

## New Premises Licence

### Premises Details

Premises Address \*

FESTIVAL HOUSE JESSOP AVENUE CHELTENHAM  
GLOUCESTERSHIRE GL50 3SH

Telephone number at premises (if any)

Non-domestic value of premises. \*

£ 6700.00

### Applicant Details

I/We 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.

Please state whether you are applying for a premises licence as:

a person other than an individual -as a limited company/  
limited liability partnership

### Applicant Details

If you are applying as a person described in one of the above please confirm: \*

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

**Other Applicant (Non Individual)**

Name *	Millbarge Holdings Limited
Registered Address *	C/O Belasko Administration Limited
	Hirzel House
	Smith Street
Town/City *	St Peter Port
County	GUERNSEY
Postcode *	GY1 2NG
Registered Number (where applicable)	66511
Description of applicant (for example partnership, company, unincorporated association, etc) *	Guernsey Registered Company
Telephone Number	
Email *	acatlin@tandtp.com

**Operating Schedule**

When do you want the premises licence to start? *	16/07/2020
If you wish the licence to be valid only for a limited period, when do you want it to end?	
Please give a general description of the premises. *	The premises is an office building operated by Clockwise, who provide flexible office space in central locations, with individual offices, meeting rooms, open plan office, lounge and café facilities. These premises are not open to general members of the public. The Applicant has considered the licensing objectives and addressed any issues arising in the conditions proposed in support of application.
If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.	

## Operating Schedule

What licensable activities do you intend to carry on from the premises? \* (Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2) \*

Plays

Films

Indoor Sporting Events

Boxing or Wrestling

Live Music

Recorded Music

Performances of Dance

Anything of a similar description falling under Music or Dance

Provision of late night refreshment

Supply of Alcohol

## Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 7) \*  
Please enter times in 24hr format (HH:MM)

Day \*

Week Days

10:00

23:00

## Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 7) \*  
Please enter times in 24hr format (HH:MM)

Day \*

Saturday

10:00

23:00

## Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 7) \*  
Please enter times in 24hr format (HH:MM)

Day \*

Sunday

11:00

22:30

## Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) \*

Both

State any seasonal variations for the supply of alcohol. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the supply of alcohol at different times from the Standard days and times listed? (please read guidance note 6)

## Designated Premises Supervisor

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)

Title \*

Ms

First name \*

Christina

Surname \*

Ronsyn

Street address \*

58 Stanley Road

Town/City \*

London

County

Postcode \*

E4 7DB

Personal Licence Number (if known)

09-071034-1

Issuing Licensing Authority (if known)

Kensington and Chelsea

## Adult Entertainment

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

## Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) \* Please enter times in 24hr format (HH:MM)

Day \*

Every Day

00:00

00:00

## Licensing Objectives

Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

a) General - all four licensing objectives (b, c, d and e)  
(please read guidance note 10)

Please refer to the attached schedule of conditions for the promotion of all four licensing objectives.

b) The prevention of crime and disorder

Please refer to a) above.

c) Public safety

Please refer to a) above.

d) The prevention of public nuisance

Please refer to a) above.

e) The protection of children from harm

Please refer to a) above.

## Declarations

Declaration Type \*

Sole Applicant - Individual or Other

## Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand 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 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 (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.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 12). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.

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, if appropriate (please see note 15).

Full Name \*

Thomas & Thomas Partners

Date \*

17/06/2020

Capacity \*

Applicant's Solicitor

Declaration made

Do you wish to provide alternative correspondence details? \*

Yes

## Alternative Correspondence

Please provide Contact Name and postal address for correspondence associated with this application.

Title	Ms
First name	Amy
Surname	Catlin
Street address *	38A Monmouth Street
	Thomas & Thomas Partners
Town/City *	London
County	
Postcode *	WC2H 9EP
Telephone Number	02070420410
Email *	acatlin@tandtp.com

## Email confirmation

On submission an email confirmation will be sent using the details below

Forename	Amy
Surname /Company Name	Catlin
Email *	acatlin@tandtp.com
Telephone	02070420410