

LICENSING ACT 2003

Reference: 17/00112/LAPRE

An application for a **Premises Licence** (New)

has been made by **Sticky Sisters Trading Limited**

for the premises known as -

**28 - 32 Kingsmead, Farnborough, Hampshire,
GU14 7SL**

Details of this application (including the activities and times that these are proposed to be carried on or from the premises) are set out in the attached copy (redacted).

These and other details of the application (including any plans), together with the licensing register of the licensing authority may be inspected at the offices of Rushmoor Borough Council at the Council Offices, Farnborough Road, Farnborough GU14 7JU; telephone: 01252 398855, website: www.rushmoor.gov.uk.

NB(1): Responsible authorities or any other person may make representations about this application to the licensing authority no later than the date set out below.

14 March 2017

NB(2): Where applicable, all representations must be made in writing to the licensing authority at the above address or submitted by email: licensing@rushmoor.gov.uk.

NB(3): It is an offence to knowingly or recklessly make a false statement in connection with an application; the maximum fine for which is £5000 on summary conviction.

Rushmoor Borough Council, Council Offices, Farnborough Road, Farnborough,
Hampshire, GU14 7JU

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 STICKY SISTERS TRADING 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		RUSHMOOR BOROUGH COUNCIL ENVIRONMENTAL HEALTH AND HOUSING	
28 - 32 KINGSMEAD THE MEADS SHOPPING CENTRE FARNBOROUGH HAMPSHIRE		REC'D 14 FEB 2007	
Post town		REFERRED TO:	
FARNBOROUGH	Postcode	GU14 7SJ	
Telephone number at premises (if any)	not yet installed		
Non-domestic rateable value of premises	£ 19,000 (estimate)		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

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 please complete section (B)
- ii. as a partnership 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:

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)



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)					

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	STICKY SISTERS TRADING LIMITED
Address	AVON HOUSE ARDEN ROAD LONDON W13 8RP
Registered number (where applicable)	9366268
Description of applicant (for example, partnership, company, unincorporated association etc.)	PRIVATE 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
27	03	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)

ONE STOREY FAST/CASUAL RESTAURANT WITHIN A COVERED SHOPPING CENTRE FOR THE SALE OF HOT AND COLD FOOD AND DRINKS FOR CONSUMPTION ON AND OFF THE PREMISES. THE RESTAURANT WILL HAVE AROUND 90 COVERS INSIDE AND AN ADDITIONAL OUTSIDE SEATING AREA (SHOWN ON ACCOMPANYING PLANS)

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

B

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

C

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

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment 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"/>
				Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
Tue			Please give further details here (please read guidance note 3)		
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Fri			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 (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			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 type="checkbox"/>				
Day	Start	Finish	Please give further details here (please read guidance note 3)							
Mon										
Tue										
Wed							State any seasonal variations for the performance of live music (please read guidance note 4)			
Thur										
Fri							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)			
Sat										
Sun										

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 type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue			State any seasonal variations for the playing of recorded music (please read guidance note 4)			
Wed						
Thur			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)			
Fri						
Sat						
Sun						

G

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

H

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

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	11:00	00:00 <i>i.e. midnight</i>	Please give further details here (please read guidance note 3) TAKEAWAY HOT FOOD AND ALSO SALES TO CUSTOMERS USING OUTDOOR SEATING AREA		
Tue	11:00	00:00			
Wed	11:00	00:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	11:00	00:00 C			
Fri	11:00	00:00	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)		
Sat	11:00	00:00			
Sun	11:00	00:00			

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 checked="" type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	11:00	00:00 <i>ie midnight</i>						
Tue	11:00	00:00						
Wed	11:00	00:00						
Thur	11:00	00:00				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 5)		
Fri	11:00	00:00						
Sat	11:00	00:00						
Sun	11:00	00:00						

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

Name	1A [REDACTED]
Address	[REDACTED]
Postcode	ME9 8WQ
Personal licence number (if known)	SWALE - PL - 1634
Issuing licensing authority (if known)	SWALE BOROUGH COUNCIL

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).

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	11:00	00:00 <small>12 midnight</small>	<p>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)</p>
Tue	11:00	00:00	
Wed	11:00	00:00	
Thur	11:00	00:00	
Fri	11:00	00:00	
Sat	11:00	00:00	
Sun	11:00	00:00	

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 9)

PLEASE SEE OPERATING SCHEDULE ATTACHED

b) The prevention of crime and disorder

PLEASE SEE OPERATING SCHEDULE ATTACHED

c) Public safety

PLEASE SEE OPERATING SCHEDULE ATTACHED.

d) The prevention of public nuisance

PLEASE SEE OPERATING SCHEDULE ATTACHED.

e) The protection of children from harm

PLEASE SEE OPERATING SCHEDULE ATTACHED.

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	
Date	
Capacity	

For joint applications, signature of 2nd applicant or 2nd 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	
Date	
Capacity	

PLEASE SEE OPERATING SCHEDULE ATTACHED.

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.
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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		
Date		
Capacity	G 	25 LIMITED

For joint applications, signature of 2nd applicant or 2nd 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	
Date	
Capacity	

Operating Schedule

Sticky Sisters, The Meads Shopping Centre, 28-32 Kingsmead, Farnborough GU14 7SJ

General:

The premises will install and maintain a comprehensive colour CCTV system, which includes 10 hi-resolution internal dome cameras (infra-red) and one hi-resolution external camera (infra-red). All public areas of the licensed premises, including all public entry and exit points will be covered. The CCTV cameras shall continually record while the premises are open to the public and recording shall be kept available for 28 days with the date and time stamping. A staff member who is conversant with the operation of the CCTV system shall be present on the premises at all times when they are open to the public, and must be able to provide CCTV images upon reasonable request by a Police Office or an Authorised Officer of the Local Authority.

The Prevention of Crime & Disorder

Any person who appears to be intoxicated or who is behaving in a disorderly manner shall not be served at the premises. All staff shall be trained in recognising signs of drunkenness and how to refuse service. Training shall be refreshed at 6-monthly intervals. Training records shall be made available for inspection upon request by a Police Officer or an Authorised Officer of the Local Authority.

The sale of alcohol shall be limited to persons taking a meal at the premises and for consumption by such persons as ancillary to their meal.

An Incident Log will be kept at the premises for at least six months, and made available to Police Officer or Authorised Officers of the Local Authority upon request. This Log will record any thefts, verbal abuse, threatening behaviour, physical assaults or attempts at under-age purchases.

Staff are trained in various aspects of security, including conflict management, robbery and assaults. Training records shall be made available for inspection upon request by a Police Officer or an Authorised Officer of the Local Authority.

Staff will also have access to a panic button, probably to be situated on the front counter.

Public Safety

A Shift Manager will conduct a walk-through of the premises (including toilet checks) at least every hour monitoring health and safety standards and the conduct of those attending the premises.

All firefighting equipment will be inspected and serviced in line with the manufacturer's instructions.

The premises operates an extensive checklist system for the cleanliness and maintenance of all areas of the restaurant. These checks are recorded and the record is available for inspection upon request by a Police Officer or an Authorised Officer of the Local Authority.

Tables will be cleared of all bottles and containers on a regular basis during trading hours, to avoid an accumulation of glassware.

Prevention of Public Nuisance

The premises and immediate surrounding area shall be kept clean and free from litter at all times the premises are open to the public, and there will be a final clean-up at the close of business each day.

Litter bins shall be provided at the premises in sufficient capacity to ensure that customers can adequately dispose of any litter.

Notices shall be displayed requesting customers to respect the need of local residents and leave the area quietly.

The Protection of Children from Harm

The Challenge 25 Scheme will be operated to ensure that any person who appears to be under the age of 25 shall provide documented proof that he/she is over 18 years of age. Proof of age documents shall only comprise a passport, photo card driving licence or a card bearing the PASS hologram.

In addition to other training, staff will be trained to prevent underage sales, are aware of any attempted proxy sales and maintain a Refusals Log. Documented records of training completed shall be kept for each member of staff, and shall be made available for inspection upon request by a Police Officer or an Authorised Officer of the Local Authority.

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

[REDACTED]	
Post town	[REDACTED]
Postcode	W12 8RP
Telephone number (if any)	[REDACTED]
If you would prefer us to correspond	
[REDACTED]	

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.