

£315.00

Isle of Wight Council

APPENDIX A



Application for a premises licence to be granted under the Licensing Act 2003

Before completing this form please click here to read the guidance notes.

Please Note: A Consent of Premises Licence Holder to Transfer form must also be submitted in addition to this form.

Please click here to view the fee structure under the Licensing Act 2003.

You may wish to keep a copy of the completed form for your records.

The giving of false information may result in registration being refused or revoked, and the local authority reserve the right to make such further enquiries arising out of this application as they may consider desirable.

The Licence fee is not refundable should the application be withdrawn or refused.

Please tick this box to confirm you have read and accept these terms and conditions

<input type="radio"/> Band A.	A) £100.00	A) For premises with no rateable value to £4,300
<input type="radio"/> Band B.	B) £190.00	B) For premises with rateable value from £4,301 to £33,000
<input checked="" type="radio"/> Band C.	C) £315.00	C) For premises with a rateable value of £33,001 to £87,000
<input type="radio"/> Band D.	D) £450.00	D) For premises with a rateable value from £87,001 to £125,000
<input type="radio"/> Band E.	E) £635.00	E) For premises with a rateable value of £125,001 and above

Your Details

Title	Mr	Other title (please specify)
Forename	Mark	
Middle name/Initials	Donald	
Surname	Taskas	
Building/house name/number	[REDACTED]	
Street address	[REDACTED]	

Town name	██████████
County	██████████
Postcode	██████████
Tel number (include area code)	██████████
Email address	████████████████████
Fax	

I/We Mark Donald Taskas (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

Building name/number	Shanklin and Sandown Golf Club
Street	The Fairway
Town	Sandown
County	Isle Of Wight
Postcode	PO36 9PR
If no postal address please provide ordnance survey map reference or description	
Telephone Number (include area code)	██████████
Non-domestic rateable value of premises	£ 35000

[Please click here to read the guidance notes](#)

Part 2 - Applicant details

If yes to (a) please complete section A, for all other answers please complete section B.

<p>Please state whether you are applying for a premises licence as</p>	<input type="checkbox"/> a) an individual or individuals
	<input type="checkbox"/> b) i. a person other than an individual as a limited company
	<input type="checkbox"/> b) ii. a person other than an individual as a partnership
	<input type="checkbox"/> b) iii. a person other than an individual as an unincorporated association or
	<input type="checkbox"/> b) iv. a person other than an individual other (for example a statutory corporation)
	<input checked="" type="checkbox"/> c) a recognised club

d) a charity

e) the proprietor of an educational establishment

f) a health service body

g) an individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital

h) the chief officer of police of a police force in England and Wales

If you are applying as a person described in (a) or (b) please confirm:

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

I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

[Please click here to read the guidance notes](#)

Section A - Individual Applicants

Please complete this section if you are applying for the premises licence to be transferred to you as an individual or individuals. Please complete this section even if the details are the same as Your Details on Page 1. In all other cases please click here complete section B.

Title	---	other title (please specify)
Forename		
Middle name/Initials		
Surname		
I confirm that I am 18 years old or over (Please tick YES)	<input type="checkbox"/>	
Current postal address if different from premises address:		
Building/house name/number		
Street		
Town		
County		
Postcode		
Daytime contact telephone number (include area code)		
Email address		

Fax

[Please click here to read the guidance notes](#)

Second individual applicant (if applicable)

Title	---	Other title (please specify)
Forename		
Middle name/Initials		
Surname		
I confirm that I am 18 years old or over (Please tick YES)	<input type="checkbox"/>	

Current postal address if different from premises address

Building/house name/number	
Street	
Town	
County	
Postcode	
Daytime contact telephone number (include area code)	
Email address	
Fax	

[Please click here to read the guidance notes](#)

Section 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

Forename	Shanklin and Sandown Golf Club
Middle name/Initials	
Surname	
Building/house name/number	Shanklin and Sandown Golf Club
Street	The Fairway
Town	Sandown
County	Isle of Wight
Postcode	PO36 9PR
Daytime contact telephone	

number (include area code)	[REDACTED]
Email address (optional)	[REDACTED]
Fax	
Registered number (where applicable)	
Description of applicant (for example partnership, company, unincorporated association etc)	Recognised club

Please click here to read the guidance notes

Part 3 - Operating Schedule

When do you want the premises licence to start?	7 Day	Jan Month	2016 Year
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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)	Members Golf Club, maximum of 150 persons in clubhouse. Consisting of Dining area, Bar area, outside balcony and patio.
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<p>If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.</p> <p><i>Please note if your premises/event is for more than 5,000 people then there may be additional fees payable. Please contact the IW Council Licensing department for more information and to apply for these events.</i></p>	
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<p>What licensable activities do you intend to carry on from the premises?</p> <p><input type="checkbox"/> a) plays (if ticking yes, you must complete box A)</p> <p><input type="checkbox"/> b) films (if ticking yes, you must complete box B)</p> <p><input type="checkbox"/> c) indoor sporting events (if ticking yes, you must complete box C)</p> <p><input type="checkbox"/> d) boxing or wrestling entertainment (if ticking yes, you must complete box D)</p>	<p>Provision of regulated entertainment</p>
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(please tick if yes)

e) live music (if ticking yes, you must complete box E)

f) recorded music (if ticking yes, you must complete box F)

g) performances of dance (if ticking yes, you must complete box G)

h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, you must complete box H)

Please click here to read the guidance notes

Provision of entertainment facilities

i) making music (if ticking yes, you must complete box I)

j) dancing (if ticking yes, you must complete box J)

k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, you must complete box K)

Provision of late night refreshment

(if ticking yes, you must complete box L)

Supply of alcohol

(if ticking yes, you must complete box M)

In all cases complete boxes N, O and P

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

Please click here to read the guidance notes

Box A - Plays

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tues		
Wed		

Thurs		
Fri		
Sat		
Sun		

Will the performance of a play take place indoors or outdoors or both - please tick
(please read guidance note 2)

- Indoors
- Outdoors
- Both

Please give further details here
(please read guidance note 3)

State any seasonal variations for performing plays (please read guidance note 4)

Non standard timings. Where you intend to use the premises for the performance of plays at different times from those listed above, please list (please read guidance note 5)

- Click here to fill in Box A.
- Click here to fill in Box B.
- Click here to fill in Box C.
- Click here to fill in Box D.
- Click here to fill in Box E.
- Click here to fill in Box F.
- Click here to fill in Box G.
- Click here to fill in Box H.

- Click here to fill in Box I.
- Click here to fill in Box J.
- Click here to fill in Box K.
- Click here to fill in Box L.
- Click here to fill in Box M.
- Click here to fill in Box N.
- Click here to fill in Box O.
- Click here to fill in Box P.

Please click here to read the guidance notes

Box B - Films

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tues		
Wed		
Thurs		

Fri		
Sat		
Sun		

Will the exhibition of films take place indoors or outdoors or both - please tick (please read guidance note 2)

Indoors

Outdoors

Both

Please give further details here (please read guidance note 3)

State any seasonal variations for the exhibition of films (please read guidance note 4)

Non standard timings. Where you intend to use the premises for the exhibition of film at different times from those listed above, please list (please read guidance note 5)

- Click here to fill in Box A.
- Click here to fill in Box B.
- Click here to fill in Box C.
- Click here to fill in Box D.
- Click here to fill in Box E.
- Click here to fill in Box F.
- Click here to fill in Box G.
- Click here to fill in Box H.

- Click here to fill in Box I.
- Click here to fill in Box J.
- Click here to fill in Box K.
- Click here to fill in Box L.
- Click here to fill in Box M.
- Click here to fill in Box N.
- Click here to fill in Box O.
- Click here to fill in Box P.

Please click here to read the guidance notes

Box C - Indoor sporting events

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

Sun

Please give further details here
(please read guidance note 3)

State any seasonal variations for
indoor sporting events (please
read guidance note 4)

Non-standard timings. Where you
intend to use the premises for
indoor sporting events at different
times from those listed above,
please list (please read guidance
note 5)

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

Please click here to read the guidance notes

Box D - Boxing or wrestling entertainments

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

Will the boxing or wrestling
entertainment take place indoors
or outdoors or both - please tick
(please read guidance note 2)

Indoors

Outdoors

Both

Please give further details here
(please read guidance note 3)

State any seasonal variations for
boxing or wrestling entertainment
(please read guidance note 4)

Non-standard timings. Where you
intend to use the premises for
boxing or wrestling entertainment
at different times from those listed
above, please list (please read
guidance note 5)

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

Please click here to read the guidance notes

Box E - Live music

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	23:00	01:00
Tues	23:00	01:00
Wed	23:00	01:00
Thurs	23:00	01:00
Fri	23:00	01:00
Sat	23:00	01:00
Sun	23:00	01:00

Will the performance of live music
take place indoors or outdoors or
both - please tick (please read
guidance note 2)

Indoors

Outdoors

Both

Please give further details here

B - 20

(please read guidance note 3)

State any seasonal variations for the performance of live music (please read guidance note 4)

Non-standard timings. Where you intend to use the premises for the performance of live music at different times from those listed above, please list (please read guidance note 5)

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

Please click here to read the guidance notes

Box F - Recorded music

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	23:00	01:00
Tues	23:00	01:00
Wed	23:00	01:00
Thurs	23:00	01:00
Fri	23:00	01:00
Sat	23:00	01:00
Sun	23:00	01:00

Will the playing of recorded music take place indoors or outdoors or both - please tick (please read guidance note 2)

Indoors

Outdoors

Both

Please give further details here (please read guidance note 3)

State any seasonal variations for

**the playing of recorded music
(please read guidance note 4)**

**Non-standard timings. Where you
intend to use the premises for the
performance of recorded music at
different times from those listed
above, please list (please read
guidance note 5)**

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

Please click here to read the guidance notes

Box G - Performances of dance

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

**Will the performance of dance take
place indoors or outdoors or both -
please tick (please read guidance
note 2)**

Indoors

Outdoors

Both

**Please give further details here
(please read guidance note 3)**

**State any seasonal variations for
the performance of dance (please
read guidance note 4)**

Non-standard timings. Where you intend to use the premises for the performance of dance at different times from those listed above, please list (please read guidance note 5)

- Click here to fill in Box A.
- Click here to fill in Box B.
- Click here to fill in Box C.
- Click here to fill in Box D.
- Click here to fill in Box E.
- Click here to fill in Box F.
- Click here to fill in Box G.
- Click here to fill in Box H.

- Click here to fill in Box I.
- Click here to fill in Box J.
- Click here to fill in Box K.
- Click here to fill in Box L.
- Click here to fill in Box M.
- Click here to fill in Box N.
- Click here to fill in Box O.
- Click here to fill in Box P.

Please click here to read the guidance notes

Box H - Anything of a similar description to that falling within (e), (f) or (g)

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

Please give a description of the type of entertainment you will be providing

Will this entertainment take place indoors or outdoors or both please tick (please read guidance note 2)

Indoors

Outdoors

Both

Please give further details here (please read guidance note 3)

State any seasonal variations for

this entertainment of a similar description to that falling within (e),(f) or (g)(please read guidance note 4)

Non-standard timings. Where you intend to use the premises for this entertainment of a similar description to that falling within (e),(f) or (g) at different times from those listed above, please list (please read guidance note 5)

- Click here to fill in Box A.
- Click here to fill in Box B.
- Click here to fill in Box C.
- Click here to fill in Box D.
- Click here to fill in Box E.
- Click here to fill in Box F.
- Click here to fill in Box G.
- Click here to fill in Box H.

- Click here to fill in Box I.
- Click here to fill in Box J.
- Click here to fill in Box K.
- Click here to fill in Box L.
- Click here to fill in Box M.
- Click here to fill in Box N.
- Click here to fill in Box O.
- Click here to fill in Box P.

Please click here to read the guidance notes

Box I - Provision of facilities for making music

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

Please give a description of the type of facilities for making music that you will be providing

Will the facilities for making music be indoors or outdoors or both - please tick (please read guidance note 2)

Indoors

Outdoors

Both

Please give further details here
(please read guidance note 3)

State any seasonal variations for
the provision of facilities for
making music (please read
guidance note 4)

Non-standard timings. Where you
intend to use the premises for the
provision of facilities for making
music at different times from those
listed above, please list (please
read guidance note 5)

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

Please click here to read the guidance notes

Box J - Provision of facilities for dancing

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

Will the facilities for dancing be
indoors or outdoors or both -
please tick (see guidance note 2)

Indoors

Outdoors

Both

Please give a description of the
facilities for dancing you will be

providing

Please give further details here
(please read guidance note 3)

State any seasonal variations for
providing dancing facilities (please
read guidance note 4)

Non-standard timings. Where you
intend to use the premises for the
provision of dancing facilities at
different times from those listed
above, please list (please read
guidance note 5)

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

Please click here to read the guidance notes

Box K - Provision of facilities for entertainment of a similar description to that falling within (i) or (j)

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

Please give a description of the
type of entertainment facility you
will be providing

Will the entertainment facility be
indoors or outdoors or both -
please tick (please read guidance

Indoors

Outdoors

note 2)

Both

Please give further details here
(please read guidance note 3)

State any seasonal variations for
the provision of facilities for
entertainment of a similar
description to that falling within (i)
or (j) (please read guidance note
4)

Non-standard timings. Where you
intend to use the premises for the
provision of facilities for this
entertainment to that falling within
(i) or (j) at different times from
those listed above, please list
(please read guidance note 5)

Click here to fill in Box A.
Click here to fill in Box B.
Click here to fill in Box C.
Click here to fill in Box D.
Click here to fill in Box E.
Click here to fill in Box F.
Click here to fill in Box G.
Click here to fill in Box H.

Click here to fill in Box I.
Click here to fill in Box J.
Click here to fill in Box K.
Click here to fill in Box L.
Click here to fill in Box M.
Click here to fill in Box N.
Click here to fill in Box O.
Click here to fill in Box P.

Please click here to read the guidance notes

Box L - Late night refreshment

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	23:00	01:00
Tues	23:00	01:00
Wed	23:00	01:00
Thurs	23:00	01:00
Fri	23:00	01:00
Sat	23:00	01:00
Sun	23:00	01:00

Will the provision of late night
refreshment take place indoors or
outdoors or both please tick

Indoors

Outdoors

(please read guidance note 2)

Both

Please give further details here
(please read guidance note 3)

Hot drinks only

State any seasonal variations for
the provision of late night
refreshment (please read guidance
note

Non-standard timings. Where you
intend to use the premises for the
provision of late night refreshment
at different times to those listed
above, please list (please read
guidance note 5)

Click here to fill in Box A.
Click here to fill in Box B.
Click here to fill in Box C.
Click here to fill in Box D.
Click here to fill in Box E.
Click here to fill in Box F.
Click here to fill in Box G.
Click here to fill in Box H.

Click here to fill in Box I.
Click here to fill in Box J.
Click here to fill in Box K.
Click here to fill in Box L.
Click here to fill in Box M.
Click here to fill in Box N.
Click here to fill in Box O.
Click here to fill in Box P.

Please click here to read the guidance notes

Box M - Supply of alcohol

Day	Start	Finish
Mon	07:30	01:00
Tues	07:30	01:00
Wed	07:30	01:00
Thurs	07:30	01:00
Fri	07:30	01:00
Sat	07:30	01:00
Sun	07:30	01:00

Will the supply of alcohol be for
consumption (Please tick box)
(please read guidance note 7)

Indoors

Outdoors

Both

State any seasonal variations for the supply of alcohol (please read guidance note 4)

Non standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed above, please list (please read guidance note 5)

Do you intend to sell alcohol?

Yes

No

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

Name

Mark Donald Taskas

Address

(include postcode)

Personal Licence number

(if known)

06/00390/LAPER

Issuing licensing authority

(if known)

Rushmoor Borough Council

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

Please click here to read the guidance notes

Box 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)

No entertainment or activity is intended for adults only.

Box O Hours premises are open to the public -

(If a day does not apply please enter N/A)

Day	Start	Finish
Mon	07:00	01:30
	n/a	n/a

Tues	07:00 n/a	01:30 n/a
Wed	07:00 n/a	01:30 n/a
Thurs	07:00 n/a	01:30 n/a
Fri	07:00 n/a	01:30 n/a
Sat	07:00 n/a	01:30 n/a
Sun	07:00 n/a	01:30 n/a

State any seasonal variations (please read guidance note 4)

Non standard timings. Where you intend the premises to be open to the members and guests at different times from those listed above, please list (please read guidance note 5)

Premises only open to public via prior arrangement

- Click here to fill in Box A.
- Click here to fill in Box B.
- Click here to fill in Box C.
- Click here to fill in Box D.
- Click here to fill in Box E.
- Click here to fill in Box F.
- Click here to fill in Box G.
- Click here to fill in Box H.

- Click here to fill in Box I.
- Click here to fill in Box J.
- Click here to fill in Box K.
- Click here to fill in Box L.
- Click here to fill in Box M.
- Click here to fill in Box N.
- Click here to fill in Box O.
- Click here to fill in Box P.

Please click here to read the guidance notes

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

Please read guidance note 9

a) General all four licensing objectives (b,c,d,e)	Staff Training
b) The prevention of crime and disorder	No person shall be permitted to take or remove alcoholic drinks from the premises or the grounds in opened containers.
c) Public safety	Fire risk assessment Health and Safety risk assessment
d) The prevention of public nuisance	No regulated entertainment will take place within the clubhouse without the doors and windows being closed
e) The protection of children from harm	Staff Training No Adult only entertainment will be permitted. Challenge 21.
Checklist	<input checked="" type="checkbox"/> I have made or enclosed payment of the fee. <input checked="" type="checkbox"/> I have enclosed the plan of the premises <input checked="" type="checkbox"/> I have sent copies of this application and the plan to responsible authorities and others where applicable. <input checked="" type="checkbox"/> I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable <input checked="" type="checkbox"/> I understand that I must now advertise my application <input checked="" type="checkbox"/> I understand that if I do not comply with the above requirements my application will be rejected

If not submitting online, please make your cheque payable to Isle of Wight Council.

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

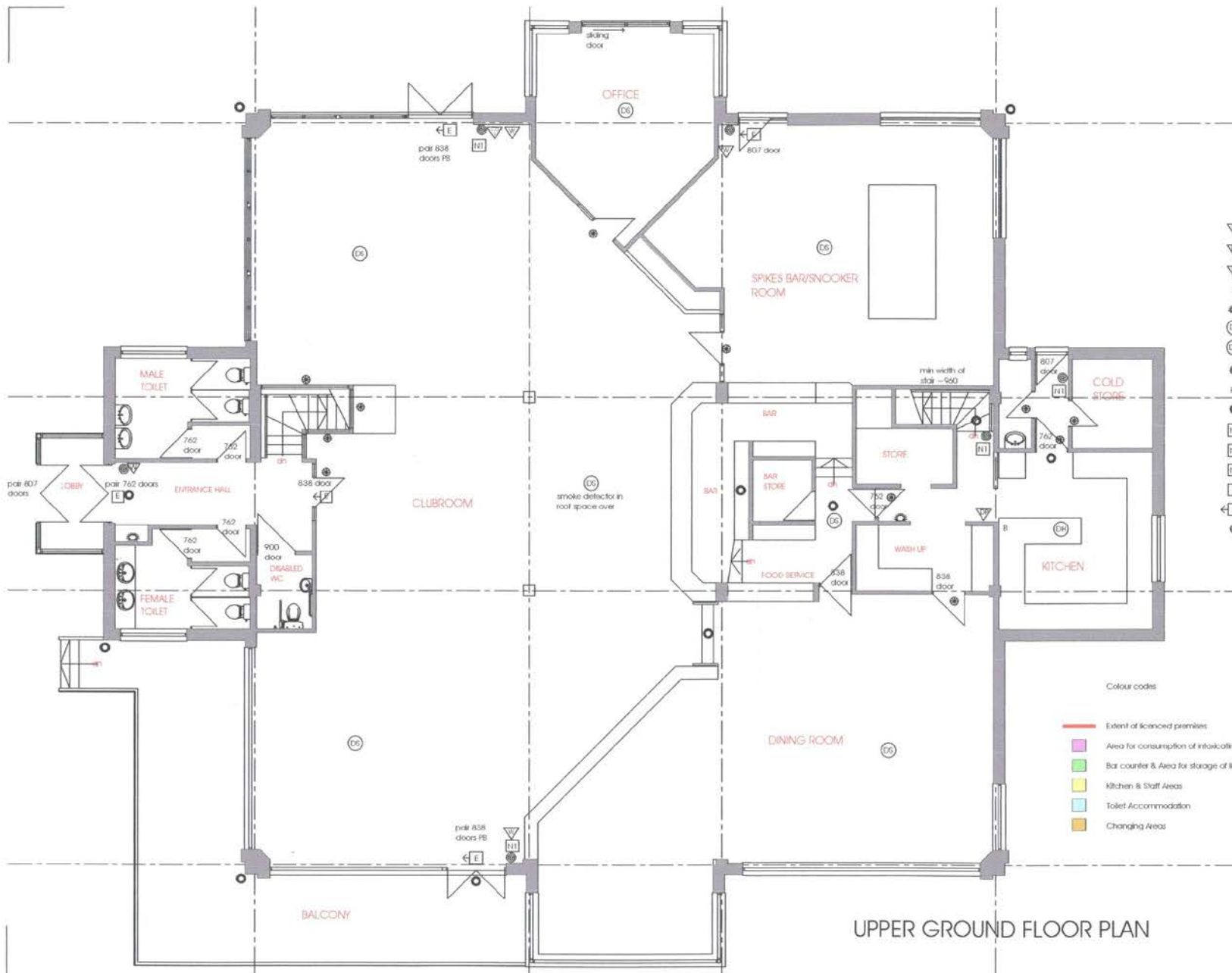
Part 4 - Signatures

(please read guidance note 10)

This form must be signed and all the relevant documents, detailed on the form, presented to the licensing section before a decision is made and the licence may be granted. Either print off the completed form, sign and post to the licensing department along with the required documents or attend council offices after you have submitted the form online.

The application fee is not refundable in the event of the application being refused or otherwise.

SignedB. 31



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 All work shown on this drawing below ground level must be checked or proven to exist on the ground conditions have been established by the Contractor before work commences. Reassessment and redesign may be required where the existing ground conditions have been established.

REVISIONS				

- KEY**
- ▽ Fire Fighting Equipment
 - ▽ Water Extinguisher - 6 litre
 - ▽ Dry Powder Extinguisher - 6 litres
 - ▽ Carbon Dioxide Extinguisher - 2 kilo
 - Fire Blanket
 - ⊙ Audible Warning Device
 - ⊙ Automatic Fire Detection Smoke
 - ⊙ Automatic Fire Detection Heat
 - ⊙ Fire Alarm Call points
 - PB Door fitted with Push Bars or equal
 - ⊙ Emergency Lighting Point
 - ⊙ General Fire Notice
 - ⊙ Staff Fire Notice
 - ⊙ Fire Door Keep Shut Notice
 - ⊙ Fire Exit Signs
 - ⊙ Exit Directional Signs
 - ⊙ Fire Resistant Self Closing Door/Screen

- Colour codes**
- Extent of licensed premises
 - Area for consumption of intoxicating liquor
 - Bar counter & Area for storage of liquor
 - Kitchen & Staff Areas
 - Toilet Accommodation
 - Changing Areas

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Client
SHANKLIN & SANDOWN GOLF CLUB

Project
 EXISTING CLUBHOUSE
 THE FAIRWAY
 LAKE
 ISLE OF WIGHT

Drawing
 EXISTING BUILDING
 GROUND FLOOR PLAN

Date
 JULY 2005

Scale
 1 : 100

Drawing No.
2047 / L / 2

UPPER GROUND FLOOR PLAN