19/01211/PREM ANNEX 2 13.09.19 - 10.10.19

## [Tonbridge & Malling Borough Council Gibson Building, Gibson Drive, Kings Hill, West Malling ME19 4LZ]

# Application for the review of a premises licence or club premises certificate 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 West Malling Parish Counc	il			
(Insert name of applicant)				
apply for the review of a premises licence under section 51 / apply for the review of a club premises certificate under section 87 of the Licensing Act 2003 for the premises described in Part 1 below (delete as applicable)				
Part 1 – Premises or club premises details				
Postal address of premises or, if none, ordnan	ce survey map reference or description			
The Farmhouse 97 – 99 High Street				
Post town West Malling	Post code (if known) ME19 6NA			
N 6 . P . L . L . L . L . L . L . L . L . L				
Name of premises licence holder or club hold	ing club premises certificate (ii known)			
Heritage Taverns LTD				
Greenway Court Farmhouse Greenway Court Road				
Maidstone				
Kent				
ME 17 1QD				
Number of premises licence or club premises	agutificate (if known)			
Number of premises needee of club premises	certificate (ii kilowii)			
19/01113/PREM				
Part 2 - Applicant details				
I am				
	Please tick ✓ yes			
1) an individual, body or business which is not a authority (please read guidance note 1, and com or (B) below)				

2) a responsible authority (please complete (C) below)				
3) a member of the club to which this application relates (please complete (A) below)				
(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)				
Please tick ✓ yes				
Mr Mrs Miss Ms Other title (for example, Rev)				
Surname First names				
I am 18 years old or over ☐	es			
Current postal address if different from premises address				
Post town Post Code				
Daytime contact telephone number				
E-mail address (optional)				
(B) DETAILS OF OTHER APPLICANT				
Name and address  West Malling Parish Council  9 High Street West Malling ME19 6QH				
Telephone number (if any) 01732 870872				
E-mail address (optional) clerk@westmallingpc.org				

# (C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address				
Telephone number (if any)				
E-mail address (optional)				
This application to review relates to the following licensing objective(s)				
1) the prevention of crime and disorder	Please tick one or more boxes ✓			
2) public safety				
3) the prevention of public nuisance				
4) the protection of children from harm				

#### Please state the ground(s) for review (please read guidance note 2)

The Parish Council understand that there have been a number of fights taking place amongst customers of The Farmhouse. It is understood that they have taken place inside the venue, out the front on the High Street, in the garden of the venue and in the car park behind. The council are concerned about public safety and the prevention of crime and disorder.

Speeding cars driven by those customers leaving The Farmhouse including the revving of engines and wheel spinning down the length of the High Street. A nuisance to residents and dangerous behaviour.

Loud shouting and public nuisance caused by groups leaving the venue in the early hours of the morning. Incidents of urinating on streets / doors, vomiting on the street, littering and spitting have been discussed with the Parish Council. Disorderly behaviour which impacts greatly on residents.

The Parish Council has been made aware of alleged drug taking on the premises – crime & disorder.

The Parish Council has been made aware of alleged breaches of premises licence condition 19 as follows:

'The sale of alcohol after 23.30 hours must be limited to sales associated with the consumption of a substantial meal only'

Please provide as much information as possible to support the application (please read guidance note 3)
Recent assault (August 2019) has been widely publicised in the local press. Previous assaults have also been in the local press.
Incidents recorded at <a href="https://www.police.uk">https://www.police.uk</a> Recorded as 'Crime on or near Parking Area'
Violence & Sexual Offences – January, March & two incidents in May
Anti-Social Behaviour March
Other Theft – March & April
Other Crime – April
Public Order – May
We understand that a number of High Street residents will be able to provide evidence as to the behaviour of patrons.

Have you made an application for review relating to the premises before		Please tick ✓yes
If yes please state the date of that application	Day Month	Year
If you have made representations before relating to the prem and when you made them	ises please state	what they were
The Parish Council objected to a Farmhouse application to vary 2018. The council were concerned about ongoing anti-social bellocal residents.		
The Parish Council also objected to the recent application to vary application was subsequently withdrawn.	y the premises lic	ence – this
		6

	Please tick ✓yes			
<ul> <li>I have sent copies of this form and enclosur and the premises licence holder or club hol as appropriate</li> <li>I understand that if I do not comply with the application will be rejected</li> </ul>	ding the club premises certificate,			
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.				
Part 3 – Signatures (please read guidance note 4)				
Signature of applicant or applicant's solicitor or other duly authorised agent (please read guidance note 5). If signing on behalf of the applicant please state in what capacity.				
Signature Commi				
Date 12 <sup>th</sup> September 2019				
Capacity Clerk to West Malling Parish Council				
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)  Clerk - Claire Christmas  West Malling Parish Council  Suite 1  9 High Street				
	Post Code			
West Malling ME19 6QH  Telephone number (if any) 01732 870872				

### Notes for Guidance

(optional) clerk@westmallingpc.org

1. A responsible authority includes the local police, fire and rescue authority and other statutory bodies which exercise specific functions in the local area.

If you would prefer us to correspond with you using an e-mail address your e-mail address

- 2. The ground(s) for review must be based on one of the licensing objectives.
- 3. Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
- 4. The application form must be signed.
- 5. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- 6. This is the address which we shall use to correspond with you about this application.