



Listening Learning Leading

## **SOUTH OXFORDSHIRE DISTRICT COUNCIL**

### **New Premises Licence Application Licensing Act 2003**

Premises: The Black Horse, 11 Cornmarket,  
Thame, OX9 2BL

Date Received: 27 July 2017

Consultation End Date: 25 August 2017

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](mailto: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.**

Licensing

27 JUL 2017

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 The White Brasserie Company 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

The Black Horse  
11 Cornmarket,

Post town

Thame

Postcode

OX9 2BL

Telephone number at premises (if any)

Non-domestic rateable value of premises

£32000.00

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

**(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.**

<b>Name</b> The White Brasserie Company Ltd
<b>Address</b>  106-108 High Street Teddington TW11 8JD
<b>Registered number (where applicable)</b> 07118269
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b>  Company
<b>Telephone number (if any)</b>
<b>E-mail address (optional)</b>



**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD		MM		YYYY			
2	3	0	8	2	0	1	7

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)

Bar with dining facilities

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)
- 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**

I

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	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon	23.00	00.30			
Tue	23.00	00.30			
Wed	23.00	00.30	<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5) From 23.00 on New Years Eve until 05.00 on New Years Day		
Thur	23.00	01.00			
Fri	23.00	01.00	<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)		
Sat	23.00	01.00			
Sun	23.00	00.00			

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5) From the start time on New Year’s Eve until the finish time on New Year’s Day		
Mon	09:00	00.30			
Tue	09:00	00.30			
Wed	09:00	00.30			
Thur	09:00	01.00			
Fri	09:00	01.00			
Sat	09:00	01.00			
Sun	09:00	00.00	<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)		
Thur	09:00	01.00			
Fri	09:00	01.00			
Sat	09:00	01.00			
Sun	09:00	00.00			
Mon	09:00	00.30			
Tue	09:00	00.30			

**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	Jane Beels
Date of birth	15-12-70
Personal licence number (if known)	LN/200713010
Issuing licensing authority (if known)	Barnet 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 9).

None

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) From the start time on New Year's Eve until the finish time on New Year's Day
Day	Start	Finish	
Mon	09:00	00.30	<p><b><u>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</u></b> (please read guidance note 6)</p>
Tue	09:00	00.30	
Wed	09:00	00.30	
Thur	09:00	01.00	
Fri	09:00	01.00	
Sat	09:00	01.00	
Sun	09:00	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 10)**

Table service will operate in all areas of the premises marked as “Dining area” on the approved plan.  
Alcohol supplied between 09.00 and 10.00 on any day will only be supplied as ancillary to a table meal

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

CCTV will be provided in accordance with the requirements of the Police. Close liaison will be maintained at all times with the Police in relation to matters concerning crime and disorder and advice will be taken from the Police as and when appropriate.

**c) Public safety**

Health and safety risk assessments will be undertaken and all staff shall be trained therein

**d) The prevention of public nuisance**

All appropriate steps will be taken to ensure that local residents are not disturbed by any licensable activity at the premises including notices reminding patrons to be quiet when leaving. Waiting staff will continually exercise supervision throughout the premises. External dining area to be vacated by midnight. A telephone number for management shall be readily available for any local resident to contact the premises in case of nuisance or disturbance.

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

All staff will be trained in relation to their responsibilities towards children under the Licensing Act 2003  
A Challenge 25 scheme will be in operation at the premises.

**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. [✓]
- [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). [ ]


**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.**

<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>
Signature	
Date	26 July 2017
Capacity	Solicitors for applicant

**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.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)	
	4R 9HA
	nal)



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

I JANE BEELS

of

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

NEW LICENCE

.....  
[type of application]

by

THE WHITE BRASSerie COMPANY LTD

.....  
[name of applicant]

relating to a premises licence number

NEW

.....  
[number of existing licence, if any]

for

BLACKHORSE 11 CORNMARKEt THAME OX9 2BL

.....  
[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

THE WHITE BRASSerie COMPANY LTD

.....  
[name of applicant]

concerning the supply of alcohol at

for

11 CORNMARKEt THAME OX9 2BL

.....  
[name and address of premises to which the 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/200713010

Personal licence issuing authority

LONDON BOROUGH OF BARNET

Jane Beels

.....  
signed

JANE BEELS

.....  
name (please print)

25/7/17

.....  
dated





