

## **BIRMINGHAM CITY COUNCIL**

### **LICENSING SUB-COMMITTEE C**

**THURSDAY, 20 DECEMBER 2018 AT 09:30 HOURS**  
**IN COMMITTEE ROOM 2, 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 DECLARATIONS OF INTERESTS**

Members are reminded that they must declare all relevant pecuniary and non pecuniary interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

### **3 APOLOGIES AND NOTIFICATION OF NOMINEE MEMBERS**

**3 - 36**

### **4 LICENSING ACT 2003 PREMISES LICENCE – GRANT CHASE FARM SHOP & CAFÉ, WEEFORD ROAD, ROUGHLEY, SUTTON COLDFIELD, B75 5RL**

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

### **5 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.



# BIRMINGHAM CITY COUNCIL

## PUBLIC REPORT

|                         |  |
|-------------------------|--|
| <b>Report to:</b>       | <b>Licensing Sub Committee C</b>   |
| <b>Report of:</b>       | <b>Acting Director of Regulation &amp; Enforcement</b>   |
| <b>Date of Meeting:</b> | <b>Thursday 20<sup>th</sup> December 2018</b>  |
| <b>Subject:</b>         | <b>Licensing Act 2003<br/>Premises Licence – Grant</b>   |
| <b>Premises:</b>        | <b>Chase Farm Shop &amp; Café, Weeford Road,<br/>Roughley, Sutton Coldfield, B75 5RL</b>   |
| <b>Ward affected:</b>   | <b>Sutton Roughley</b>   |
| <b>Contact Officer:</b> | <b>Shaid Yasser, Senior Licensing Officer,<br/>0121 303 9896, <a href="mailto:licensing@birmingham.gov.uk">licensing@birmingham.gov.uk</a></b> |

### 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 08:30am until 11:00pm (Monday to Sunday).

The provision of Regulated Entertainment consisting of live music and recorded music, to operate indoors only, from 08:30am until 11:00pm (Monday to Sunday).

Premises to remain open to the public from 08:30am 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 5<sup>th</sup> November 2018, in respect of Chase Farm Shop & Café, Weeford Road, Roughley, Sutton Coldfield, B75 5RL.

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:**

Walter Smith (Farms) Limited applied on 5<sup>th</sup> November 2018 for the grant of a Premises Licence for Chase Farm Shop & Café, Weeford Road, Roughley, Sutton Coldfield, B75 5RL.

A representation has been received from other persons. See 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.

ENTRAGED  
SD

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**From:**  
**Sent:** 03 December 2018 21:34  
**To:** Licensing  
**Subject:** Chase Farm, Weeford Road, Sutton Coldfield

Dear Sir/Madam

We understand that Walter Smith (Farms ) Limited have applied for an Alcohol License between the hours of 08.30 and 23.00 hours every day at Chase Farm, Weeford Road.

Despite living in harmony with the Farm for over 20 years we are now very concerned about this application. The farm is from our property and we believe that the sale of alcohol for consumption on the premises and the possibility of live music will disrupt the semi rural area in which we live. Furthermore, noise levels will inevitably rise with music, voices, car alarms when patrons leave an establishment where alcohol is served.

We therefore object to this licence being granted and hope the council appreciate and can understand our concerns!

Regards

**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 **WALTER SMITH (FARMS) 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<br><b>CHASE FARM SHOP &amp; CAFE<br/>WEEFORD ROAD<br/>ROUGHLEY</b> |                         |  |                |
| Post town   | <b>SUTTON COLDFIELD</b> | Postcode                                 | <b>B75 5RL</b> |
| Telephone number at premises (if any)   |                         |  |                |
| Non-domestic rateable value of premises   |                         | <b>NOT RATED – EXEMPT – WORKING FARM</b> |                |

**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/limited liability partnership | <input checked="" 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) |
| 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 (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) |  |
| Surname  |                              |                               | First names  |                                |  |
| Date of birth  |                              |                               | I am 18 years old or over <input type="checkbox"/> Please tick yes |                                |  |
| Nationality  |                              |                               |  |                                |  |
| Current residential 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                 |                                |  |

|   |  |  |  |
|---|--|--|--|
| <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><br>WALTER SMITH (FARMS) LIMITED   |
| <b>Address</b><br>90 SOMERSET ROAD<br>EDGBASTON<br>BIRMINGHAM<br>B15 2PP  |
| <b>Registered number (where applicable)</b><br>00337081   |
| <b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b><br>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 |
|    |    |      |



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)  
FARM SHOP & CAFE

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**

Wetland Use and Management Survey (WUMS) is a national survey of wetland use and management in the United Kingdom. It is a part of the National Wetland Inventory (NWI) and is managed by the Centre for Wetland Research and Management (CWRM). The survey is designed to collect information on the use and management of wetlands in the UK, including the types of wetlands, the activities taking place on them, and the people involved in their management. The data collected is used to inform policy and practice, and to monitor the health of wetlands over time. The survey is conducted annually and is open to all wetland managers in the UK. It is a free and confidential survey, and the data collected is used for research and policy purposes only. The survey is a key tool for understanding the state of wetlands in the UK and for developing effective management strategies.

A

|  |       |        |  |          |                          |
|--|-------|--------|--|----------|--------------------------|
| Plays<br>Standard days and<br>timings (please read<br>guidance note 7) |       |        | Will the performance of a play take place<br><u>indoors or outdoors or both – please tick</u><br>(please read guidance note 3)   | 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 4)  |          |                          |
| Tue  |       |        |  |          |                          |
| Wed  |       |        | <u>State any seasonal variations for performing plays</u> (please read guidance note 5)  |          |                          |
| 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 6) |          |                          |
| Sat  |       |        |  |          |                          |
| Sun  |       |        |  |          |                          |

**B**

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

C

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

**D**

|  |       |        |  |          |                          |
|--|-------|--------|--|----------|--------------------------|
| <b>Boxing or wrestling entertainments</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)  | Indoors  | <input 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  |       |        |  |          |                          |
| Tue  |       |        |  |          |                          |
| Wed  |       |        | <b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)  |          |                          |
| Thur   |       |        |  |          |                          |
| Fri  |       |        |  |          |                          |
| Sat  |       |        | <b><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></b> (please read guidance note 6) |          |                          |
| Sun  |       |        |  |          |                          |

E

|  |       |        |   |          |                                     |
|--|-------|--------|---|----------|-------------------------------------|
| <b>Live music</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the performance of live music take place indoors or outdoors or both – please tick</b><br>(please read guidance note 3)   | Indoors  | <input checked="" type="checkbox"/> |
|  |       |        |   | Outdoors | <input type="checkbox"/>            |
|  |       |        |   | Both     | <input type="checkbox"/>            |
|  |       |        |   |          |                                     |
| Day  | Start | Finish | <b>Please give further details here</b> (please read guidance note 4)   |          |                                     |
| Mon  | 0830  | 2300   |   |          |                                     |
| Tue  | 0830  | 2300   |   |          |                                     |
| Wed  | 0830  | 2300   |   |          |                                     |
| Thur   | 0830  | 2300   | <b>State any seasonal variations for the performance of live music</b><br>(please read guidance note 5)   |          |                                     |
| Fri  | 0830  | 2300   |   |          |                                     |
| Sat  | 0830  | 2300   |   |          |                                     |
| Sun  | 0830  | 2300   |   |          |                                     |
|  |       |        | <b>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</b> (please read guidance note 6) |          |                                     |
|  |       |        |   |          |                                     |
|  |       |        |   |          |                                     |
|  |       |        |   |          |                                     |

**F**

|  |       |        |   |          |                                     |
|--|-------|--------|---|----------|-------------------------------------|
| <b>Recorded music</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b><br>(please read guidance note 3)   | Indoors  | <input checked="" type="checkbox"/> |
|  |       |        |   | Outdoors | <input type="checkbox"/>            |
|  |       |        |   | Both     | <input type="checkbox"/>            |
| Day  | Start | Finish | <b>Please give further details here</b> (please read guidance note 4)   |          |                                     |
| Mon  | 0830  | 2300   |   |          |                                     |
| Tue  | 0830  | 2300   |   |          |                                     |
| Wed  | 0830  | 2300   |   |          |                                     |
| Thur   | 0830  | 2300   | <b>State any seasonal variations for the playing of recorded music</b><br>(please read guidance note 5)   |          |                                     |
| Fri  | 0830  | 2300   |   |          |                                     |
| Sat  | 0830  | 2300   | <b>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</b> (please read guidance note 6) |          |                                     |
| Sun  | 0830  | 2300   |   |          |                                     |



**G**

|   |       |        |  |                          |
|---|-------|--------|--|--------------------------|
| <b>Performances of dance</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the performance of dance take place indoors or outdoors or both – please tick</b><br>(please read guidance note 3)   |                          |
| Day   | Start | Finish | Indoors  | <input type="checkbox"/> |
|   |       |        | Outdoors   | <input type="checkbox"/> |
|   |       |        | Both   | <input type="checkbox"/> |
| Mon   |       |        | <b>Please give further details here</b> (please read guidance note 4)  |                          |
|   |       |        |  |                          |
| Tue   |       |        |  |                          |
|   |       |        |  |                          |
| Wed   |       |        | <b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)  |                          |
|   |       |        |  |                          |
| Thur  |       |        |  |                          |
|   |       |        |  |                          |
| Fri   |       |        | <b>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</b> (please read guidance note 6) |                          |
|   |       |        |  |                          |
| Sat   |       |        |  |                          |
|   |       |        |  |                          |
| Sun   |       |        |  |                          |
|   |       |        |  |                          |

## H

|  |       |        |  |                                   |
|--|-------|--------|--|-----------------------------------|
| <b>Anything of a similar description to that falling within (e), (f) or (g)</b><br>Standard days and timings (please read guidance note 7) |       |        | Please give a description of the type of entertainment you will be providing   |                                   |
| Day  | Start | Finish | <b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)   | Indoors <input type="checkbox"/>  |
| Mon  |       |        |  | Outdoors <input type="checkbox"/> |
|  |       |        |  | Both <input type="checkbox"/>     |
| Tue  |       |        | <b><u>Please give further details here</u></b> (please read guidance note 4)   |                                   |
| Wed  |       |        |  |                                   |
| Thur   |       |        | <b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)  |                                   |
| Fri  |       |        |  |                                   |
| Sat  |       |        | <b><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></b> (please read guidance note 6) |                                   |
| Sun  |       |        |  |                                   |

# I

|  |       |        |  |                          |
|--|-------|--------|--|--------------------------|
| <b>Late night refreshment</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)   |                          |
|  |       |        | 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 4)  |                          |
|  |       |        |  |                          |
| Tue  |       |        |  |                          |
|  |       |        |  |                          |
| Wed  |       |        | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)   |                          |
|  |       |        |  |                          |
| Thur   |       |        |  |                          |
|  |       |        |  |                          |
| Fri  |       |        | <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) |                          |
|  |       |        |  |                          |
| Sat  |       |        |  |                          |
|  |       |        |  |                          |
| Sun  |       |        |  |                          |
|  |       |        |  |                          |

J

|   |       |        |   |                  |                                     |
|---|-------|--------|---|------------------|-------------------------------------|
| <b>Supply of alcohol</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the supply of alcohol be for consumption</b><br>— <u>please tick</u> (please read guidance note 8)  | On the premises  | <input type="checkbox"/>            |
|   |       |        |   | Off the premises | <input type="checkbox"/>            |
| Day   | Start | Finish |   | Both             | <input checked="" type="checkbox"/> |
| Mon   | 0830  | 2300   | <b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  |                  |                                     |
|   |       |        |   |                  |                                     |
|   |       |        |   |                  |                                     |
| Tue   | 0830  | 2300   |   |                  |                                     |
|   |       |        |   |                  |                                     |
|   |       |        |   |                  |                                     |
| Wed   | 0830  | 2300   |   |                  |                                     |
|   |       |        |   |                  |                                     |
|   |       |        |   |                  |                                     |
| Thur  | 0830  | 2300   | <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) |                  |                                     |
|   |       |        |   |                  |                                     |
|   |       |        |   |                  |                                     |
| Fri   | 0830  | 2300   |   |                  |                                     |
|   |       |        |   |                  |                                     |
|   |       |        |   |                  |                                     |
| Sat   | 0830  | 2300   |   |                  |                                     |
|   |       |        |   |                  |                                     |
|   |       |        |   |                  |                                     |
| Sun   | 0830  | 2300   |   |                  |                                     |
|   |       |        |   |                  |                                     |
|   |       |        |   |                  |                                     |

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<br>NICHOLAS McANDREW              |  |
| Date of birth:                         |  |
| 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 9).**

NONE

L

| <b>Hours premises are open to the public</b><br>Standard days and timings (please read guidance note 7) |       |        | <u>State any seasonal variations</u> (please read guidance note 5)  |
|---|-------|--------|---|
| Day   | Start | Finish |   |
| Mon   | 0830  | 2330   | <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   | 0830  | 2330   |   |
|   |       |        |   |
| Wed   | 0830  | 2330   |   |
|   |       |        |   |
| Thur  | 0830  | 2330   |   |
|   |       |        |   |
| Fri   | 0830  | 2330   |   |
|   |       |        |   |
| Sat   | 0830  | 2330   |   |
|   |       |        |   |
| Sun   | 0830  | 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 10)**

The Designated Premises Supervisor or another qualified person will train any staff at the premises on the basic laws of selling alcohol and on compliance with the conditions on the Premises Licence and a log of this training will be maintained. The training log can be inspected by any Responsible Authority on request

Regulated entertainment shall take place indoors only

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

Digital CCTV will be installed at the premises to the reasonable satisfaction of the Police. The System must be operational at times when licensable activity is taking place. The system must have an image download capability. All recorded images must be kept for a minimum of **28** days. Full access to recordings must be given to Responsible Authorities immediately upon request

**c) Public safety**

As other Statutory obligations apply no further conditions are deemed appropriate under the Licensing Act 2003

**d) The prevention of public nuisance**

As other Statutory obligations apply no further conditions are deemed appropriate under the Licensing Act 2003

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

A challenge 25 policy will be operated by the premises with notices informing customers of the policy being displayed within the premises with at least 1 sign on the door to the premises and 1 displayed behind the counter. Staff must be trained on this policy. The staff will be regularly reminded/ trained to enforce the challenge 25 policy

**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.**

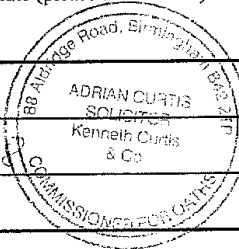
**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT 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</li></ul> |
|--------------------|---|

|           |   |
|-----------|---|
|           | 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) |
| Signature | Kenneth Curtis & Co   |
| Date      | 5 <sup>th</sup> November 2012   |
| Capacity  | Solicitors  |



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.

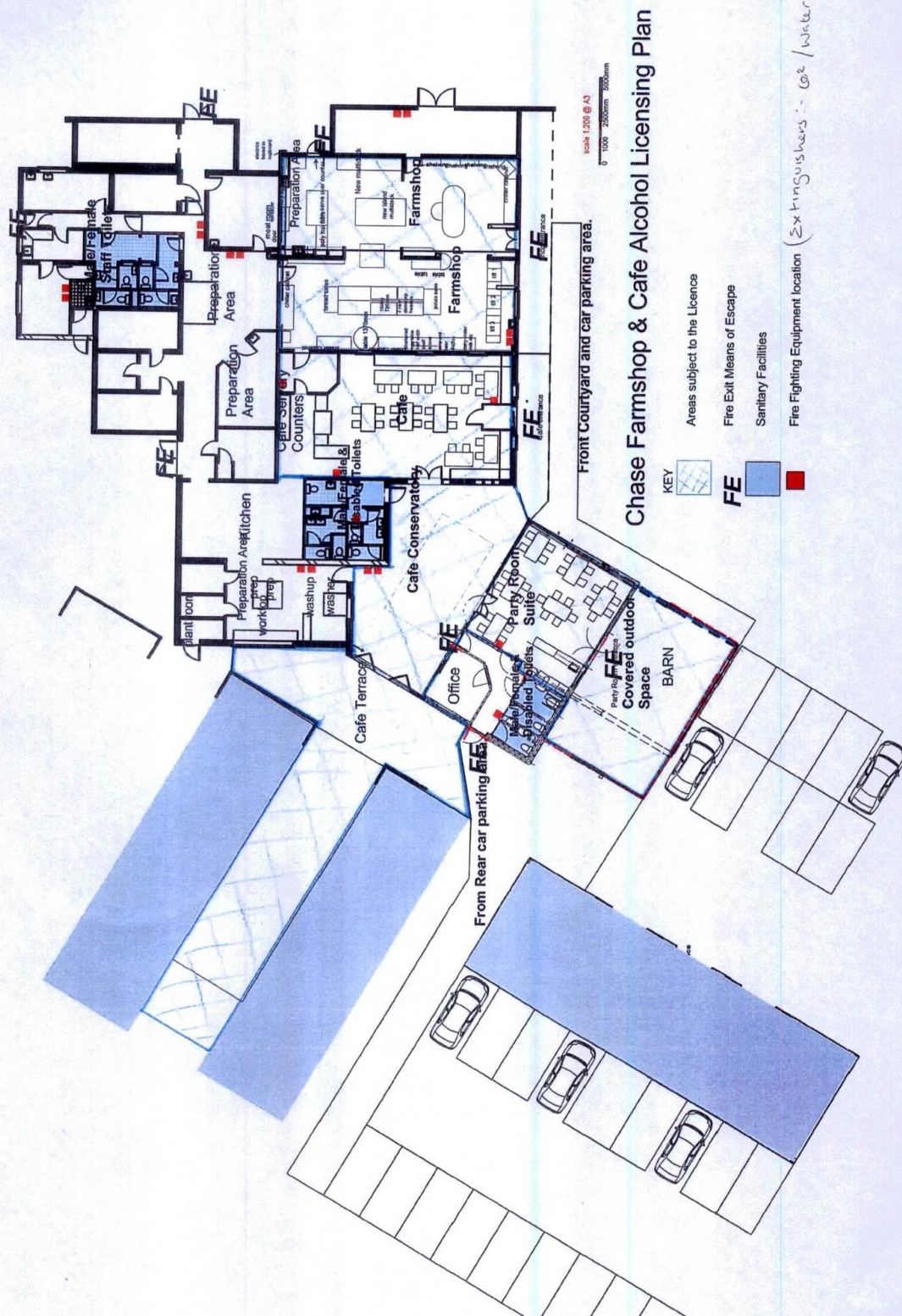
|           |  |
|-----------|--|
| Signature |  |
| Date      |  |
| Capacity  |  |

|   |            |          |         |
|---|------------|----------|---------|
| Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)<br>ADRIAN CURTIS<br>KENNETH CURTIS & CO<br>88 ALDRIDGE ROAD<br>PERRY BARR |            |          |         |
| Post town   | BIRMINGHAM | Postcode | B42 2TP |
| Telephone number (if any)   |            |          |         |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional)   |            |          |         |

#### Notes for Guidance

- 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.
- In terms of specific regulated entertainments please note that:
  - Plays: no licence is required for performances between 08:00 and 23:00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08:00 and 23:00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
  - Indoor sporting events: no licence is required for performances between 08:00 and 23:00 on any day, provided that the audience does not exceed 1000.









## Notes

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Scale:  
1:1,250

























# The Barn Room Parking



**Please respect our  
animals and neighbours  
when leaving**

