



Listening Learning Leading

SOUTH OXFORDSHIRE DISTRICT COUNCIL

New Premises Licence Application Licensing Act 2003

Premises: The Deli,
5 Buttermarket,
Thame,
Oxon.
OX9 3EW

Date Received: 2 September, 2016

Consultation End Date: 30 September, 2016

Please contact the Licensing Team on 01235 422556 if you require clarification/advice.

Consultation responses must be received before midnight on the consultation end date by e-mail/post as follows:-

licensing@southoxon.gov.uk

Licensing Team,
South Oxfordshire District Council,
135 Eastern Avenue, Milton Park,
Abingdon, Oxon, OX14 4SB

It is an offence knowingly or recklessly to make a false statement in connection with an application and the maximum fine for which a person is liable on summary conviction for the offence is up to £5,000.

Legal & Democratic Services
 - 2 SEP 2016
 Received

**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 HANNAH JONES AND JOSEPH BASTIN
 (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>5, BUTTER MARKET</u>			
Post town	<u>THAME</u>	Postcode	<u>OX9 3EW</u>

Telephone number at premises (if any)	<u>01844 217778</u>
Non-domestic rateable value of premises	<u>£ 16,500</u>

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)

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	BASTIN JONES LIMITED
Address	GREY FRIARS COURT PARADISE SQUARE OXFORD OX1 1BE
Registered number (where applicable)	COMPANY NUMBER: 10247236
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	01844 217778

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
 20092016

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

DD MM YYYY
 □ □ □ □ □ □ □ □

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

THE SHOP PREMISES WILL OPERATE AS A DELICATESSEN AND LIFESTYLE SHOP OF APPROXIMATELY 600 SQ. FT. BESIDES STOCKING BRITISH CHEESES AND CHARCUTERIE THE SHOP WILL STOCK A RANGE OF BRITISH PRODUCED CRAFT BEERS AND CIDERS AS WELL AS A SMALL RANGE OF BRITISH GIN AND WINES. NO ALCOHOL WILL BE SERVED FOR CONSUMPTION ON THE PREMISES.

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

NOT APPLICABLE

What licensable activities do you intend to carry on from the premises? OFF LICENCE SALES ONLY

(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					

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"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	09.00	17.30						
Tue	09.00	17.30						
Wed	09.00	17.30						
Thur	09.00	17.30				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	09.00	17.30						
Sat	09.00	17.30						
Sun	10.00	16.00						

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

Name	JOSEPH BASTIN
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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 8).

NOT APPLICABLE

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	17.30	<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	09.00	17.30	
Wed	09.00	17.30	
Thur	09.00	17.30	
Fri	09.00	17.30	
Sat	09.00	17.30	
Sun	10.00	16.00	

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)

WE SHOULD ALREADY BE ABIDING BY REGULATIONS
AND THE FOUR LICENSING OBJECTIVES.

b) The prevention of crime and disorder

WE WILL BE USING CCTV.
WE WILL HAVE THE PREMISES ALARMED.
WE WILL BE 1.0 ING AND USING 'CHALLENGE 25!'

c) Public safety

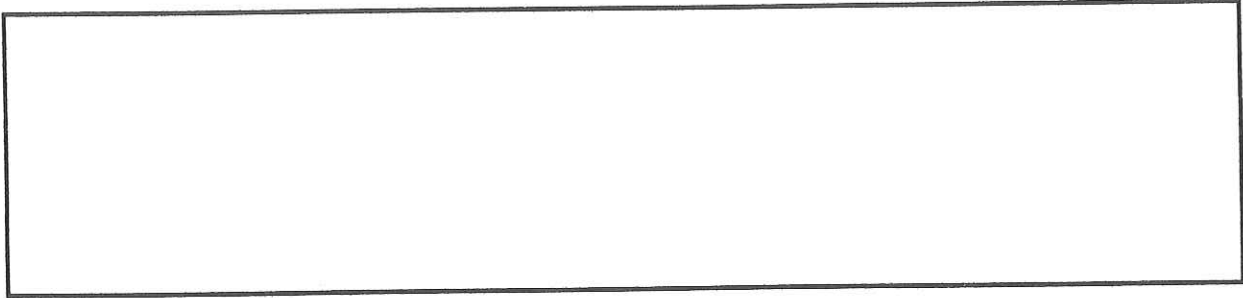
HEALTH + SAFETY REGULATIONS.
FIRE SAFETY REGULATIONS.

d) The prevention of public nuisance

N/A

e) The protection of children from harm

NOTHING BEYOND HEALTH + SAFETY AND
FIRE SAFETY REGULATIONS.



Checklist:

Please tick to indicate agreement

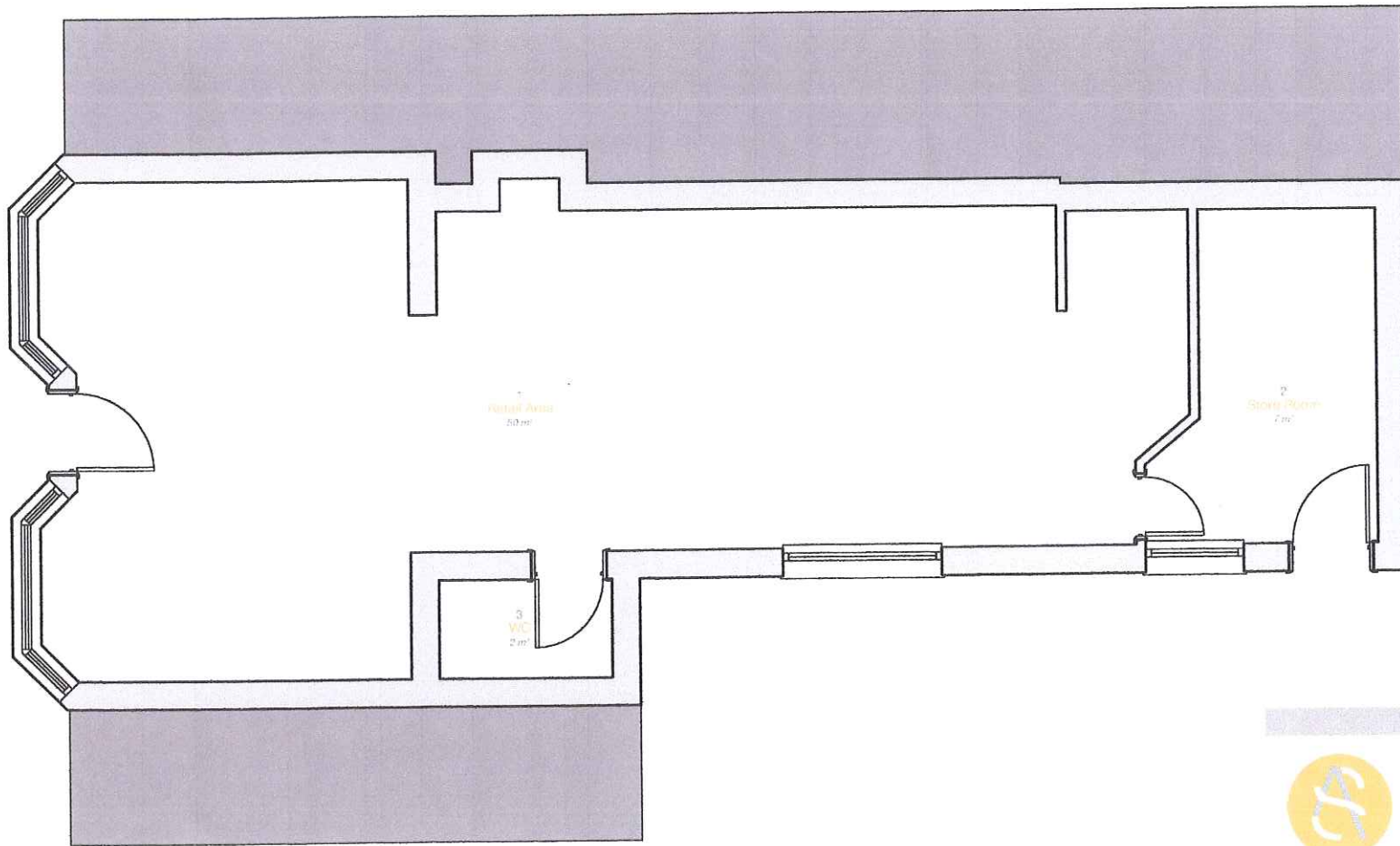
- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, 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.**

25/12/16



1

Ground Floor Plan



STAMP
ARCHITECTS

Client

5 Buttermarket, Thame

The Deli @ No. 5

Drawing

Ground Floor GA Plan

Drawn By

INFORMATION

Scale

1:50

Sheet Number

1001

Date

02-08-2016

Sheet Size

A2

Revision

B