

The Business Improvement Group Ltd.,
79, Kingswood Firs,
Grayshott,
Hindhead,
GU26 6EX



Email fcowper@aol.com
Mobile 'phone 07957 564988

25th May 2023

To whom it may concern;

Premises Licence Application
For Restaurant at 10-12 Petworth Road, Haslemere
Submitted to Waverley Borough Council.

I attach amendments to my Premises Licence application previously submitted on 17th April 2023. These amendments have been requested by Waverley Borough Council.

The changed data is as follows;

- Page 5, reference to the existence of a basement.
- Page 17, alignment of hours in section L with those in section J plus addition of 15 minutes "drinking up time".
- Remove plan titled "Drawing: Proposed Plan", showing provisional layout of movable furniture.
- Remove plan titled "Drawing: Existing Plan", now superseded.
- Insert plan titled "Drawing: Proposed Fire Safety".
- Insert plan titled "Drawing: Proposed Electrical Plan".
- Both of the new plans show the area of the premises which is the subject of the licence application, the location of the kitchen and the toilets explicitly, the staircase down to the basement and also the fixed bar area. This complies with Licensing Act 2002 23 - (1), 23 - (2), 23 - (3) a, b, c, d, e, g, h, i, j. There is no stage or raised area so f does not apply. In the case of d the entire area on both plans, bounded in red, is covered by the premises application.

In addition to the new or revised data above, I have been asked by Waverley Borough Council to resend the following pages which have not altered, specifically, 2, 3, 4, 6, 16, 18, 19, 20, (re-signed), 21 and 22, (re-signed).

The complete pack attached is, therefore, pages 2, 3, 4, 5, 6, 16, 17, 18, 19, 20, 21 plus two new plans to replace the two previous plans.

Copies have been posted to all other agencies specified by the Council.

Yours faithfully,

Mr. F. E. Cowper
For The Business Improvement Group Ltd.



**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 Mr. Ferris Cowper
(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 10-12 Petworth Road			
Post town	Haslemere	Postcode	GU27 2HR

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 23,500

Part 2 - Applicant details

Please state whether you are applying for a premises licence as appropriate Please tick as (type text here)

- | | | |
|--|-------------------------------------|-----------------------------|
| 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) 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		<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 Business Improvement Group Ltd.
Address	79, Kingswood Firs, Grayshott, Hindhead, GU26 6EX
Registered number (where applicable)	03835179
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited company

Telephone number (if any)	07957 564988
E-mail address (optional)	fcowper@aol.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	06	2023

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)
 Restaurant with small wine bar located in the Petworth Road within Haslemere Town Centre.

The property is immediately adjacent to 14 Petworth Road which was The Poachers Pocket restaurant until 2017.

There is a small basement reached by a staircase. This will be used exclusively for storage and is not included in this application.

In recent years the property has been a retail charity shop, a wine merchant and a toy shop.

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

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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) None		
Mon	12.00	22.30			
Tue	12.00	22.30			
Wed	12.00	22.30			
Thur	12.00	22.30			
Fri	12.00	23.00			
Sat	12.00	23.00			
Sun	12.00	16.00			
			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)		
			None		

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	Ms Csilla Szabo		
Date of birth	14/8/1969		
Address	The Annexe, Pucks Hill, 60 Petworth Road, Haslemere		
Postcode	GU27 3AU		
Personal licence number (if known)	To be applied for.		
Issuing licensing authority (if known)	Waverley Borough 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).

None

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	08.00	22.45	None
Tue	08.00	22.45	
Wed	08.00	22.45	
Thur	08.00	22.45	
Fri	08.00	23.15	
Sat	08.00	23.15	
Sun	12.00	16.15	
			<p>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 (please read guidance note 6)</p> <p>None</p>

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)

1. To avoid excessive noise and any risk of poor behaviour, table sizes will be limited to 8 persons.
2. We will join Pubwatch.
3. We will hold occasional "Neighbour Nights" to allow all neighbours to offer their views on the conduct of the restaurant and wine bar.
4. We have already been in touch with local organisations and service providers to offer our support for community activities, facilities and heritage.
5. Table layout, low lighting and furnishings will promote a calm and quiet ambience.

b) The prevention of crime and disorder

In addition to a);

1. No admittance will be permitted to anyone behaving in a rowdy or noisy manner or who in any way would be likely to cause a disturbance.
2. No alcohol sales to anyone who appears to be under 25 without proof of age.
3. All customers will be reminded to leave quietly to minimise disturbance.
4. Excessive consumption of alcohol or use of controlled substances will not be permitted.
5. Police will be contacted without delay in the event of any difficulty.
6. The Designated Premises Supervisor will maintain frequent contact with the local Police

c) Public safety

In addition to a);

1. All customers must be seated, included those using the wine bar.
2. The restaurant and wine bar will be staffed at all times it is open.
3. All relevant safety certificates will be obtained and complied with and the Surrey Fire and Rescue Service risk assessment will be completed.
4. Kitchen staff conditions will comply with all legislation and the extraction system has been submitted to Environmental Health and approved.
5. A Grade 2 Listed compliant air conditioning and heating system will be installed to ensure safe and healthy conditions throughout the premises.

d) The prevention of public nuisance

In addition to a);

1. Full details of the odour and noise abatement measures have been submitted to the local authority and approved.
2. Queuing outside will not be permitted.
3. Deliveries will be daytime only. Refuse collection will be in line with current procedures
4. Staff and customers will not park at the premises and will use the public car parks
5. The only external illumination will be above the front door.

e) The protection of children from harm

In addition to a);

1. Children will only be admitted in the company of a responsible adult and may not be left unsupervised.
2. Children will not be permitted to sit at the wine bar; they will be required to sit in the general seating area of the restaurant.
3. The restaurant and wine bar will support the letter and spirit of government policy for family friendly environments.

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).

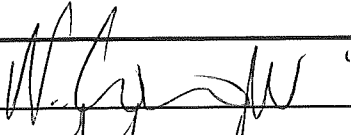
IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

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	
Date	25/5/23
Capacity	APPLICANT

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)

Mr. Ferris Cowper,
The Business Improvement Group Ltd.,
79 Kingswood Firs,
Grayshott.

Post town	Hindhead	Postcode	GU26 6EX
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Telephone number (if any)	07957 564988
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)
fcowper@aol.com



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 CILLA SZABO [full name of prospective premises supervisor]
of THE ANNEXE, PUCKS HILL
60 PETWORTH ROAD
HASLEMERE
GU27 3AU

[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 under the Licensing Act 2003.....

.....[type of application]
by The Business Improvement Group Ltd. [name of applicant]

relating to a premises licence [number of existing licence, if any]
for 10-12 Petworth Road, Haslemere, GU27 2HR

.....
.....
.....
[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 Business Improvement Group Ltd. [name of applicant]
concerning the supply of alcohol at 10-12 Petworth Road, Haslemere, GU27 2HR

.....
.....
.....
(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 ^{TBA} [insert personal licence number, if any]

Personal licence issuing authority ... Waverley Borough Council

.....
.....
.....

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

CBILLA SZABOsigned
CBILLA SZABOname (please print)
25.05.2023dated

Electrical Key

- FIRE
- EXIT
- ⊗ EL Emergency lighting
- ⊙ Fire alarm siren and detector
- BG Break glass panel
- FB Fire blanket
- DP Dry powder fire extinguisher
- WC Wet chemical fire extinguisher

Fire exit light

Emergency lighting

Fire alarm siren and detector

Break glass panel

Fire blanket

Dry powder fire extinguisher

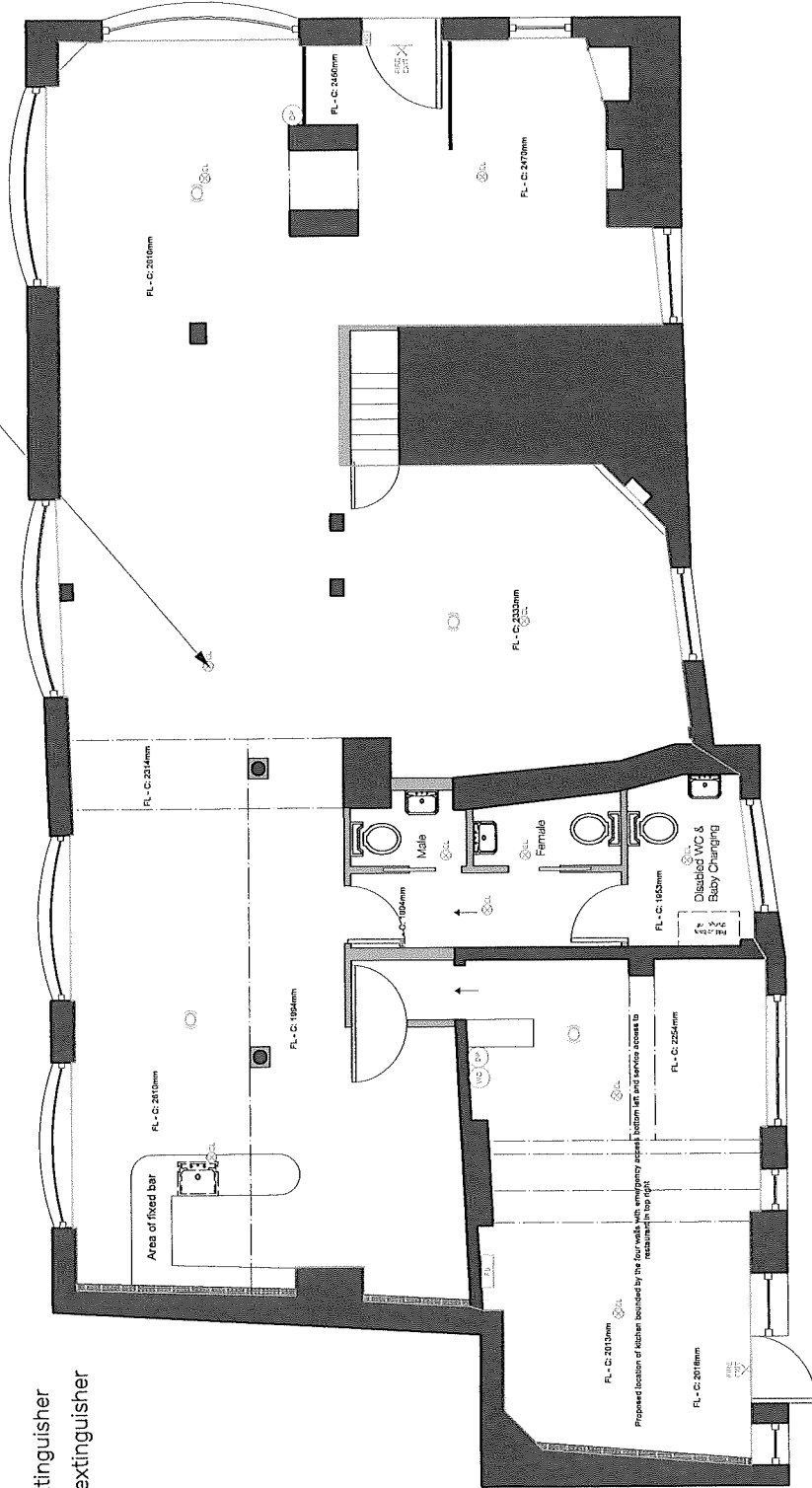
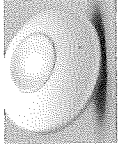
Wet chemical fire extinguisher

Table shows example spacing for emergency lighting, work between 2m - 2.3m from all walls and 7m - 7.4m between lamps. Apart from in the kitchen, where the gap between lamps has to be less.

As mentioned in the meeting dated 03.05.2023, cable for the emergency lighting will be run within the ceiling bars

Example spacing data for EasySafe open area downlighter to 0.5 lux

Ceiling mounting height (m)	Spacing to wall (m)	Spacing between (m)
2.0	2.3	7.4
2.5	2.4	8.1



Area Relevant to Premises Licence

CLIENT: FERRIS COWPER

PROJECT: VICKY'S BRASSERIE

DRAWING: PROPOSED FIRE SAFETY

SCALE: 1:75

REV: B



Electrical Key

- Wall light
- Wall light IP65
- Table lamp
- Floor uplighter
- Heat lamp
- Double socket
- Double socket for an electric fire
- Dishwasher socket
- Audio socket
- BT socket
- Mirror light
- Fire exit wall light
- Emergency lighting
- Fire alarm siren and detector
- Break glass panel
- Fire blanket
- Dry powder fire extinguisher
- Wet chemical fire extinguisher

Key

- Denotes area of party wall noise insulation
- Area Relevant to Premises Licence

Table shows example spacing for emergency lighting, work between 2m - 2.3m from all walls and 7m - 7.4m between lamps. Apart from in the kitchen, where the gap between lamps has to be less.

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