

Herefordshire Council, Licensing Department, Plough Lane, Hereford HR4  
OLE

**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 L'Ecole des Amis Ltd

*(Insert name(s) of applicant)*

**apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003**

**Part 1 – Premises Details**

Postal address of premises or, if none, ordnance survey map reference or description <b>Field House Station Road Credenhill</b>			
<b>Post town</b>	Hereford	<b>Postcode</b>	<b>HR4 7DW</b>

Telephone number at premises (if any)	<b>None yet</b>
Non-domestic rateable value of premises	<b>£5600</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 \* 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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town	Hereford			Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> Havard			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
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> L'ECOLE DES AMIS RESTAURANT LTD
<b>Address</b> Field House, Station Road, Credenhill, HR4 7DW, Herefordshire
<b>Registered number (where applicable)</b> Company Number 14969920
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b> Limited Company
<b>Telephone number (if any)</b> [REDACTED]
<b>E-mail address (optional)</b> [REDACTED]

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
2	8	062024

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)

French restaurant being built (Planning Application **231910/F** granted on 21<sup>st</sup> September 2023) at Field House, Station Road, Credenhill, Hereford, HR3 6QX  
All restrictions now lifted.

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**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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></b> (please read guidance note 5)		
Sat					
Sun					

## B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	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 3)					
Mon								
Tue								
Wed						<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Thur								
Fri						<b><u>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</u></b> (please read guidance note 5)		
Sat								
Sun								

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Tue			
Wed			
Thur			<b><u>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</u></b> (please read guidance note 5)
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	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 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					



# E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)					
Mon								
Tue								
Wed						<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur								
Fri						<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 5)		
Sat								
Sun								

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	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 3) Unamplified Recorded music to be played					
Mon	8:00	23:00						
Tue	8:00	23:00						
Wed	8:00	23:00				<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur	8:00	23:00						
Fri	8:00	23:00				<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 5) Possible late finish until 2am on New Year's Eve		
Sat	8:00	23:00						
Sun	8:00	23:00						

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	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 3)					
Mon								
Tue								
Wed						<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Thur								
Fri						<b><u>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</u></b> (please read guidance note 5)		
Sat								
Sun								

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> 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	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	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 3)		
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 4)		
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 5)		
Sun					

# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3) We wish the activity to go on longer on New Year’s eve until 2am where the guests at the restaurant already could be willing to stay longer for dessert or cheese and have another drink or more to celebrate the new year but no longer than 2am. We will have unamplified music indoors only.		
Tue					
Wed					
Thur			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Fri					
Sat			<b><u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u></b> (please read guidance note 5) We wish the activity to go on longer on New Year’s eve until 2am where the guests at the restaurant already could be willing to stay longer for dessert or cheese and have another drink or more to celebrate the new year but no longer than 2am. We will have unamplified music indoors only.		
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	11:00	23:00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4) Consumption on the premises with the occasional bottles of wine sold to take away by customers		
Tue	11:00	23:00			
Wed	11:00	23:00			
Thur	11:00	23:00	<b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 5) Possible serving Alcohol until 2am on New Year’s Eve		
Fri	11:00	23:00			
Sat	11:00	23:00			
Sun	11:00	23:00			

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

Name Cedric, Michel, Adrien Lherbier	
Address [REDACTED] [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) [REDACTED]	
Issuing licensing authority (if known) Herefordshire Council	



**M** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b, c, d and e)** (please read guidance note 9)

We will have the Personal Licence holder on the premises at all times or a Designated Premises Supervisor nominated  
We will make sure we have sufficient number of staff on the premises  
We will operate regular training of staff.

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

We will request photographic identification to control underage drinking. We will offer a taxi booking service provided  
Any incidents of a criminal nature that may occur on the premises will be reported to the Police.  
CCTV in place

**c) Public safety**

There will be no gas on premises (So no gas check needed)  
We will have all safety check on ring main electrical check (once every 5 years)  
We will do PAT testing (portable electrical appliance testing); up to date health & safety policy & risk assessments  
Appropriate fire safety procedures are in place including fire extinguishers (foam, H2O and CO2), fire blanket, internally illuminated fire exit signs, numerous smoke detectors and emergency lighting (see enclosed plan for details of locations). All appliances are inspected annually. All emergency exits shall be kept free from obstruction at all times  
We have had an asbestos survey of premises which revealed to have nothing but 1 small radiator in the old school toilet which we have removed safely and taken away safely as well as fully demolished and rebuilt a new extension instead  
There is an employers & public liability insurance in place  
Sufficient lighting internally & externally  
Regular fire checks & servicing of fire detection & extinguishing equipment as fitted new in building  
Emergency procedures in place  
Restaurant to be all non-smoking  
Good housekeeping procedures in place



d) The prevention of public nuisance

This will be a small French restaurant operating mainly by having drinks with food  
Noise will be kept to a minimal.  
We will put Clear and legible signs on the car park to ask to leave in a quietly manner  
Music will be kept in main rooms which won't be loud  
All customers will be asked to leave quietly and have regard to our neighbours.

e) The protection of children from harm

The licensee and staff will ask persons who appear to be under the age of 25 for photographic ID such as proof of age cards, the Connexions Card and Citizen Card, photographic driving licence or passport, an official identity card issued by HM Forces or by an EU country, bearing the photograph and date of birth of bearer. All staff will be trained for UNDERAGE SALES PREVENTION regularly. A register of refused sales shall be kept and maintained on the premises

**Checklist:**

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- I understand that I must now advertise my application.
- I understand that if I do not comply with the above requirements my application will be rejected.

**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	23.04.2024
Capacity	Proprietor

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

Signature	██████████
Date	23.04.2024
Capacity	Proprietor

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

### Notes for Guidance

1. 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.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

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

[Cedric, Michel, Adrien Lherbier](#)

.....  
*[full name of prospective premises supervisor]*

of

.....  
.....  
.....  
.....  
.....

.....  
*[home address of prospective premises supervisor]*

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

.....  
[Restaurant](#)

.....  
*[type of application]*

by

.....  
[L'Ecole des Amis Ltd](#)

.....  
*[name of applicant]*

relating to a premises licence

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

for

.....  
[L'Ecole des Amis](#)  
[Field House](#)  
[Station Road](#)  
[Credenhill](#)  
[HR4 7DW](#)  
[Herefordshire](#)

.....  
*[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

L'Ecole des Amis Ltd

*[name of applicant]*

concerning the supply of alcohol at

L'Ecole des Amis  
Field House  
Station Road  
Credenhill  
HR4 7DW  
Herefordshire

*[name and address of premises to which application relates]*

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

PL1786

*[insert personal licence number, if any]*

Personal licence issuing authority

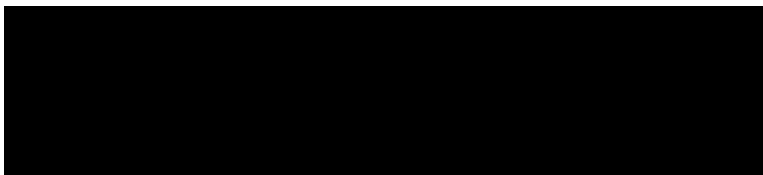
Herefordshire Council, Herefordshire Council, Licensing Department, Plough Lane,  
Hereford HR4 0LE, 01432261761

*[insert name and address and telephone number of personal licence issuing authority, if any]*

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Signed

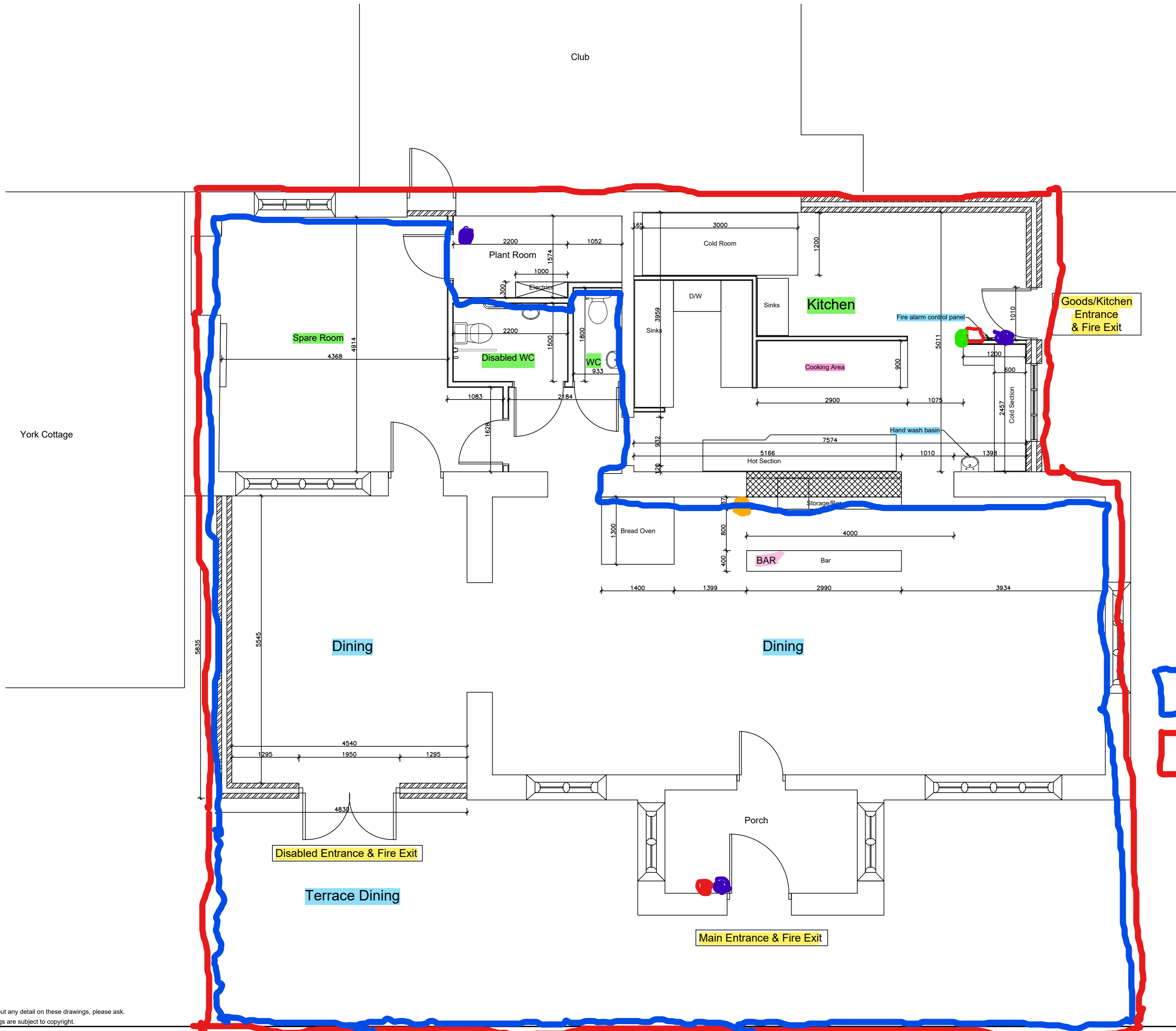


Name (please print)






Cedric Lherbier

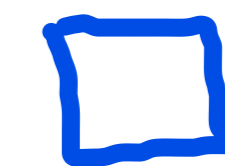
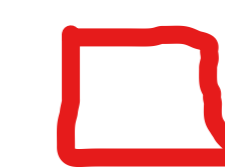
Date

23.04.2024



Extinguisher location as below:  
 1 x 2kg Co2 extinguisher located by main entrance  
 1 x 6Ltr foam extinguisher located by main entrance  
 1 x 6Ltr ARF extinguisher by bar  
 1 x 2Kg Co2 extinguisher in Electrical Room  
 1 x 1 x 2Kg Co2 extinguisher in kitchen  
 1 x 6Ltr Multi-chem extinguisher in kitchen  
 1 x Firer blanket in kitchen  
 The fire alarm being installed is to an L1 category of coverage

-  6Ltr Multi-chem extinguisher in kitchen
-  6Ltr ARF extinguisher
-  2kg Co2 extinguisher
-  6Ltr foam extinguisher
-  Firer blanket in kitchen

-  Area alcohol to be consumed in blue
-  Licensable Activity area marked in red

P1	13/05/24	Revised working drawing	JDP
P0	20/11/23	Working drawing	JDP
Rev	Date	Details	By
Client: Mr C. Lherbier & Mr B. Havard			
Site Address: Field House Station Road Credenhill Hereford HR4 7DW			
Drawing Title: Proposed Kitchen Plan			
Scale: 1:50 @ A2 / 1:100 @ A3			
Drawing no. CD/FH/021			Rev P1