

LICENSING ACT 2003

Reference: 25/00626/LAPRE

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

has been made by **Ms Kyla Cox**

for the premises known as -

Street Record, Queensmead, Farnborough, Hampshire

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.

26 August 2025

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 unlimited on summary conviction.

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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 Kyla Cox
(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 <u>Queensmoor and The Landing</u> <u>Farnborough Town Centre</u>	
Post town <u>Farnborough</u>	Postcode
Telephone number at premises (if any)	
Non-domestic rateable value of premises	<u>£ nil - £100</u>

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 *	<input checked="" type="checkbox"/>	please complete section (A)
b)	a person other than an individual *	<input type="checkbox"/>	
	i as a limited company/limited liability partnership	<input type="checkbox"/>	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)

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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	Mrs	Miss	<input checked="" type="radio"/> Ms	Other Title (for example, Rev)
Surname Cox		First names Kyla		
Date of birth [REDACTED]		I am 18 years old or over		Please tick yes <input checked="" type="checkbox"/>
Nationality [REDACTED]				
Current residential address if different from premises address		[REDACTED]		
Post town [REDACTED]		Postcode [REDACTED]		
Daytime contact telephone number		[REDACTED]		
E-mail address (optional)		[REDACTED]		
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)				

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Second individual applicant (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname				First names	
Date of birth or over		I am 18 years old		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 'share code' provided to the applicant by that service: (please see note 15 for information)					

(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

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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?

DD MM YYYY
13 09 2025

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

DD MM YYYY
13 09 2025

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

Across Queensmoor and the landing
in Loughborough town centre.

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)	
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)	

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e)	live music (if ticking yes, fill in box E)	<input checked="" type="checkbox"/>
f)	recorded music (if ticking yes, fill in box F)	<input checked="" type="checkbox"/>
g)	performances of dance (if ticking yes, fill in box G)	<input checked="" type="checkbox"/>
h)	anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	<input checked="" type="checkbox"/>

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	<input type="checkbox"/>
<u>Supply of alcohol</u> (if ticking yes, fill in box J)	<input checked="" type="checkbox"/>

In all cases complete boxes K, L and M

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A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	
					Outdoors	
					Both	
Day	Start	Finish				
Mon			Please give further details here (please read guidance note 4)			
Tue						
Wed			State any seasonal variations for performing plays (please read guidance note 5)			
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 6)			
Sat						
Sun						

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B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	
Day	Start	Finish	Indoors	
			Outdoors	
			Both	
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)	
Thur				
Fri			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 6)	
Sat				
Sun				

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C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
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 6)
Thur			
Fri			
Sat			
Sun			

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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	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
Thur					
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 6)		
Sat					
Sun					

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E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish		
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)	
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 6) 13 th September 2028 only.	
Sat	12:00	18:30		
Sun				

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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	<input type="checkbox"/>
					Outdoors	<input checked="" type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon						
Tue						
Wed						
Thur			State any seasonal variations for the playing of recorded music (please read guidance note 5)			
Fri						
Sat						
Sun			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 6)			
	12:00	18:30	13 th September 2008 only			

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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	
Day	Start	Finish		Outdoors	<input checked="" type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	
Tue					
Wed					
Thur			State any seasonal variations for the performance of dance (please read guidance note 5)		
Fri					
Sat	12:00	18:30	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 6)		
Sun					

13th September 2008 only

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H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing <i>Drag acts, Comperes</i> <i>Cabaret style entertainment</i>		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Mon				Outdoors	<input checked="" type="checkbox"/>
				Both	
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat	<i>2003</i>	<i>18:30</i>	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 6) <i>13th September 2003 only</i>		
Sun					

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Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur					
Fri					
Sat			<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> (please read guidance note 6)		
Sun					

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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	
				Off the premises	
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon			State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Tue					
Wed					
Thur			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					
Sat	12.00	18.30			
Sun			13 th September 2023 only.		

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	Kenton Cox
Date of birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	TM - PER/11/1054
Issuing licensing authority (if known)	Tunbridge + mailings

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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).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	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 6)
Mon			
Tue			
Wed			
Thur			
Fri			
Sat	0000	2359	
Sun			

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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)

Refusal bags and incident logs shall be kept at each bar.

~~The~~ Licence holder will operate 'ask for angel' and 'ask for olive' to support any person who may need it.

b) The prevention of crime and disorder

Each bar will be managed by a personal licence holder at all times.

marshalls and SIRA will be patrolling the event and dealing with any disorder or intoxication issues.

c) Public safety

No glass - all drinks will be decanted into plastic vessels.

No drinks promotions will be on offer.

d) The prevention of public nuisance

~~At least~~ Two weeks before the event the licence holder will send a letter to ~~the~~ residents in the town centre giving details of the event and how to report any disturbances.

A log of noise complaints shall be kept with details of complaint and what remedy has been actioned.

e) The protection of children from harm

Each bar will be managed by a personal ~~licence~~ licence holder at all times.

Challenge 25 will be in operation.

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Checklist:

Please tick to indicate agreement

<input type="checkbox"/>	I have made or enclosed payment of the fee.	<input checked="" type="checkbox"/>
<input type="checkbox"/>	I have enclosed the plan of the premises.	<input checked="" type="checkbox"/>
<input type="checkbox"/>	I have sent copies of this application and the plan to responsible authorities and others where applicable.	<input checked="" type="checkbox"/>
<input type="checkbox"/>	I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	<input checked="" type="checkbox"/>
<input type="checkbox"/>	I understand that I must now advertise my application.	<input checked="" type="checkbox"/>
<input type="checkbox"/>	I understand that if I do not comply with the above requirements my application will be rejected.	<input checked="" type="checkbox"/>
<input type="checkbox"/>	[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).	<input checked="" type="checkbox"/>

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
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	<p>the UK (please read guidance note 15).</p> <ul style="list-style-type: none"> The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	[REDACTED]
Date	29/07/25
Capacity	BAR MANAGER

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)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			