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	MRS	WENDY	KUNG	
\overline{a}	Insert name(s,	of applicant)		
apply	for a premise	es licence under sect	ion 17 of the Licensing Act 20	03 for the premises
			s) and I/we are making this ap	
Holova	at licencing o	uthority in accorda	nea with section 12 of the Lice	ing Act 2003

Part 1 - Premises details

ostal address of premises or, if none, ordnance survey map reference or description
OAKMEAD SOCIAL CLUB
69 OAKMEAD ROAD
POINT CLEAR
•
ost town CLACTON ON SEA Postcode CO168NW
elephone number at premises (if any)
on-domestic rateable value of premises £ 6900

Part 2 - Applicant details

I	Please	state	whether you are applying for a premises licence as	Please tick as appropriate
*	a)	an i	ndividual or individuals * 1	please complete section (A)
.14.	b)	а ре	erson 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 re	cognised club	please complete section (B)
	(d)	a ch	narity	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 (Mrs	Miss	Ms	1	ner Title (for imple, Rev)	
Surname KUNG First names WENDY						DY
Date of birt	h	I am 18	3 years old c	r over	Please ticl	k yes
Nationality						
address if di	Current residential address if different from premises address 288b THE BUNGALOW POINT CLEAR RD St. 05YTH					
Post town	CLA	CTON C	N SE	EA	Postcode	CO168JU
Daytime co	ntact telep	hone number	and the property			
E-mail add (optional)	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	Mrs	Miss	Ms	Other Title (for example, Rev)			
Surname			First n	ames			
Date of birt	h	l am	18 years old c	or over Pleas	e tick yes		
Nationality							
checking ser	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)						
Current residential address if different from premises address							
Post town				Postcode			
Daytime co	ntact telepho	one number					
E-mail add (optional)	E-mail address						

(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	
Address	
Registered num	per (where applicable)
Description of a	pplicant (for example, partnership, company, unincorporated association etc.)

E-mail address (optional)	
Part 3 Operating Schedule	
When do you want the premises licence to start?	DD MM YYYY 14052021
If you wish the licence to be valid only for a limited perior when do you want it to end?	d, DD MM YYYY
BAR, BARKITCHEN, BEER'S SMOKING AREA, BEER GA CAR PARK, SITUATED MAIN ROAD IN A RES CHINESE RESTAURANT, K	HRDEN, LARGE OFF THE IDENTIAL AREA.
If 5,000 or more people are expected to attend the premise one time, please state the number expected to attend.	
What licensable activities do you intend to carry on from the liplease see sections 1 and 14 and Schedules 1 and 2 to the liplease see sections 1.	
Provision of regulated entertainment (please read guidance	Please fick all that
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)	
	Lin box D)
d) boxing or wrestling entertainment (if ticking yes, fil	in box b)
 d) boxing or wrestling entertainment (if ticking yes, file) e) live music (if ticking yes, fill in box E) 	THI TOX D)
	THI TOX D)
e) live music (if ticking yes, fill in box E)	
e) live music (if ticking yes, fill in box E) f) recorded music (if ticking yes, fill in box F)	

<u>S</u>	Supply of a	<u>lcohol</u> (if ticl	king yes, fill	in box J)			
In	all cases co	omplete box	es K, L and	M			
			······································				
						, ,	

Plays Standard days and timings (please read			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
	ice note 7		(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Outdoors
Day	Start	Finish		Both
Mon	ar 30 yr 40 pr 40 ar 40 77 rr	- w ~ b & - 0 * +	Please give further details here (please read gr	uidance note 4)
Tue				
Wed			State any seasonal variations for performing guidance note 5)	plays (please read
Thur	w e e e e e e	******		
Fri		~ > ~ > ~ < * ~ 4	Non standard timings. Where you intend to for the performance of plays at different time the column on the left, please list (please read	es to those listed in
Sat	er bir va sel on jes pij de de de			
Sun				

Films Standard days and timings (please read			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
	ice note 7)		(F-0-0-1	Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read gu	idance note 4)
Tue		The field and the same are the		
Wed			State any seasonal variations for the exhibitio read guidance note 5)	n of films (please
Thur	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Fri			Non standard timings. Where you intend to use for the exhibition of films at different times to column on the left, please list (please read guident)	those listed in the
Sat				
Sun				

	Indoor sporting events		Please give further details (please read guidance note 4)
Standard days and timings (please read guidance note 7)		ead	DARTS TEAM POOL TEAM
galdar	ice note 7,	′	POOL TEAM
Day	Start	Finish	
Mon	1900	2300	
Tue	1900	2300	State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed	1900	2300	
Thur	1900	2300	Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 6)
Fri	00 at at 00 de 40 00 00 00		
Sat		- < - < > = 4	
Sun		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

entert Standa	Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)		Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
				Outdoors
Day	Start	Finish		Both
Mon	~~~~~		Please give further details here (please read gui	idance note 4)
Tue				
Wed			State any seasonal variations for boxing or wrentertainment (please read guidance note 5)	estling
Thur				
Fri		4	Non standard timings. Where you intend to u for boxing or wrestling entertainment at differ listed in the column on the left, please list (please list)	rent times to those
Sat			note 6)	
Sun				

	nusic ard days ar s (please r		Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
	ice note 7)			Outdoors	
Day	Start	Finish		Both	
Mon		e , a we we do do da — Jo do	Please give further details here (please read gui	dance note 4)
Tue					
Wed	1900	2300	State any seasonal variations for the performa (please read guidance note 5)	nce of live n	nusic
Thur					
Fri	1900	2300	Non standard timings. Where you intend to u for the performance of live music at different listed in the column on the left, please list (please	times to thos	<u>se</u>
Sat	1900	2300	note 6)		
Sun	1400	1600			
	1900	2200			

Standa	ded musion rd days ares (please r	nd	Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	/
guidan	ce note 7))		Outdoors	
Day	Start	Finish		Both	
Mon	[200	2300	Please give further details here (please read gui	dance note 4))
Tue	1200	2300			
Wed	1200	2300	State any seasonal variations for the playing o (please read guidance note 5)	f recorded m	usic
Thur	1200	2300			
Fri	1200	2400	for the playing of recorded music at different in listed in the column on the left, please list (please list)	times to thos	<u>e</u>
Sat	1200	2400	note 6)		
Sun	1200	2400			

dance Standa	Standard days and		Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
	timings (please read guidance note 7)			Outdoors
Day	Start	Finish		Both
Mon	****	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Please give further details here (please read g	uidance note 4)
Tue	A R. S.			
Wed		* * * h & d < d ? d ?	State any seasonal variations for the perform (please read guidance note 5)	nance of dance
Thur		A 10 10 10 10 10 10 10 10 10 10 10 10 10		
Fri			Non standard timings. Where you intend to for the performance of dance at different tim the column on the left, please list (please read	res to those listed in
Sat				
Sun				

descripalling (g) Standatiming	ing of a s ption to t within (c rd days ar s (please r ce note 7)	hat e), (f) or nd read	Please give a description of the type of entertainm providing	nent you will be
Day	Start	Finish	Will this entertainment take place indoors or	Indoors
Mon		AND THE RESIDENCE AND THE AND	<u>outdoors or both – please tick</u> (please read guidance note 3)	Outdoors
				Both
Tue			Please give further details here (please read gui	dance note 4)
Wed		~ ~ ~ ~ ~ ~ ~ ~		
Thur	30 30 30 30 W W	* ** ** * * * * * * * * * * * * * * *	State any seasonal variations for entertainmen description to that falling within (e), (f) or (g) guidance note 5)	
Fri				
Sat			Non standard timings. Where you intend to use for the entertainment of a similar description to within (e), (f) or (g) at different times to those column on the left, please list (please read guidants)	to that falling listed in the
Sun				

¥	night hment ard days a	nd	Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	V
timing	timings (please read guidance note 7)			Outdoors	
Day	Start	Finish		Both	
Mon	1200	0200	Please give further details here (please read gui	dance note 4)	A CANADA
Tue	1200	0200			EEEL OR OF THE STANDARD OF THE
Wed	1200	0 Z Z Z Z	State any seasonal variations for the provision refreshment (please read guidance note 5)	of late night	
Thur	1200	0200			
Fri	1200	0200	those listed in the column on the left, please lis	<u>lifferent time</u>	<u>s, to</u>
Sat	12.00	0 200	guidance note 6)		
Sun	1260	0200			

Standa	y of alcoh	nd	Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	/
	timings (please read guidance note 7)		guidance note 8)	Off the premises	
Day	Start	Finish		Both	
Mon	1200	0200	State any seasonal variations for the supply of read guidance note 5)	<u>`alcohol</u> (plea	se
Tue	1200	0200			
Wed	1200	0200			
Thur	17200	0200	Non standard timings. Where you intend to use for the supply of alcohol at different times to column on the left, please list (please read guid	those listed in	ses the
Fri	1200	0200			
Sat	izco	0200			
Sun	1200	Ó 200			

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 WENDY KUNG
Date of birth
Address
Postcode
Personal licence number (if known)
Issuing licensing authority (if known)

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).

THERE ARE TRUIT MACHINES PRESENT WHICH CHILDREN WILL NOT BE ALLOWED ACCESS TO.

L

open t Standa timing	s premises to the pub and days and s (please of the note 7)	olic nd read	State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	1200	62 <i>6</i> 0	
Tue	12€0	<i>620</i> 0	
Wed	1200	0200	
		*******	Non standard timings. Where you intend the premises to be
Thur	1200	0200	open to the public at different times from those listed in the column on the left, please list (please read guidance note 6)
Fri	1200	0266	
Sat	1200	0200	
Sun	1200	0200	

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)

STAFF ARE AWARE OF CONTACTS TO BE MADE IN CASE OF ANY EMERGENCIES, STAFF WILL BE INSTRUCTED AND MADE AWARE OF (b) to (e) BELOW.

b) The prevention of crime and disorder

PREMISES AND OUTSIDE AREAS ARE MONITORED BY CCTV. ANY SUSPICIOUS ACTIVITY WILL BE REPORTED TO POLICE.

c) Public safety

PREMISES AND OUTSIDE AREAS ARE MONITORED BY CCTV. APPROPRIATE FIRE SAFETY IS IN PLACE WITH REGARD TO EXITS AMD FIRE CONTROL EQUIPMENT. FIRST AID EQUIPMENT IS AVAILABLE ON THE PROMISES

d) The prevention of public nuisance

NOISE FROM ANY LIVE OR REBORDED MUSIC WILL BE CONDAINED WITHIN THE PREMISES WHICH HAS DOUBLE GLAZED WINDOWS AND A LOBBY.
WHEN BRINKING IN THE BEERGARDEN,
WHEN BRINKING IN THE BEERGARDEN,
ENSTOMERS WILL BE MONITORED ON NOISE LEVEL.

e) The protection of children from harm

CHUDREN WITH ONLY RESPONSIBLE ADVITS WILL BE ADMITTED TO THE PREMISES.

NO ALLOHOL WILL BE SOLD TO UNDER 18 XEAR OLDS AND PROOF OF AGE WILL BE ASKED FOR WHEN APPROPRIATE. WHEN CHILDREN ARE PRESENT. APPROPRIATE LANGUAGE AND BEHAVIOUR WILL BE EXPECTED.

Checklist: AND MONITORED FROM OTHER CUSTOMERS.

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

• [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 1 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 1 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) Signature Date 14 April 2021 Capacity OWNER. 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 tate 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) Post town Post town Postcode Telephone number (if any)		entitlement to live and work in the UK (or if I am subject to a
(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) Signature Date 14 April 2021 Capacity For joint applications, signature of 2 nd applicant or 2 nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please tate 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)		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).
Date 14 April 202 Capacity OWNER. For joint applications, signature of 2 nd applicant or 2 nd applicant's solicitor or other suthorised agent (please read guidance note 13). If signing on behalf of the applicant, please tate 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) Post town Postcode		(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
For joint applications, signature of 2 nd applicant or 2 nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please tate 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) Post town Postcode	Signature	Thy
For joint applications, signature of 2 nd applicant or 2 nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please tate 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) Post town Postcode	Date	14 April 2021
For joint applications, signature of 2 nd applicant or 2 nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please tate 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) Post town Postcode	Capacity	OWNER.
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) Post town Postcode		
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) Post town Postcode	Signature	
Post town Postcode		
	Date	
Telephone number (if any)	Date Capacity Contact name (v	where not previously given) and postal address for correspondence associated ation (please read guidance note 14)
	Date Capacity Contact name (with this application)	ation (please read guidance note 14)