

Application for a premises licence

Your Details

It is an offence, liable on conviction to a fine up to 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

Your Details

These details will be used for correspondence relating to this application

Title	Miss
First name	Kirti
Last name	Patel

Premises

Premises Information	
Postal address of premises or, if none, ordnance survey map reference or description	Unit 4 The Farmhouse, Friday Farm, Turners Hill Road, Crawley Down, Crawley, West Sussex
Postcode	RH10 4HQ
Non-domestic rateable value of premises.	£4301 - £33000

Applicant Type

Please state whether you are applying for a premises licence as:	a person other than an individual - i) as a limited company
---	---

Applicant Type

Please confirm one of the following	I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
-------------------------------------	---

Applicants

I/We apply for a premises licence under section 17 of (Insert name(s) of applicant) 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	
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.	
Applicant Details	
Applicant first name	Azaro Group Limited
Applicant description	Limited Company

Applicants

I/We apply for a premises licence under section 17 of (Insert name(s) of applicant) 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	
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.	
Applicant Details	
Applicant title	Mr
Applicant first name	Asif
Applicant last name	Javed

Applicant description	Company Director

Operating Schedule

Operating Schedule	
When do you want the premises licence to start?	2024-11-01
If you wish the licence to be valid only for a limited period, when do you want it to end?	
If the club's proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend	

Description of Premises

Operating Schedule	
Describe the premises	The premises will be a cafe/bar/farm shop and event space. We will be selling local produce from around Sussex as we currently work with many local suppliers. The cafe will be at the front of the premises, with outdoor seating around the front and side of the building. There is adequate parking to the front of the building. There is wash rooms, storage space and kitchen area. We would like to offer afternoon tea with champagne/prosecco especially when it is special occasions, we would like to have a small area selling local produce including beers and wines from local breweries and vineyards.

Activities Guidance

Which types of licensable activity will you be provisioning?	Supply of alcohol
--	-------------------

Activity

Supply of Alcohol	
Type of Activity	Supply of Alcohol
ActivityVerb	supply of alcohol
Please indicate standard days of Supply of Alcohol	Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday
Please indicate the standard days and timings. Provide times using the 24 hour clock.	
Monday	
Monday from	12:00
Monday to	23:00
Tuesday	
Tuesday from	12:00
Tuesday to	23:00
Wednesday	
Wednesday from	12:00
Wednesday to	23:00
Thursday	

Thursday from	12:00
Thursday to	23:00
Friday	
Friday from	12:00
Friday to	23:30
Saturday	
Saturday from	12:00
Saturday to	23:30
Sunday	
Sunday from	12:00
Sunday to	23:00
Please give a description of the type of entertainment that the club will be providing	
Where will the supply of alcohol take place? Indoors may include a tent.	
Where will the supplied alcohol be consumed?	Both on and off premises
Please state type of activity to be authorised, if not already stated, and give relevant further details.	
State any seasonal variations	
Non standard timings. Where the club intends to use the premises for the supply of alcohol at different times from those listed above, please list	New years eve until 00:30

Activity

Hours premises is open to the public	
Type of Activity	Hours premises is open to the public
ActivityVerb	
Please indicate standard days of Hours premises is open to the public	Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday
Please indicate the standard days and timings. Provide times using the 24 hour clock.	
Monday	
Monday from	08:00
Monday to	23:00
Tuesday	
Tuesday from	08:00
Tuesday to	23:00
Wednesday	
Wednesday from	08:00
Wednesday to	23:00
Thursday	
Thursday from	08:00
Thursday to	23:00

Friday	
Friday from	08:00
Friday to	23:30
Saturday	
Saturday from	08:00
Saturday to	23:30
Sunday	
Sunday from	09:00
Sunday to	23:00
Please give a description of the type of entertainment that the club will be providing	
Where will the take place? Indoors may include a tent.	
Where will the supplied alcohol be consumed?	
Please state type of activity to be authorised, if not already stated, and give relevant further details.	
State any seasonal variations	
Non standard timings. Where the club intends to use the premises for the at different times from those listed above, please list	new year eve until 00:30

Premises Supervisor

This person needs to complete the form entitled ' Consent of an individual to being specified as a premises supervisor '	
Premises Supervisor	
State the name and details of the individual whom you wish to specify on the licence as premises supervisor.	
First name	Kirti
Last name	Patel

Adult Entertainment

Adult Entertainment	
Please highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children.	N /A

Objectives

Licensing Objectives	
Describe the steps you intend to take to promote the four licensing objectives	
Please list here steps you will take to promote all four licensing objectives together.	<p>Prevent any issues arising with alcohol making sure staff are all trained to check ID and challenge 25</p> <p>Prevent any problems occurring on the premises with will cause a nuisance to neighbours and other customers</p> <p>Ensure fire safety and evacuation procedures are in place</p>
The prevention of crime and disorder	<p>Staff training will be given to ensure alcohol is not served to underage customers and challenge 25 put in place</p> <p>ID check in place</p> <p>have a refusal book</p>
Public safety	<p>Fire extinguishers and smoke alarms are in place</p> <p>Evacuation area is marked</p> <p>Emergency Exit lights are in place in the toilets and coffee shop</p> <p>Adequate parking is available</p>
The prevention of public nuisance	<p>We have a good relationship with the neighbours so we would always inform them if any works are being carried out. There are no houses around the premises apart from business units which mostly close by 5pm.</p>
The protection of children from harm	<p>We will ensure the staff are trained on challenge 25 and ID checks are carried out if they feel someone is underage.</p>

Summary

--	--

