

# Notice of Meeting

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## Licensing Sub-Committee

**Tuesday 24 September 2019 at 2.00pm**

in Roger Croft Room Council Offices  
Market Street Newbury

### **Members Interests**

Note: If you consider you may have an interest in any Application included on this agenda then please seek early advice from the appropriate officers.

Date of despatch of Agenda: Monday, 16 September 2019

### **FURTHER INFORMATION FOR MEMBERS OF THE PUBLIC**

If you require further information about this Agenda, or to inspect any background documents mentioned in the reports, please contact Moira Fraser / Maria Legge.

Further information and Minutes are also available on the Council's website at [www.westberks.gov.uk](http://www.westberks.gov.uk)

**Spoons Coffee Shop, 7 The Colonnade, Tilehurst, Reading, RG31 6PR**



**WestBerkshire**  
C O U N C I L

**Agenda - Licensing Sub-Committee to be held on Tuesday, 24 September 2019**  
(continued)

**To:** Councillors Jeff Beck, James Cole and Tony Linden  
**Substitute:** To be confirmed

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# Agenda

## Part I

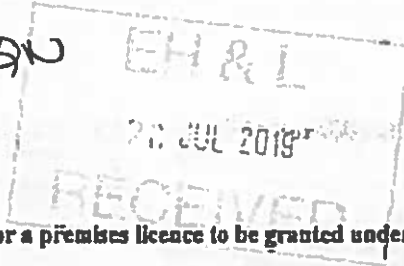
**Page No.**

- 1 **Declarations of Interest**  
To receive any declarations of interest from Members.
  
- 2 **Schedule of Licensing Applications**
  
- (1) **Application No. 19/00975/LQN - Spoons Coffee Shop, 7 The Colonnade, Tilehurst, Reading, RG31 6PR**      5 - 34  
**Proposal:** Application for a Premises Licence  
**Location:** Spoons Coffee Shop, 7 The Colonnade, Tilehurst, Reading, RG31 6PR  
**Applicant:** Ms Michelle Spooner

Sarah Clarke  
Head of Legal and Strategic Support

If you require this information in a different format or translation, please contact  
Moira Fraser on telephone (01635) 519045.

191/0975/KGN



CAN 46250

£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 SPOONS COFFEE SHOP LTD  
*(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			
SPOONS COFFEE SHOP LTD 7, THE COLONNADES OVERDOWN ROAD TILEHURST			
Post town	READING	Postcode	RG31 6PR

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 22,750

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as 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 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, Rcv)
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	SPOONS COFFEE SHOP LTD
Address	7 THE COLONNADE, OVERDOWN ROAD TILEHURST READING RG31 6PR
Registered number (where applicable)	11822309
Description of applicant (for example, partnership, company, unincorporated association etc.)	PARTNERSHIP OF A LIMITED COMPANY





**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"/>
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 the exhibition of films (please read guidance note 5)		
Thur					
Fri			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)		
Sat					
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			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
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 6)
Fri			
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 (please read guidance note 3)</u></b>	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 (please read guidance note 4)</u></b>		
Mon					
Tue			<b><u>State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)</u></b>		
Wed					
Thur			<b><u>Noe standard times. 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)</u></b>		
Fri					
Sat					
Sun					

**E**

<b>Live music</b> <b>Standard days and</b> <b>timings (please read</b> <b>guidance note 7)</b>			<b><u>Will the performance of live music take place</u></b> <b><u>indoors or outdoors or both – please tick</u></b> <b>(please read guidance note 3)</b>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>			
Mon			<b><u>Please give further details here (please read guidance note 4)</u></b>		
Tue					
Wed			<b><u>State any seasonal variations for the performance of live music</u></b> <b>(please read guidance note 5)</b>		
Thur					
Fri			<b><u>Non standard timings. Where you intend to use the premises</u></b> <b><u>for the performance of live music at different times to those</u></b> <b><u>listed in the column on the left, please list (please read guidance</u></b> <b>note 6)</b>		
Sat					
Sun					

**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 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					
Thur			State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Fri					
Sat			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)		
Sun					

**G**

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

1

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



J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for <u>consumption</u> – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	07.00	16.00	State any seasonal variations for the supply of alcohol (please read guidance note 5)	Both	<input checked="" type="checkbox"/>
Tue	07.00	16.00			
Wed	07.00	16.00			
Thur	07.00	16.00		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	07.00	16.00			
Sat	08.00	13.00			
Sun	—	—			

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	MICHELLE SPOONER
Personal licence number (if known)	SUBMITTING AN APPLICATION
Issuing licensing authority (if known)	



**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 concerns in respect of children (please read guidance note 9).

/

**L**

Hourly 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	07.00	16.00	<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 (please read guidance note 6)</u>
Tue	07.00	16.00	
Wed	07.00	16.00	
Thur	07.00	16.00	
Fri	07.00	16.00	
Sat	08.00	13.00	
Sun	/	/	



## 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)

AS WELL AS EXISTING HEALTH + SAFETY / FIRE SAFETY REQUIREMENTS:

- HAVING A PERSONAL LICENCE HOLDER ON THE PREMISES AT ALL TIMES THAT THE LICENCE IS BEING USED.
- STAFF TRAINING ON LICENSING ISSUES.

b) The prevention of crime and disorder

- INSTALL A CCTV SYSTEM TO OPERATE AT ALL TIMES WHEN LICENSABLE ACTIVITIES ARE TAKING PLACE.
- CCTV SYSTEM TO INCLUDE A RECORDING FACILITY THAT WILL BE RETAINED AND STORED IN A SUITABLE MANNER FOR 30 DAYS AND SUBJECT TO COMPLIANCE WITH DATA PROTECTION LEGISLATION, BE AVAILABLE TO POLICE ON REQUEST.

c) Public safety

- PROVISION OF ADDITIONAL ESCAPE ROUTE
- PROVISION OF EMERGENCY LIGHTING
- FIRST AID PROVISION
- SEATING ARRANGEMENTS - NOT FIXED STRUCTURES.

d) The prevention of public nuisance

- CONSIDERATE LOADING / UNLOADING ARRANGEMENTS.

e) The protection of children from harm

- APPLY AND FOLLOW THE CHALLENGE 25 SCHEME
- REQUIREMENT OF TRAINING, ADVERTISEMENT, RECORD KEEPING TO BE FOLLOWED.

**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.
- [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</li> </ul>
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	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)
Signature	
Date	16.07.19
Capacity	JOINT OWNER

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:

Signature	
Date	16.07.19
Capacity	JOINT OWNER

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)			







and any premises licence to be granted or varied in respect of this application made by

MICHELLE LOUISE SPOONER  
*[name of applicant]*

concerning the supply of alcohol at

SPOONS COFFEE SHOP LTD, 7 THE COLONNADE OVERDOWN ROAD,  
*[name and address of premises to which application relates]* TILGHURST, READING, RG8 1 6 PR

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

TO BE APPLIED FOR

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

Signed

Name (please print)

MICHELLE LOUISE SPOONER

Date

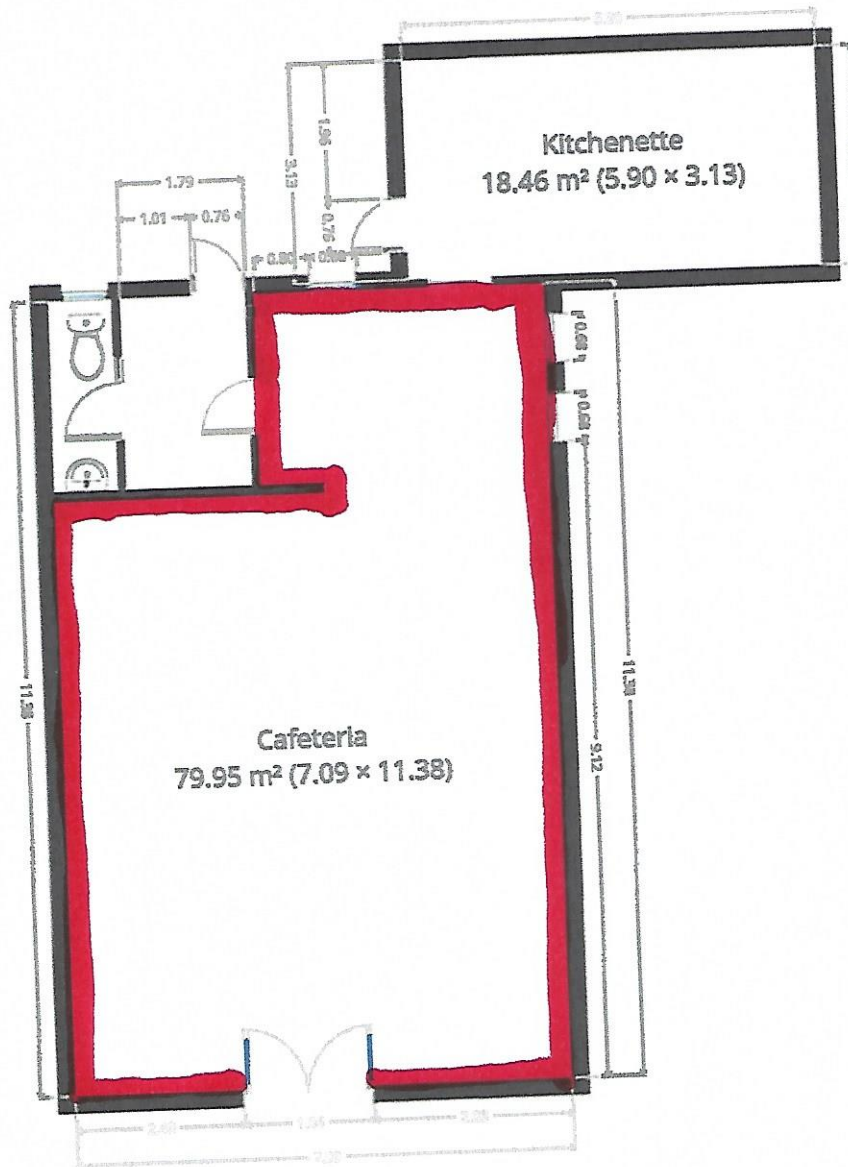
25/07/19.

# Plan 6

## Statistics

Area: 98 m<sup>2</sup>  
Living area: 112 m<sup>2</sup>  
1 Floor  
0 Office  
0 Conf. room

## Ground Floor



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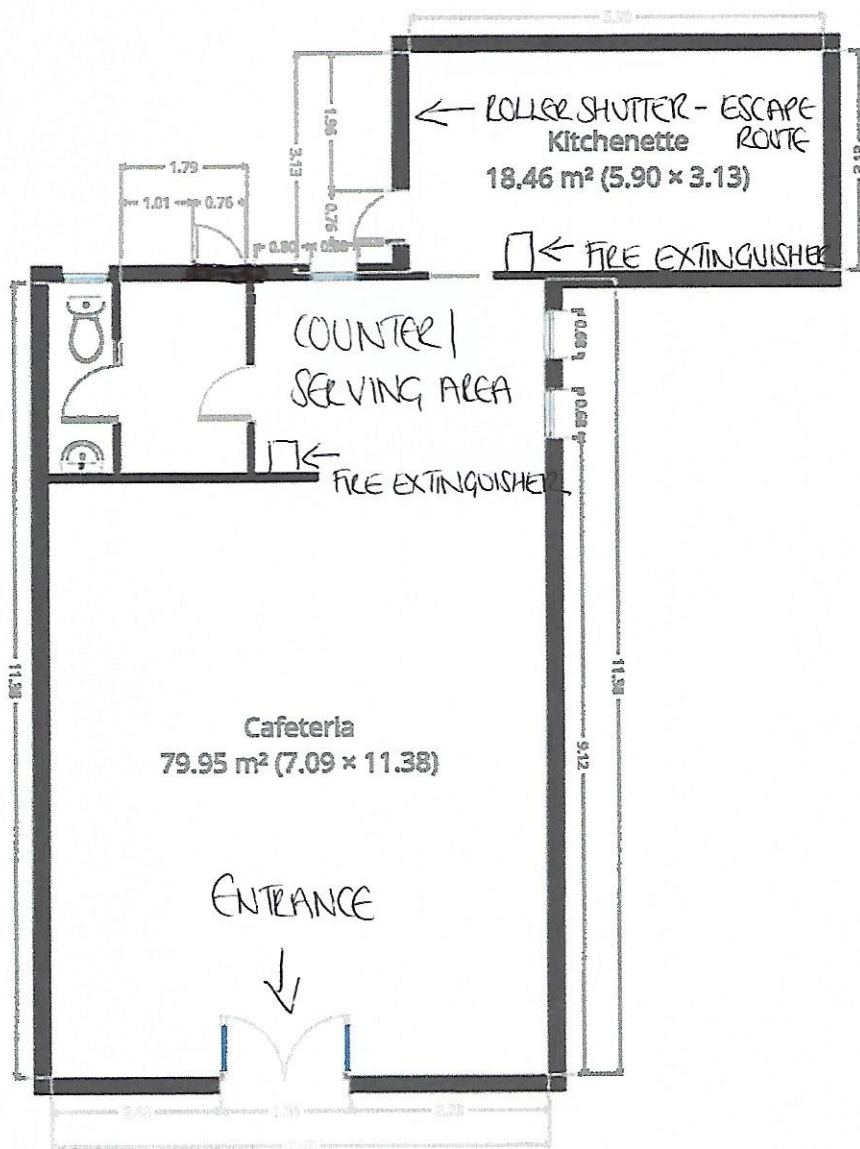
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# Plan 6

## Statistics

Area: 98 m<sup>2</sup>  
Living area: 112 m<sup>2</sup>  
1 Floor  
0 Office  
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## Ground Floor

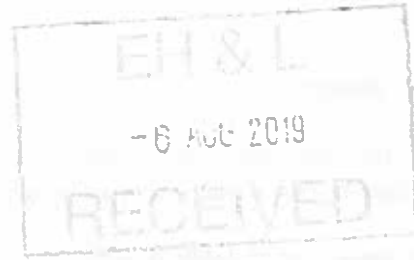


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19/00975/LQN



**LICENSING ACT 2003**

**Representations**

**Details of the representee:**

**Name:** Theresa Page

**Fairford Road, Tilehurst**

**Telephone Number**

**Email address**

**Please note the Council is required under the Licensing Act 2003**

**(Hearings) Regulations 2005 to provide the applicant with copies of the relevant representations made.**

**Details of the application to make representation(s) on:**

**Application Reference Number: 19/00975/LQN**

**Name of Premises: Spoons Coffee Shop Ltd**

**Premises Address: Spoons Coffee Shop, 7 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire Postcode: RG31 6PR**

**Under the Licensing Act 2003, for a representation to be relevant it must be one that is about the likely effect of the application on the promotion of the four licensing objectives.**

**Please give details of your representation(s) and include information as to why the application would be unlikely to promote any of the following objective(s):**

**The Prevention of Crime and Disorder:**

**The premises are in a quiet residential area. However not too long ago, the Colonnade was the focus of anti-social behaviour to the point where police action had to be taken. Our concern is that granting a License increases the risk of a return to anti-social behaviour, noise and disruption to the community. It doesn't seem necessary or appropriate to be selling alcohol for the proposed opening times of the cafe. We are concerned that granting a licence will lead to requests to expand the opening hours and/or change the nature of the development from a coffee shop to and wine bar/pub which would be totally out of keeping with the nature of the area.**

**Public Safety:**

In the planning application it was acknowledged that the some customers of the café would be travelling by car so selling alcohol would encourage Drink Driving

**The Prevention of Public Nuisance:**

See previous comments on Crime and Disorder

**The Protection of Children from Harm:**

The premises is on a route frequently used by children to and from school. Parents and children are likely to be customers of the Coffee Shop. They should not be exposed to Adults drinking Alcohol during the proposed opening times

Signed:

Date: 4 August 2019