

Appendix 1

[Insert name and address of relevant licensing authority and its reference number (optional).]

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

(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 GREEN MAN
29 SCOTCHATE
STAMFORD

Post town

Postcode

PE9 2YQ

Telephone number at premises (if any)

Non-domestic rateable value of premises £

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals *
- b) a person other than an individual *
 - i. as a limited company
 - ii. as a partnership
 - iii. as an unincorporated association or
 - iv. other (for example a statutory corporation)
- c) a recognised club
- d) a charity
- e) the proprietor of an educational establishment
- f) a health service body
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent

please complete section (A)

please complete section (B)

ga) 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	Mrs	Miss	Ms	Other Title (for example, Rev)
Surname First names				
I am 18 years old or over Please tick yes				
Current postal address if different from premises address				
Post town	Postcode			
Daytime contact telephone number				
E-mail address (optional)				

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)
Surname First names				
I am 18 years old or over Please tick yes				
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	LOCK INDUSTRIES LTD
Address	3RD FLOOR 86-90 PAUL ST LONDON EC2A 4NB

Registered number (where applicable)

16663991

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

ASAP

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

DD MM YYYY

N/A

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

PUBLIC HOUSE WITH KITCHEN
& BEEF GARDEN

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any 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			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors
Day	Start	Finish	Outdoors	
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue				
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)	
Thur				
Fri			<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> (please read guidance note 5)	
Sat				
Sun				

B

Films			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors
Day	Start	Finish	Outdoors	
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue				
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)	
Thur				
Fri			<u>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</u> (please read guidance note 5)	
Sat				
Sun				

Indoor sporting events			Please give further details (please read guidance note 3)
Standard days and timings (please read guidance note 6)			Darts, Pool, Shorexray, Sickle
Day	Start	Finish	
Mon	8am	2pm, 4pm	
Tue	~	~	State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed	~	~	
Thur	~	~	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 5)
Fri	~	~	
Sat	~	~	
Sun	~	~	

□

D

Boxing or wrestling entertainments			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)
Standard days and timings (please read guidance note 6)			Indoors
Day	Start	Finish	Outdoors
Mon			Both
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

Live music			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 6)
Standard days and timings (please read guidance note 6)			2) Inside the pub
Day	Start	Finish	Indoors
Mon	12:00	24:00	<input checked="" type="checkbox"/> Both
Tue	~	~	<input checked="" type="checkbox"/> Outdoors
Wed	~	~	<input checked="" type="checkbox"/> Indoors
Thur	~	~	<input checked="" type="checkbox"/> Indoors
Fri	~	~	<input checked="" type="checkbox"/> Indoors
Sat	~	~	<input checked="" type="checkbox"/> Indoors
Sun	~	~	<input checked="" type="checkbox"/> Indoors
<u>Please give further details here</u> (please read guidance note 3) Amplified/Unamplified			
<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4) In relation to indoors only CHRISTMAS EVE UNTIL 2AM NY EVE UNTIL 2AM GOOD FRIDAY UNTIL 2AM			
<u>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</u> (please read guidance note 5) ALSO Outdoors Saturday and Sunday 14:00 to 23:00			

F

Recorded music			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 6)
Standard days and timings (please read guidance note 6)			2) Inside the pub & in the beer garden
Day	Start	Finish	Indoors
Mon	9am	1am 00:00	<input checked="" type="checkbox"/> Both
Tue	~	~	<input checked="" type="checkbox"/> Outdoors
Wed	~	~	<input checked="" type="checkbox"/> Indoors
Thur	~	~	<input checked="" type="checkbox"/> Indoors
Fri	~	~	<input checked="" type="checkbox"/> Indoors
Sat	~	~	<input checked="" type="checkbox"/> Indoors
Sun	~	~	<input checked="" type="checkbox"/> Indoors
<u>Please give further details here</u> (please read guidance note 3) General BACKGROUND music			
<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4) CHRISTMAS EVE Until 02:00 NY EVE Until 02:00 GOOD FRIDAY Until 02:00			
<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 5) ALSO			

□

Performances of dance Standard days and timings (please read guidance note 6)	<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors
Day Start Finish		Outdoors
Mon		Both
<u>Please give further details here</u> (please read guidance note 3)		
Tue		
Wed	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)	
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 5)	
Sat		
Sun		

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)	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 2)	Indoors	Outdoors
Mon		Both	
<u>Please give further details here</u> (please read guidance note 3)			
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 4)		
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 5)		
Sun			

I

Late night refreshment			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors
				Outdoors
				Both
Day	Start	Finish		
Mon	20:00	23:00	Please give further details here (please read guidance note 3)	
			CHRISTMAS EVE	
Tue	21:00	01:00	NY EVE	
Wed	21:00	01:00	GOOD FRIDAY	
Thur	21:00	01:00	Also	
Fri	23:00	01:00	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 5)	
Sat	23:00	01:00	00:00	
Sun	21:00	01:00		

□

J

Supply of alcohol			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises
				Off the premises
				Both
Day	Start	Finish		
Mon	9AM	12AM	State any seasonal variations for the supply of alcohol (please read guidance note 4)	
			CHRISTMAS EVE UNTIL 23:00	
Tue	"	"	NY EVE UNTIL 01:30	
Wed	"	"	GOOD FRIDAY UNTIL 23:00	
Thur	"	"	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 5)	
Fri	"	"	Also	
Sat	"	"		
Sun	"	"		

a) General

premises supervisor:

Name	GEORGE SAKALLI
Address	29 SCOTGATE STANFORD
Postcode	PE9 24Q
Personal licence number (if known)	0444958
Issuing licensing authority (if known)	REDBRIDGE LB

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 8).

L

Hours premises are open to State any seasonal variations (please read guidance note 4)
the public

Standard days and timings
(please read guidance note 6)

Day	Start	Finish	
Mon	9am	1am	CHRISTMAS EVE 2AM NY EVE TIL 4AM until 02:00
Tue	"	"	GOOD FRIDAY TIL 2AM
Wed	"	"	
Thur	"	"	
Fri	"	"	
Sat	"	"	
Sun	"	"	

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 5)



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

a) General

ENSURE STAFF ARE TRAINED REGARDING SELLING OF ALCOHOL, MADE AWARE OF THE LICENSING OBJECTIVES AND A DIARY OF TRAINING KEPT

b) The prevention of crime and disorder

- A CCTV SYSTEM INSTALLED

STAFF TRAINED TO KEEP CUSTOMERS SAFE AND IMMEDIATELY CALL 999

- KEEP AN INCIDENT BOOK

c) Public safety

- A RISK ASSESSMENT REGULARLY UPDATED

AN INCIDENT DIARY KEPT AVAILABLE AND DETAILS

- RECORDED

- STAFF FIRE DRILLS

- KEEP FIRST AID KIT WITHIN EASY REACH

d) The prevention of public nuisance

NOTICES DISPLAYED FOR CUSTOMERS TO LEAVE QUIETLY AND RESPONSIBLY

e) The protection of children from harm

OPERATE A 'CHALLENGE 25' POLICY WITH PROOF OF AGE ID REQUIRED WITH NOTICES

- CHILDREN UNDER 18 TO BE ACCOMPANIED BY AN ADULT

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.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT [REDACTED] KE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

Part 4 – Signature

Signature of applicant [REDACTED]. If signing on behalf of the applicant, please state in what capacity.

THE GREEN MAN SERVICE PLAN

Capacity

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

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

George SAVALLI
29 SCOTGATE

Post town STAMFORD

Postcode PE9 2YD

Telephone number (if any)

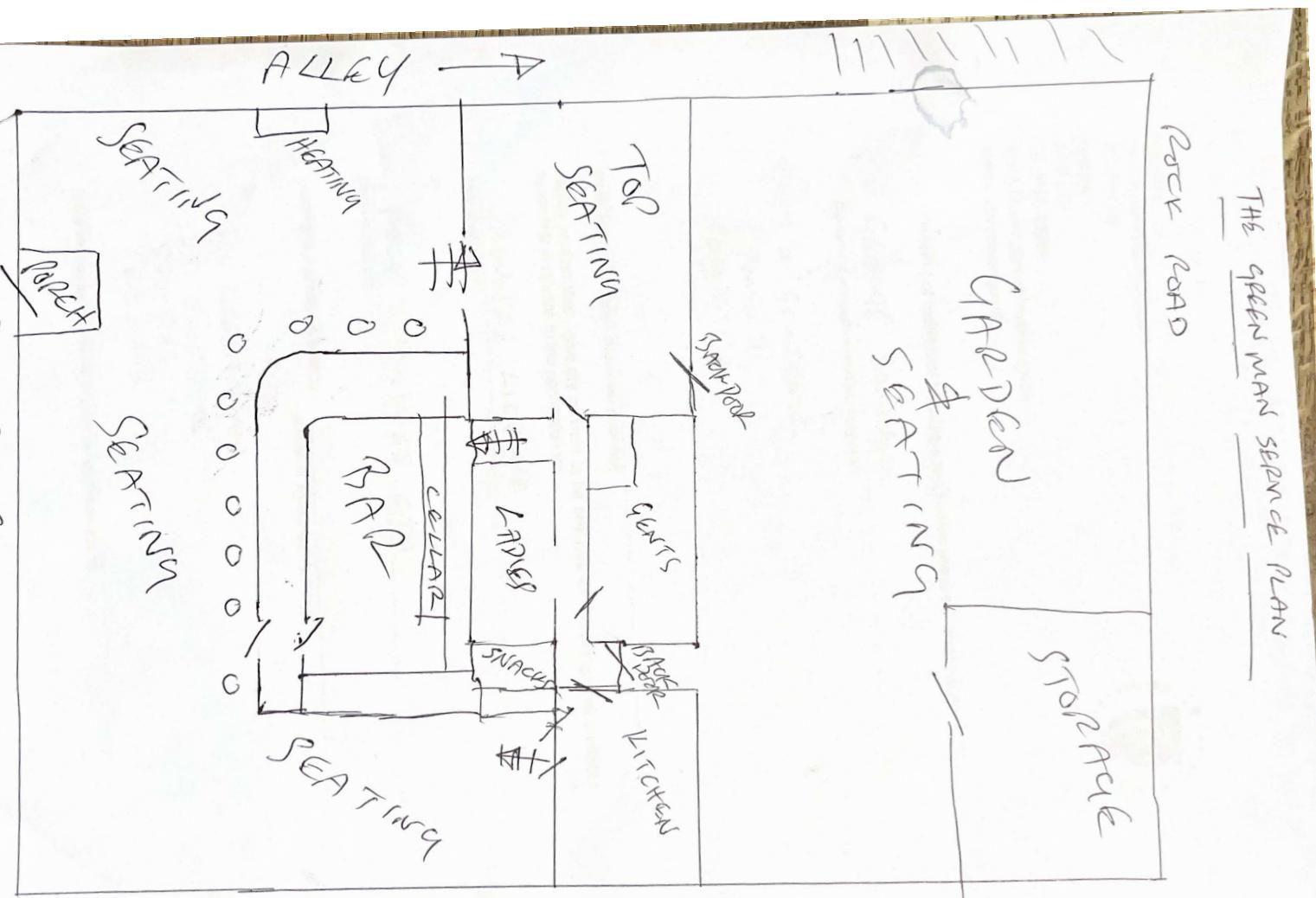
If you would prefer us to correspond with you (please tick if applicable)

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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

THE GREEN MAN SERVICE PLAN

Rock road



Licensing
South Kesteven District Council
St Peter's Hill
Grantham
NG31 6PZ
Tel: 01476 406080
Email: licensing@southkesteven.gov.uk
www.southkesteven.gov.uk



Consent of individual to being specified as premises supervisor

1 GEORGE SAKKALLI

[full name of prospective premises supervisor]

of 29 SCOTGATE
STAMFORD
LEG 24 Q

[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 LICENSE

[type of application]

by

ROCK INDUSTRIES LTD

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

THE GREEN MAN
29 SCOTGATE
STAMFORD
LEG 24 Q

[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

GEORGE SAKKALLI for Rock Industries
[name of applicant]

concerning the supply of alcohol at

THE GREEN MAN
29 SCOTIAE
STAMFORD
PE9 2YQ

[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

044958

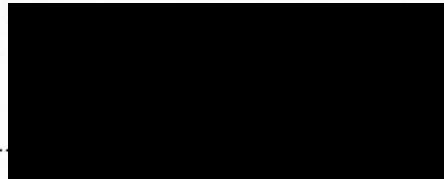
[insert personal licence number, if any]

Personal licence issuing authority

LB REDBROOK

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

Signed



Name (please print)

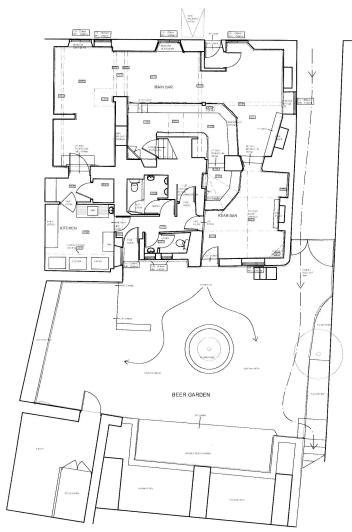
GEORGE SAKKALLI

Date

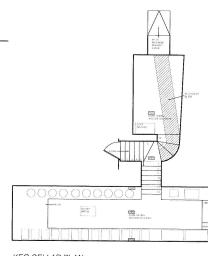
29/11/25

5209

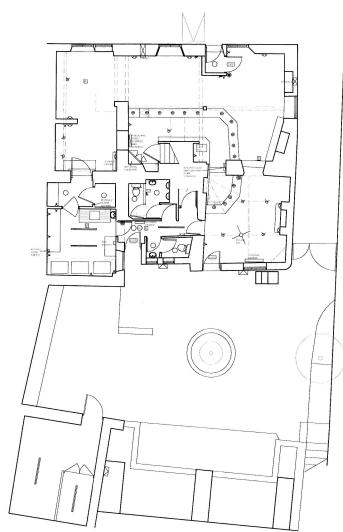
All dimensions to be checked on site.
Do not scale from drawing.
Any discrepancies to be reported to ADM.



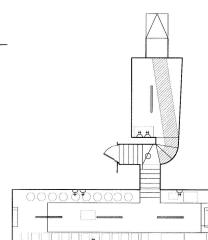
GROUND FLOOR /
BEER GARDEN PLAN



KEG CELLAR PLAN



GROUND FLOOR / BEER GARDEN
POWER AND LIGHTING PLAN



KEG CELLAR POWER AND LIGHTING PLAN



133955
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STAMFORD
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