

# Notice of Meeting

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## Licensing Sub-Committee

**Wednesday, 29th September, 2021 at 1.00 pm**

**In the Council Chamber Council Offices  
Market Street Newbury**

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### **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: Tuesday, 21 September 2021

### **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 Jo Watt –

[jo.watt1@westberks.gov.uk](mailto:jo.watt1@westberks.gov.uk) or call 01635 519458

Further information and Minutes are also available on the Council's website at

[www.westberks.gov.uk](http://www.westberks.gov.uk)



**Agenda - Licensing Sub-Committee to be held on Wednesday, 29 September 2021**  
(continued)

**To:** Councillors Adrian Abbs, Graham Bridgman (Chairman) and Claire Rowles

**Substitute:** Councillor Tony Linden

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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. 21/00611/LQN - The Breeze, Hawkridge House,  
Hawkridge Hill, Frilsham, RG18 9XA**

**3 - 32**

**Proposal:** Premises License

**Location:** Hawkridge House, Hawkridge Hill, Frilsham, RG18 9XA

**Applicant:** The Breeze Drinks Company Ltd.

Sarah Clarke  
Service Director: Strategy and Governance

If you require this information in a different format or translation, please contact  
Stephen Chard on telephone (01635) 519462

## Licensing Sub-Committee Report

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### The Breeze Drinks Company, Hawkridge House, Hawkridge Hill, Frilsham, RG18 9XA (21/00611/LQN)

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<b>Type of Application:</b>	Premise Licence
<b>Parish:</b>	Frilsham
<b>Ward Member:</b>	Councillor Carolyne Culver (Ridgeway Ward)
<b>Case Officer:</b>	Emilia Matheou, Licensing Officer,
<b>Portfolio Holder:</b>	Councillor Hilary Cole
<b>Service Director:</b>	Eric Owens

#### 1. Purpose of the Report

- 1.1 To set out the background information pertaining to this Licensing Application.

#### 2. Recommendation

- 2.1 Members are asked to decide whether to:-

a) Grant the application for a premises licence as made subject to any mandatory conditions;

b) Grant the application for a premises licence subject to any additional conditions and any mandatory conditions;

(c) Refuse to specify a person in the licence as the designated premises supervisor;

(d) Exclude from the licence any of the licensable activities to which the application relates;

(e) Refuse the application for a premises licence;

Members of the Licensing Sub-Committee are asked to make a decision at the end of the hearing after all relevant parties have been given the opportunity to speak. Members must give full reasons for their decision.

#### 3. Background

- 3.1 Members of the Licensing Sub-Committee are asked to determine the application as the Licensing Authority has received representations stating that granting this application would undermine the prevention of crime and disorder, the prevention of public safety, the prevention of public nuisance, and/ or the protection of children from harm licensing objectives.

- 3.2 The Licensing Authority may only consider aspects relevant to the application that have been raised in these representations.
- 3.3 Where representations have been received from a responsible authority or any other person, and the concerns have not been resolved through mediation between all parties, the Licensing Act 2003 requires that these applications should be determined by the Licensing Authority's Licensing Committee. The Licensing Act 2003 allows for applications such as this one to be delegated to a Sub-Committee. In accordance with those rules, the Scheme of Delegation set out in the Council's Constitution states that the Licensing Sub-Committee has responsibility for dealing with this application.

#### **4. Application**

- 4.1 The Licensing Authority has received an application, from Elena Breeze on behalf of The Breeze Drinks Company Ltd, for a premise licence in relation to Hawkridge House, Hawkridge Hill, Frilsham, RG18 9XA. This application had been recorded under reference number 21/00611/LQN on 09 August 2021. A copy of the application is attached as Appendix 1.

A plan showing the location of the premises is attached at Appendix 2. The application relates to a stand-alone house and outdoor areas and would be used mainly for online sales of alcoholic beverages. The fenced off garden area included on the application is part of a private gated community and there is no public access to it. Occasional private (invitation only) promotional events for up to 100 people would also be held in the garden/pool area and in the ground floor of the house.

#### **5. Consultation**

- 5.1 The 28 day consultation period ran from 10 August 2021 to 06 September 2021. Responsible Authorities, Ward Members and the Parish Council were advised by email on the 10 August 2021. The application has been advertised in accordance with the Regulations, with the required blue notices being placed at the premises and checked by an officer from the Public Protection Partnership on the 13 August 2021 and 02 September 2021, and an advert had been placed in the Newbury Weekly News on the 12 August 2021.
- 5.2 Frilsham Parish Council met to consider the application and agreed to object to the application at their meeting on 01 September 2021. In terms of the online sales the Parish Council accepted that by the nature of this activity it was necessary that it could be undertaken 24 hours a day for 365 days a year but queried if any restrictions could be applied relating to deliveries to and from the site at antisocial hours of the day.
- 5.3 The Parish Council were also concerned that the promotional events could in theory take place for 24 hours a day every day of the year. They therefore requested that the number of events (12) and the hours (12h00 to 23h00) they could take place be restricted.
- 5.4 A copy of the representation is attached at Appendix 3.

#### **6. Outline of the Application**

- 6.1 The application sought to obtain the following provisions of regulated entertainment



**J. Supply of Alcohol:**

Monday to Sunday 00h00 to 24h00

**L. Hours Open to the Public:**

By invitation only and online sales Monday to Sunday 00h00 to 24h00

**7. Responses Received from Responsible Authorities:**

Fire Authority – None

The Chief Officer of Police Thames Valley – None

Environmental Health - None

The Local Enforcement Agency for the Health and Safety at work etc. Act 1974 – None

The Weights and Measures Authority/Trading Standards – None

Children’s Safeguarding Board - None

Public Health - None

Home Office Immigration - None

Planning - None

The Licensing Authority –.None

**8. Options**

- 8.1 The Home Office’s Revised Guidance issued under section 182 of the Licensing Act 2003 (April 2018) must be taken into account when determining this Application.
- 8.2 Members are asked to consider, after taking the representations both oral and written into account, and having due regard to the licensing objectives, whether the application for the premise licence should be granted or rejected. Members will need to give reasons for their decision.
- 8.3 If Members are minded to approve the application they need to consider any additional conditions, other than those contained in the operating schedule and any relevant mandatory conditions in ss19-21 of the Licensing Act 2003 that they may wish to attach to the application.
- 8.4 If Members are minded to include any additional conditions they will need to provide their reasons for doing so in the decision notice.

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**Background Papers:**

- (1) The Licensing Act 2003, appropriate Regulations, Statutory Revised Guidance issued under section 182 of the Licensing Act 2003
- (2) The Council’s Statement of Licensing Policy Licensing Act 2003
- (3) The Council’s Constitution

## 9. Appendices

Appendix 1 – Application

Appendix 2 – Location Plan

Appendix 3 – Representation

West Berkshire District Council

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 **The Breeze Drinks Company 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 <b>Hawkridge House Hawkridge Hill Frilsham</b>			
Post town	<b>Thatcham</b>	Postcode	<b>RG18 9XA</b>

Telephone number at premises (if any)	
Non-domestic rateable value of premises	<b>None</b>

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

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

**(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 The Breeze Drinks Company Ltd.
Address Hawkridge House Hawkridge Hill Frilsham RG18 9XA
Registered number (where applicable) 13339400
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	6	092021

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)

Stand-alone house situated in the middle of own large surrounding gardens and woodland. The premises will be used mainly for **ON-LINE SALE** of alcoholic beverages – SWISH cocktails with occasional private promotional events for the brand (by invitation only) held in the garden/pool area and inside on the ground floor of the house with no intention to market as events venue. The garden area that is included in this Licence application is part of the residential gated property with no public access, the surrounding area is all private, fenced and gated.

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 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) X

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

**A**

Plays Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play 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					
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><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	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 3)					
Mon								
Tue								
Wed						<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Thur								
Fri						<b><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></b> (please read guidance note 5)		
Sat								
Sun								



C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b>Please give further details</b> (please read guidance note 3)
Day	Start	Finish	
Mon			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)
Tue			
Wed			
Thur			<b>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</b> (please read guidance note 5)
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<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 boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Thur					
Fri			<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 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								
Tue								
Wed						<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
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 5)		
Sat								
Sun								

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded 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								
Tue								
Wed						<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur								
Fri						<b>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</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"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)					
Mon								
Tue								
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)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<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					
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					

# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment 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><u>Please give further details here</u></b> (please read guidance note 3)			
Mon						
Tue			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)			
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 5)			
Fri						
Sat						
Sun						

**J**

<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</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	X
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	00:00	24:00			
Tue	00:00	24:00			
Wed	00:00	24:00			
Thur	00:00	24:00			
Fri	00:00	24:00			
Sat	00:00	24:00			
Sun	00:00	24:00			
			<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 designated premises supervisor:**

Name Elena Breeze	
Address Hawkridge House Hawkridge Hill Frilsham	
Postcode	RG18 9XA
Personal licence number (if known)	
Issuing licensing authority (if known) West Berkshire District Council	



K

**Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children** (please read guidance note 8).  
None will occur

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
			<b>Not open to public, by invitation only and on-line sales.</b>  <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)
Day	Start	Finish	
Mon	00:00	24:00	
Tue	00:00	24:00	
Wed	00:00	24:00	
Thur	00:00	24:00	
Fri	00:00	24:00	
Sat	00:00	24:00	
Sun	00:00	24:00	

**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 9)**

Alcohol shall be kept with no public access to the area.  
All alcoholic products shall be labelled to identify the premises from which it was sold.

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

The management of the premises shall devise and implement a policy relating to the prevention of illegal drugs and offensive weapons. This policy shall include: staff training, searching, confiscation, storage and disposal of seized items.  
An outside CCTV system shall be installed and maintained.

**c) Public safety**

A suitable method of determining the number of persons on the premises at any one time shall be employed to ensure that the maximum permitted capacity is not exceeded (100 people).  
All exit doors shall be available at all times when the premises is open to the public.  
Access routes for emergency vehicles shall be kept clear and free from obstruction.  
Staff with specific responsibilities in the event of fire or other emergency shall receive training and instruction appropriate to their role.

**d) The prevention of public nuisance**

All reasonable steps shall be taken to ensure that people entering or leaving the premises do so in an orderly manner and do not in any way cause annoyance to residents and people passing by the premises.

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

We'll have an over-18 declaration on our website.  
 We'll ask for the customer to verify their age at the point of purchase.  
 We'll have our delivery drivers ask for ID when they deliver the package.  
 No children presence under 16 will be permitted who are not accompanied by an adult between midnight and 5 am at all premises supplying alcohol for consumption on the premises.  
 Persons under the age of 18 shall only be admitted to the premises if they are supervised and accompanied by an adult whilst on the premises.  
 We shall adopt and maintain a Challenge 25 Policy as part of our policy relating to alcohol sales.

**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

**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 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	Elena Breeze
Date	9 <sup>th</sup> August 2021
Capacity	Director, The Breeze Drinks Company Ltd.

**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	

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

Elena Breeze  
Hawkrige House  
Hawkrige Hill  
Frilsham

Post town	<b>Thattham</b>	Postcode	<b>RG18 9XA</b>
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Telephone number (if any)	
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)
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### 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.



**Consent of individual to being specified as premises supervisor**

Elena Breeze

I \_\_\_\_\_  
*[full name of prospective premises supervisor]*

of

Hawkridge House  
Hawkridge Hill  
Frilsham  
RG18 9XA

\_\_\_\_\_  
*[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 Licence application

\_\_\_\_\_  
*[type of application]*

by

The Breeze Drinks Company Ltd.

\_\_\_\_\_  
*[name of applicant]*

relating to a premises licence

\_\_\_\_\_  
*[number of existing licence, if any]*

for

Hawkridge House  
Hawkridge Hill  
Frilsham  
RG18 9XA

\_\_\_\_\_  
*[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

The Breeze Drinks Company Ltd.

.....  
*[name of applicant]*

concerning the supply of alcohol at

Hawkridge House  
Hawkridge Hill  
Firilsham  
RG18 9XA

.....  
*[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

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

Personal licence issuing authority

West Berkshire Council

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

Signed

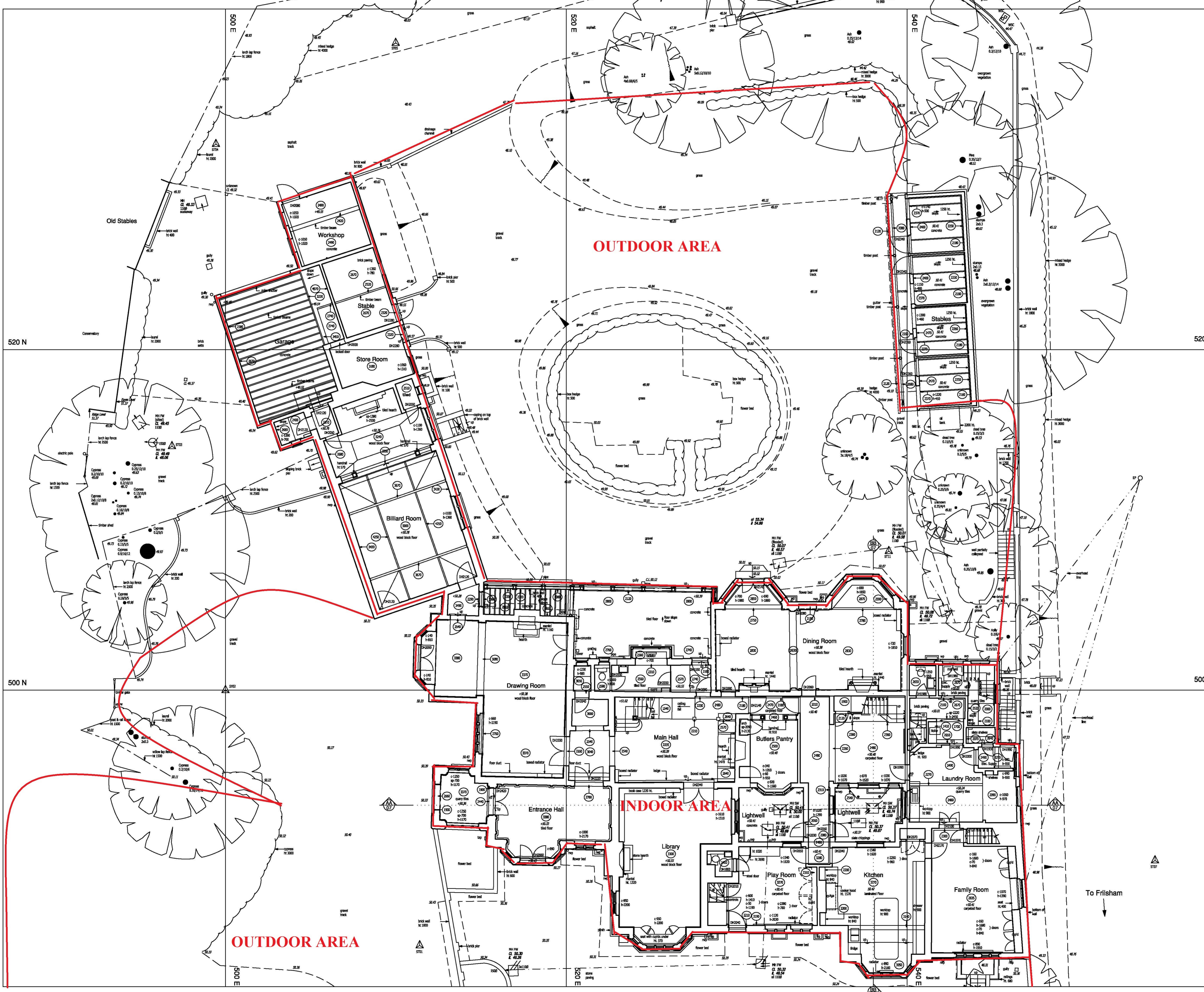
Name (please print)

.....  
Elena Breeze  
.....

Date

.....  
4<sup>th</sup> August 2021  
.....





Issue	Description	Date

Abbrev.

BT	british telecom	LP	lamp post
C	floor to cill height	MH	manhole
CONC.	concrete	RS	road sign
C/B	close board	RSJ	rolled steel joist
C/L	chain link	RSS	rolled steel station
DK	drop kerb	RWP	rain water pipe
DH	door height	SV	stop valve
PH	fire hydrant	TBM	temporary bench mark
FC	false ceiling	V	vert.
FL	floor level	VP	vert. pipe
GV	gas valve	WP	waste pipe
H	cill to head height	WM	water meter
IC	inspection cover	WSC	water stop cock

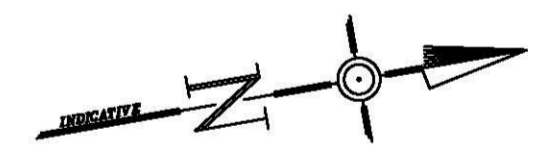
Levels  
 All levels are related to a temporary datum  
 Station 2  
 Value 50.000m

Drainage  
 CL cover level  
 IL invert level  
 NVC no visible connection  
 UTL unable to lift  
 --- foul water run  
 --- storm water run  
 all drainage should be checked on site before using information

Trees  
 Ø OF TRUNK / HEIGHT / SPREAD  
 all tree sizes approx. and should be checked on site before using information

Station Schedule

Station	Readings	Northings	Level	Description
ST01	511.395	485.828	50.585	Nail
ST02	500.000	500.000	50.000	Nail
ST03	498.866	514.258	49.265	Nail
ST04	499.446	532.862	49.309	Nail
ST05	509.807	538.094	49.277	Nail
ST06	546.795	542.711	44.157	Nail
ST07	554.547	496.016	48.415	Post & Nail
ST08	552.102	493.211	52.751	Post & Nail
ST09	552.731	446.383	52.346	Nail
ST10	512.003	442.461	52.262	Post & Nail
ST11	538.927	508.162	50.061	Post & Nail
ST12	539.051	467.551	51.620	Post & Nail



# HBS urveys

4 Wentworth Close, Nettlestead, Suffolk, IP8 4QR  
 T: 01473 830785 M: 07968 251773  
 E: hbsurveys@ntlworld.com

Client  
**Purcell Miller Tritton**

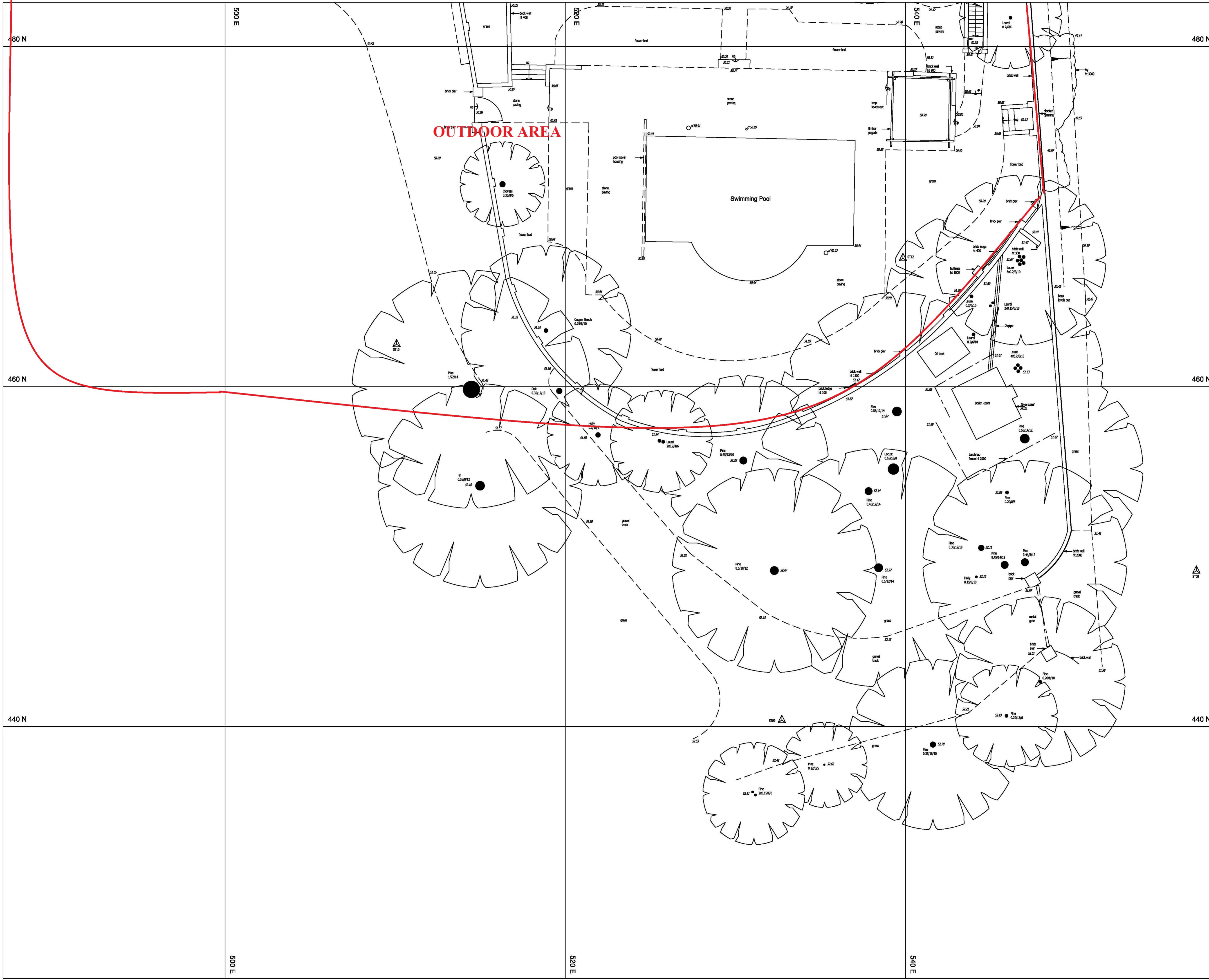
Project  
**Hawkrigge House  
 Frilsham  
 West Berkshire**

Title  
**Ground Floor & Part Site Plan**

Drawn by <b>A.A.N.</b>	Checked by <b>R.E.M.</b>
Scale <b>1:100</b>	Date <b>08/09/10</b>

Project no.	Dwg. no.	Revision	Prelim.
<b>1302</b>	<b>02</b>		





Issue	Description	Date

Abbrev.

BT	british telecom	LP	lamp post
C	floor to cill height	MH	manhole
CONC.	concrete	RS	road sign
C/B	close board	RSJ	rolled steel joist
C/L	chain link	RSS	rolled steel stanchion
CK	drop kerb	R/WP	rain water pipe
DH	door height	SV	stop valve
FH	fire hydrant	TBM	temporary bench mark
FC	false ceiling	V	vent
FL	floor level	VP	vent pipe
GV	gas valve	WP	waste pipe
H	cill to head height	WM	water meter
IC	inspection cover	WSC	water stop cock

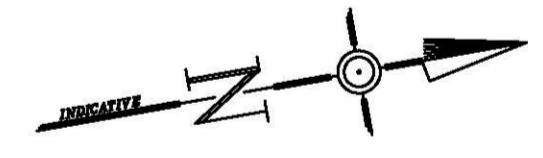
Levels  
 All levels are related to a temporary datum  
 Station 2  
 Value 50.000m

Drainage  
 CL cover level  
 IL invert level  
 NVC no visible connection  
 UTL unable to lift:  
 - - - - - foul water run  
 - - - - - storm water run  
 all drainage should be checked on site before using information

Trees  
 Ø OF TRUNK / HEIGHT / SPREAD  
 all tree sizes approx. and should be checked on site before using information

Station Schedule

Station	Eastings	Northings	Level	Description
ST01	511.395	485.028	50.505	Nail
ST02	500.000	500.000	50.000	Nail
ST03	498.860	514.326	49.505	Nail
ST04	498.440	532.052	49.309	Nail
ST05	509.987	538.004	48.777	Nail
ST06	546.755	542.721	44.197	Nail
ST07	554.947	490.016	48.415	Peg & Nail
ST08	557.102	449.171	51.731	Peg & Nail
ST09	532.731	446.383	52.346	Nail
ST10	510.083	462.491	51.332	Peg & Nail
ST11	538.927	508.162	50.061	Peg & Nail
ST12	539.881	467.151	51.030	Peg & Nail



**HBS** urveys

4 Wentworth Close, Nettleshead, Suffolk, IP8 4QR  
 T/F: 01473 830785 M: 07968 251773  
 E: hbsurveys@ntlworld.com

Client  
**Purcell Miller Tritton**

Project  
**Hawkrigge House  
 Frilsham  
 West Berkshire**

Title  
**Part Site Plan**

Drawn by <b>A.A.N.</b>	Checked by <b>R.E.M.</b>
Scale <b>1:100</b>	Date <b>08/09/10</b>

Project no.	Dwg. no.	Revision	Prelim.
<b>1302</b>	<b>03</b>		



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# **FRILSHAM PARISH COUNCIL**

Sharon Gavin  
Technical Officer - Licensing  
Public Protection Partnership  
West Berkshire District Council

Clerk@frilshamparish.org.uk

2<sup>nd</sup> September 2021

**Reference: 21/00611/LQN**  
**The Breeze Drinks Company,**  
**Hawkridge House, Hawkridge Hill, Frilsham. RG18 9XA**

Dear Sharon,

Frilsham Parish Council (FPC) discussed application 21/00611/LQN for The Breeze Drinks Company at a meeting held on Wednesday 1<sup>st</sup> September 2021. At that meeting it was agreed that FPC **objects** to this application.

FPC understands that there are two parts to the application:

1. For the online sales of alcohol.
2. For promotional events.

As the application currently stands, promotional events can take place 24 hours a day, 365 days a year. It was appreciated that this is very unlikely to happen, but that is what the license application is for. To prevent the risk of nuisance to neighbours from noise it is suggested that there is a limit on the number of events which can take place each year and the hours during which such events can take place. FPC proposes that there should be a maximum of 12 events a year during the hours from 12noon to 11pm.

FPC understands that for the online sales of alcohol, a 24 hour a day, 365 days a year license is required. In theory FPC has no objection to this part of the application but one concern that did arise was whether there would be deliveries to and from the address at antisocial hours of the day, which would cause a nuisance to local dwellings and whether there could be any restriction on the time of arrivals and departures under this aspect of the license.

FPC would be grateful if these restrictions to the license application could be considered and look forwards to hearing from you.

Yours sincerely,

Helen Pratt (Mrs), Clerk to Frilsham Parish Council.

Mrs. Helen M. Pratt – Clerk to Frilsham Parish Council

Email: [clerk@frilshamparish.org.uk](mailto:clerk@frilshamparish.org.uk)

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