



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 time and resume it later. You do not need to be logged in when you resume.

System reference This is the unique reference for this application generated by the system.

Your reference 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 behalf of the applicant?

Yes 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

* Family name

* E-mail

Main telephone number

Include country code.

Other telephone number

Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

Applying as a business or organisation, including as a sole trader
 Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

Is the applicant's business registered in the UK with Companies House? Yes No

Note: completing the Applicant Business section is optional in this form.

Registration number

Business name

If the applicant's business is registered, use its registered name.

VAT number

Put "none" if the applicant is not registered for VAT.

Legal status

Continued from previous page...

Applicant's position in the business

Home country

The country where the applicant's headquarters are.

Registered Address

Address registered with Companies House.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Agent Details

* First name

* Family name

* E-mail

Main telephone number

Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

- An agent that is a business or organisation, including a sole trader
 A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Agent Business

Is your business registered in the UK with Companies House? Yes No

Note: completing the Applicant Business section is optional in this form.

Is your business registered outside the UK? Yes No

Business name

If your business is registered, use its registered name.

VAT number

Put "none" if you are not registered for VAT.

Legal status

*Continued from previous page...*Your position in the business Home country

The country where the headquarters of your business is located.

Agent Business Address

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

Building number or name Street District City or town County or administrative area Postcode Country **Section 2 of 19****PREMISES DETAILS**

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

 Address OS map reference Description
Postal Address Of PremisesBuilding number or name Street District City or town County or administrative area Postcode Country **Further Details**Telephone number Non-domestic rateable value of premises (£)

Section 3 of 19**APPLICATION DETAILS**

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales
- Other (for example a statutory corporation)

Confirm The Following

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- I am making the application pursuant to a statutory function
- I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

Section 4 of 19**NON INDIVIDUAL APPLICANTS**

Provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), give the name and address of each party concerned.

Non Individual Applicant's Name

Name

Details

Registered number (where applicable)

Description of applicant (for example partnership, company, unincorporated association etc)

Continued from previous page...

Limited Company

AddressBuilding number or name Street District City or town County or administrative area Postcode Country **Contact Details**E-mail Telephone number Other telephone number **Section 5 of 19****OPERATING SCHEDULE**

When do you want the premises licence to start? / /
 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 the premises

For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.

Hotel with quality cafe bar and restaurant

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

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PROVISION OF PLAYS

Will you be providing plays?

Yes No

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PROVISION OF FILMS

Will you be providing films?

Yes No

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PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

Yes No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

Yes No

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PROVISION OF LIVE MUSIC

Will you be providing live music?

Yes No

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PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

Yes No

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PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

Yes No

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PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

Will you be providing anything similar to live music, recorded music or performances of dance?

Yes No

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

Continued from previous page...

 Yes No**Standard Days And Timings**

MONDAY

Start End Start End

Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the days
of the week when you intend the premises
to be used for the activity.

TUESDAY

Start End Start End

WEDNESDAY

Start End Start End

THURSDAY

Start End Start End

FRIDAY

Start End Start End

SATURDAY

Start End Start End

SUNDAY

Start End Start End

Will the provision of late night refreshment take place indoors or outdoors or both?

 Indoors Outdoors Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

State type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.

To permit the provision of hot food and hot beverages. It is noted that residents and guests are exempt this provision

State any seasonal variations

Continued from previous page...

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the supply of late night refreshments at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

New Year's Eve - 23.00 - 05.00

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

Yes

No

Standard Days And Timings

MONDAY

Start

End

Start

End

Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the days
of the week when you intend the premises
to be used for the activity.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

Continued from previous page...

SUNDAY

Start 10:00

End 23:00

Start

End

Will the sale of alcohol be for consumption:

- On the premises
 Off the premises
 Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol 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 exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

Alcohol will be sold or supplied to residents and their guests daily between 00.00 and 24.00 - mini bars will be located in the bedrooms.

On New Year's Eve to permit the sale of alcohol to members of the public from close of permitted hours on New Year's Eve to start of Permitted Hours on new Year's Day

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

Name

First name David

Family name Benavent

Enter the contact's address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

*Continued from previous page...*Personal Licence number
(if known)

GM/PER/14/0039

Issuing licensing authority
(if known)

Gravesham Borough Council

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 form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

Section 16 of 19**ADULT ENTERTAINMENT**

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the 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.

None

Section 17 of 19**HOURS PREMISES ARE OPEN TO THE PUBLIC****Standard Days And Timings**

MONDAY

Start 09:00

End 00:30

Start End

TUESDAY

Start 09:00

End 00:30

Start End

WEDNESDAY

Start 09:00

End 00:30

Start End Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

Continued from previous page...

THURSDAY

Start End
 Start End

FRIDAY

Start End
 Start End

SATURDAY

Start End
 Start End

SUNDAY

Start End
 Start End

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

For Members of the Public from the end of Permitted hours on New Year

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

For members of the public on New Year's Eve from the end of permitted hours to the start of permitted hours on New Year's Day.

The premises will be open to residents and their guests from 00.00 - 24.00 daily

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LICENSING OBJECTIVES

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

a) General – all four licensing objectives (b,c,d,e)

List here steps you will take to promote all four licensing objectives together.

The premises will operate as a Hotel with high quality restaurant and cafe bar area

b) The prevention of crime and disorder

CCTV will be installed.

Continued from previous page...

Food will be available throughout the trading period for members of the public

c) Public safety

Existing legislation applies that it is not necessary to duplicate in this application

d) The prevention of public nuisance

The nature of the premises requires that the premises licence holder runs the premises in such a way as to avoid any disturbance for its residents and guests.
Because of the location of the premises, the nature of the operation and its general hours of operation no conditions are necessary to meet this objective.

e) The protection of children from harm

Challenge 25 applies. No unusual risks of harm to children have been identified

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

Rateable value of £0 - £4300 Band A: £100

Rateable value of £4301 - £33000 Band B: £190

Rateable value of £33001 - £87000 Band C: £315

Rateable value of £87001 - £125000 Band D: £450

Rateable value of £125000 and above Band E: £635

* Fee amount (£)

190.00

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

Stephen Thomas

* Capacity

Solicitor for the applicant

* Date

02 / 03 / 2017
dd mm yyyy

Add another signatory

Continued from previous page...

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.

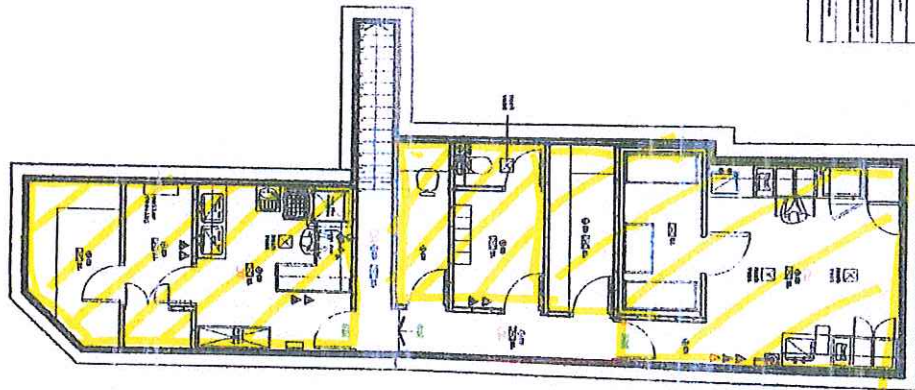
IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

OFFICE USE ONLY

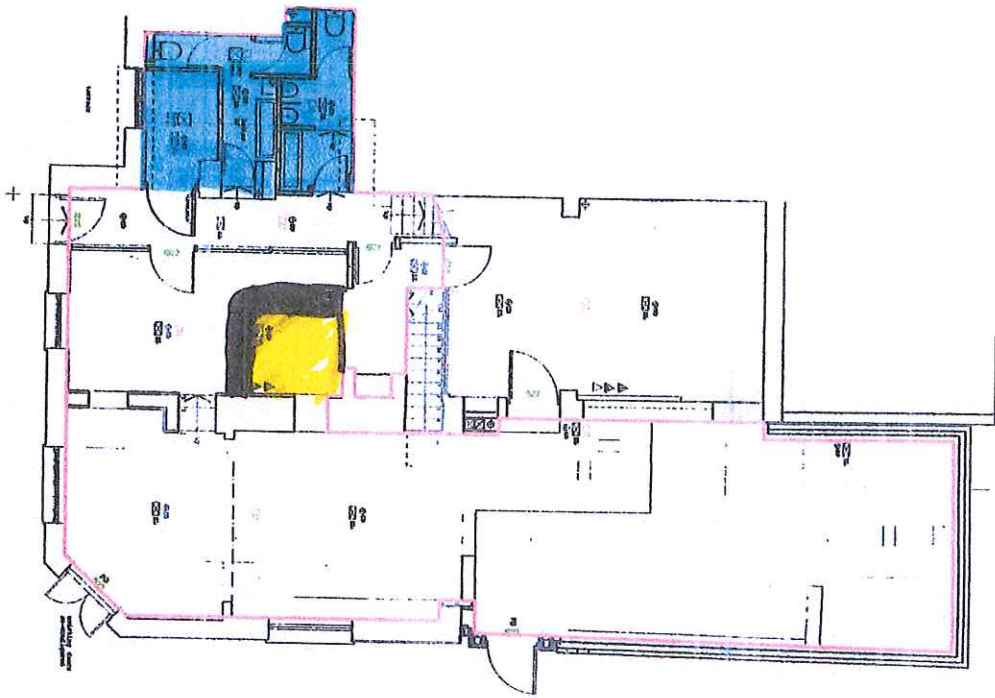
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| Fee paid | <input type="text"/> |
| Payment provider reference | <input type="text"/> |
| ELMS Payment Reference | <input type="text"/> |
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| Payment authorisation date | <input type="text"/> |
| Date and time submitted | <input type="text"/> |
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| Legend | |
|----------|------------|
| [Symbol] | Proposed |
| [Symbol] | Existing |
| [Symbol] | Structural |
| [Symbol] | Services |
| [Symbol] | Other |
| [Symbol] | Notes |

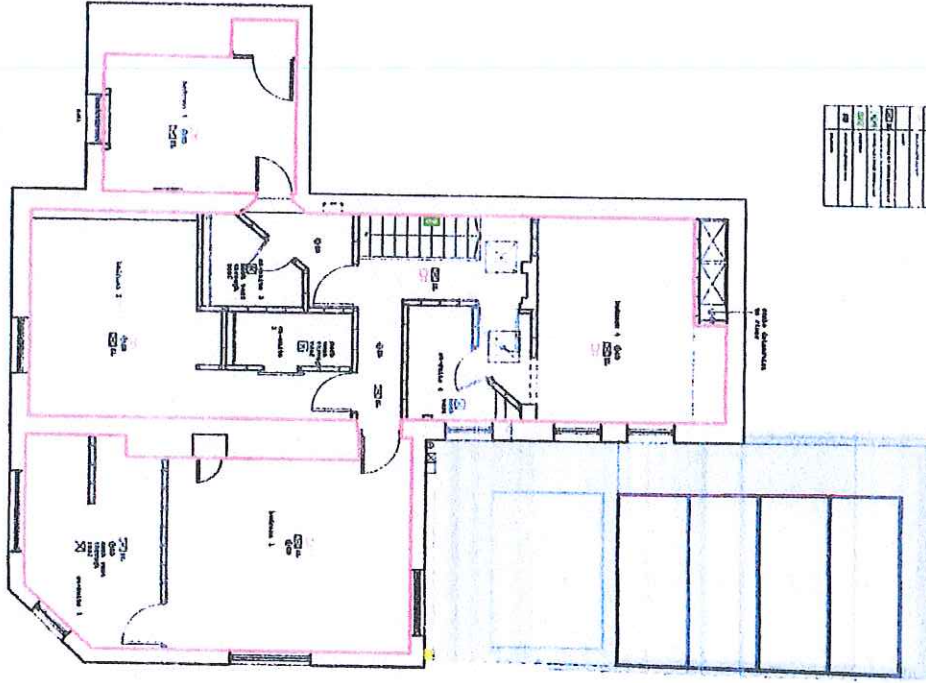


1 Proposed basement
1:100BA3



2 proposed ground floor
1:100BA3

1 Proposed first floor
1:100&A3



2 Proposed Loft
1:100&A3

