

**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 **MR GEORGE GREENAWAY**

*(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 TAMWORTH BREWING CO 29 MARKET STREET TAMWORTH B79 7LR			
Post town	TAMWORTH	Postcode	B79 7LR
Telephone number at premises (if any)	<del>01827 709 445</del>		
Non-domestic rateable value of premises	<del>25000</del>		

**Part 2 - Applicant details**

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

- a) an individual or individuals \*  please complete section (A)
- b) a person 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 recognised club  please complete section (B)
- d) a charity  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 <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname GREENAWAY			First names GEORGE		
Date of birth <del>                    </del> I am 18 years old or over			X Please tick yes		
Nationality BRITISH					
Current residential address if different from premises address		<del>25 WOODHEAD STREET</del> <del>TAMWORTH</del> <del>CV57 6EE</del>			
Post town	TAMWORTH			Postcode	<del>CV57 6EE</del>
Daytime contact telephone number		<del>01827 523536</del>			
E-mail address (optional)	George Greenaway (ggreenaway@hotmail.com)				

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 over			I am 18 years old or <input type="checkbox"/> Please tick yes		
Nationality					
Current postal 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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start? 11 12 2017

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)

This is a 3 storey town centre building of traditional brick and pitched tiled roof construction that has an attractive double fronted ground floor sales area incorporating the brewery plant to one side. The remaining ground floor front to provide a sales and off-sales area. The property has first and second floor offices and a small kitchen on the first floor.

The ground floor retail area comprises 25.12 sq.m. with a rear bar and server of 16.85 sq m.

A separate side alleyway provides access to the rear for brewery cask storage. It is envisaged to use this area for a summer and occasional event beer garden with a separate rear stillage providing real ales.

First floor has two office spaces of approx. 31.30sq.m. Second Floor has three office spaces of 45.20sq m. These will only be accessible by staff. No public access

Subject to agreement with the local authority we are also looking to utilise part of the external pedestrianised footway for further seating.

Toilets are provided via stairway access to first floor. Two separate toilets for male and female are available.

We envisage the whole property to not have more than 50 people maximum in the building.

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

N/A

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

**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**

**A**

Plays Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 7)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 5)		
Thur					
Fri			<b><u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			



**D**

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	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		
Sat					
Sun					

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue					
			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Wed					
Thur					
			<b>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		
Fri					
Sat					
Sun					

**F**

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	X
				Outdoors	
Day	Start	Finish		Both	
Mon	11.00	22.45	<b>Please give further details here</b> (please read guidance note 4) Non-amplified background music only		
Tue	11.00	22.45			
Wed	11.00	22.45	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5) None		
Thur	11.00	22.45			
Fri	11.00	22.45	<b>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</b> (please read guidance note 6)  Christmas Eve and New Year's Eve 10.00 to 00.30		
Sat	10.00	22.45			
Sun	10.00	22.45			

**G**

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		
Sat					
Sun					

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 4)		
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)		
Fri					
Sat			<b>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		
Sun					

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)</b>	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 4)					
Mon								
Tue								
Wed						<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Thur								
Fri								
Sat						<b><u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u></b> (please read guidance note 6)		
Sun								

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for <u>consumption – please tick</u> (please read guidance note 8)	On the premises	<input type="checkbox"/>	
Day	Start	Finish		Off the premises	<input type="checkbox"/>	
Mon	11.00	22.45	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5) None	Both	X	
Tue	11.00	22.45				
Wed	11.00	22.45				
Thur	11.00	22.45		<b>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</b> (please read guidance note 6)  Christmas Eve and New Year's Eve 10.00 to 00.30		
Fri	11.00	22.45				
Sat	10.00	22.45				
Sun	10.00	22.45				

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 GEORGE GREENAWAY	
Date of birth 05 / 12 / 1967	
Address 23 HOSPITAL STREET TAMWORTH B79 7EE	
Postcode	B79 7EE
Personal licence number (if known) LN/000001219	
Issuing licensing authority (if known) Tamworth Borough Council	

K

<p><b>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).</b></p> <p>N/A</p>
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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) None
Day	Start	Finish	
Mon	11.00	22.45	<b>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</b> (please read guidance note 6)  Christmas Eve and New Year's Eve 10.00 to 00.30
Tue	11.00	22.45	
Wed	11.00	22.45	
Thur	11.00	22.45	
Fri	11.00	22.45	
Sat	10.00	22.45	
Sun	10.00	22.45	

**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)**

We have very recently opened a micro-brewery and are looking to provide an outlet for our own beers from a micro-pub brewery tap on site. We will sell mainly real ale and cider straight from the cask. A planning application will also be submitted to allow part use as A4 along with the present B1 manufacturing use on site. A micro-pub, although falling within the A4 use class, is not a standard pub but rather is more like a traditional alehouse providing a relaxed and sociable atmosphere for a comparatively small number of customers. Without amplified music, fruit machines or television it will feel like a small country pub despite its town centre location, meaning it will be attractive to discerning drinkers out for a quiet pint or two. The age range we are aiming at is the over thirties.

Occasionally, when weather and stock permits, we will be looking to hold a small beer festival using a separate stillage in the rear garden.

We are aware of our responsibilities for the Designated Premises Supervisor as proprietor I hold a Personal Licence for five years. The designated premises supervisor will be implementing a sensible drinking policy, also undertaking risk assessments on a regular basis. All guidelines recommended by the BBPA will be followed with regards to noise controls.

**b) The prevention of crime and disorder**

1. The CCTV system must be installed and operate internally to cover all areas that licensable activities take place.
2. The CCTV unit shall be positioned in a secure part of the licensed premise. Access to the system should be allowed immediately to the Police upon request.
3. A competent trained person in the use of and operation of the CCTV will be in attendance at the premises at all times that licensable activities take place and be able to fully operate the CCTV system to be able to download in a recognised format any information requested by the Police.
4. The CCTV system clock should be set correctly and maintained (taking account of GMT and BST).
5. A facility will be available for the Police to remove from the CCTV system a copy of any material relevant to any ongoing Police investigation.

6. All CCTV images will be retained for a period of not less than 31 days.
7. An incident register of all occurrences and ejections from the premises will be maintained at the premises and all details of public order offences will be recorded.
8. All persons involved in the sale of alcohol who are not the holders of a Personal Licence to sell alcohol will receive initial and subsequent 6 monthly refresher training by the Designated Premises Supervisor or an appropriately accredited training provider with regards to the law in relation to the sale of alcohol. This will be recorded in a staff training register and will include, signature of the member of staff, the DPS or an appropriately accredited training provider together with the date.

All Records shall be retained at the premises for a period of no less than 12 months and made available to responsible authorities on request.

#### **c) Public safety**

We are aware of the need to conduct ongoing Health & Safety risk assessments to identify and deal with hazards. The building has two doors, the main front access and a rear door into a side alleyway which access direct from the street to the rear walled garden.

The premises will be monitored by CCTV; smoke alarms are in place. A log book will be maintained to show that regular checks have been carried out to ensure smoke alarms, electrical appliances, electrical wiring are all working properly.

#### **d) The prevention of public nuisance**

Noise will be kept to a minimum: recorded music will be kept at a background level, there will be no kitchen extraction fans and all deliveries or rubbish disposal will take place during daytime hours.

Notices will be posted at the door asking patrons to leave quickly and quietly.

#### **e) The protection of children from harm**

1. Challenge 25 will be operated at the premise whereby all persons who appear to be under 25 and purchasing or attempting to purchase alcohol will be asked to provide identification to prove they are over 18 years of age.
2. The only acceptable forms of identification allowed will be a valid passport, valid photo ID, driving licence or valid proof of age scheme card with the PASS approved hologram.
3. Challenge 25 signage to be displayed at the entrance to the premises and at the cash till payment area and in sight of customers and staff.
4. A refusals register is to be used to record all incidents when a sale is refused. The register is to be kept at the premise at all times unless it is requested by the police or officers of responsible authorities. The register will contain details of the staff member refusing the sale, detail of the time and date of any sales that are refused.

All Records shall be retained at the premises for a period of no less than 12 months and made available to responsible authorities on request.

**OUR POLICY IS NO ADMISSION FOR ANY PERSON UNDER 18 YEARS OF AGE**

**Checklist:**

**Please tick to indicate agreement**

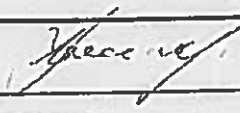
- I have made or enclosed payment of the fee. X
  - I have enclosed the plan of the premises. X
  - I have sent copies of this application and the plan to responsible authorities and others where applicable. X
  - I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. X
  - I understand that I must now advertise my application. X
  - I understand that if I do not comply with the above requirements my application will be rejected. X
  - X
- [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 (please read note 15). X

**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**

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.

<b>Declaration</b>	<ul style="list-style-type: none"> <li>[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).</li> <li>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)</li> </ul>
<b>Signature</b>	
<b>Date</b>	10 11 2017
<b>Capacity</b>	PROPRIETOR

For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

<b>Signature</b>	
<b>Date</b>	
<b>Capacity</b>	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) GEORGE GREENAWAY 29 MARKET STREET			
<b>Post town</b>	TAMWORTH	<b>Postcode</b>	B79 7LR
<b>Telephone number (if any)</b>	<del>01827 333333</del>		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) George Greenaway ( <del>george.greenaway@tamworth.gov.uk</del> )			



**Consent of individual to being specified as premises  
supervisor**

MR GEORGE GREENAWAY

-----  
*[full name of prospective premises supervisor]*

of

~~XXXXXXXXXXXXXXXXXXXX~~  
~~TAMWORTH~~  
~~XXXX XX~~

-----  
*[home address of prospective premises supervisor]*

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

Application for a premises licence to be granted under the Licensing Act 2003

-----  
*[type of application]*

by

MR GEORGE GREENAWAY

-----  
*[name of applicant]*

relating to a premises licence N/A  
-----  
*[number of existing licence, if any]*

for

TAMWORTH BREWING CO  
29 MARKET STREET  
TAMWORTH  
B79 7LR

*[name and address of premises to which the application relates]*

and any premises licence to be granted or varied in respect of this application made by

MR GEORGE GREENAWAY

*[name of applicant]*

concerning the supply of alcohol at

TAMWORTH BREWING CO  
29 MARKET STREET  
TAMWORTH  
B79 7LR

*[name and address of premises to which application relates]*

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

LN/000001219

*[insert personal licence number, if any]*

Personal licence issuing authority

Tamworth Borough Council

*[insert name and address and telephone number of personal licence issuing authority, if any]*

Signed



Name (please print)

MR GEORGE GREENAWAY

Date

16 - 11 - 2017



Please find attached, copy of floor plans, completed at 1:50 scale, showing fire protection equipment. NB Ground and first floor are portrait documents. The second floor premises across 28 and 29 is landscape. The fire precautionary equipment was previously installed as part of a Tamworth Borough Council refurbishment scheme when the building was commissioned as the Tourist Information Centre.

If you have any further queries, please do not hesitate to contact me.

### Key for floor plans



SOUNDER



BREAK GLASS



EMERGENCY LIGHT



SMOKE / HEAT DETECTOR



ILLUMINATED EXIT SIGN



FOAM EXTINGUISHER

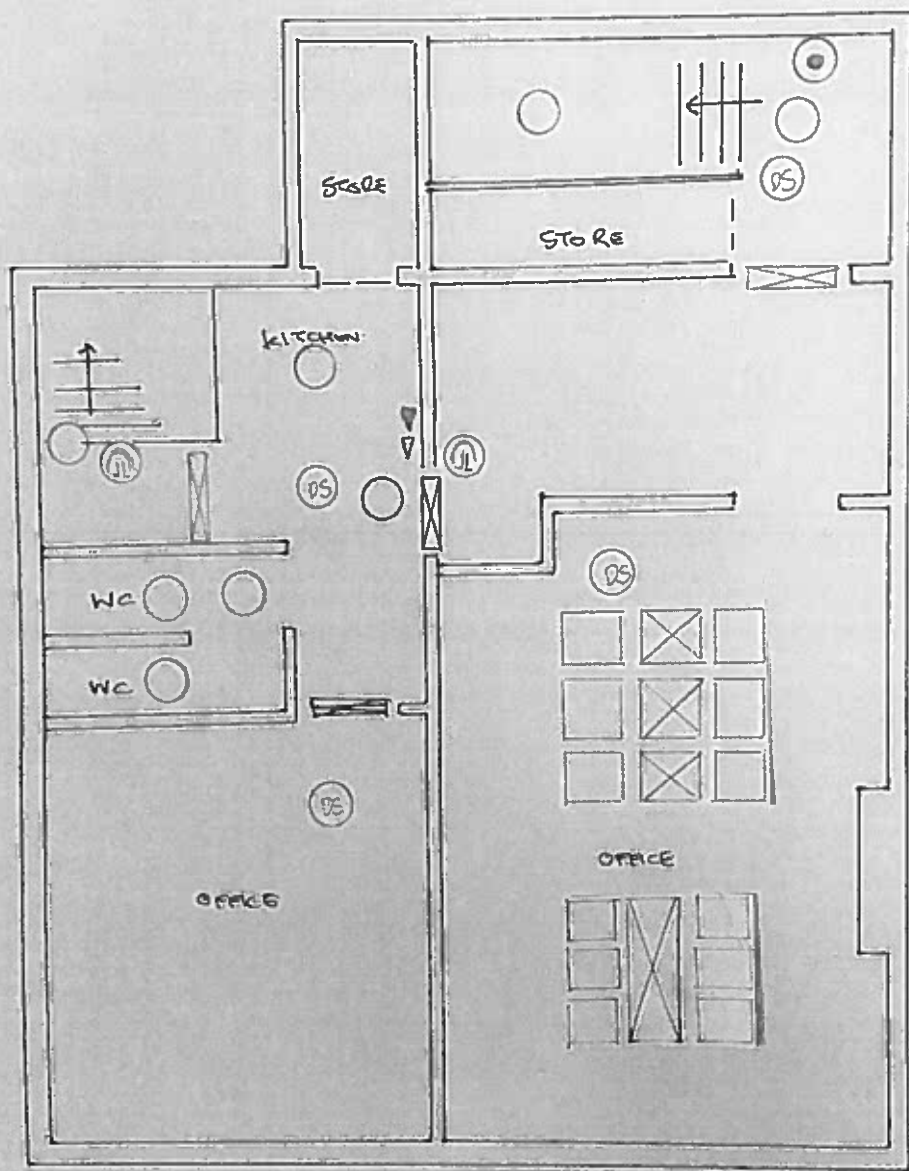


CO<sub>2</sub> EXTINGUISHER



WATER EXTINGUISHER



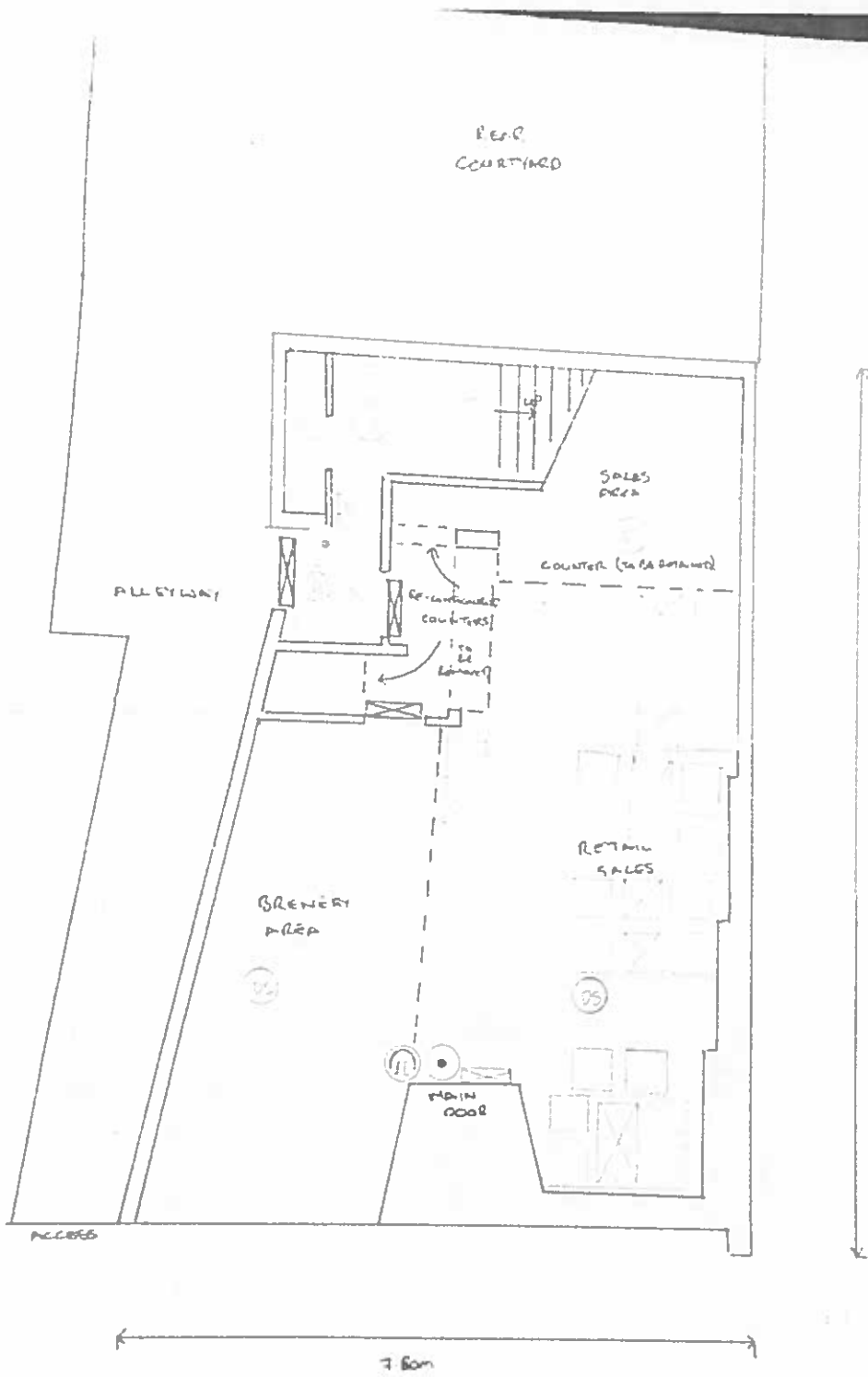


8.80m

11.10m

29 MARKET ST  
FIRST FLOOR  
1:50 SCALE





29 MARKET ST  
 GROUND FLOOR  
 1:50 SCALE

