



**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 TOM ROBERTS.
(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 <p align="center">KETTERING STATION BASEMENT STATION ROAD, KETTERING NORTHAMPTONSHIRE</p> | | | |
| Post town | KETTERING | Postcode | NN15 7JT |

| | |
|--|---------|
| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | £ 1,025 |

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)
- 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 ROBERTS | | | First names TOM | | |
| I am 18 years old or over | | | | <input checked="" type="checkbox"/> Please tick yes | |
| Current postal address if different from premises address | | 24 GUNNEL CLOSE KETTERING NORTHANTS | | | |
| Post town | KETTERING | | Postcode | NN15 7DJ | |
| Daytime contact telephone number | | | 07701038 007 | | |
| E-mail address (optional) | | ROBERTS.TOM.A@GMAIL.COM | | | |

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 |
| | | |

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

The bar is located under the Kettering train station. It was originally for staff and drivers. Then in the 90s re-opened as a nightclub called Dexters. I intend to reopen the bar. Very low key and intimate and the furthest thing from a nightclub! Very casual drinking lounge/bar. I see it as place for after work or a place to relax and avoid the town, not a loud in your face venue and aimed at the mature client who enjoys the nicer things. I would like low level background music during open hours, and during low sales periods live music, solo piano and jazz performances. I want to bring to the town a more grown up venue, a more respectable place for adults to go. Its location is not near any venues or institutions. It also will be closed during peak day hours. There is a taxi rank right outside and parking at the station to reduce illegal parking, and only a short walk to town transport. Sound levels will be low, and due to the underground location it does extremely well at keeping the sound contained. In fact the trains are just about audible in the bar itself. It has one adequate main room less than 60sqm, one storage room, and two toilets at entrance level. I place to decorate, and furnish only and update fire safety. No structural or external building will be carried out. Not hot food will be sold on premises. Just bar snacks. The station keeps bins locked up. Rubbish will mainly be some bottles and boxes.

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

B

| 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 checked="" type="checkbox"/> |
|---|-------|--------|---|----------|-------------------------------------|
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | 1700 | 0100 | Please give further details here (please read guidance note 3) TO SHOW FILMS ON NIGHTS OF LOW TRADE. TO SHOW FILMS IN BACKGROUND. SEE | | |
| Tue | 1700 | 01:00 | | | |
| Wed | 1700 | 0100 | State any seasonal variations for the exhibition of films (please read guidance note 4) | | |
| Thur | 1700 | 0100 | | | |
| Fri | 1700 | 0200 | 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 | 1700 | 0200 | | | |
| Sun | 1700 | 00:00 | | | |

E

| Live music Standard days and timings (please read guidance note 6) | | | Will the performance of live music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 2) | Indoors | <input checked="" type="checkbox"/> |
|--|-------|--------|---|----------|-------------------------------------|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| Mon | 17 00 | 23 00 | Please give further details here (please read guidance note 3) SOLO PIANO, JAZZ BANDS, LOW LEVEL AMPLIFICATION, BLUES GROUPS, | Both | <input type="checkbox"/> |
| Tue | 17 00 | 23 00 | | | |
| Wed | 17 00 | 23 00 | State any seasonal variations for the performance of live music (please read guidance note 4) | | |
| Thur | 17 00 | 23 00 | | | |
| Fri | 17 00 | 23 00 | 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) | | |
| Sat | 17 00 | 23 00 | | | |
| Sun | 17 00 | 23 00 | | | |

F

| Recorded music Standard days and timings (please read guidance note 6) | | | Will the playing of recorded music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 2) | Indoors | <input checked="" type="checkbox"/> |
|--|-------|--------|---|----------|-------------------------------------|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| Mon | 14 00 | 01 00 | Please give further details here (please read guidance note 3) LOW LEVEL BACKGROUND MUSIC | Both | <input type="checkbox"/> |
| Tue | 17 00 | 01 00 | | | |
| Wed | 17 00 | 01 00 | State any seasonal variations for the playing of recorded music (please read guidance note 4) CHRISTMAS + NEW YEARS 2 AM | | |
| Thur | 17 00 | 01 00 | | | |
| Fri | 17 00 | 02 00 | 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) | | |
| Sat | 17 00 | 02 00 | | | |
| Sun | 17 00 | 12 00 | | | |
| | | | | | |

| 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 checked="" type="checkbox"/> |
|--|-------|--------|--|----------|-------------------------------------|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| Mon | 1700 | 0100 | Please give further details here (please read guidance note 3) SUAGRY ACCHU; WINE, BEER, ALE CIDOR, SPIRITS, COCKTAILS | Both | <input type="checkbox"/> |
| Tue | 1700 | 0100 | | | |
| Wed | 1700 | 0100 | State any seasonal variations for the provision of late night refreshment (please read guidance note 4) CHRISTMAS + NEW YEARS 2AM | | |
| Thur | 1700 | 0100 | | | |
| Fri | 1700 | 0200 | 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) | | |
| Sat | 1700 | 0200 | | | |
| Sun | 1700 | 0100 | | | |

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 checked="" type="checkbox"/> |
| | | | | Off the premises | <input type="checkbox"/> |
| Day | Start | Finish | Both <input type="checkbox"/> | | |
| Mon | 1700 | 0100 | State any seasonal variations for the supply of alcohol (please read guidance note 4) CHRISTMAS + NEW YEARS 2AM CLOSING. | | |
| Tue | 1700 | 0100 | | | |
| Wed | 1700 | 0100 | | | |
| Thur | 1700 | 0100 | | | |
| Fri | 1700 | 0200 | 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) | | |
| Sat | 1700 | 0200 | | | |
| Sun | 1700 | 0000 | | | |
| | | | | | |

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

| | |
|--|--------------------------------|
| Name | TOM ADAM ROBERTS |
| Address | 24 GUNNICK CLOSE KETTICWING |
| Postcode | NN15 7DJ |
| Personal licence number (if known) | 13TR 34UE 690 |
| Issuing licensing authority (if known) | K B C |

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).

FILMS MAY BE SHOWN BUT WILL BE AGE APPROPRIATE. ALCOHOL WILL BE SERVED BUT CHALLENGE 25 WILL BE ENFORCED. MUSIC WILL BE PLAYED BUT NOT OFFENSIVE.

CHILDREN WILL NOT BE ALLOWED ON PREMISES.

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 | <p>DEPENDENT ON WHEN CHRISTMAS AND NEW YEARS, HOURS TO BE 1700 - 0200AM.</p> <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> |
| Mon | 1700 | 0100 | |
| | | | |
| Tue | 1700 | 0100 | |
| | | | |
| Wed | 1700 | 0100 | |
| | | | |
| Thur | 1700 | 0100 | |
| | | | |
| Fri | 1700 | 0200 | |
| | | | |
| Sat | 1700 | 0200 | |
| | | | |
| Sun | 1700 | 0000 | |
| | | | |

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)

I will ensure to protect myself, my patrons and the general public by adhering to all the legal requirements of trading. That health and safety is paramount. Fire safety is present and correct. No children will be allowed in and my business will not broadcast such activities to them. Drunk and disorderly behavior will not be tolerated. Security systems will be in place for prevention of crime and to ensure safety. Rubbish will be secure. No litter will be produced.

b) The prevention of crime and disorder

CCTV will be present on the premises. CCTV is present outside. I will join pubwatch and challenge 25. SIA holder will on site at peak times. Drunk and disorderly behavior, even foul language will not be tolerated. I was previously a police officer and will not stand for such attitudes or behavior in the establishment. Taxi rank is outside the front door and will prevent drink driving. Illegal parking around the area is enforced.

c) Public safety

Health and safety will be adhered to throughout. Fire safety and precautions will be present and correct. I will join Pub watch to better assist/control/protect my patrons. Also I want to be a part of the challenge 25 program for the venue and peace of mind. I also hold SIA license. Drinking will not be permitted outside the main bar room.

d) The prevention of public nuisance

The bar assists this as its not in a central location. Housing is a good distance away. No schools in the immediate area. Parking is enforced around the area to prevent illegal parking. Taxi rank is on the doorstep, which will assist in transport for patrons. Sound will be low level and being underground provides excellent soundproofing. Performed music to not go past 23:00hrs. Recorded music to not exceed 02:00am. All drinking will be onsite and in the premises.

e) The protection of children from harm

Children are not permitted in the building. No adverts will be outside advertising drinking. There will be no drinking outside. Bar will not be open at hours when children may be using the trains as transport for school.

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.**

| | |
|-----------|---|
| Signature |  |
| Date | 2 MARCH 2014 |
| Capacity | SOLE TRADING / PROPRIETOR |

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)

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



Part A

Consent of individual to being specified as premises supervisor

I TOM ADAM ROBERTS [full name of prospective premises supervisor]

of 24 GUNN CLOSE KETTERING NN15 7DJ
[home address of prospective premises supervisor]

414298 07701038007 07701038007
[daytime phone number] [evening phone number] [mobile]

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

relation to the application for SALE OF ALCOHOL [type of application]

by TOM ROBERTS [name of applicant]

relating to the premises licence [number of existing licence if any]

for KETTERING STATION BASEMENT BAR
[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

TOM ROBERTS
[name of applicant]

concerning the supply of alcohol at

KETTERING STATION BASEMENT BAR
[name and address of the premises to application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number 13TR-36UE-690 [insert Personal licence number, if any]

Personal licence issuing authority K.B.C. NN15 7QX ⁰¹⁵³⁶ (534291)
[insert name and address and telephone number of personal licence issuing authority, if any]

[Signature] Signed

TOM ROBERTS Name (please print)

2 MARCH 2014 Date



Disclosure of convictions and declaration

Before completing this form please read the guidance notes at the end of the form.

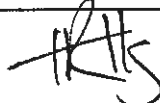
If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets if necessary.


You may wish to keep a copy of the completed form for your records.

| 1. Your personal details | |
|--|--------------|
| TITLE Please tick ✓ | |
| Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state) | |
| Surname | ROBERTS |
| Forenames | THOMAS (TOM) |
| PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary. | |
| TITLE Please tick ✓ | |
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state) | |
| Surname | |
| Forenames | |

| 2. Forfeiture of a personal licence in the last 5 years | | |
|--|--------------------------|-------------------------------------|
| Do not answer this question if you are applying under regulation 8 of the Licensing Act (Personal licences) Regulations 2005 | | |
| | | Please tick ✓ |
| Has any personal licence held by you been forfeited in the last 5 years? If yes, please provide details below: | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Name of court | | |
| Address of court | | |
| Date of forfeiture | | |
| Offence which resulted in the forfeiture | | |
| Any additional details | | |

| 3. Relevant or foreign offences | | |
|--|---------------------------------|---|
| Read Note 1 | Please tick ✓ | |
| Have you been convicted of any relevant offence or foreign offence? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If you have been convicted of any relevant offences you must provide details for each conviction of the date of conviction, the name and location of the convicting court, offence of which you were convicted and the sentence imposed: | | |
| | | |
| If you have been convicted of any foreign offences you must provide details for each conviction of the date of conviction, the name and location of the convicting court, offence of which you were convicted and the sentence imposed: | | |
| | | |

| 4. Declaration | | | |
|---|---|------|-----------|
| I declare that I have not been convicted of any relevant offence or any foreign offence | | | |
| SIGNATURE |  | DATE | 16 JAN 14 |

| 5. Declaration | | | |
|--|---|------|------------|
| The information contained in this form is correct to the best of my knowledge and belief. | | | |
| It is an offence knowingly or recklessly to make a false statement in or in connection with an application for the grant or renewal of a personal licence. A person is to be treated as making a false statement if he produces, furnishes, signs or otherwise makes use of a document that contains a false statement. To do so could result in prosecution and a fine not exceeding level 5 on the standard scale. | | | |
| SIGNATURE |  | DATE | 16 JAN '14 |

Valuation Office Agency

Summary Valuation produced by the Valuation Office Agency
 This is not your rates bill, which will be issued separately
 (see enclosed explanatory leaflet)

| | |
|---|---|
| BASEMENT KETTERING STATION, STATION ROAD, KETTERING, NORTHANTS, NN15 7HJ | Property description: Store |
| | Special category and code:Stores/268 |
| | Basis of measurement: Gross Internal Area |

| COMPONENT PARTS OF THE PROPERTY | | | | | |
|---------------------------------|----------|-------------|---------------------------|----------------------------|--------------|
| Ref | Floor | Description | Area m ² /unit | £ per m ² /unit | Value (£) |
| 1.1 | Basement | Store | 59.00 | 17.50 | 1,033 |
| valuation sub-total | | | | | 1,033 |

The total of all the elements above is £1,033, which we have rounded down to a rateable value of £1,025. This is effective from 01 April 2010. You can estimate your rates bill at www.businesslink.gov.uk/estimatemyrates.

You can compare your valuation to that of the other properties in your area, or to properties of a similar type, at www.voa.gov.uk/2010. You may need a scheme reference - yours is 79054

For official use only

| | |
|-----------------------------|-------------------------------------|
| List Year: 2010 | Billing Authority: Kettering |
| BA Ref: 105506410378 | VO Ref: 12240781037 |