

**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 Perrywood Sudbury Limited

*(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			
Perrywood Sudbury Newton Road			
Post town	Sudbury	Postcode	CO10 0PZ

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£125,000+

**Part 2 - Applicant details**

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

- |                                                      |                          |                             |
|------------------------------------------------------|--------------------------|-----------------------------|
| a) an individual or individuals *                    | <input type="checkbox"/> | 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)   | <input type="checkbox"/> | please complete section (B) |
| iii as an unincorporated association or              | <input type="checkbox"/> | please complete section (B) |
| iv other (for example a statutory corporation)       | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club                                 | <input type="checkbox"/> | please complete section (B) |
| d) a charity                                         | <input type="checkbox"/> | 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 (c 14) 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 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			I am 18 years old or over <input type="checkbox"/> 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 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		I am 18 years old or over <input type="checkbox"/> Please tick yes			
Nationality					
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)					
Current residential 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 Perrywood Sudbury Limited
Address Perrywood Garden Centres Kelvedon Road Inworth Tiptree CO5 9SX
Registered number (where applicable) 11509059
Description of applicant (for example, partnership, company, unincorporated association etc.)  Limited Company

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

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
0	1	1	0	2	0	2	5

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)**

Garden Centre retail has been active on site for many years. A new building is being erected on the same land (same address) which will house newly formed Garden Centre retail. Predominantly specialising in retail for garden & homeware, but sale of alcohol for consumption off premises will form part of the food retail offer, both in the new building, as well as the old building. Both form part of the plan.

The coffee shop and restaurant (SE edging of building) in the new building will sell alcohol for consumption on the premises. This will generally be pre-packaged alcohol, in the form of beers and wines. The coffee shop restaurant will have an outside terrace area (within plan) in the future.

The old building is to be repurposed for retail and catering and will retail alcohol for consumption both on and off premises.

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)                                                                    | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)                                                                    | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)                                                   | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)                                        | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)                                                               | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)                                                           | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)                                                    | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

☐

X

**In all cases complete boxes K, L and M**

**A**

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)		
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 6)		
Sat					
Sun					

## B

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

# C

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

# D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	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 4)		
Mon					
Tue					
			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Wed					
Thur					
			<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 6)		
Fri					
Sat					
Sun					

# E

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

**F**

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

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	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 4)		
Mon					
Tue					
			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 5)		
Wed					
Thur					
			<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 6)		
Fri					
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 7)			Please give a description of the type of entertainment you will be providing	
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 4)	
Wed				
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)	
Fri				
Sat			<b>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</b> (please read guidance note 6)	
Sun				

# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	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 4)		
Mon					
Tue					
			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Wed					
Thur					
			<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 6)		
Fri					
Sat					
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (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	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)			
Mon	0800	2100				
Tue	0800	2100				
Wed	0800	2100				
Thur	0800	2100				<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 6)
Fri	0800	2100				
Sat	0800	2100				
Sun	0800	2100				

**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):**

<b>Name</b> J. V. I	
<b>Date of birth</b> 15 / 11 / 1980	
<b>Address</b> 123 Main Street London, EC1A 1AA	
<b>Postcode</b>	EC1A 1AA
<b>Personal licence number (if known)</b> 1234 5678	
<b>Issuing licensing authority (if known)</b> Metropolitan Police	

## 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

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b><u>State any seasonal variations</u></b> (please read guidance note 5)
Day	Start	Finish	<b><u>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</u></b> (please read guidance note 6)
Mon	0800	2100	
Tue	0800	2100	
Wed	0800	2100	
Thur	0800	2100	
Fri	0800	2100	
Sat	0800	2100	
Sun	0800	2100	

## 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 premises licence holder shall ensure that all relevant members of staff in both retail and catering receive suitable training that includes knowledge of licensing law, licensing objective and offences in relation to prohibited sales. The premises licence holders will hold records of training completed, which will be made available for inspection by an authorised officer when required. An electronic training manual is held and available both on and off site, and refresher training shall be undertaken at least every twelve months; all new staff over the age of 18 will be trained within their induction and before any sale of licensable products commences.

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

- a) A CCTV system shall be installed and maintained throughout the licensed premises. Recording is digitally time and date stamped and digitally stored at site and remotely for a minimum period of one month. Recordings will be made available to an authorised officer or licensing authority with a member of staff being on duty with the ability to complete such requests.
- b) No illegal drugs or non-retail alcohol shall be permitted on the premises, and all staff are aware of a zero tolerance to drugs or non-retail alcohol on the premises.
- c) An incident book will be held and maintained on the premises. The book shall be made available to an authorised police officer or licensing authority upon request. The incident book will record any crime, complaints, safety incidents, disorder and any refusal to serve alcohol that has been upheld, it will also include any faults in the CCTV and any other such incidents.

**c) Public safety**

- (a) The premises licence holders will carry out full risk assessments appropriate for proposed premises operation which shall be made available to an authorised officer or licensing authority.
- (b) The premises licence holder will ensure sufficient that adequate provision is made for first aid equipment, and that at all times that the public are present there is at least one competent person able to administer such first aid. Provision of access routes for emergency vehicles shall be maintained.
- (c) The premises licence holder shall ensure that regular electrical safety checks are carried out at least every 12 months, and records maintained and made available to an appropriate officer or licensing authority.
- (d) Satisfactory and well-maintained sanitary facilities shall be in place, adequate and appropriate lighting and emergency lighting will be installed and maintained and appropriate ventilation systems will be put in place.

**d) The prevention of public nuisance**

- a) During opening hours, an appropriate representative shall be available to receive, respond and deal with any nuisance-related complaints, either in person or via a publicly available telephone number.
- b) No members of the public shall be permitted to leave the premises with an open container of alcohol. Consumption of alcohol shall only be permitted in the designated dining area.
- c) The premises licence holder shall take all reasonable steps and precautions to minimise the risk of public nuisance or disturbance. This will include out of hours cleaning, deliveries, waste disposal, events and car park activities.
- d) The premises licence holder will employ a 3<sup>rd</sup> party security company to uphold these licensing objectives outside of normal opening hours and report any incidents.
- e) The premises licence holder will conduct sufficient risk assessments prior to any activity conducted that falls outside the day-to-day normal activities and monitoring of public nuisance

or disturbance will factor into such risk assessment. These will be made available to an appropriate officer or licensing authority when required.

**e) The protection of children from harm**

- (a) The premises licence holder will ensure all relevant staff are trained in understanding of the law in relation to consumption of alcohol by persons under 18 years of age, including prevention of adults buying alcohol for children
- (b) The premises licence holder shall implement and formalise a stated policy about who should be challenged for proof of age, anyone who looks under 25 years of age (Challenge 25). This must be a passport, drivers' licence or other ID with the PASS hologram.
- (c) Alcohol will be retailed away from sweets and other such items that might appeal to children and shall take measures to ensure that seating arrangements are suitable for children
- (d) The appropriate ePOS system shall flag, and record any sales of alcohol, prompting verification of the purchaser's date of birth, as well as the cashiers date of birth if under 18. No sale of alcohol for consumption on or off the premises will be conducted by any one under 18 years of age.

**Checklist:**

**Please tick to indicate agreement**

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

<b>Declaration</b>	<ul style="list-style-type: none"> <li>[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).</li> <li>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)</li> </ul>
Signature	
Date	08/07/2025
Capacity	Retail Director

**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 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	