

EAST STAFFORDSHIRE BOROUGH COUNCIL

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 Anthony SLOAN TRADING AS SLOANS KITCHEN LTD  
(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			
B SLOANS KITCHEN BARN 1, CRAYTHORNE FARM 104 CRAYTHORNE RD STRETTON BURTON ON TRENT DE13 0AZ			
Post town	BURTON ON TRENT	Postcode	DE13 0AZ
Telephone number at premises (if any)	01283 565192		
Non-domestic rateable value of premises	<del>£</del> £2950		

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                         | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership                            | <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) |

3/10/2012

- 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:

Please tick yes

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)**

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

**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		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
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	SLOANS KITCHEN LTD
Address	BARN 1, CRAYTHORNE FARM 104 CRAYTHORNE RD STRETTON BURTON ON TRENT DE13 0AZ
Registered number (where applicable)	11133561
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	01283 565192
E-mail address (optional)	sloanscatering@hotmail.com

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
01	04	2018

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)

SLOANS KITCHEN IS A SMALL CAFE SET WITHIN THE GROUNDS OF CRAYTHORNE FARM IN STRETTON. THE CAFE HAS APPROX 25 SEATS INSIDE AND A SMALL OUTDOOR AREA WITH APPROX 20 SEATS (WEATHER PERMITTING). SEEKING PERMISSION TO SELL ALCOHOL ON THE PREMISES TO BE CONSUMED ON THE PREMISES AND OUTDOOR AREA.

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
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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 tick any 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 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	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 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)	
Day	Start	Finish		
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)	
Tue				
Wed				<u>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</u> (please read guidance note 5)
Thur				
Fri				
Sat				
Sun				

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
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 5)		
Sat					
Sun					



**E**

Live music Standard days and timings (please read guidance note 6) <b>NO SET DATES</b>			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors <input type="checkbox"/>
			Outdoors <input type="checkbox"/>	Both <input checked="" type="checkbox"/>
Day	Start	Finish		
Mon	09:00	23:00	<u>Please give further details here (please read guidance note 3)</u> AD HOC EVENTS SUCH AS ACOUSTIC MUSIC PERFORMANCE INDOORS AND OUTDOORS	
Tue	09:00	23:00		
Wed	09:00	23:00	<u>State any seasonal variations for the performance of live music (please read guidance note 4)</u> ← OUTDOOR PERFORMANCE MAY BE ARRANGED IN THE SUMMER MONTHS	
Thur	09:00	23:00		
Fri	09:00	23:00	<u>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 (please read guidance note 5)</u>	
Sat	09:00	23:00		
Sun	09:00	23:00		

\* NEW YEAR'S EVE     09:00 – 01:00

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	09:00	23:00	Please give further details here (please read guidance note 3) MUSIC will be played in the Cafe. RADIO / MP3 / SPOTIFY AS BACKGROUND MUSIC	Both	<input checked="" type="checkbox"/>
Tue	09:00	23:00			
Wed	09:00	23:00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	09:00	23:00			
Fri	09:00	23:00	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 (please read guidance note 5)		
Sat	09:00	23:00			
Sun	09:00	18:00			

\* NEW YEARS EVE - 09:00 - 01:00hrs

**G**

<b>Performances of dance Standard days and timings (please read guidance note 6)</b>			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)</u></b>	Indoors	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>		Outdoors	<input type="checkbox"/>
<b>Mon</b>			<b><u>Please give further details here (please read guidance note 3)</u></b>	Both	<input type="checkbox"/>
<b>Tue</b>			<b><u>State any seasonal variations for the performance of dance (please read guidance note 4)</u></b>		
<b>Wed</b>			<b><u>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 (please read guidance note 5)</u></b>		
<b>Thur</b>					
<b>Fri</b>					
<b>Sat</b>					
<b>Sun</b>					

H

<p><b>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</b></p>			<p>Please give a description of the type of entertainment you will be providing</p>		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<p><b>Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)</b></p>	<b>Indoors</b>	<input type="checkbox"/>
<b>Mon</b>				<b>Outdoors</b>	<input type="checkbox"/>
				<b>Both</b>	<input type="checkbox"/>
<b>Tue</b>			<p><b>Please give further details here (please read guidance note 3)</b></p>		
<b>Wed</b>					
			<p><b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</b></p>		
<b>Thur</b>					
<b>Fri</b>			<p><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 (please read guidance note 5)</b></p>		
<b>Sat</b>					
<b>Sun</b>					

**I**

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here (please read guidance note 3)</b>	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for the provision of late night refreshment (please read guidance note 4)</b>		
Thur					
Fri			<b>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 (please read guidance note 5)</b>		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	09:00	23:00	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)  NEW YEARS EVE 09:00 - 01:00hrs	Both	<input checked="" type="checkbox"/>
Tue	09:00	23:00			
Wed	09:00	23:00			
Thur	09:00	23:00		<u>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</u> (please read guidance note 5)	
Fri	09:00	23:00			
Sat	09:00	23:00			
Sun	09:00	18:00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

Name	ANTHONY SLOAN
Address	8 TALBOT MEADOWS HILTON DERBY
Postcode	DE65 5JS
Personal licence number (if known)	In Progress
Issuing licensing authority (if known)	SOUTH DERBYSHIRE

3/10/2012

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 8).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	09:00	23:30	New Year's Eve 09:00 - 01:00 hrs
Tue	09:00	23:30	
Wed	09:00	23:30	
Thur	09:00	23:30	
Fri	09:00	23:30	
Sat	09:00	23:30	
Sun	09:00	18:30	

**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 (please read guidance note 5)**

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 9)

- CLEAR SIGNAGE OUTSIDE INDICATING THE NORMAL HOURS UNDER THE TERMS OF THE LICENCE DURING WHICH LICENSABLE ACTIVITIES ARE PERMITTED
- Alcohol restricted to areas identified on the plan attached and to the operating schedule
- Maximum occupancy to be restricted to 30 inside + 30 outside
- PHOTO ID TO BE REQUESTED FROM ANY INDIVIDUAL UNDER THE AGE OF 18

b) The prevention of crime and disorder

- NO CASH OR ALCOHOL LEFT ON PREMISE
- CLEAR SIGNAGE TO INDICATE OPEN / CLOSE TIMES
- PIR motion detector doorbell camera to be installed WITH NOTICES ADVISING CCTV HAS BEEN INSTALLED ON THE PREMISES

c) Public safety

- LOG BOOKS ON SITE TO RECORD H&S INFORMATION
- ACCESS FOR EMERGENCY VEHICLES
- ALL PARTS OF THE PREMISES AND ALL FITTINGS, APPARATUS, NOTICES, SEATING, LIGHTING, HEATING, ELECTRICAL AND TOILET FACILITIES WILL BE MAINTAINED AND REMAIN IN GOOD ORDER
- LIAISING WITH ENVIRONMENTAL HEALTH AND REGISTERING AS A FOOD BUSINESS • PIR MOTION DETECTOR CAMERA

d) The prevention of public nuisance

- A NOTICE REQUESTING THE PUBLIC TO RESPECT THE NEEDS / RIGHTS OF LOCAL RESIDENTS AND TO LEAVE THE PREMISES QUIETLY.
- DELIVERIES TO BE ARRANGED TO MINIMISE DISTURBANCE.
- A TAXI FIRM WILL BE NOMINATED AND ADVERTISED FOR CUSTOMER USE.
- NO MOVEMENT OF BINS OR ~~FOR~~ OUTDOOR FURNITURE AFTER 11.30am

e) The protection of children from harm



NO UNACCOMPANIED CHILDREN AFTER 18:00  
 PROOF OF AGE POLICY

**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.
- 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.

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**Part 4 – Signatures** (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 11).  
 If signing on behalf of the applicant, please state in what capacity.

Signature	<i>Adrian Gordon</i>
Date	12/3/18
Capacity	Director

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 12). If signing on behalf of the applicant, please state in what capacity.

Signature	<i>A Gordon</i>
Date	12/3/18
Capacity	DIRECTOR

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Post town

Postcode

Telephone number (if any)

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

### Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

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

I ANTHONY SLOAN  
[full name of prospective premises supervisor]

of  
8 TALBOT MEADOWS  
HILTON  
DERBY  
DE6 5 5JS

[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

PREMISES LICENCE  
[type of application]

by

SLOANS KITCHEN LTD  
[name of applicant]

relating to a premises licence

N/A  
[number of existing licence, if any]

for  
BARN 1 CRAYTHORNE FARM  
104 CRAYTHORNE RD  
STRETTON  
BURTON - DN-TRENT.  
DE13 0AZ.

[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

SLOANS KITCHEN LTD  
*[name of applicant]*

concerning the supply of alcohol at  
BARN 1 CRAYTHORNE FARM  
104 CRAYTHORNE RD  
STRETTON  
BURTON ON TRENT  
DE13 0AZ

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

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

In Progress  
*[insert personal licence number, if any]*

Personal licence issuing authority

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

Signed



Name (please print)

ANTHONY SLOAN

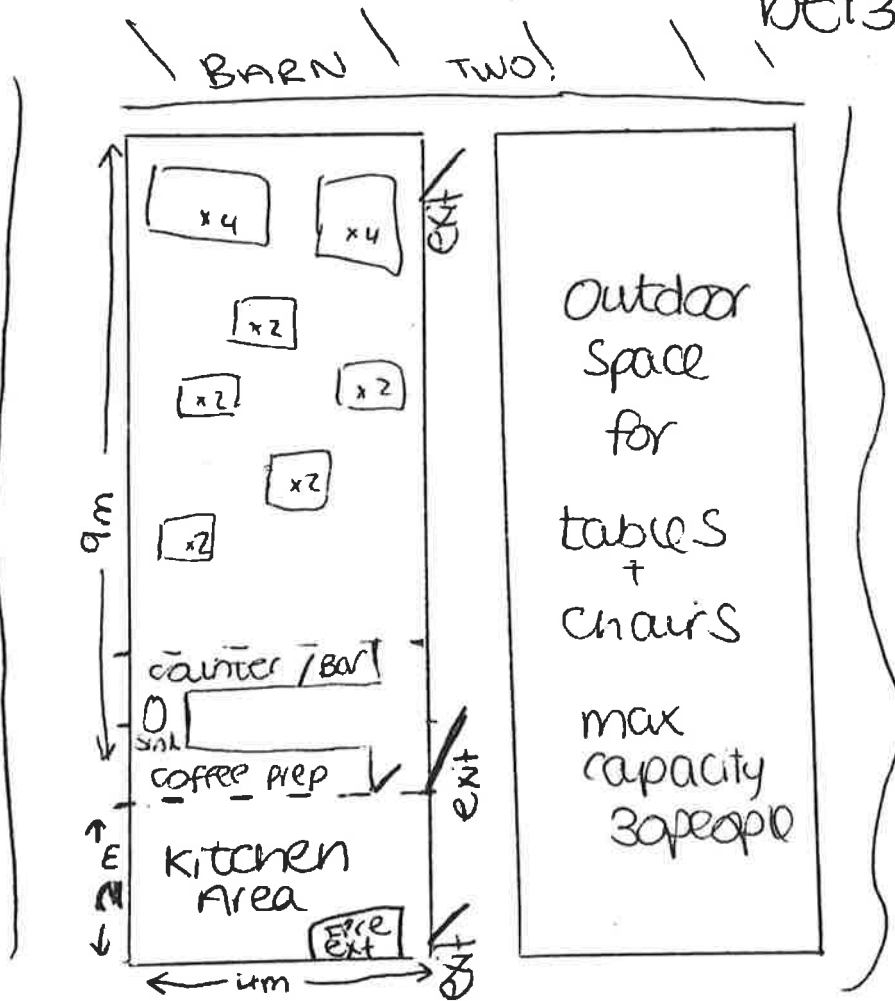
Date

12th March 2018

# Plan of premises for Application For A Premises Licence

Name of Premises : Sloans Kitchen  
Barn One Craythorne farm  
Location of Premises: 104 Craythorne Rd  
Stretton  
10E13 0AZ

Drive to car park →



Craythorne Road