

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 Rockwater Sandbanks & Branksome Limited

(Insert name(s) of applicant)

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

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description Sandbanks Beach Café Kiosks Banks Road			
Post town	Poole	Postcode	BH13 7QQ

Telephone number at premises (if any)	
Non-domestic rateable value of premises	NOT RATED PAYING BAND C – £315

Part 2 - Applicant details

Please state whether you are applying for a premises licence as **Please tick as appropriate**

- | | | |
|--|--------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | X | please complete section (B) |
| ii as a partnership (other than limited liability) | <input type="checkbox"/> | please complete section (B) |
| iii as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | 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 X

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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth I am 18 years old or over <input type="checkbox"/> Please tick yes					
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth			I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality					
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 contact telephone number					
E-mail address (optional)					

(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 Rockwater Sandbanks & Branksome Limited
Address The Old Casino, 28 Fourth Avenue, Hove, East Sussex, United Kingdom, BN3 2PJ
Registered number (where applicable) 13507702
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company

Telephone number (if any)

E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
A	S	A P

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

The intention is to refurbish the kiosks and sell alcohol, soft drinks, teas/coffees and food for takeaway. The hope is to secure use of a decking structure on the beach where patrons who purchase food and drinks can consume them. Previously takeaway alcohol has been sold from the Branksome Beach Bar & Restaurant. Pre-application has taken place with the Licensing Authority and the Police, albeit conditions have not yet been agreed.

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

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- | | |
|---|--------------------------|
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

Provision of late night refreshment (if ticking yes, fill in box I)

☐

Supply of alcohol (if ticking yes, fill in box J)

☒

In all cases complete boxes K, L and M

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	10:00	23:00						
Tue	10:00	23:00						
Wed	10:00	23:00						
Thur	10:00	23:00				Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 6)		
Fri	10:00	23:00						
Sat	10:00	23:00						
Sun	10:00	23:00						

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 Edmund Leo Raymond Wilson	
Date of birth [REDACTED]	
Address [REDACTED] [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) 5870/05/01871/LAPERS	
Issuing licensing authority (if known) London Borough of Sutton	

K

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.

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	<u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u> (please read guidance note 6)
Mon	10:00	23:00	
Tue	10:00	23:00	
Wed	10:00	23:00	
Thur	10:00	23:00	
Fri	10:00	23:00	
Sat	10:00	23:00	
Sun	10:00	23:00	

M

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)

Please see the attached Annex A which follows at the end of this application.

b) The prevention of crime and disorder

Please see the attached Annex A which follows at the end of this application.

c) Public safety

Please see the attached Annex A which follows at the end of this application.

d) The prevention of public nuisance

Please see the attached Annex A which follows at the end of this application.

e) The protection of children from harm

Please see the attached Annex A which follows at the end of this application.

Checklist:**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. ONLINE APPLICATION LA TO SERVE ☒
- 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	<ul style="list-style-type: none">• [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 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
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	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	<i>Keystone Law</i>
Date	11 March 2022
Capacity	Keystone Law Solicitors Authorised Agents on behalf of Applicant

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 state 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)			
Marilyn Gayle Keystone Law 48 Chancery Lane			
Post town	London	Postcode	WC2A 1JF
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) Marilyn.Gayle@keystonelaw.co.uk			

ANNEX A

SANDBANKS BEACH CAFÉ KIOSKS
BANKS ROAD
POOLE BH13 7QQ

- The holder of the licence shall undertake a risk assessment with regard to the deployment of SIA Door Supervisors at different times of the day and on different days of the week to determine whether it is appropriate to deploy door staff on those days and/or at any other time(s) and to then implement the outcome of the risk assessment. A copy of the risk assessment should be made available to an authorised officer of the Licensing Authority or Dorset Police upon request.
- A Refusals Register shall be maintained at the premises and used to record any and all occasions upon which any person is refused the sale of alcohol (or delivery of the same) with a note of the reason for the refusal, the date and time and a brief description of the person(s) concerned. If the refusal relates to a delivery, the record shall also contain a note of the delivery address and the name of the customer concerned. The register shall be kept at the premises for a minimum period of 12 months and made available for inspection by police, council and other authorised officers on request.
- An incident log shall be kept at the premises. The log should include the date and time of the incident and the name of the member of staff involved. The log to be made available on request to an authorised officer of the Council or the Police, which will record the following:
 - (a) all crimes reported to the venue as having occurred within or immediately outside the premises
 - (b) any complaints received relating to crime and disorder
 - (c) any incidents of disorder
 - (d) all seizures of drugs or offensive weapons
 - (e) any faults which have come to light in the CCTV system or searching equipment or scanning equipment

The incident log shall be kept at the premises for a minimum period of 12 months and be made available for inspection by police, council and other authorised officers on request.











- No beer, lagers or ciders of 5.5% ABV (alcohol by volume) or above shall be sold at the premises.
- A CCTV system, shall be installed and thereafter maintained in good working order to cover all public parts of the premises. The CCTV system shall continually record and cover areas where alcohol is kept for selection and purchase by the public, whilst the premises are open for licensable activities and whilst customers remain on the premises. All recordings shall be stored for a minimum period of 31 days with correct date and time stamping. Recordings shall be made available for viewing (subject to Data Protection Act 2018 or any replacement legislation) immediately upon the reasonable request of Police or an authorised officer and copies provided in a playable format as soon as is reasonably practicable, provided in each case that requests for viewing and/or copies are compliant with data protection regulations.

A staff member from the premises who is conversant with the operation of the CCTV system shall be on the premises at all times when the premises are open to the public.










- The licence holder shall ensure that any queue to enter the premises which forms outside the premises is orderly and supervised by door staff or management so as to ensure that there is no public nuisance or obstruction to the public highway.
- The premises shall maintain membership of the Townwatch scheme (or any successor scheme); a senior member of staff shall attend all Townwatch meetings unless an emergency arises preventing such attendance and the premises will support Townwatch initiatives.
- All drinks shall be served in plastic/paper/toughened glass or polycarbonate containers. The contents of any bottled beverage shall be decanted into a plastic/paper/toughened glass or polycarbonate container before service to any customer.
- The collection of glass and bottles shall be undertaken at regular intervals. Bottle bins shall be provided at the exit doors and staff shall show due diligence in preventing bottles and glasses being taken from the premises.

- No noise generated on the premises, or by its associated plant or equipment, shall emanate from the premises nor vibration be transmitted through the structure of the premises which gives rise to a nuisance.
- No waste or recyclable materials, including bottles, shall be moved, removed from or placed in outside areas between 00.00 (midnight) and 07.00 hours on the following day.
- No collections of waste or recycling materials (including bottles) from the premises shall take place between 00.00 (midnight) and 07.00 hours on the following day.
- A direct telephone number for the manager at the premises shall be publicly available at all times the premises is open. This telephone number is to be made available to residents and businesses in the vicinity.
- Challenge (21/25), shall be operated at the premises where the only acceptable forms of identification are (recognised photographic identification cards, such as a driving licence or passport / holographically marked PASS scheme identification cards). Appropriate signage advising customers of the policy shall prominently displayed in the premises.
- All staff working at the premises concerned with the sale of alcohol shall be trained with regard to the law on restricted sales (to persons under the age of 18 and/or who are intoxicated) and with regard to the terms and conditions of the premises licence. A written record of all staff training shall be maintained and kept on the premises and made available on request to an authorised officer of the Council or the Police.

Fire Safety Key

- | | |
|--|--|
|  | Extract fans connected to lighting circuit & ducted to outside air. size to allow 6-7 air changes per hour with 15 minute overrun. |
|  | Fire alarm panel |
|  | Fire alarm sounders |
|  | Fire alarm call point |
|  | Non maintained emergency light fitting, with a three hour battery back-up (all to B.S. 5266 Pt.1 1988) |
|  | Illuminated 3 hour Maintained emergency exit sign, with directional and running man legends, to BS 5499 Part 1 European directive. |
|  | Combined smoke detector/sounder/beacon |
|  | Combined smoke detector and sounder |
|  | Smoke detector |
|  | Combined heat detector and sounder |

Signage

- | | | |
|---|--------------|--|
|  | [N1] | Fire Notice - General sign to B.S. 5499 Pt.1 |
|  | [N2] | Fire Notice - Staff Sign to B.S. 5499 Pt.1 (as amended) 'Keep Locked Shut When Not In Use' sign to B.S. 5499 Pt. 1 |
|  | [N3] | Notice on door 'Fire Door Keep Locked' Sign to B.S.5499 Pt.1 |
|  | [N5] | Notice on door 'Fire Door Keep Clear' Sign to B.S.5499 Pt.1 |
|  | [N6] | Notice on door 'Fire Door Keep Shut' Sign to B.S.5499 Pt.1 (As Amended) Sign to both sides of door |
| | | All fire extinguishers to be positioned to specialist supplier and fire officers comments. |
|  | [W] | 6 ltr AFFF Water Extinguisher |
|  | [F] | 6 ltr AFFF Foam Extinguisher |
|  | [P] | 6 kg Powder ABC Extinguisher |
|  | [co2] | 2 kg co2 Extinguisher |

Door Symbols

- | | | | | | |
|--|---|--------------|-----------|--------------|--|
| FD 60 S self closing one hour fire door set and smoke seal | FD 30 S self closing half hour fire door set and smoke seal | Vision Panel | Panic bar | Fire Blanket | Mag lock linked to alarm system, to unlock on activation of the Fire Alarm |
| FD 60 S | FD 30 S | Vision Panel | Panic bar | Fire Blanket | Mag lock linked to alarm system, to unlock on activation of the Fire Alarm |

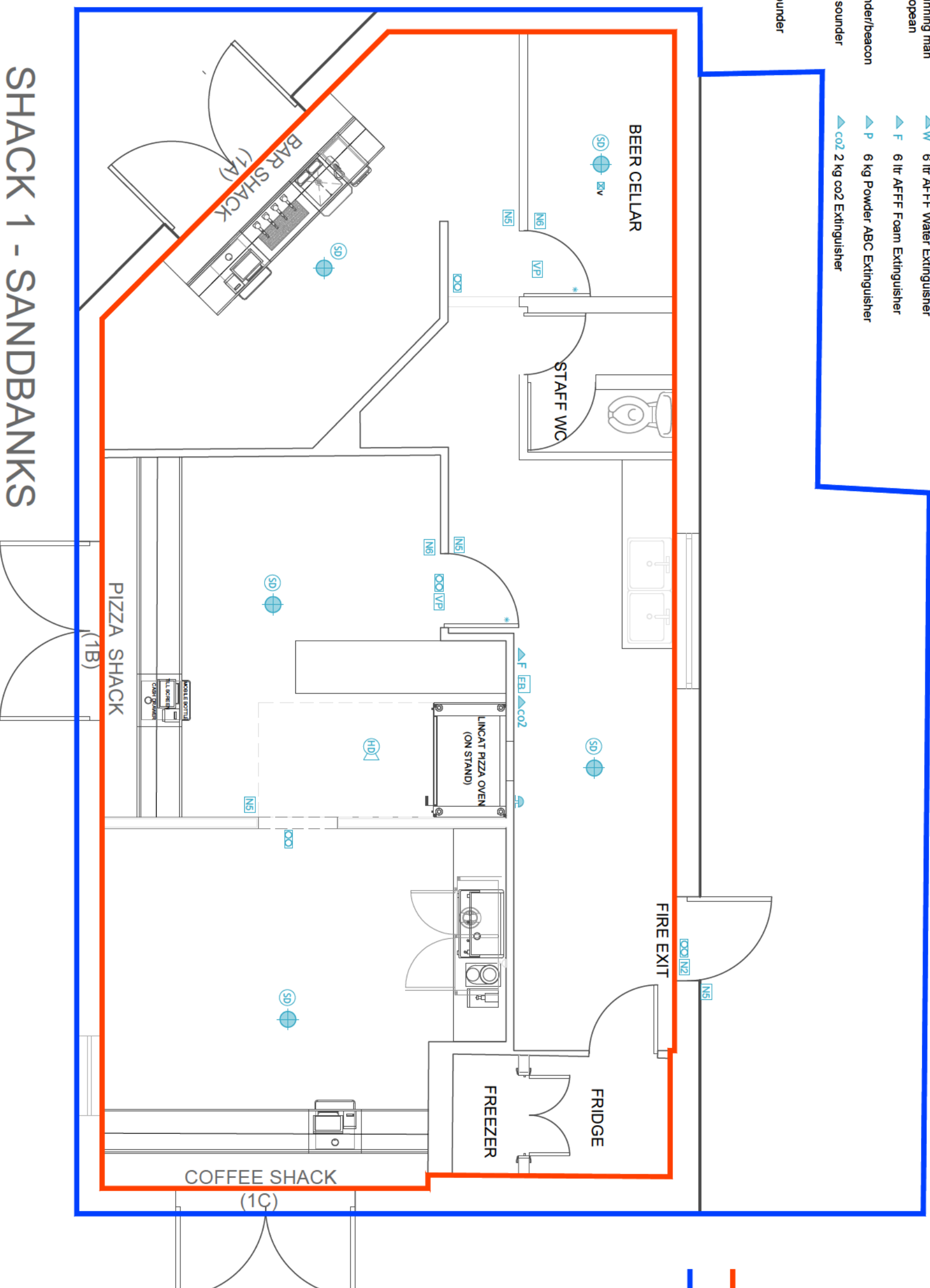
The Fire Alarm, system shown adjacent is indicative only. Fire alarm specialist to Extend / adapt Existing Automatic Fire Detection and Alarm System in accordance to BS 5839 : Part 1 to L3 Standard. Details to be forwarded to Approved Building control inspector for approval. Fire Alarm System to be mains powered with secondary battery power supply. Provide a Smoke detection / Alarm system - zoned to cover,
A) Public House, B) Back of House, C) Roof Terrace, - All smoke detectors to be interconnected. Wiring to conform to IEE Wiring Regulations.

COMMISSIONING CERTIFICATES - are required for,
1) The Emergency Lighting, 2) The Fire Alarm, (design, installation and testing).
Commissioning certificates, for the above are to be given to Architect to be forwarded on to the Client and Approved building control officer, for approval.

interconnected. Wiring to conform to IEE Wiring Regulations.

COMMISSIONING CERTIFICATES - are required for,
1) The Emergency Lighting, 2) The Fire Alarm, (design, installation and testing).

Commissioning certificates, for the above are to be given to Architect to be forwarded on to the Client and Approved building control officer, for approval.



Kiosk 1

- Denotes area to be used for licensable activities
- Denotes extent of demise

ACCEL CONSULTING LTD
Construction Consultants

Southwick
BN42 4TB
Tel. 01273 934 920

CLIENT
Rockwater

PROJECT

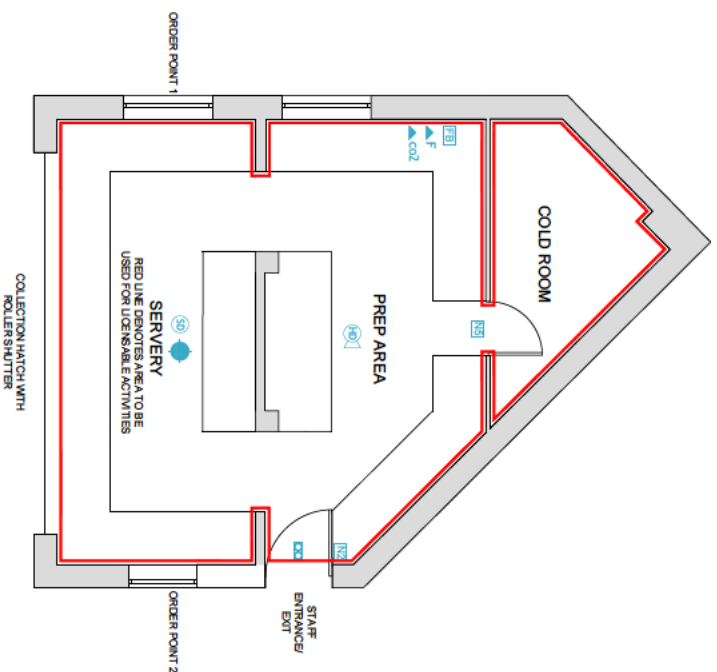
Sandbanks

DRAWING TITLE
Shack 1 Licensing Plan

CHUCK & LUCY'S FIGHT		
SCALE	DATE	REVISION

DATE/TIME	1:50@A3	DATE	07 Mar 2022	FILE NAME	-
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PROJECT, INC.	030	APPROVED BY
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SCALE BAR 1:100

[illegible]

Description	Date
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ricci@rt-san.com
07753 231265

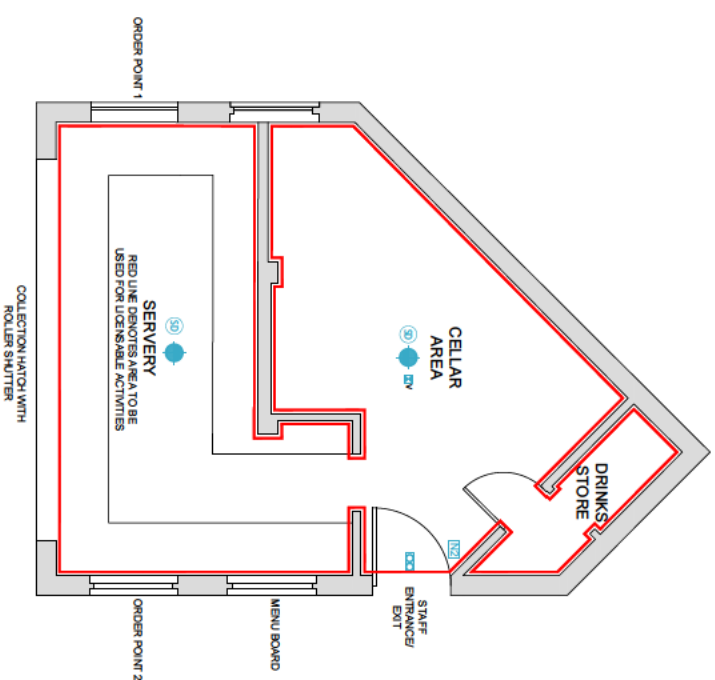
Site Address: **ROCKWATER
SANDBANKS**

Drawing Title: PAVILION KIOSK WEST
LICENSING PLAN

Client Name: ROCKWATER

Project	Scale	Date
SOTS22	1:100@A4	07.02.22
Revision	Drawing No.	Drawn By
A	03	RFT

Kiosk 3



SCALE BAR 1:100

[illegible]

Description	Date
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ricci@rt-san.com
07753 231265

Site Address: **ROCKWATER
SANDBANKS**

Drawing Title: PAVILION KIOSK EAST
FIRE PLAN

Client Name: ROCKWATER

Project	Scale	Date
SOTS22	1:100@A4	07.02.22
Revision	Drawing No.	Drawn By
A	04	RFT