

Tonbridge and Malling Application for a premises licence Licensing Act 2003

For help contact licensing.services@tmbc.gov.uk Telephone: 01732 876368

* required information

Section 1 of 19		
You can save the form at any t	ime and resume it later. You do not need to be	logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	RFE WEB	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on be	half of the applicant? No	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	HENRY	
* Family name	BOORMAN	
* E-mail	hb@redhillestate.com	
Main telephone number	07917117928	Include country code.
Other telephone number		
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
Applying as a business of	or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.
C Applying as an individua	al	Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
* Is your business registered in the UK with Companies House?	• Yes C No	_
* Registration number	09531345	
* Business name	Redhill Farm Estate Ltd.	If your business is registered, use its registered name.
* VAT number -	none	Put "none" if you are not registered for VAT.
* Legal status	Private Limited Company	

Continued from previous page		
* Your position in the business	Director	
Home country	United Kingdom	The country where the headquarters of your business is located.
Registered Address		Address registered with Companies House.
* Building number or name	Redhill Farm	
* Street	337 Redhill	
District		
* City or town	Wateringbury	
County or administrative area		
* Postcode	Me185LB	
* Country	United Kingdom	
Section 2 of 19		
PREMISES DETAILS		
I/we, as named in section 1, ap described in section 2 below (in accordance with section 12	oply for a premises licence under section 17 of t the premises) and I/we are making this applicat of the Licensing Act 2003.	the Licensing Act 2003 for the premises action to you as the relevant licensing authority
Premises Address		
Are you able to provide a post	al address, OS map reference or description of	the premises?
○ Address ○ OS ma	p reference Oescription	
Address Description		
TQ 69509 54397		
Further Details		
Telephone number	07917117928) x
Non-domestic rateable value of premises (£)		

Secti	on 3 of 19		
0.000	ICATION DETAILS		
5.6350 E 19		ing for the premises licence?	
	An individual or individu	als	
\boxtimes	A limited company		
	A partnership		
	An unincorporated associ	ciation	
	A recognised club		
	A charity		
	The proprietor of an edu	cational establishment	
	A health service body		
		ed under part 2 of the Care Standards Act an independent hospital in Wales	
	Social Care Act 2008 in re	ed under Chapter 2 of Part 1 of the Health and espect of the carrying on of a regulated ning of that Part) in an independent hospital in	
	The chief officer of police	e of a police force in England and Wales	
	Other (for example a statutory corporation)		
Conf	irm The Following		
\boxtimes	I am carrying on or propo the use of the premises f	osing to carry on a business which involves or licensable activities	
	I am making the applicat	tion pursuant to a statutory function	
	I am making the applicat virtue of Her Majesty's pr	tion pursuant to a function discharged by rerogative	
Secti	on 4 of 19		
NON	INDIVIDUAL APPLICAN	rs	
		address of applicant in full. Where appropriate give any registered number. In the case of a ture (other than a body corporate), give the name and address of each party concerned.	
Non	Individual Applicant's N	ame	
Nam	e	Redhill Farm Estate Ltd.	
Deta	ils		
	stered number (where cable)	09531345	
Desc	ription of applicant (for ex	xample partnership, company, unincorporated association etc)	

Continued from previous page	
Address	
Building number or name	Redhill Farm
Street	Redhill
District	
City or town	Wateringbury
County or administrative area	Kent - TMBC
Postcode	ME185LB
Country	United Kingdom
Contact Details	
E-mail	hb@redhillestate.com
Telephone number	07917117928
Other telephone number	
	Add another applicant
Section 5 of 19	
OPERATING SCHEDULE	
When do you want the premises licence to start?	18 / 08 / 2016 dd mm yyyy
If you wish the licence to be valid only for a limited period, when do you want it to end	dd mm yyyy
Provide a general description of	of the premises
licensing objectives. Where you	ses, its general situation and layout and any other information which could be relevant to the ur application includes off-supplies of alcohol and you intend to provide a place for plies you must include a description of where the place will be and its proximity to the
Vineyard and Winery. Sale of w	ine made on site for off-supplies.
If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend	

Continued from previous	page
Section 6 of 19	
PROVISION OF PLAYS	
Will you be providing p	lays?
○ Yes	No
Section 7 of 19	
PROVISION OF FILMS	
Will you be providing f	lms?
○ Yes	No
Section 8 of 19	
PROVISION OF INDOO	R SPORTING EVENTS
Will you be providing in	ndoor sporting events?
○ Yes	No
Section 9 of 19	
PROVISION OF BOXIN	G OR WRESTLING ENTERTAINMENTS
Will you be providing b	oxing or wrestling entertainments?
○ Yes	No
Section 10 of 19	
PROVISION OF LIVE M	JSIC
Will you be providing li	ve music?
C Yes	No
Section 11 of 19	
PROVISION OF RECOR	DED MUSIC
Will you be providing re	ecorded music?
○ Yes	No
Section 12 of 19	
PROVISION OF PERFO	RMANCES OF DANCE
Will you be providing p	erformances of dance?
○ Yes	No
Section 13 of 19	
PROVISION OF ANYTH DANCE	ING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF
Will you be providing a performances of dance	nything similar to live music, recorded music or ?
○ Yes	No
Section 14 of 19	
LATE NIGHT REFRESHI	AENT
Will you be providing la	te night refreshment?

Continued from previous	page		-	• Yes C	No
Standard Days And Ti	mings				
MONDAY				Give timings in 24 hour clock.	
	Start		End	(e.g., 16:00) and only give details	
	Start		End	of the week when you intend the to be used for the activity.	e premises
TUESDAY					
	Start		End		
	Start		End		
WEDNESDAY					
	Start		End		
	Start		End		
THURSDAY					
	Start		End		
¥	Start		End		
FRIDAY					
	Start 23:00		End 24:00		
	Start		End		
SATURDAY					
	Start 23:00		End 24:00		
	Start		End		
SUNDAY	·				
	Start 23:00		End 24:00		
	Start		End		
Will the provision of lat	e night refreshment take place in	doo	rs or outdoors or		
○ Indoors	Outdoors	(Both	Where taking place in a building structure tick as appropriate. Include a tent.	
	be authorised, if not already stat not music will be amplified or ur			urther details, for example (but no	ot
For events such as wed hot food and beverage:		eyard	d related events, w	e would like to have the provision	n of serving
State any seasonal varia	ations				

Continued from previous	page	
For example (but not ex	xclusively) where the activi	ty will occur on additional days during the summer months.
position away from ligh	nt pollution. We felt we may	e to host star watching evenings given our clear view of the sky and ybe able to offer mulled wine and other alcoholic drinks as well as light for this activity until 24:00.
those listed in the colu	mn on the left, list below	e used for the supply of late night refreshments at different times from
For example (but not e	xclusively), where you wish	the activity to go on longer on a particular day e.g. Christmas Eve.
Christmas Eve, New Yea	ars Eve - We would like to b	e able to sell alcohol until 24:00.
Section 15 of 19		
SUPPLY OF ALCOHOL		
Will you be selling or su	ipplying alcohol?	
Yes	C No	
Standard Days And Ti	mings	
MONDAY		Give timings in 24 hour clock.
	Start 09:00	End 23:00 (e.g., 16:00) and only give details for the days
	Start	of the week when you intend the premises to be used for the activity.
TUESDAY		
	Start 09:00	End 23:00
	Start	End
WEDNESDAY		
WEDNESDAT	Start 09:00	End 23:00
	Start	End End
THURSDAY	Start	Life
THURSDAY	St. 1 2000	First 102.00
	Start 09:00	End 23:00
	Start	End
FRIDAY		
	Start 09:00	End 23:00
	Start	End
SATURDAY		
	Start 09:00	End 23:00
	Start	End

Continued from previous page			
SUNDAY			
Start	09:00	End 23:00	
Start		End	
Will the sale of alcohol be for c	onsumption:		If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol
On the premises	○ Off the premises	Both	is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.
State any seasonal variations			
For example (but not exclusive	ely) where the activity will occu	ır on additional da	ys during the summer months.
Christmas Eve, New Years Eve -	· We would like to be able to se	ell and supply alco	hol until 24:00
Non-standard timings. Where to column on the left, list below	the premises will be used for th	he supply of alcoh	ol at different times from those listed in the
For example (but not exclusive	ly), where you wish the activit	y to go on longer	on a particular day e.g. Christmas Eve.
and the same of th		75 0	brations, charity fund-raising, vineyard alcohol until 24:00 under these situations.
State the name and details of t licence as premises supervisor	he individual whom you wish	to specify on the	
Name			
First name	Henry		
Family name	Boorman		
Enter the contact's address			
Building number or name	337		
Street	Redhill		
District			
City or town	Wateringbury		
County or administrative area	Kent		
Postcode	ME185LB		
Country	United Kingdom		

Personal Licence number (if known) Issuing licensing authority (if known) TMBC PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT
(if known) Issuing licensing authority (if known) TM/PER/16/00001426 TMBC
(if known)
PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT
How will the consent form of the proposed designated premises supervisor be supplied to the authority?
Electronically, by the proposed designated premises supervisor
As an attachment to this application
Reference number for consent If the consent form is already submitted, ask
form (if known) the proposed designated premises supervisor for its 'system reference' or 'your reference'.
Section 16 of 19
ADULT ENTERTAINMENT
premises that may give rise to concern in respect of children Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc.
Section 17 of 19
HOURS PREMISES ARE OPEN TO THE PUBLIC
Standard Days And Timings
MONDAY Give timings in 24 hour clock.
Start End (e.g., 16:00) and only give details for the days of the week when you intend the premises
Start End to be used for the activity.
TUESDAY
Start End
Start End
WEDNESDAY
Start End
Start End

Continued from previous	s page	
THURSDAY		
	Start	End
	Start	End
FRIDAY		
	Start	End
	Start	End
SATURDAY	·	
	Start	End
	Start	End
SUNDAY		
30110/11	Start	End
	Start	End End
		Liid
State any seasonal vari		
For example (but not e	exclusively) where the activity will occ	cur on additional days during the summer months.
		es to be open to the members and guests at different times from
	ımn on the left, list below	
For example (but not e	xclusively), where you wish the activ	ity to go on longer on a particular day e.g. Christmas Eve.
Section 18 of 19		
LICENSING OBJECTIVE		
	ı intend to take to promote the four l	icensing objectives:
a) General – all four lice	ensing objectives (b,c,d,e)	
	take to promote all four licensing ob	ojectives together.
Any limited events by s	size.	
b) The prevention of cr	rime and disorder	
CCTV to be saved for a	minimum of 30 days	

Continued from previous page	
S - or the connected State Color Color State Sta	
c) Public safety	
	e available for employees to contact emergency services. e saved for a minimum of 30 days.
d) The prevention of public nu	iisance
III	ne end of events for customers to leave quietly. ns of alcohol abuse and methods of control.
e) The protection of children fi	rom harm
Train employees to check age Keep good training records apply online notice to prevent	
Section 19 of 19	
PAYMENT DETAILS	
This fee must be paid to the au Rateable value of £0 - £4300 B Rateable value of £4301 - £330 Rateable value of £33001 - £87 Rateable value of £87001 - £12 Rateable value of £125000 and	000 Band B: £190 7000 Band C: £315 25000 Band D: £450
* Fee amount (£)	100.00
ATTACHMENTS	
AUTHORITY POSTAL ADDRES	S
Address	
Building number or name	
Street	
District	
City or town	
County or administrative area	
Postcode	
Country	United Kingdom

Continued from previous page
DECLARATION
This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"
* Full name
* Capacity
Date (dd/mm/yyyy)
Add another signatory
Once you're finished you need to do the following: 1. Save this form to your computer by clicking file/save as 2. Go back to https://www.gov.uk/apply-for-a-licence/premises-licence/tonbridge-and-malling/apply-1 to upload this file and continue with your application. Don't forget to make sure you have all your supporting documentation to hand.
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



