



Pippa Auger <deputy.clerk@haslemeretc.org>

Fwd: Licensing Act 2003 - Application

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

Mon, Jun 26, 2023 at 8:31 AM

Licencing

Kind Regards,

Lisa

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

From: **Licensing Policy** <Licensing.Policy@waverley.gov.uk>
 Date: Fri, 23 Jun 2023 at 16:33
 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 On/Off sales of alcohol 14:30-20:30 Monday to Friday, 14:30-20:30 Saturday and 12:00-14:00 Sunday (Once per month events (no specified day) with sale until 23:00 hours (e.g. wine and cheese night, craft beers night). Bank Holiday Sundays 12:00-20:30 and Bank Holiday Mondays 12:00-14:00) and Opening hours 06:00-11:30 and 14:30-20:30 Monday to Friday, 08:00-20:30 Saturday and 08:00-14:00 Sunday (Once per month events (no specified day) until 23:00 hours (e.g. wine and cheese night, craft beers night). Bank Holiday Sundays 08:00-20:30 and Bank Holiday Mondays 08:00-14:00). If you would like to make comment or representation on this application, the last date for representations is **21st July 2023**. 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 Cabin	New	Lower Street, Haslemere, GU27 2PD	Inwab Ltd

Regards

Kate Halsall**Licensing Administrator, Regulatory Services**

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

01483 523219 (ext 3219)

www.waverley.gov.uk/licensingwww.businesswaverley.co.uk

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

2 attachments



The Cabin prem lic app.pdf

1759K



The Cabin plan.pdf

395K



RECEIVED
23 JUN 2023

**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 INWAB 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			
THE CABIN LOWER STREET		(PREVIOUSLY HAMMONDS NEWSAGENT)	
Post town	HASLEMERE	Postcode	GU27 2PB
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 4650	

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		<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	INWAB LTD.
Address	19 LONGDENE ROAD HASLEMERE GU27 2PG
Registered number (where applicable)	14216558
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY.

Telephone number (if any)	07779 656 957
E-mail address (optional)	hello@thecabinhaslemere.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
22	07	2023

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

DD	MM	YYYY

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

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

N/A

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 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	14:30	20:30			
Tue	14:30	20:30			
Wed	14:30	20:30			
Thur	14:30	20:30	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)		
Fri	14:30	20:30	<ul style="list-style-type: none"> • ONCE PER MONTH EVENT (NO SPECIFIED DAY) WITH SALE UNTIL 11PM (SAME START) (e.g. WINE & CHEESE NIGHT, CRAFT BEER NIGHT) • BANK HOLIDAY SUNDAYS WILL FOLLOW STANDARD SATURDAY HOURS ; BANK HOLIDAY MONDAY WILL FOLLOW STANDARD SUNDAY HOURS 		
Sat	12:00	20:30			
Sun	12:00	14:00			

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	MAXWELL BENBOW EVANS		
Date of birth	03/02/1981		
Address	19 LONGDENE ROAD HASLEMERE		
Postcode	GU27 2PG		
Personal licence number (if known)	LN/000007858		
Issuing licensing authority (if known)	WARRLEIGH 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).

This is not applicable as there are no activities or anything occurring in or around the premises that would be of concern to children

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	NOT APPLICABLE
Mon	06:00	11:30	
	14:30	20:30	
Tue	06:00	11:30	
	14:30	20:30	
Wed	06:00	11:30	
	14:30	20:30	
Thur	06:00	11:30	
	14:30	20:30	
Fri	06:00	11:30	
	14:30	20:30	
Sat	08:00	20:30	
Sun	08:00	14:00	
			<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> <ul style="list-style-type: none"> • ONCE PER MONTH EVENTS (NO SPECIFIC DAY) - OPEN UNTIL 11 PM (SAME OPEN TIME) • BANK HOLIDAY SUNDAYS TO FOLLOW STANDARD SATURDAY HOURS, BANK HOLIDAY MONDAYS TO FOLLOW STANDARD SUNDAY HOURS.

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)

- Strong management controls, written handbook and effective training of all staff to make sure they are aware of premises licence and requirements to meet 4 licensing objectives, with focus on...
 - ① No selling alcohol to underage people
 - ② No drunk + disorderly behaviour
 - ③ No violent or anti-social behaviour
 - ④ No harm to children
- Clear "Challenge 25" information
- CCTV installed
- Ongoing training

b) The prevention of crime and disorder

- CCTV installed to monitor entrance/exit and till area.
- Clear, legible notice outside premises indicating normal hours under terms of premises licence when alcohol is sold, and that all alcohol is to be consumed off premises.

c) Public safety

- Training and implementation of Challenge 25 and underage ID checks.
- Log book kept in premises to enter particulars of inspections made.
- Implementation of policy to not serve any member of the public who appears under the influence of drugs or alcohol.

d) The prevention of public nuisance

- Prominent, clear and legible notices will be displayed, requesting the public respect the needs of nearby residents and neighbours and to leave premises and area quietly.
- The disruption of neighbours and residents will be considered in relation to the timing of crucial business deliveries.

e) The protection of children from harm

- Operate and follow "Challenge 25" scheme.
- Acceptable ID (passport, photo card driving licence or PASS card) must be shown to buy alcohol.
- All details provided in Training Record Book and Log book kept on premises.

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	21/6/23
Capacity	DIRECTOR - INWAB LTD.

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)			
XXXXXXXXXXXXXXXXXXXX MAXWELL BOWDOW EVANS 19 LONDENE ROAD			
Post town	HASLEMERE	Postcode	GU27 2PG
Telephone number (if any)	07779 696997		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



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

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

I MATTHEW BEBLOW EVANS [full name of prospective premises supervisor]
of 12 LONGRIVE ROAD
HARLEMERE
GU27 2PG

[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 FOR THE
SUPPLY OF ALCOHOL [type of application]
by INWAB LTD [name of applicant]

relating to a premises licence N/A [number of existing licence, if any]
for ~~THE~~ THE CABIN (PREVIOUSLY HAMMONDS NEWAGENT)
LOWER STREET
HARLEMERE
GU27 2PD

[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
INWAB LTD [name of applicant]
concerning the supply of alcohol at
THE CABIN
LOWER STREET
HARLEMERE
GU27 2PD

(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 ..LN/000007858... [insert personal licence number, if any]

Personal licence issuing authority ..LAVENLEY BOROUGH COUNCIL...
.....COUNCIL OFFICES, THE BURY, GODALMING.....
.....SURREY GU7 1HR.....

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

.....signed

..MR. WEN OGNBOY EVANS...name (please print)

.....21.6.23.....dated

**OFFICIAL USE ONLY
DO NOT DETACH**

NAME OF APPLICANT..... INWAR LTD......

LICENSING ACT 2003 – Premises Licence

(code 02852)

Please make cheques payable to Waverley Borough Council

IF APPLICABLE FINANCE OFFICAL RECEIPT BELOW

Fire Protection

- FE** 6 LITRE FOAM EXTINGUISHER
- CO2** 2x6 CO2
- FB** FIRE BLANKET

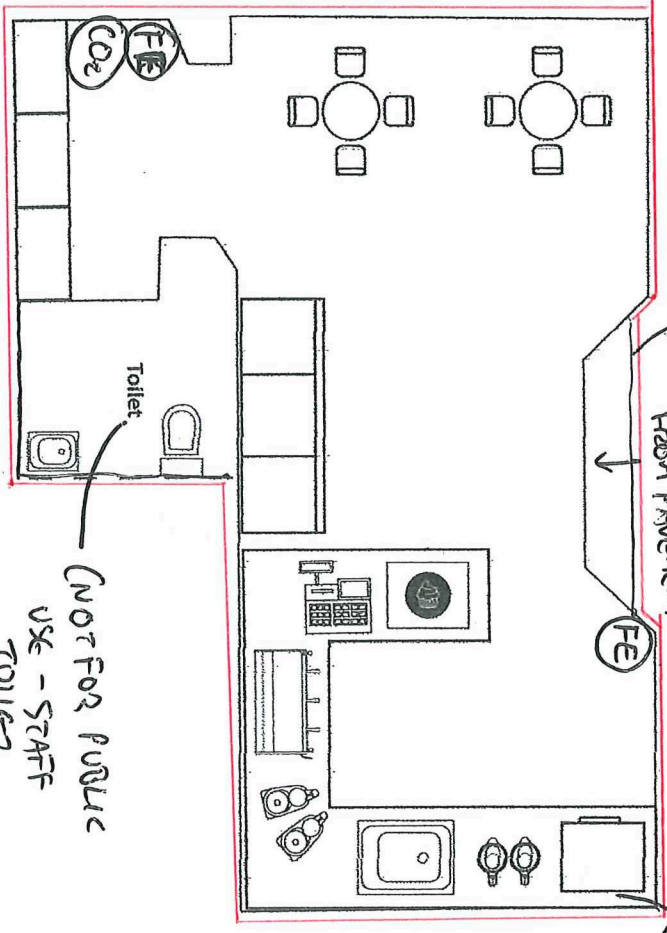
STEP UP INTO PREMISES.

Enter & Exit
FROM PREMISES?

FB
UNDER
COUNTER.

(NOT FOR PUBLIC
USE - STAFF
TOILET
OWN)

- Electrical Specification
- All Cables to be LSF zero halogen
 - All cables to be in steel containment
 - All sockets to be metal clad
 - Walls and ceilings to be decorated in Dulux emulsion
 - Splashback tiled.
 - Workstop to be laminated or quartz
 - Floor to be engineered wooden floor
 - Grease Trap to be installed and a coffee trap to be installed as part of plumbing installation
 - External timber shopfront to be decorated in satin wood paint



keys

- Convection Oven
- Blender
- Sink
- Coffee Grinder
- Coffee Machine
- Till
- Cake Display
- Drinks Freezer
- Table & Chairs

Floor Plan

Haselmere Station
THE CABIN