

Members are reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting

BIRMINGHAM CITY COUNCIL

LICENSING SUB-COMMITTEE A

MONDAY, 18 DECEMBER 2017 AT 09:30 HOURS
IN COMMITTEE ROOM 1, COUNCIL HOUSE, VICTORIA SQUARE,
BIRMINGHAM, B1 1BB

Please note a short break will be taken approximately 90 minutes from the start of the meeting and a 30 minute break will be taken at 1300 hours.

A G E N D A

1 NOTICE OF RECORDING

Chairman to advise meeting to note that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 APOLOGIES AND NOTIFICATION OF NOMINEE MEMBERS

3 - 26

3 LICENSING ACT 2003 PREMISES LICENCE – GRANT CRAFT INN, 40 BIRMINGHAM ROAD, SUTTON COLDFIELD, WEST MIDLANDS, B72 1QQ

Report of the Acting Director of Regulation and Enforcement.
N.B. Application scheduled to be heard at 09:30am.

4 OTHER URGENT BUSINESS

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.

5 EXCLUSION OF THE PUBLIC

That in view of the nature of the business to be transacted which includes exempt information of the category indicated the public be now excluded from the meeting:-

Minutes - Exempt Paragraphs 3 and 4

PRIVATE AGENDA

1 **LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976,
TOWN POLICE CLAUSES ACT 1847, PRIVATE HIRE AND HACKNEY
CARRIAGE DRIVER LICENSES**

Report of the Director of Regulation and Enforcement.

(Paragraphs 1 & 7)

2 **OTHER URGENT BUSINESS (EXEMPT INFORMATION)**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.

BIRMINGHAM CITY COUNCIL

PUBLIC REPORT

| | |
|-------------------------|---|
| Report to: | Licensing Sub Committee A |
| Report of: | Acting Director of Regulation & Enforcement |
| Date of Meeting: | Monday 18th December 2017 |
| Subject: | Licensing Act 2003 Premises Licence – Grant |
| Premises: | Craft Inn, 40 Birmingham Road, Sutton Coldfield, West Midlands, B72 1QQ |
| Ward affected: | Sutton Trinity |
| Contact Officer: | Bhupinder Nandhra, Senior Licensing Officer, 0121 303 9896, licensing@birmingham.gov.uk |

1. Purpose of report:

To consider a relevant representation that has been made in respect of an application for a Premises Licence which seeks to permit the Sale of Alcohol (for consumption both on and off the premises) to operate from 12:00midday until 11:00pm (Monday to Sunday).

Premises to remain open to the public from 12:00midday until 11:30pm (Monday to Sunday).

2. Recommendation:

To consider the representation that has been made and to determine the application.

3. Brief Summary of Report:

An application for a Premises Licence was received on 26th October 2017 in respect of the Craft Inn, 40 Birmingham Road, Sutton Coldfield, West Midlands, B72 1QQ

A representation has been received from other persons.

4. Compliance Issues:

4.1 Consistency with relevant Council Policies, Plans or Strategies:

The report complies with the City Council's Statement of Licensing Policy and the Council's Corporate Plan to improve the standard of all licensed persons, premises and vehicles in the City.

5. Relevant background/chronology of key events:

Emerald International Enterprise Ltd applied on 26th October 2017 for the grant of a Premises Licence in respect of the Craft Inn, 40 Birmingham Road, Sutton Coldfield, West Midlands, B72 1QQ

A representation has been received from other persons, which is attached at Appendix 1.

The application is attached at Appendix 2.

Site Location Plans at Appendix 3.

When carrying out its licensing functions, a licensing authority must have regard to Birmingham City Council's Statement of Licensing Policy and the Guidance issued by the Secretary of State under s182 of the Licensing Act 2003. The Licensing Authority is also required to take such steps as it considers appropriate for the promotion of the licensing objectives, which are:-

- a. The prevention of crime and disorder;
- b. Public safety;
- c. The prevention of public nuisance; and
- d. The protection of children from harm.

6. List of background documents:

Copy of the representation as detailed in Appendix 1.

Application Form, Appendix 2.

Site Location Plans, Appendix 3.

7. Options available

To Grant the licence in accordance with the application.

To Reject the application.

To Grant the licence subject to conditions modified to such an extent as considered appropriate.

Exclude from the licence any of the licensable activities to which the application relates.

Refuse to specify a person in the licence as the premises supervisor.

Appendix 1

Entered 20

From:
Sent: 31 October 2017 08:39
To: Licensing
Subject: 40 Birmingham Road, Sutton Coldfield, B72 1QQ - Craft Inn
Importance: High

Leaseholders of Jacey Buildings, Birmingham Road, Sutton Coldfield, B72 1QQ

Dear Sirs,

40 Birmingham Road, Sutton Coldfield, B72 1QQ.

I am writing to register my objection to the application for a premises license by Craft Inn for 40 Birmingham Road, Sutton Coldfield, B72 1QQ. The basis for this opposition is that granting a license for these premises will not promote the licensing objectives, particularly the prevention of crime, disorder and antisocial behavior.

Jacey Building lies within the Council's Cumulative Impact Area, and enabling the premises to sell alcohol would be totally detrimental to its aims and objectives. The application proposes that alcohol will be sold for consumption off the premises between 12:00am and 11:00pm, seven days a week. Granting a license would provide a further source of alcohol within an area already so heavily populated with licensed premises that crime, disorder and public nuisance have already reached problem levels for the local police.

Residents in this area already suffer noise nuisance and antisocial behavior at all hours of the day and night. We have children that attend school and it is not acceptable to have noise levels which are already at an unacceptable level to be compounded further with alcohol consumption. They have endured this inconvenience since 2003 when the licensing legislation was first amended, and it is totally unacceptable to expect them to continue to do so.

I would also urge the Committee to consider the findings of IBar which had its license suspended over fights, drugs etc

On a personal level we are a family of high religious beliefs and the alcohol is something we do not promote or encourage and to have this on our doorstep isn't something we would wish, nor do we have the funds to relocate.

In view of the above, I would urge the Licensing Authority to refuse the application.

Kind Regards

express
countrywide

Appendix 2

Birmingham City Council, Licensing Section, P.O. Box 17013, Birmingham, B6 9ES

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 **Emerald International Enterprise 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 and description | | BCC REGULATION & ENFORCEMENT LICENSING SECTION | |
| 40, Birmingham Road Sutton Coldfield | | DATE RECEIVED 8/11/2017 | |
| | | REF NO. 5800767241 | |
| | | INITIALS 000407 £190 | |
| Post town | Birmingham | Postcode | B72 1QQ |

| | |
|---|-----------|
| Telephone number at premises (if any) | Via Agent |
| Non-domestic rateable value of premises | £10,000 |

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) |
| d) a charity | <input type="checkbox"/> 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 checked="" 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 checked="" 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 Emerald International Enterprise Ltd |
| Address 20-22 Wenlock Road London N1 7GU |
| Registered number (where applicable) 10890279 |
| Description of applicant (for example, partnership, company, unincorporated association etc.) Limited company, set up to cater for the venture of running a chain of craft ale bars. |
| Telephone number (if any) |
| E-mail address (optional) |

Part 3 Operating Schedule

When do you want the premises licence to start? **ASAP**

| DD | MM | YYYY |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

| DD | MM | YYYY |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

Located in a busy shopping area, it will offer a full range of wines, spirits and assorted alcoholic beverages, its key product is the line of craft ales on tap. Its aim will always be to serve the community and give a full and comprehensive service for all its customers.

The premises will have a positive impact on the community, which includes employees, suppliers, customers, the environment and the people of Sutton Coldfield. It will show due diligence to the licensing objectives and ensure it has a positive impact.

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

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|--|-------|--------|---|--|----------|--------------------------|
| 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"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | | |
| Mon | | | | | | |
| | | | | | | |
| Tue | | | | | | |
| | | | <u>State any seasonal variations for performing plays</u> (please read guidance note 4) | | | |
| Wed | | | | | | |
| | | | | | | |
| Thur | | | | | | |
| | | | <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) | | | |
| Fri | | | | | | |
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| Sat | | | | | | |
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| 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 | | | | | |
| | | | | | |
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| 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 5) | | |
| Sat | | | | | |
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|---|-------|--------|--|
| 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 | | | |
| Fri | | | 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) |
| Sat | | | |
| Sun | | | |

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

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|---|-------|--------|--|--|----------|--------------------------|
| 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"/> |
| Day | Start | Finish | | | Both | <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 3) | | | |
| | | | | | | |
| Tue | | | | | | |
| | | | | | | |
| Wed | | | State any seasonal variations for the provision of late night refreshment (please read guidance note 4) | | | |
| | | | | | | |
| Thur | | | | | | |
| | | | | | | |
| Fri | | | 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) | | | |
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| Sat | | | | | | |
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J

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|--|-------|--------|--|------------------|-------------------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the supply of alcohol be for consumption – <u>please tick</u> (please read guidance note 7) | On the premises | <input type="checkbox"/> |
| | | | | Off the premises | <input type="checkbox"/> |
| | | | | Both | <input checked="" type="checkbox"/> |
| Day | Start | Finish | <u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) | | |
| Mon | 1200 | 2300 | | | |
| | | | | | |
| Tue | 1200 | 2300 | | | |
| | | | | | |
| | | | | | |
| Wed | 1200 | 2300 | | | |
| | | | | | |
| | | | | | |
| Thur | 1200 | 2300 | <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 | 1200 | 2300 | | | |
| | | | | | |
| | | | | | |
| Sat | 1200 | 2300 | | | |
| | | | | | |
| | | | | | |
| Sun | 1200 | 2300 | | | |
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State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

| | |
|--|--|
| Name | |
| Address | |
| Postcode | |
| Personal licence number (if known) | |
| Issuing licensing authority (if known) | |

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) | | | <u>State any seasonal variations</u> (please read guidance note 4) |
|--|-------|--------|--|
| Day | Start | Finish | |
| Mon | 1200 | 2330 | <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> (please read guidance note 5) |
| | | | |
| Tue | 1200 | 2330 | |
| | | | |
| Wed | 1200 | 2330 | |
| | | | |
| Thur | 1200 | 2330 | |
| | | | |
| Fri | 1200 | 2330 | |
| | | | |
| Sat | 1200 | 2330 | |
| | | | |
| Sun | 1200 | 2330 | |
| | | | |

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)

The premises will be exceptionally well supervised by the DPS at all times. There will be comprehensive policies and procedures in place to ensure that the premises are fully compliant with all four of the licensing objectives.

Challenge 25 will be strictly adhered to and staff training will be both comprehensive and reviewed on a regular basis, with records being retained at the premises; available for inspection by any Responsible Authority at reasonable notice.

All new members of staff will be trained within 3 months of starting employment.

The Licence Holder shall ensure that the premises will use a refusal register, which will be signed off on a regular basis by the DPS.

b) The prevention of crime and disorder

The Licence Holder shall ensure that CCTV is installed on the premises and that the Police will have full access to any recorded images. The Licence Holder shall ensure that the CCTV will be fitted correctly and that images will be held up to 31 days and these images will be made available upon request to any responsible authority.

The licence holder shall ensure the CCTV system is recording whenever the premises is open for licensable activities.

A refusals log will be kept at the premises and completed on any occasion a sale is refused, this will be made available to all Responsible Authorities on request.

c) Public safety

A Challenge 25 proof of age scheme shall be operated at the premises where the only acceptable forms of identification are recognised photographic identification cards, such as a driving licence, passport or proof of age card with the PASS hologram.

All staff involved in the sale of alcohol will be trained in the main aspects of the Licensing Act 2003, records will be kept of all training and retraining will take place on a regular basis.

Till prompts will be used when all alcohol sales are made, these may be electronic or visual.

In accordance with the Licensing Act 2003, any person who appears to be drunk or heavily under the influence of alcohol will not be served.

The Licence Holder shall ensure that all entrances, exits and passageways will be kept clear of debris or furniture.

d) The prevention of public nuisance

The Licence Holder shall ensure that sufficient signage is displayed requesting customers to have regard for residents when leaving the premises.

e) The protection of children from harm

A "challenge 25" policy will be used for age verification, meaning any person who appears to be under 25 will be asked for approved proof of age when attempting to purchase alcohol.

Staff will be diligent in observing those who attempt to make proxy purchases on behalf of underage persons and alert the DPS should this occur.

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).

X

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).

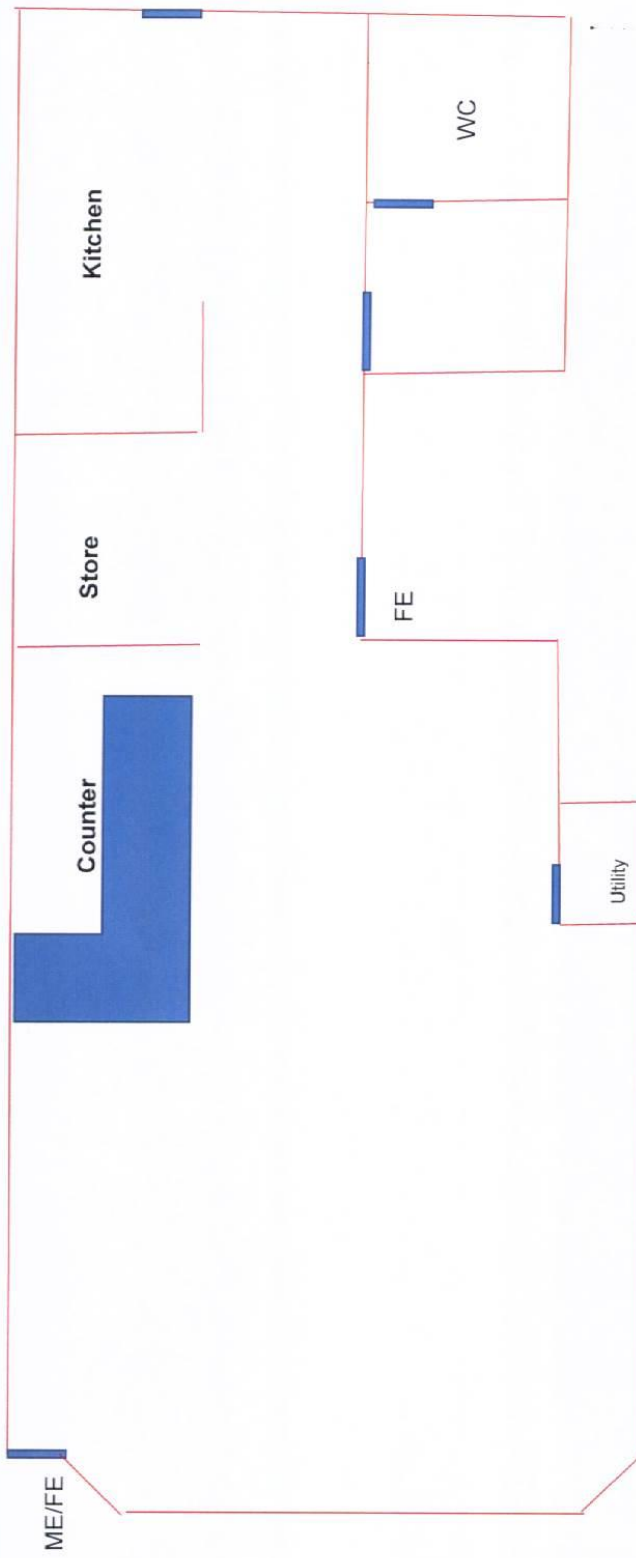
If signing on behalf of the applicant, please state in what capacity.

| | |
|-----------|--|
| Signature | |
| Date | 26, October 2017 |
| Capacity | Agent for and on behalf of the applicant |

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 | | | |
| Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13) Robert V Edge Licence Leader Ltd | | | |
| Post town | | Postcode | |
| Telephone number (if any) | | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |

Craft Inn
40 Birmingham Road
Sutton Coldfield, Birmingham
B72 1QQ



| | |
|---|---|
| Key: FE – Fire Exit ME – Main Entrance WC – Toilets Red Line – Licensable Area | Version 01 – October 2017 Measurements supplied by owner Scale 1:50 |
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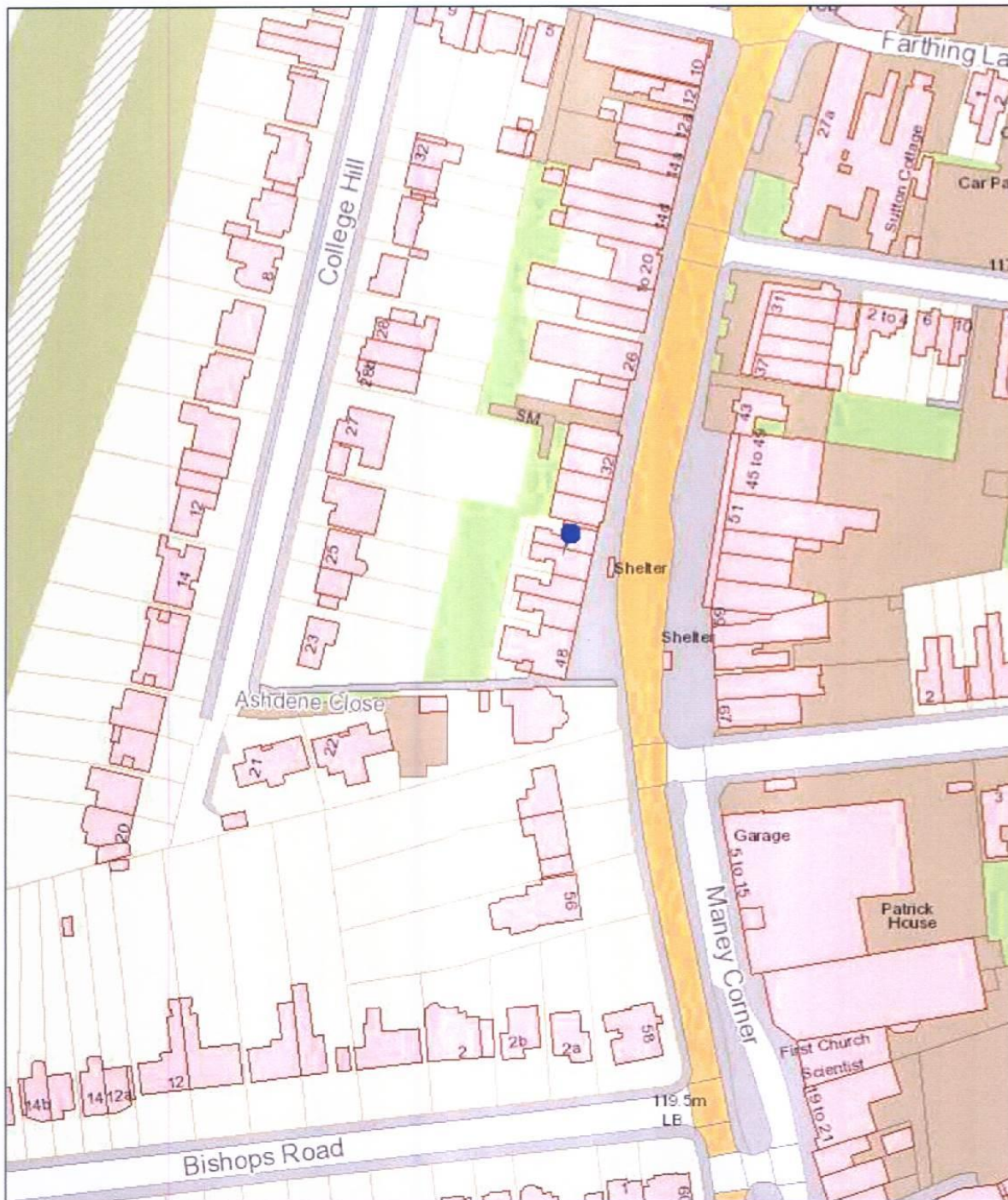
Map Created By:

Date of Map Creation: 29/11/2017

Notes

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Date of Map Creation: 29/11/2017

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