

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 Farmer Johns Catering Limited

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

Marden Stores Marden			
Post town	Hereford	Postcode	HR1 3EW

Telephone number at premises (if any)	01432 880386
Non-domestic rateable value of premises	£ 13,000

Part 2 - Applicant details

Please state whether you are applying for a premises licence as appropriate Please tick as appropriate

a)	an individual or individuals *		please complete section (A)
b)	a person other than an individual *		
	i	as a limited company/limited liability partnership	X please complete section (B)
	ii	as a partnership (other than limited liability)	please complete section (B)
	iii	as an unincorporated association or	please complete section (B)
	iv	other (for example a statutory corporation)	please complete section (B)

c)	a recognised club		please complete section (B)
d)	a charity		please complete section (B)
e)	the proprietor of an educational establishment		please complete section (B)
f)	a health service body		please complete section (B)
g)	a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales		please complete section (B)
ga)	a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England		please complete section (B)
h)	the chief officer of police of a police force in England and Wales		please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or Yes
- 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	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)					

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Second individual applicant (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth over		I am 18 years old or		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service: (please see note 15 for information)					

(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 Farmer Johns Catering Limited
Address 14 St. Owen's Street Hereford HR1 2PL

Registered number (where applicable) 15622380
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) 01432 880386
E-mail address (optional) [REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY

1	1	0	6	2	0	2	4
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If you wish the licence to be valid only for a limited period, when do you want it to end?

DD MM YYYY

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

The premises were formerly a bungalow which has been fully renovated to site a convenience store in one part and a restaurant has now been constructed adjacent to this store. The former licence under the name of Blue Star Power Limited (PR00397) will apply to revert back to an Off Licence and Farmer Johns Catering Limited is applying for an On Licence.

Entrance can be via the store or through an entrance to the side of the building purely for the restaurant. There is table seating inside and outside, under a covered area.

The site plan shows the total area of the premises. The red area will be the Off Licence and the blue area will be the On Licence.

There is an Access WC in the red area and further WC on the first floor.

Alcohol will be served via table service and only consumed with food purchased from the kitchen. The floor plan shows a 'Chef's table' located in the inside dining area with seating. The aim of this restaurant is not only to provide good tasting, local produced food but a dining experience where customers can see the preparation and cooking of their meal by the chefs.

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)	

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	Yes
<u>Supply of alcohol</u> (if ticking yes, fill in box J)	Yes

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon	-----	-----	Please give further details here (please read guidance note 4)		
Tue	-----	-----			
Wed	-----	-----	State any seasonal variations for performing plays (please read guidance note 5)		
Thur	-----	-----			
Fri	-----	-----	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 (please read guidance note 6)		
Sat	-----	-----			
Sun	-----	-----			

B

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

C

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

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
				Outdoors	
Both					
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon	-----				
Tue	-----				
Wed	-----		<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
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 6)		
Sat	-----				
Sun	-----				

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon	-----	-----	Please give further details here (please read guidance note 4)		
Tue	-----	-----			
Wed	-----	-----	State any seasonal variations for the performance of live music (please read guidance note 5)		
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 6)		
Sat	-----	-----			
Sun	-----	-----			

F

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

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
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 performance of dance</u> (please read guidance note 5)		
Thur	-----	-----			
Fri	-----	-----	<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> (please read guidance note 6)		
Sat	-----	-----			
Sun	-----	-----			

H

Anything of a similar description to that falling within (e), (f) or (g) 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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			<u>Please give further details here</u> (please read guidance note 4)		
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 5)		
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 6)		
Sun					

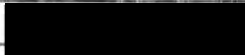
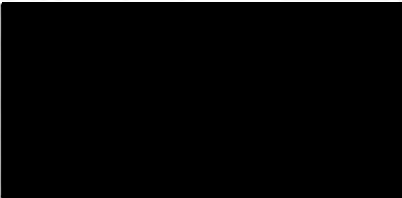

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
				Both	X
Mon	20.00 -----	23.00 -----	<u>Please give further details here</u> (please read guidance note 4)		
Tue	20.00 -----	23.00 -----			
Wed	20.00 -----	23.00 -----	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur	20.00 -----	23.00 -----			
Fri	20.00 -----	23.00 -----	<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	20.00 -----	23.00 -----			
Sun	20.00 -----	23.00 -----			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	X			
				Off the premises				
				Both				
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	08.00	23.00						
Tue	08.00	23.00						
Wed	08.00	23.00						
Thur	08.00	23.00				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 6)		
Fri	08.00	23.00						
Sat	08.00	23.00						
Sun	10.00	23.00						

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		Zena Legge
Date of birth		
Address		
Postcode		
Personal licence number (if known) PL3854		

Issuing licensing authority (if known) Herefordshire Council Licencing

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).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	7.00	23.00	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 6)
Tue	7.00	23.00	
Wed	7.00	23.00	
Thur	7.00	23.00	
Fri	7.00	23.00	

Sat	7.00	23.00	
Sun	7.00	23.00	

M

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

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

Limit of people attendance as Table service only
 Supervision on site at all times.
 The site has security cameras and lock down procedures

b) The prevention of crime and disorder

Supervision on site at all times.
 The site has theft / security processes and procedures
 Monitoring of persistent alcohol abuse from any person(s)

c) Public safety

Aware of overcrowding and limit of numbers.
 Signage to promote H&S and fire hazard

d) The prevention of public nuisance

Monitoring of noise levels
 Awareness of litter
 Providing smoking areas
 Aware of light pollution to neighbouring houses

e) The protection of children from harm

Security onsite
 Supervision at all times
 Evening hours children to be under adult supervision

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 or my share code issued by the Home Office online right to work checking service (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.

Declaration	<ul style="list-style-type: none"> [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). The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	31/5/2024
Capacity	Director, Farmer Johns Catering Limited

For joint applications, signature of 2nd applicant or 2nd 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	

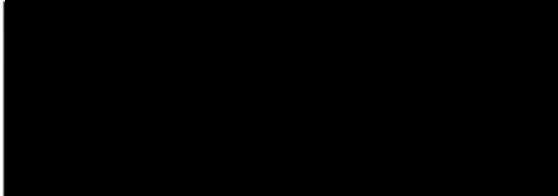
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Consent of individual to being specified as premises supervisor

Zena Legge

[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

Premises Licence

[type of application]

by

Farmer Johns Catering Limited

[name of applicant]

relating to a premises licence

N/A

[number of existing licence, if any]

for

Marden
Hereford
HR1 3EW

[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

— Farmer Johns Catering Limited

[name of applicant]

concerning the supply of alcohol at

— Marden
Hereford
HR1 3EW

[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

— PL3854

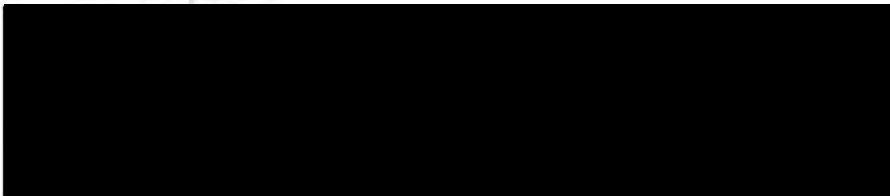
[insert personal licence number, if any]

Personal licence issuing authority

— Herefordshire Council
Plough Lane, Hereford HR4 0LE

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

Signed

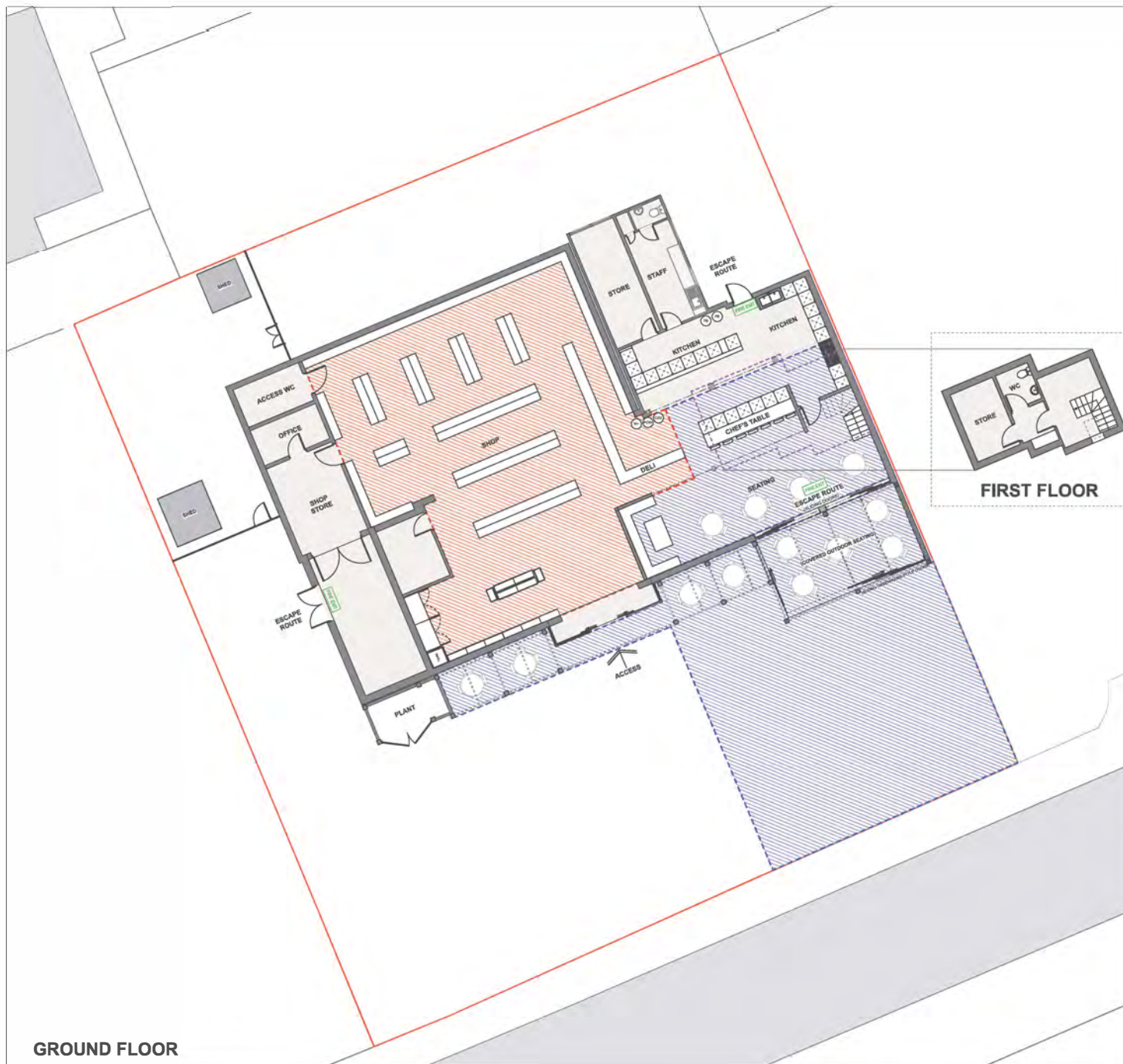


Name (please print)

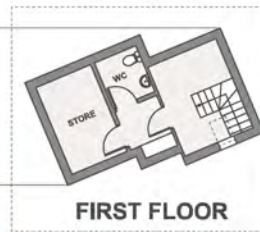
— ZENA LEASE

Date

— 27/6/2024



GROUND FLOOR



FIRST FLOOR

KEY

- Licensable Activity
205 SQ.M
- Area alcohol to be consumed
283 SQ.M

FIRE EXIT Escape route

- Fire extinguishers**
- Carbon dioxide
 - Powder
 - Water plus
 - Fire blanket

Alcohol collection by waitress/waiter will be from chillers/storage to the right of the chef's table

- 1 Do not scale off this drawing.
- 2 Any discrepancies to be referred to the Architect.
- 3 This drawing is to be read in conjunction with all relevant specifications and other drawings issued by the Architect, and other specialists.
- 4 This drawing is copyright and is not to be reproduced without RRA permission.
- 5 IF IN DOUBT, ASK.

LICENSING ISSUE

STRUCTURAL INFORMATION INDICATIVE ONLY, SHOWN FOR CO-ORDINATION PURPOSES

PLEASE REFER TO STRUCTURAL ENGINEERS SPECIFICATION

PLEASE NOTE NO MANHOLES WERE LIFTED THROUGH SURVEYING THE PROPERTY. CONTRACTOR IS REQUIRED TO INSPECT DRAINAGE SYSTEM TO CHECK ALL PROPOSED RUNS WORK PRIOR TO COMMENCEMENT .



Revision	Description	Date	Check	Rev



RRA Architects Ltd
 Workshare
 4th High Street
 Hereford
 HR1 2AA

T 01432 278 707
E enquiries@rraarchitects.com

www.rraarchitects.com

London T 0203 130 0398 Hereford T 01432 278 707
 Ludlow T 01584519 747 Gloucestershire T 0242 269 374

Project :
**MARDEN POST OFFICE,
 16 SPRINGFIELD CLOSE
 HR1 3EW**

Drawing Title :
PROPOSED LICENSING PLAN

Status	Date	Drawn By
LICENSING	MAY 2024	RJB
Drawing No.	Revision	Scale
3564/1 P(0)210		1:100 @ A1

