

Licensing Team  
 North Norfolk District Council  
 Council Offices  
 Holt Road  
 Cromer  
 Norfolk  
 NR27 9EN

Reference number

(office use only)

**Schedule 2**

**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 booklet.

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 WORSTEAD FARMS LTD apply for a  
 (Insert name(s) of applicant)  
 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  <u>THE WOODYARD</u> <u>WORSTEAD PARK</u> <u>WORSTEAD</u>	
Post town <u>NORTH WALSHAM</u>	Post code <u>NR28 9RS</u>
Telephone number of Premises (if any) <u>01692 536226</u>	

Non-domestic rateable value of premises  
 (This can be obtained from the Valuation Office website [www.voa.gov.uk](http://www.voa.gov.uk))

£ 18,750

## Part 2 – Applicant Details

In state whether you are applying for a premises licence as

Please tick ✓

a) An individual or individuals*	<input type="checkbox"/> Please complete Section A
b) A person other than an individual* <ul style="list-style-type: none"> <li>i. as a limited company</li> <li>ii. as a partnership</li> <li>iii. as an unincorporated association</li> <li>iv. other (for example a statutory corporation)</li> </ul>	<input checked="" type="checkbox"/> Please complete Section B <input type="checkbox"/> Please complete Section B <input type="checkbox"/> Please complete Section B <input type="checkbox"/> Please complete Section B
c) A recognised club	<input type="checkbox"/> Please complete Section B
d) A charity	<input type="checkbox"/> Please complete Section B
e) The proprietor of an educational establishment	<input type="checkbox"/> Please complete Section B
f) A Health Service Body	<input type="checkbox"/> Please complete Section B
g) An individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales	<input type="checkbox"/> 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	<input type="checkbox"/> Please complete Section B
h) The Chief Officer of Police of a police force in England and Wales	<input type="checkbox"/> 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

**SECTION A – INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr  Mrs  Miss  Ms  Other title   
(please state)

Surname

First names

Date of Birth

Nationality

I am 18 years old or over  Yes

Current residential address if different from premises address

Post Town:

Postcode:

Daytime contact telephone number

E-mail address (optional)

**Second individual applicant (if applicable)**

Mr  Mrs  Miss  Ms  Other title   
(please state)

Surname

First names

Date of Birth

Nationality

I am 18 years old or over  Yes

Current residential address if different from premises address

Post Town:

Postcode:

Daytime contact telephone number

E-mail address (optional)

## Section B – OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name	WORSTED FARMS LTD
Address	HOLLY HOUSE SMALBURGH NORWICH NORFOLK NR12 9NB
Registered number (where applicable)	00512118
Description of applicant (for example, partnership, company, unincorporated association etc)	LIMITED COMPANY
Telephone number (if any)	01692 536 226
E-mail address (optional)	BRUCE@WORSTEDESTATE.COM

### Part 3 – Operating Schedule

When do you want the premises licence to start? ..... 

Day	Month	Year
19	04	2022

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

Day	Month	Year

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

INDOOR & OUTDOOR FUNCTION AREAS, WITH ON SITE KITCHEN FACILITIES, BAR AREA AND TOILETS CONSTRUCTED TO PART M REGULATIONS. THE SITE IS LOCATED 1/2 MILE FROM ANOTHER RESIDENCE WITHIN A 200 ACRE PARKLAND.

If 5,000 or more people 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 Schedule 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment** (please read guidance note 2) 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**).....   
 The supply of hot food or hot drink to the public for consumption on or off the premises between 11.00pm and 5.00am.

**Supply of alcohol** (if ticking yes, fill in **Box J**).....

**IN ALL CASES PLEASE COMPLETE BOXES K, L AND M**

<b>Box A</b> <b>Plays</b> 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	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			<u>Please give further details here</u> (read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (read guidance note 5)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u> (read guidance note 6)		
Sat					
Sun					
<b>Box B</b> <b>Films</b> 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	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			<u>Please give further details here</u> (read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for exhibition of films</u> (read guidance note 5)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u> (read guidance note 6)		
Sat					
Sun					

<b>Box C</b> <b>Indoor sporting events</b> Standard days and timings (Please read guidance note 7)		
Day	Start	Finish
Mon		
Tue		
Wed		
Thur		
Fri		
Sat		
Sun		

Please give further details here (read guidance note 4)

State any seasonal variations for indoor sporting events (read guidance note 5)

Non standard timings. Where you intend to use the premises for the indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 6)

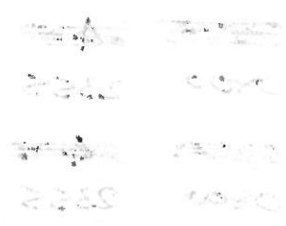
*11. 11. 2018*  
*09.00 - 10.00*

<b>Box D Boxing or wrestling entertainment</b> Standard days and timings Please read guidance note 7)			Indoors	
Day	Start	Finish	Outdoors	
			Both	
Mon			Please give further details here (read guidance note 4)	
Tue				
Wed				
Thur			State any seasonal variations for boxing or wrestling entertainment (read guidance note 5)	
Fri				
Sat				
Sun			Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list (please read guidance note 6)	

<b>Box E</b> <b>Live music</b> Standard days and timings (Please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick ✓ (Please read guidance note 3)	Indoors	✓
				Outdoors	
				Both	
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 4)            <u>State any seasonal variations for the performance of live music</u> (read guidance note 5)            <u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat	0800	2300			
	0800	1100			
Sun	0800	2300			



<b>Box F</b> <b>Recorded music</b> 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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (read guidance note 4)		
Tue					
Wed					
Thur			<u>State any seasonal variations for playing recorded music</u> (read guidance note 5)		
Fri					
Sat					
Sun			<u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
	<del>0800</del> 2100	<del>2100</del>			
	0800	2355			
	<del>0800</del>	<del>2100</del>			
	0800	2355			
<b>Box G</b> <b>Performance of dance</b> Standard days and timings (Please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick ✓ (Please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (read guidance note 4)		
Tue					
Wed					
Thur			<u>State any seasonal variations for performance of dance</u> (read guidance note 5)		
Fri					
Sat					
Sun			<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		

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

<b>Box 1</b> <b>Late night refreshment</b> Standard days and timings (Please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (Please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 4)		
Mon			<del>THE ABILITY TO PROVIDE LATE NIGHT REFRESHMENT TO MIDNIGHT.</del>		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (read guidance note 5)		
Thur					
Fri					
Sat	<del>22:00</del>	<del>05:00</del>	<u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sun	<del>22:00</del>	<del>05:00</del>			

<b>Box J</b> <b>Supply of alcohol</b> Standard days and timings (Please read guidance note 7)			Will the supply of alcohol be for consumption – please tick <input checked="" type="checkbox"/> (Please read guidance note 8)	On premises	<input checked="" type="checkbox"/>			
				Off premises	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol (read guidance note 5)</u>					
Mon								
Tue								
Wed								
Thur						<u>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 (read guidance note 6)</u>		
Fri								
Sat	<del>0800</del> 2350	<del>2350</del>						
	0800	2355						
Sun	<del>0800</del> 2355	<del>2355</del>						
	0800	2355						

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 ..... BRUCE PATERSON .....

Date of Birth ..... 2 OCTOBER 1985 .....

Address ..... BEAR'S REST, WITTERGATE ROAD, WORSTAD,  
NORTH WALSHAM, NORFOLK .....

Postcode ..... NR28 9SF .....

Personal Licence number, if known, ..... LN/000013365 .....

Issuing licensing authority, if known ..... NORTH NORFOLK DISTRICT COUNCIL .....

Box 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 9)

*[Faint handwritten text, mostly illegible]*  
 n/a

Box L

Hours premises are open to the public

Standard days and timings (Please read guidance note 7)

State any seasonal variation (read guidance note 5)

*[Faint handwritten text, mostly illegible]*

Day	Start	Finish
Mon		
Tue		
Wed		
Thur		
Fri		
Sat	0800	2300
	0800	2355
Sun	0800	2355

Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 6)

*[Faint handwritten text, mostly illegible]*

*[Faint handwritten text at the bottom of the page, mostly illegible]*

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

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 10)

- OPERATING SCHEDULE, RISK ASSESSMENTS AND BEST PRACTICE POLICIES. SEE ATTACHED DOCUMENT. (TO EMAIL)

b) The prevention of crime and disorder

- CCTV INDOORS AND OUTDOORS
- FULLY TRAINED STAFF ON SALE OF ALCOHOL
- CLEAR ACTIONS AND TRAINING ON MANAGING AN ESCALATION OF A SITUATION.

c) Public safety

- PART M BUILDING REGULATIONS
- TRAINED FIRST AIDER ON SITE.
- FIRST AID POINTS KEPT UP TO DATE
- AMBULANCE BAY DESIGNATED NEXT TO THE VENUE
- LIST OF APPROPRIATE CONTACT DETAILS ON SITE.
- SAFETY BRIEFING AT EVERY FUNCTION FOR STAFF AND GUESTS.

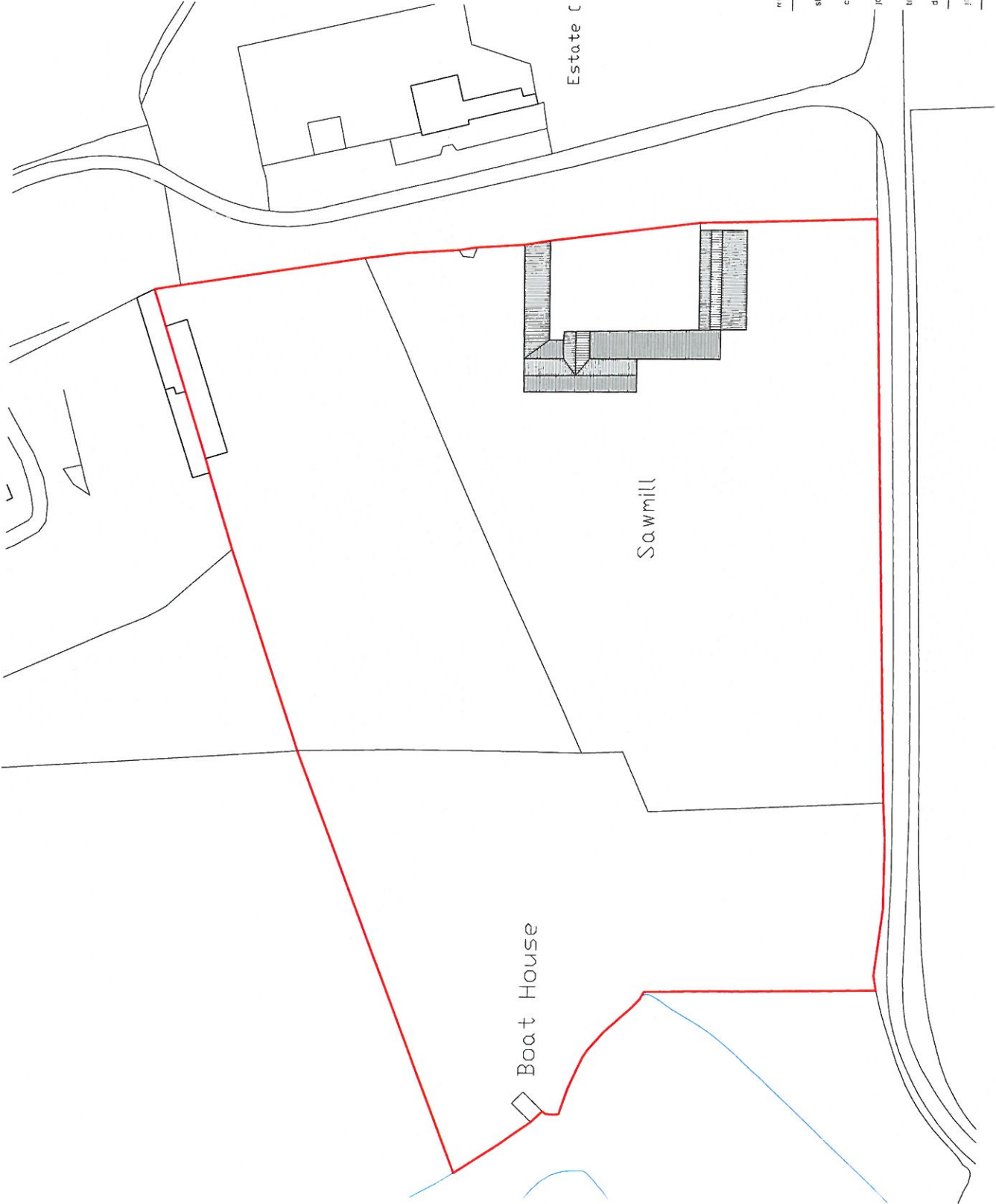
d) The prevention of public nuisance

- SIGNAGE ASKING CUSTOMERS TO RESPECT LOCAL RESIDENCE
- EXIT ROUTES CLEARLY MARKED FOR GUESTS AND TAXIS TO FOLLOW.
- STAFF REMINDERS UPON LEAVING.

e) The protection of children from harm

- 'CHALLENGE 25' POLICY DELIVERED WITH VIGILANCE AT ALL TIMES.
- REGULAR STAFF TRAINING ON REFUSING ASALE.
- NO PROF, NO SALE POLICY
- CCTV INSTALLED
- EXPERIENCED MANAGEMENT SUPERVISION AT ALL TIMES.

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All dimensions to be checked on site and archived notified of any discrepancies prior to commencement.  
Do not scale.



rev	date	comment(s)	name	check
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status

client **Worstead Farms Ltd**

job **The Wood Yard**

title **licence Plan**

date **March 2022** scale @ **1:500**

job no **17.001** dfg no **20**











## ADVERTISEMENT OF NEW PREMISES LICENCE

Worstead Farms Ltd

Is seeking a new premises licence to premises licence for  
The Woodyard, Worstead Park, Worstead, Norfolk NR28 9RS

for Live Music, Recorded Music, Sale of Alcohol for  
consumption on premises, on Saturdays & Sundays

If you wish to object to this application written representations  
with full contact details should be made to the Licensing  
Authority below:

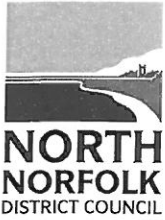
Licensing Section, North Norfolk District Council, Council  
Offices, Holt Road, Cromer, Norfolk, NR27 9EN

Representations should be made by 21/04/2022 (28 days  
starting day after the day on which the application was given to  
the authority by the applicant)

This application may be viewed during office hours at the above  
offices.

**N.B It is an offence, liable on conviction to a fine up to  
level 5 on the standard scale (£5,000), under Section 158 of  
the Licensing Act 2003 to make a false statement in or in  
connection with this application**





# Consent of individual to being specified as premises supervisor

I, BRUCE PATERSON  
(Full name of prospective premises supervisor)

of BEAR'S DEST, WITHERGATE ROAD, WORSTEAD  
NORTH WALSHAM, NORFOLK, NR28 9SF  
(home address of prospective premises supervisor)

hereby confirm that I give my consent to being specified as the designated premises supervisor in relation to the application for

PREMISE LICENCE  
(type of application)

by BRUCE PATERSON - WORSTEAD FARMS LTD.  
(name of applicant)

relating to a premises licence .....  
(number of existing licence, if any)

for THE WOODYARD, WORSTEAD PARK, WORSTEAD,  
NORTH WALSHAM, NORFOLK, NR28 9RS.  
(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

BRUCE PATERSON  
(name of applicant)

concerning the supply of alcohol at

THE WOODYARD, WORSTEAD PARK, WORSTEAD,  
NORTH WALSHAM, NORFOLK, NR28 9RS.  
(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 LN/000013365  
(personal licence number, if any)

**Personal licence issuing authority**

NORTH NORFOLK DISTRICT COUNCIL  
(insert name, address and telephone number of personal licence issuing authority, if any)

COUNCIL OFFICES, HOLT ROAD, CROMER, NORFOLK,  
NR27 9EN.

TELEPHONE - 01263 516291

Signed 

Name BRUCE PATERSON Date 17/3/2022  
(please print)

NORTH NORFOLK DISTRICT COUNCIL

Licensing Act 2003

PREMISES LICENCE - CERTIFICATE OF PUBLIC NOTICE

This is to certify that I BRUCE PATERSON

residing at BEAR'S REST, WITHERGATE ROAD, WORSTED, NR28 9SF

have placed the required public notice advertisement in one locally circulating newspaper, namely:

(1) NORTH NORFOLK NEWS

on (date of publication) .....

and I have exhibited a similar notice on the proposed premises in a prominent position at

WORSTED PARK ENTRANCE AND EXIT

from (date notice displayed) .....

Signed Bruce Paterson Dated 17/03/2022

NORTH NORFOLK DISTRICT COUNCIL

Licensing Act 2003

PREMISES LICENCE - CERTIFICATE OF PUBLIC NOTICE

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residing at BEAR'S REST, WITHERGATE ROAD, WORSTED, NR28 9SF

have placed the required public notice advertisement in one locally circulating newspaper, namely:

(1) NORTH NORFOLK NEWS

on (date of publication) .....

and I have exhibited a similar notice on the proposed premises in a prominent position at

WORSTED PARK ENTRANCE AND EXIT

from (date notice displayed) .....

Signed Bruce Paterson Dated 17/03/2022

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