



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 NATHAN P WILLIAMS
(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			
OLIVER HOUSE, 93 HIGH STREET, CRANSLUGH SURREY. (CRANSLUGH BRASSERIE)			
Post town	GUILDFORD	Postcode	GU6 8 AU

Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	£ N/A. Approx £11,000-10

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 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
- 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 <i>WILLIAMS</i>			First names <i>NATHAN PATRICK</i>		
Date of birth <i>9-5-1970</i>		I am 18 years old or over		<input checked="" type="checkbox"/> Please tick yes	
Nationality <i>British</i>					
Current residential address if different from premises address		<i>The White Hart Hotel, Fisher Road, Cranleigh Surrey GU6 7AG</i>			
Post town	<i>GUILDFORD</i>			Postcode	<i>GU6 7AG</i>
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 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)

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		
Date of birth over		I am 18 years old or		<input type="checkbox"/>	Please tick yes
Nationality					
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

(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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)

Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	09	2024

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 PROPERTY IS SITUATED IN THE MIDDLE OF CLANNON HIGH STREET, AND THE INTERNAL LAYOUT IS A CAFE/RESTAURANT AREA ON GROUND LEVEL AND A FRONT PATIO AREA OF WHICH WILL BE A TABLE & SITTING AREA FOR PATRONS TO CONSUME FOOD, ALCOHOL, TEA'S, SOFT DRINKS ETC. THE REAR GARDEN WILL ALSO BE USED FOR OUTSIDE DINING.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

N/A

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

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	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
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 indoors or outdoors or both – please tick (please read guidance note 3)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>	
Mon				
Tue			Please give further details here (please read guidance note 4) N A	
Wed				
Thur			State any seasonal variations for the exhibition of films (please read guidance note 5)	
Fri				
Sat			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)	
Sun				

C

Indoor sporting events Standard days and timings (please read 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			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)
Thur			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon			N A		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
Thur					
Fri			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 (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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	11.00 A.M	11.00 P.M	OUTSIDE JAZZ MUSIC TO A MAX OF 3 NO MUSICIANS INSIDE MAX JAZZ MUSICIANS.		
Tue	11.00 A.M	11.00 P.M			
Wed	11.00 A.M	11.00 P.M	State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	11.00 A.M	11.00 P.M	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)		
Fri	11.00 A.M	12.00 P.M			
Sat	11.00 A.M	12.00 P.M	CHRISTMAS EVE 2.00 A.M NEWYERS EVE 2.00 A.M		
Sun	11.00 A.M	11.00 P.M			

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	8.00 A.M	11.00 P.M	Please give further details here (please read guidance note 4) BACK GROUND LOW LEVEL MUSIC OR RADIO.	Both	<input type="checkbox"/>
Tue	8.00 A.M	11.00 P.M			
Wed	8.00 A.M	11.00 P.M	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	8.00 A.M	11.00 P.M			
Fri	8.00 A.M	12.00 P.M	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 6) CHRISTMAS EVE 2.00 A.M NEW YEARS EVE 2.00 A.M		
Sat	8.00 A.M	12.00 P.M			
Sun	8.00 A.M	11.00 P.M			

G

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

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	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon			HOT DRINKS.		
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur					
Fri	23.00	00.30	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 6)		
	P.M	A.M.			
Sat	23.00	00.30	CHRISTMAS EVE TO 02.00 A.M. NEW YEARS EVE TO 02.00 A.M.		
	P.M	A.M			
Sun					

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	<input type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	11.00 A.M	23.30 P.M						
Tue	11.00 A.M	23.30 P.M						
Wed	11.00 A.M	23.30 P.M						
Thur	11.00 A.M	23.30 P.M				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	11.00 A.M	00.30 A.M						
Sat	11.00 A.M	00.30 A.M						
Sun	11.00 A.M	22.30 P.M						
						CHRISTMAS EVE 01.30		
			NEW YEARS EVE 01.30					

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	NATHAN P WILLIAMS
Date of birth	09-05-1970
Address	THE WHITE HART HOTEL, ENHURST ROAD CRANBURY SURREY
Postcode	G-06 7AE
Personal licence number (if known)	LN/00004367
Issuing licensing authority (if known)	WANDSWORTH BOROUGH COUNCIL

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

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	07.30	00.00	<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 6)</p> <p>CHRISTMAS EVE INTO CHRISTMAS DAY 02.00 A.M.</p> <p>NEW YEARS EVE INTO NEW YEARS DAY 02.00 A.M.</p>
	A.M	P.M	
Tue	07.30	00.00	
	A.M	Midnight	
Wed	07.30	00.00	
	A.M	Midnight	
Thur	07.30	00.00	
	A.M	Midnight	
Fri	07.30	00.00	
	A.M	Midnight	
Sat	07.30	00.00	
	A.M	Midnight	
Sun	07.30	03.00	
	A.M	P.M.	

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 STEPS I INTEND TO TAKE TO PROMOTE AND ENSURE THAT AT ALL TIMES WHEN THE PREMISES ARE OPEN FOR ANY LICENSABLE ACTIVITY, THAT ALL STAFF ARE COMPETENT TO FULFIL THE TERMS OF THE LICENCE AND TRY TO PREVENT CRIME & DISORDER. THE LICENCEE THAT MY STAFF HAVE BEEN TRAINED IN THEIR RESPONSIBILITIES IN REGARDS TO THE SALE OF ALCOHOL, PARTICULARLY TO THE ISSUES OF DRUNKENNESS AND UNDESIRABLE PERSONS

b) The prevention of crime and disorder

I INTEND TO INSTALL CCTV AT THE PREMISES, TO BOTH EXIT DOOR'S AND GARDEN & PATIO AREA.

A LOG BOOK WILL BE ON SITE TO LOG ANY ABUSIVE BEHAVIOUR, TO STAFF AND PATRONS. AND ANY INCIDENTS OF A CRIMINAL NATURE THAT MIGHT OCCUR ON THE PREMISES WILL BE REPORTED TO THE POLICE

c) Public safety

THERE WILL BE FIRE EXTINGUISHERS, AND INTERNALLY ILLUMINATED FIRE EXIT SIGNS INSTALLED IN THE CASE OF A FIRE THERE WILL BE A FIRST AID BOX ON SITE IN CASE OF ANY ACCIDENTS.

d) The prevention of public nuisance

THERE WILL BE SIGNS INSTALLED TO ASK CUSTOMERS TO LEAVE QUIETLY AND TO HAVE REGARD FOR ANY NEIGHBOURS CLOSE BY. A WINDING DOWN PERIOD OF 30 MINUTES WILL BE IN PLACE BEFORE CLOSING AT NIGHT TO LET CUSTOMERS LEAVE IN A ORDERLY FASHION AND TO SLOW THERE ALCOHOL CONSUMPTION DOWN

e) The protection of children from harm

I AND MY STAFF WILL BE TRAINED TO SPOT AND ASK PERSONS WHO APPEAR TO BE UNDERAGE, AND ASK FOR PROOF OF I.D. WE WILL ALSO PROMOTE AGE 25 SCHOOLS. THERE WILL BE NOTICES DISPLAYED IN THE TOILETS THAT IF A MINOR FEEL HARASSED OR THREATENED IN ANY WAY TO SPEAK TO A MEMBER OF STAFF AND IF NECESSARY REPORT IT TO THE POLICE.

Signature	
Date	21-7-2024
Capacity	OWNER.

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)			



WAVERLEY BOROUGH COUNCIL
Licensing Team, Waverley Borough Council,
The Burys, Godalming, Surrey GU7 1HR

Consent of individual to being specified as premises supervisor
under the Licensing Act 2003

I NATHAN P WILLIAMS [full name of prospective premises supervisor]
of The White Hart Hotel, Ewhurst Road, Cranleigh
Surrey GU7 7AE

[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 A Premises Licence

.....[type of application]
by NATHAN P WILLIAMS [name of applicant]

relating to a premises licence [number of existing licence, if any]
for Commons Brasserie

[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
NATHAN P WILLIAMS [name of applicant]

concerning the supply of alcohol at Cranleigh's Brasserie

(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.

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 .000004367..... [insert personal licence number, if any]

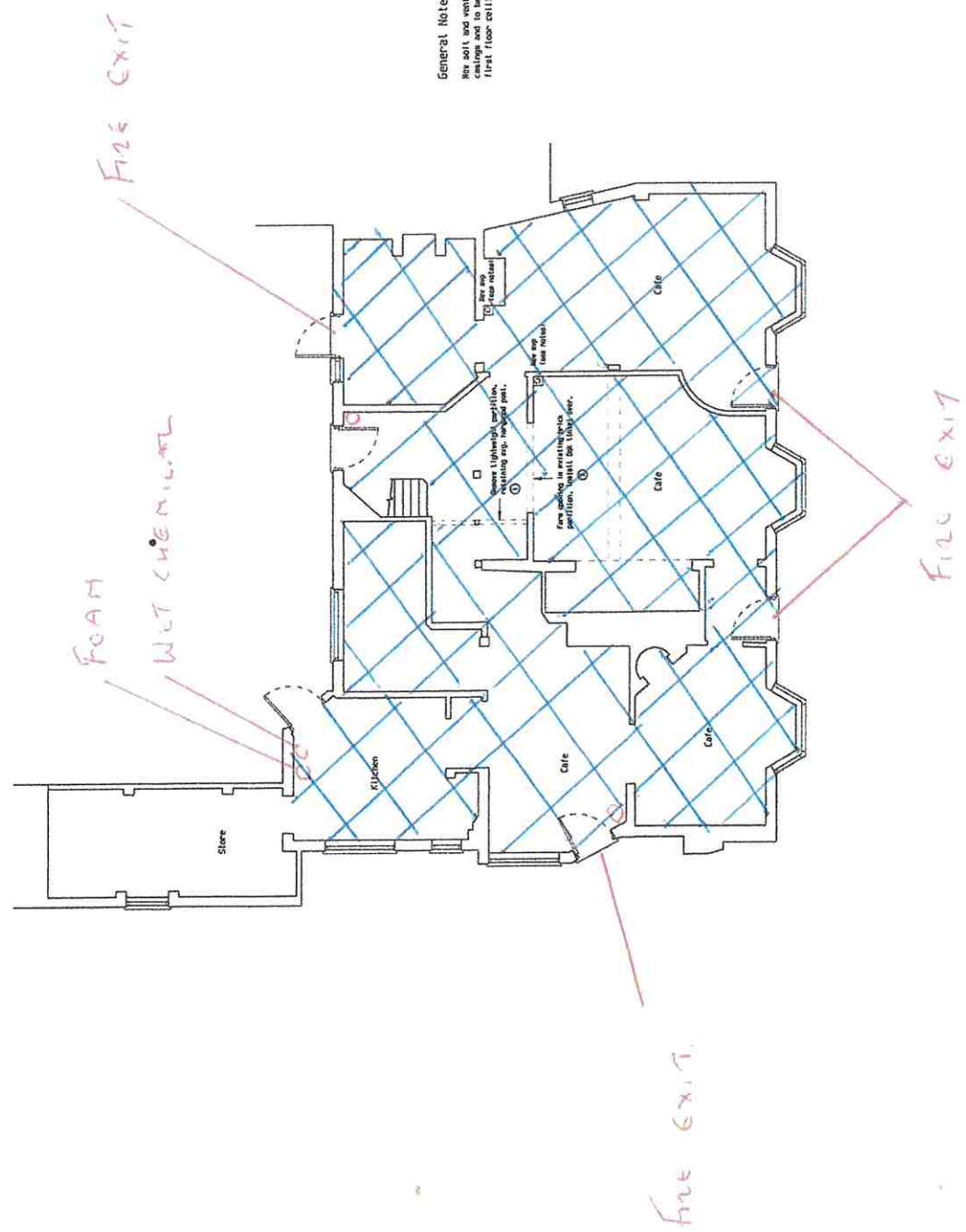
Personal licence issuing authority H.A.C.C. 7. BOROUGH COUNCIL
..... COUNCIL OFFICES, THE QUAYS,
..... GORDON ROAD, SOUTHAMPTON,
..... G.U.T. 1. H.R.

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

..... signed
..... name (please print)
..... dated

LEGEND

- FIRE EXTINGUISHER
- ▨ HATCHED AREA IS LICENSED AREA WHERE ALCOHOL WILL BE SOLD AND CONSUMED

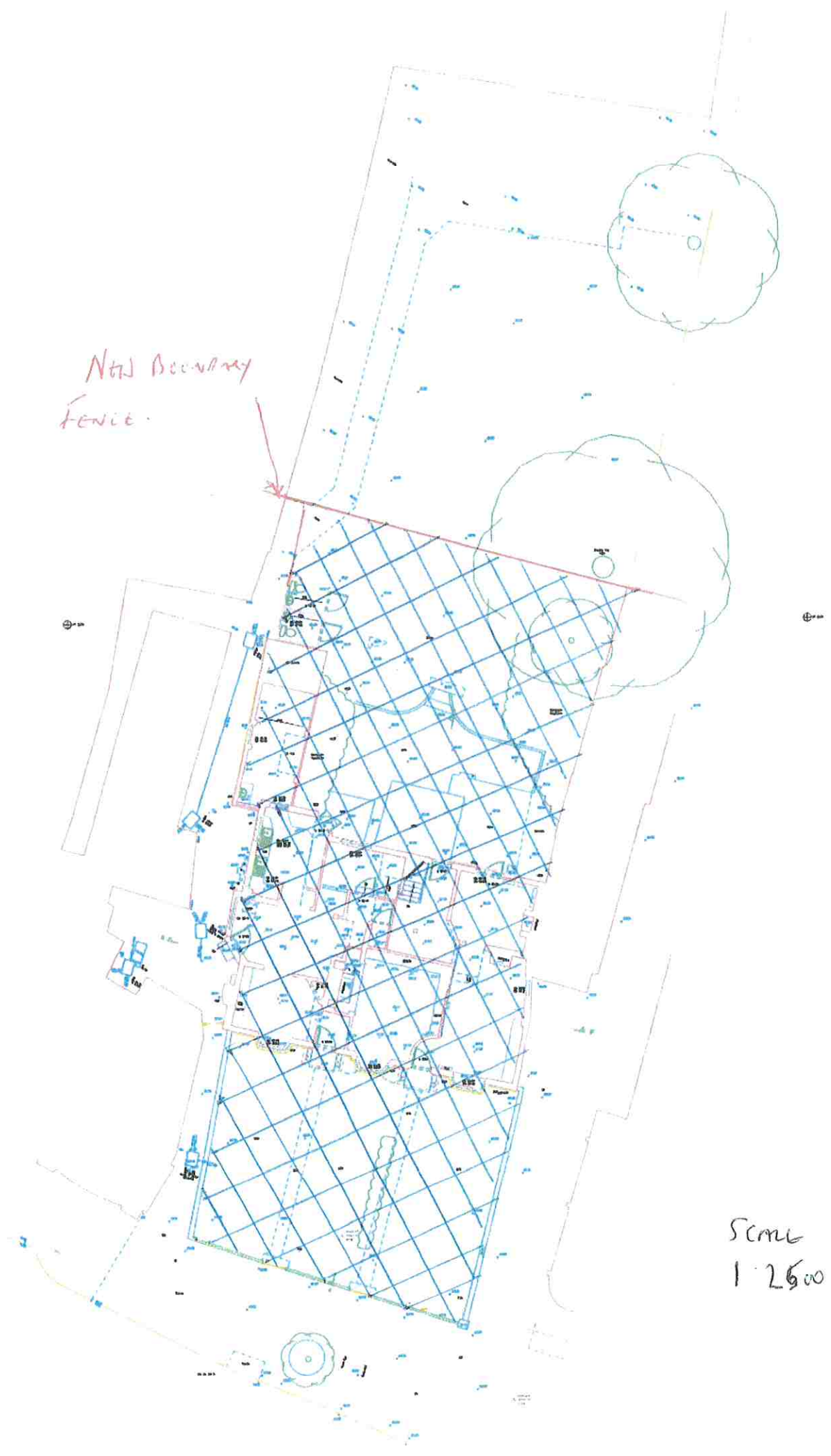


General Notes:
 All soil and vent pipes to be contained within vertical box
 and shall be supported by the structure above and
 first floor ceiling to avoid roof projections.



Revisions No. Date	By
Project	Oliver House, High Street, Cranleigh
Drawing Title	Proposed Ground Floor Plan
Client	N. Williams Esq.,
Scale	1:50
Date	23.05.24
Drawing No.	24/02/2
Drawn	PPB
Checked	
Rev.	
Somersbury Design	

Nth Boundary
Fence.



Scale
1:2500