



2) The requested opening hours are:

Monday to Thursday	09:00 to 22:30
Friday	08:30 to 22:30
Saturday	09:30 to 22:30

4.3 A site plan is attached at **Annex B**.

4.4 The Licensing Act 2003 (Section 4) states that it is the duty of all Licensing Authorities to carry out their functions under the Act with a view to promoting the licensing objectives. The licensing objectives are:

- a) The Prevention of Crime and Disorder
- b) Public Safety
- c) The Prevention of Public Nuisance
- d) The Protection of Children from Harm.

Each objective is of equal importance. As there are no other licensing objectives, these four are of paramount consideration at all times. When considering applications, representations or notifications, the Licensing Authority will have regard to these licensing objectives.

4.5 The Licensing Authority may grant the application with or without additional conditions.

4.6 The Licensing Authority should also have regard to the Council's Licensing Policy, the Statutory Guidance issued under Section 182 of the Licensing Act 2003, and the Licensing Act itself, and in particular to:-

- a) Paragraphs 3, 5, 6, 9, 10, 15 - 20, 23, 24, 28, 33 - 37, 41 to 44 of the 2008 policy.
- b) Chapters 8, 9 and 10 of the Statutory Guidance (as revised on 28 June 2007).
- c) Sections 4, 9, 10, 11, 12, 13, 16, 17, 18, 23, 182, 183, and Schedule 2 of the Act.

4.7 If the application is refused the applicant may appeal within 21 days of the notification to the Magistrates' Court. If the application is granted the person making the relevant representation may appeal within 21 days of the notification to the Magistrates' Court.

On appeal the court may either dismiss the appeal, substitute the decision appealed against for any other decision which could have been made by the Licensing Authority, or remit the case to the Licensing Authority to dispose of in accordance with the direction of the court. The court may make such order for costs as it thinks fit.

4.8 In accordance with the requirements of the Act the applicants served copies of the application upon the police, the fire authority, environmental health, development control, trading standards, and the child protection agency.

4.9 The applicant is required to place a notice at the premises for a period of 28 days starting the day after the application is made and place an advert in a local newspaper within 10 days for submitting the application to the licensing authority.

4.10 A representation has been received from the **Police** in relation to the crime prevention objective (**Annex C**). As the locality of the premises has experienced incidents of sporadic anti-social behaviour and incidents whereby young persons have obtained alcohol, the Police have proposed the following conditions:

- **A CCTV system will be installed and maintained at the premises in consultation with the Police. The images will be of evidential standard and recordings will be kept for 31 days and made available to the Police on reasonable request. Notices are to be displayed at the premises stating that CCTV is in operation;**
- **All staff to receive training relating to alcohol sales and refresher training to be given at 6 monthly intervals. A record will be maintained of all persons trained. This record will be kept at the premises and made available to the police and licensing authority on request;**
- **All refused sales of alcohol are to be recorded together with the reasons for their refusal. This record to be kept at the premises and made available to the police and licensing authority on request;**
- **Alcohol will only be served in the restaurant by waiter/waitress service to persons sat at tables;**
- **Alcohol will only be sold over the counter at the premises with food orders over £4.00;**
- **All alcohol will only be displayed behind the counter;**
- **All deliveries which include alcohol must only be received by a person aged 18 or over.**

4.11 Please note that the last three conditions proposed by the police would have been appropriate had the applicant applied for the consumption of alcohol both on and off the premises. However, the applicant has only applied for alcohol to be consumed on the premises, therefore these conditions are not suited to this application.

4.12 The applicant has provided written correspondence in which he agrees to the conditions proposed by the Police (**Annex D**).

4.13 This report has not been sent to the Trades Union because they would have no involvement.

<b>Contact person</b>	Wendy Stokes, Licensing Support Officer, 01225 477556
<b>Background papers</b>	Licensing Act 2003, Guidance Notes issued under Section 182 of the Licensing Act 2003, Licensing Act 2003 Regulations, B&NES Statement of Licensing Policy



11/04505

ENVIRONMENTAL SERVICES
14 NOV 2011
Post Log No: .....
Receipt No: 395396
CH/CA £.190

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 ROBERTO MONDIM  
(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			
THE FAT FRIAR 227 LONDON ROAD EAST BATHEASTON			
Post town	BATH	Post code	BA1 7NB

Telephone number at premises (if any)	01225 852467
Non-domestic rateable value of premises	£ 20 000

Part 2 - Applicant Details

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

- 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input checked="" type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
MONDIM			ROBERTO		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		225 LONDON ROAD EAST, BATHEASTON			
Post Town	BATH		Postcode	BA1 7NB	
Daytime contact telephone number			01225 852467		
E-mail address (optional)					

**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		

I am 18 years old or over <input type="checkbox"/> Please tick yes			
Current postal address if different from premises address		N/A	
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)
N/A
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?

Day	Month	Year
3	1	1 2 0 1 1

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

Day	Month	Year

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

THE FAT FRIARS CONSISTS OF A TRADITIONAL FISH & CHIPS RESTAURANT, SUPPLYING FOOD TO EAT IN OR TO TAKE AWAY. THERE IS A SEATING AREA AND TOILETS ARE ALSO AVAILABLE. THE FAT FRIENDS ALSO SELLS OTHER HOT FOODS, SUCH AS PIZZAS, BURGERS, BREAKFASTS, ETC.

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 yes

- |   |                          |
|---|--------------------------|
| 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"/> |

**Provision of entertainment facilities:**

- |   |                          |
|---|--------------------------|
| i) making music (if ticking yes, fill in box I)   | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)  | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |

**Provision of late night refreshment** (if ticking yes, fill in box L)

**Supply of alcohol** (if ticking yes, fill in box M)



## A

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

**C**

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 1px solid black; transform: rotate(45deg); opacity: 0.5;"></div>
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			
			<p><u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)</p> <p style="text-align: center;">N/A</p>
			<p><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 5)</p>

D

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

## F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music 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"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

## 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"/>
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			N/A	
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)			<b><u>Please give a description of the type of entertainment you will be providing</u></b>		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<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			N/A		
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					



Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing							
			<p><b>Will the facilities for making music be indoors or outdoors or both – please tick</b> (please read guidance note 2)</p> <table border="1"> <tr> <td>Indoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>		Indoors	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>	Both	<input type="checkbox"/>
Indoors	<input type="checkbox"/>									
Outdoors	<input type="checkbox"/>									
Both	<input type="checkbox"/>									
Day	Start	Finish								
Mon			<p><b>Please give further details here</b> (please read guidance note 3)</p> <p style="text-align: center;">N/A</p>							
Tue										
Wed			<p><b>State any seasonal variations for the provision of facilities for making music</b> (please read guidance note 4)</p>							
Thur										
Fri			<p><b>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)</p>							
Sat										
Sun										

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b><u>Please give a description of the facilities for dancing you will be providing</u></b>					
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)					
Tue						N/A		
Wed			<b><u>State any seasonal variations for providing dancing facilities</u></b> (please read guidance note 4)					
Thur						<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Fri								
Sat								
Sun								

K

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>		
Day	Start	Finish	<b><u>Will the entertainment facility be 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			N/A		
Thur			<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</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 facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sun					

L

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

## M

<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 box)</b> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	09:00	22:00			
Tue	09:00	22:00			
Wed	09:00	22:00			
Thur	09:00	22:00			
Fri	08:30	22:00			
Sat	09:30	22:00			
Sun	--	--			
			<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)		

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

<b>Name</b>	ANA MONDIM
<b>Address</b>	225 LONDON ROAD EAST, BATHEASTON BATH
<b>Postcode</b>	BA1 7NB
<b>Personal Licence number (if known)</b>	
<b>Issuing licensing authority (if known)</b>	

N

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 8)

N/A

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	09:00	22:30	<p><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 5)</p>
Tue	09:00	22:30	
Wed	09:00	22:30	
Thur	09:00	22:30	
Fri	08:30	22:30	
Sat	09:30	22:30	
Sun	--	--	

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

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

THE FAT FRIARS WILL IMPLEMENT ANY RECOMMENDATIONS GIVEN BY THE AUTHORITIES TO IMPLEMENT AND PROMOTE THE FOUR LICENSING OBJECTIVES. STAFF WILL BE TRAINED. CCTV WILL BE INSTALLED IF RECOMMENDED BY THE AUTHORITIES. THE 'UNDER 25' POLICY WILL BE CARRIED OUT. WE WILL ALSO COMPLY WITH THE FIRE AND SAFETY REGULATIONS.

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

CCTV WILL BE INSTALLED IF RECOMMENDED BY THE AUTHORITIES. DRUNK AND VIOLENT PERSONS WILL NOT BE SERVED OR ALLOWED IN OUR PREMISES. POSTERS AND SIGNAGE WILL BE IN PLACE. STAFF WILL BE TRAINED. WE WILL ALSO IMPLEMENT ANY RECOMMENDATIONS GIVEN BY THE POLICE OR OTHER AUTHORITIES. A LOG BOOK WILL BE IN PLACE TO REGISTER THE NAME THOSE VIOLENT AND DISORDERLY

**c) Public safety**

THE FAT FRIARS WILL IMPLEMENT THE RECOMMENDATIONS GIVEN BY THE POLICE AND OTHER RESPONSIBLE AUTHORITIES. VIOLENT AND DRUNK PEOPLE WILL NOT BE SERVED. STAFF WILL BE TRAINED. THE FAT FRIARS WILL ALSO COMPLY WITH HEALTH AND SAFETY AND FIRE REGULATIONS.

**d) The prevention of public nuisance**

THE FAT FRIARS WILL RESPECT MEMBERS OF THE PUBLIC, STAFF AND CUSTOMERS REGARDING NOISE AND NUISANCE; IT WILL NOT BE TOLERATED. WE RECKON THAT NOISE NUISANCE WILL NOT BE A PROBLEM, THE ONLY MUSIC THAT WILL BE PLAYED WILL BE BACKGROUND MUSIC. CUSTOMERS WILL BE ENCOURAGED TO DISPERSE FROM THE AREA PROMPTLY, LOCAL CAB NUMBERS WILL BE AVAILABLE. THE FAT FRIARS IS ALSO WILLING TO PARTICIPATE IN LOCAL PUB WATCH SCHEMES.

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

THE FAT FRIARS MANAGEMENT WILL DO EVERYTHING TO PROTECT CHILDRENS FROM HARM. STAFF WILL BE TRAINED IN REGARDS TO 'NO SALE OF ALCOHOL TO PERSONS UNDER 18'. A 'NO PROOF, NO SALE' POLICY WILL BE IMPLEMENTED. POSTERS AND SIGNAGE WILL GO UP. THE 'UNDER 25 CHALLENGE POLICY' WILL ALSO BE IMPLEMENTED. ALCOHOL WILL BE STORED AWAY FROM CHILDRENS, AND IT WILL NOT BE STORED ON LOWER SHELVES. CCTV WILL BE INSTALLED IF RECOMMENDED BY THE AUTHORITIES.

/
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Please tick yes

- 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 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 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**

**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	<i>ROBERTO MONDIM</i>
Date	<i>11/11/2011</i>
Capacity	<i>OWNER / MANAGER</i>

**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	
Capacity	



Consent of individual to being specified as premises supervisor

I ANA MONDIM  
[full name of prospective premises supervisor]

of 225 LONDON ROAD EAST, BATH EASTON,  
BATH, BA1 7NB

[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

GRANT OF NEW LICENSE [type of application]

by ROBERTO MONDIM [name of applicant]

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

for THE FAT FRIAR, 227 LONDON ROAD EAST,  
BATH EASTON, BATH, BA1 7NB

[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 ROBERTO MONDIM [name of applicant]

concerning the supply of alcohol at THE FAT FRIAR

227 LONDON ROAD EAST, BATH EASTON,  
BATH, BA1 7NB

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

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 [insert personal licence number, if any]

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

Ana Paula S. M. Mondim signed

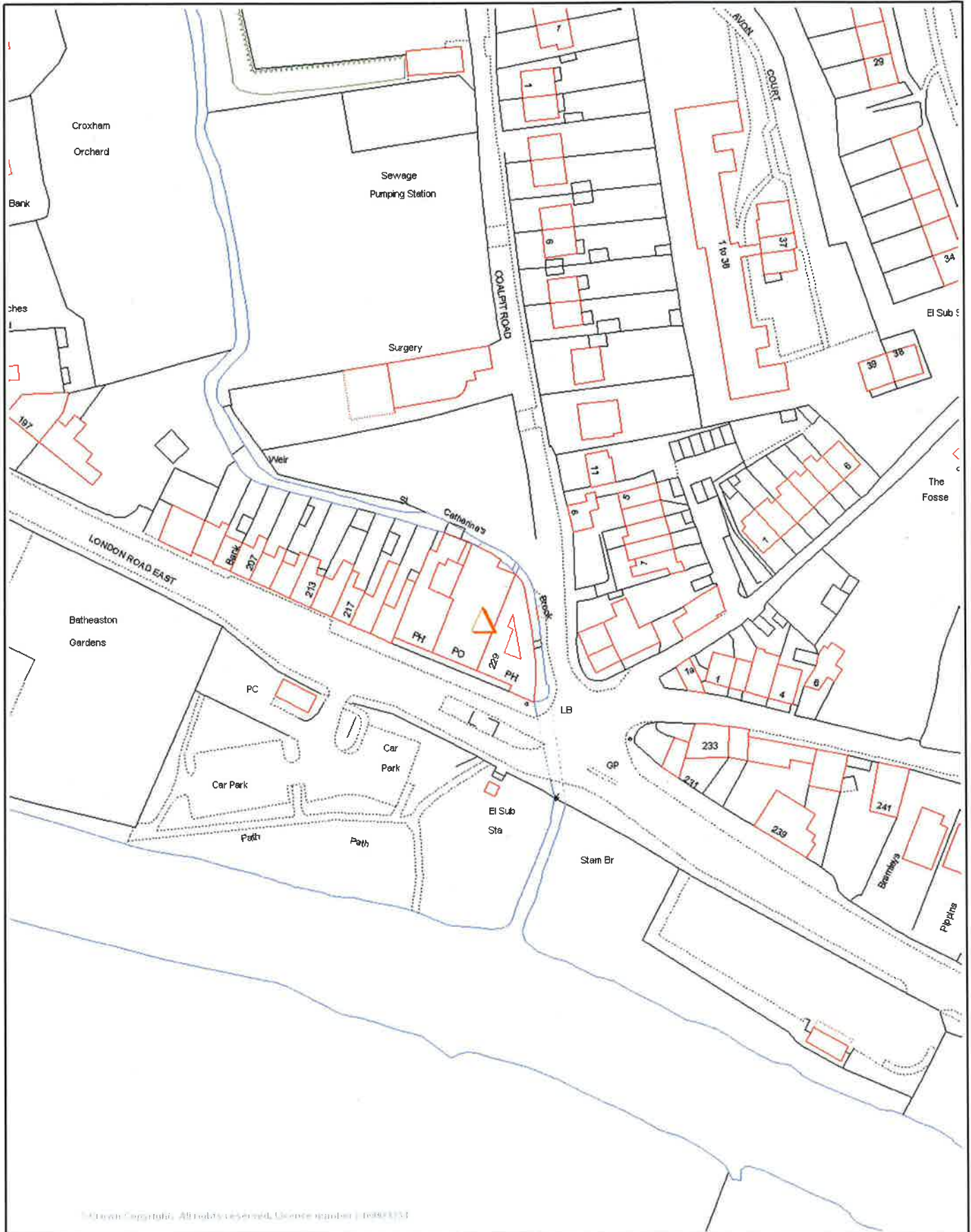
ANA PAULA S. M. MONDIM name (please print)

11/11/2011 dated

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b>			
Manuel Rocha 70 Beaufort Court Beaufort Road			
<b>Post town</b>	Richmond	<b>Post code</b>	TW10 7YQ
<b>Telephone number (if any)</b>	07868697778		
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b> manuelrocha01@hotmail.com			

### 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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



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**Bath & North East Somerset Council**

Bath & North East Somerset Council,  
 Planning Services,  
 Trimbridge House,  
 Trim Street,  
 Bath BA1 2DP

**Fat Friar - New application**



Scale 1/1250  
 Date 13/12/2011  
 Centre = 378039 E 167434 N  
 Drawn by:  
 Wendy Stokes





BATH & NORTH EAST SOMERSET

Licensing Services, 9-10 Bath Street, Bath, BA1 1SN

Representation Form

ENVIRONMENTAL SERVICES

7 DEC 2011

Post Log No: .....  
Receipt No: .....  
CH/CA £.....

Responsible Authority. (Please delete as applicable.)

Police / Fire / EP (noise) / Health and Safety / Child Protection / Weights and Measures / Planning Authority / Marine Agency.


Your Name	Martin Purchase
Job Title	Liquor Licensing Officer
Postal and email address	Bath Police Station Manvers St. Bath. BA1 4BX
Contact telephone number	01225842475

Name of the premises you are making a representation about.	The Fat Friar
Address of the premises you are making a representation about.	227 London Road East Batheaston. Bath BA1 7NB

Which of the four licensing objectives does your representation relate to? Please state yes or no.	Yes or No	Please detail the evidence supporting your representation. Or the reason for your representation. Please use separate sheets if necessary.
To prevent crime and disorder	Yes	The premises is situated to the east of the city centre, it is a takeaway and restaurant premises. The area does experience sporadic crime and disorder and anti social behaviour. The problems are most frequent in the early evenings and are alcohol related. There are also incidents of young persons obtaining alcohol and causing anti social incidents within the area. The operating schedule lacks detail and clarity to further the licensing objectives in respect of this type of application that has been applied for. A number of conditions have been offered and agreed with the applicant to rectify this position,
Public safety		

To prevent public nuisance		
The prevention of harm to children		
<p>Suggested conditions that could be added to the licence to remedy your representation you would like the Licensing Sub Committee to take into account. Please use separate sheets where necessary and refer to checklist.</p>	<p>1.A CCTV system will be installed and maintained at the premises in consultation with the Police. The images will be of evidential standard and recordings will be kept for 31 days and made available to the Police on reasonable request. Notices are to be displayed at the premises stating that cctv is in operation.</p> <p>2.All staff to receive training relating to alcohol sales and refresher training to be given at 6 monthly intervals. A record will be maintained of all persons trained. This record will be kept at the premises and made available to the Police and Licensing authority on request.</p> <p>3All refused sales of alcohol are to be recorded together with the reasons for their refusal. This record to be kept at the premises and made available to the Police and Licensing authority on request.</p> <p>4Alcohol will only be served in the restaurant by waiter and waitress service to persons sat at tables.</p> <p>5 Alcohol will only be sold over the counter at the premises with food orders over £4.</p> <p>6. All alcohol will only be displayed behind the counter.</p> <p>7. All deliveries which include alcohol must only be received by a person aged 18 or over</p>	

N.B. If you do make a representation you will be expected to attend the Licensing Panel and any subsequent appeal proceeding.

Signed: 

Date: 7-12-11

Please return this form along with any additional sheets to:

Bath and North East Somerset Council  
Licensing Services  
9-10 Bath Street  
Bath  
BA1 1SN

The Fat Friar  
227 London Road East  
Batheaston  
Bath BA1 7NB.

Ref: Premises Licence application

Date 28<sup>th</sup> November 2011

Dear Sir / Madam,

As you are aware, I am in the process of applying for a premises licence for the above named premises.

Having been in consultation with the Police Licensing department at Bath Police Station, I have decided that I want to amend my application.

As a result I wish to formally agree to the conditions below.

Therefore, can I ask that this letter be submitted with my application for the consideration of the Licensing sub-committee, prior to the licence being, granted.

1.A CCTV system will be installed and maintained at the premises in consultation with the Police. The images will be of evidential standard and recordings will be kept for 31 days and made available to the Police on reasonable request. Notices are to be displayed at the premises stating that cctv is in operation.

2.All staff to receive training relating to alcohol sales and refresher training to be given at 6 monthly intervals. A record will be maintained of all persons trained. This record will be kept at the premises and made available to the Police and Licensing authority on request.

3All refused sales of alcohol are to be recorded together with the reasons for their refusal. This record to be kept at the premises and made available to the Police and Licensing authority on request.

4Alcohol will only be served in the restaurant by waiter and waitress service to persons sat at tables.

5 Alcohol will only be sold over the counter at the premises with food orders over £4.

6. All alcohol will only be displayed behind the counter.

7. All deliveries which include alcohol must only be received by a person aged 18 or Over.

Yours truly

Roberto Mondim

ROBERTO MONDIM

... For and on behalf of the Licence holder.

