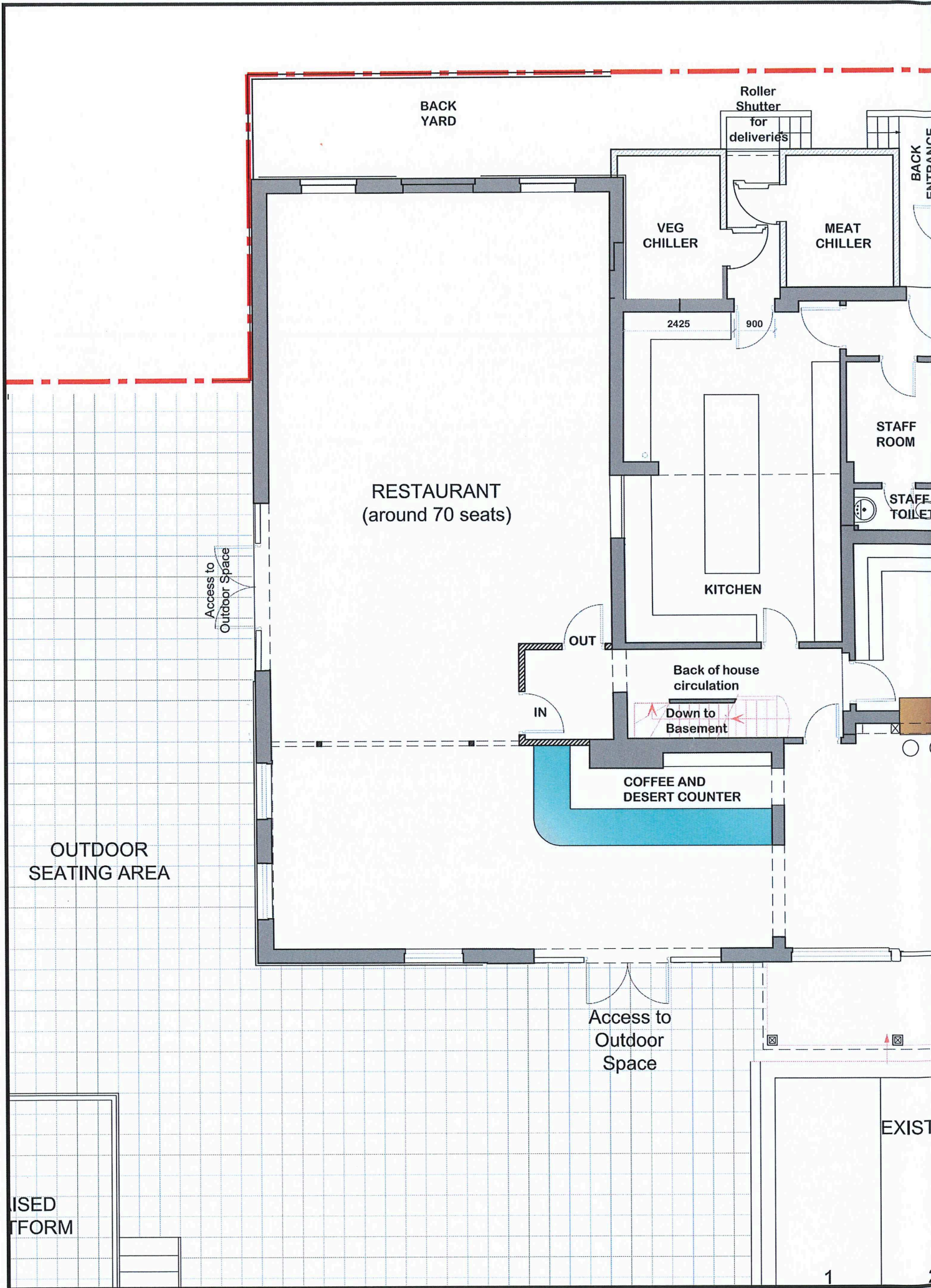
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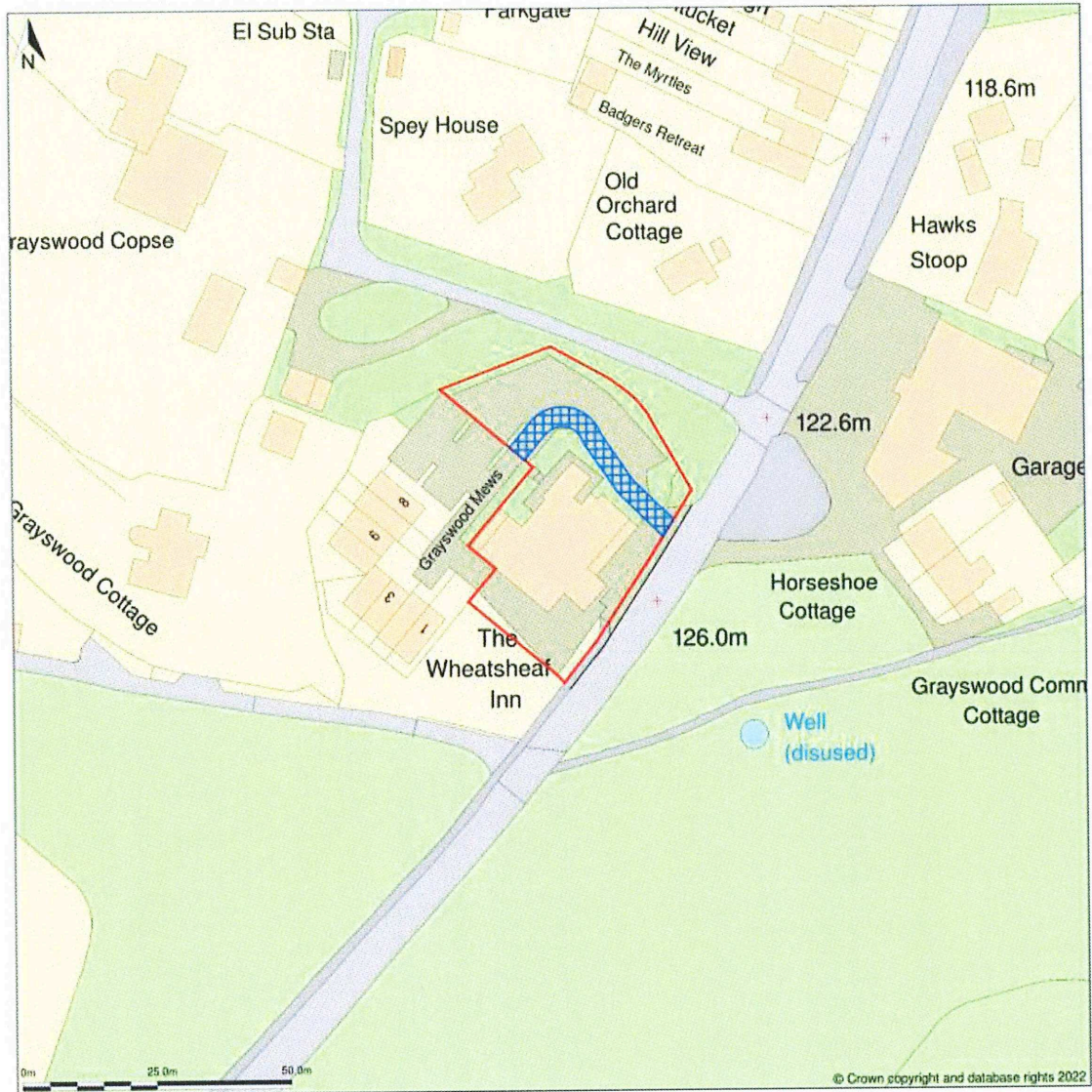
[insert name and address and telephone number of personal licence issuing authority, if any]

Mark Misgotti signed

MARL MISGOTTI name (please print)

22/02/2024 dated





LOCATION PLAN Scale 1:1250