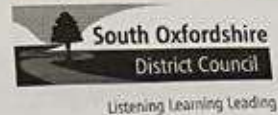


# APPLICATION FOR A PAVEMENT LICENCE

BUSINESS AND PLANNING ACT 2020



Please read the notes on page 4 before completing this form

Type of application:

New

Renewal

## SECTION 1a: APPLICANT DETAILS – INDIVIDUAL APPLICANTS

|                  |  |          |
|------------------|--|----------|
| Title:           | First name(s):                             | Surname: |
| Postal Address:  | THE MAGS HEAD                              |          |
| Post Code:       | 43 UPPER HIGH ST - THAME - OXON<br>OX9 2DW |          |
| Phone (daytime): | Phone (Mobile):                            |          |
| e-mail address:  |  |          |

In the case of a partnership, please add separate sheet(s) confirming the above details for all parties

## SECTION 1b: APPLICANT DETAILS – OTHER APPLICANTS (e.g. companies)

|                                       |                 |
|---------------------------------------|-----------------|
| Name:                                 |                 |
| Registered Address:                   |                 |
| Post Code:                            |                 |
| Phone (daytime):                      | Phone (Mobile): |
| e-mail address:                       |                 |
| Registered number (where applicable): |                 |

## SECTION 2: BUSINESS PREMISES DETAILS

|                 |                                |
|-----------------|--------------------------------|
| Trading Name:   | THE MAGS HEAD                  |
| Postal Address: | 43 UPPER HIGH ST<br>THAME OXON |
| Post Code:      | OX9 2DW                        |

## USE OF THE BUSINESS PREMISES

Which of the following is the above business premises used for? (please select ONE of the following options)

|  |                                     |
|--|-------------------------------------|
| Use as a public house, wine bar or other drinking establishment                | <input checked="" type="checkbox"/> |
| Other use for the sale of food or drink for consumption on or off the premises | <input type="checkbox"/>            |
| Both of the above uses   | <input type="checkbox"/>            |



**SECTION 3: AREA OF HIGHWAY PROPOSED TO BE USED**

Please provide a description of the area of the highway to which this application relates (NB you are also required to submit a plan with this application, see section 8)

2 x TABLE BENCHES AT FRONT OF PUB - IN  
LINE WITH ENTRANCE STEPS + PLANTER BARRIER

**SECTION 4: RELEVANT PURPOSE THE APPLICATION RELATES TO:**

Which of the following relevant purposes do you wish to put furniture on the highway for? (please select **ONE** of the following options)

|   |                                     |
|---|-------------------------------------|
| To sell or serve food or drink supplied from, or in connection with relevant use of, the premises             | <input checked="" type="checkbox"/> |
| For the purpose of consuming food or drink supplied from, or in connection with relevant use of, the premises | <input type="checkbox"/>            |
| Both of the above purposes  | <input type="checkbox"/>            |

**SECTION 5: DAYS AND TIMES**

During what times do you propose to place furniture on the highway on each of the following days:

Please use the 24hr clock, e.g. 10:00 to 20:00.

NB We will generally only grant permission from 08:00 to 21:00. If you wish to use the area outside of these hours, you must include details with your application as to how you will prevent nuisance to any nearby residents, for example a noise management plan.

|        | Mon   | Tues  | Wed   | Thu   | Fri   | Sat   | Sun   |
|--------|-------|-------|-------|-------|-------|-------|-------|
| Start  | 07:30 | 07:30 | 07:30 | 07:30 | 07:30 | 08:00 | 08:00 |
| Finish | 21:00 | 21:00 | 21:00 | 21:00 | 21:00 | 21:00 | 21:00 |

**SECTION 6: FURNITURE TO BE PLACED ON THE HIGHWAY**

Please provide a description of the furniture you propose to place on the highway – including number of tables, number of chairs, and details of the type of barriers being used to separate the licensed areas from the rest of the highway.

2 x PICNIC BENCHES - BROWN PINE WOOD  
WEATHER RESISTANT - EACH BENCH - L W  
PLANTER - PINEWOOD - WEATHER RESISTANT

Do you intend to alter any of the building and/or frontage to accommodate this proposal?

YES/NO  
(please delete as applicable)

If YES, please give details:



**SECTION 7: CONTACT DETAILS FOR CORRESPONDENCE (NB leave blank if same as applicant)**

|                  |                 |          |
|------------------|-----------------|----------|
| Title:           | First name(s):  | Surname: |
| Phone (daytime): | Phone (Mobile): |          |
| e-mail address:  |                 |          |

**SECTION 8: CHECKLIST FOR DOCUMENTS TO INCLUDE WITH APPLICATION**

|  |   |
|--|---|
| Site plan to a suitable scale or with clear measurements showing: <ul style="list-style-type: none"><li>proposed boundary of area to be covered by the pavement licence (NB you must use a red line to indicate the area to be licensed)</li><li>building and kerb lines</li><li>measurements of the clear space between the barriers around the licensed area and any obstacles or the edge of the pavement/road</li><li>furniture layout</li><li>location of barriers to separate the licensed areas from the rest of the highway</li><li>position of any lighting columns, litter bins, road signs or other existing street furniture</li></ul> | ✓ |
| Public liability insurance (for a minimum of £5 million cover)   |   |
| Noise management plan if pavement licence area to be used outside of the hours of 08:00 - 21:00  |   |

**SECTION 9: DECLARATION BY APPLICANT**

I understand that I am required to display a notice of my application in accordance with the requirements of the Business and Planning Act 2020 and that failing to do so and to maintain the notice throughout the consultation period may lead to the revocation of any licence granted.

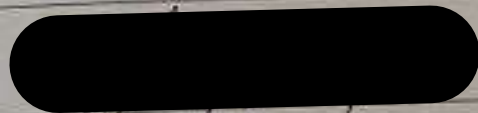
I understand I must hold and maintain public liability insurance for a minimum of £5 million.

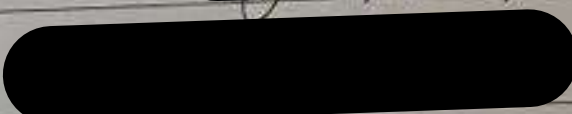
I understand my application will not be considered to be complete, and the consultation period will not start, until all the required documents and information have been provided and the application fee has been paid.

I understand that the application fee paid is non-refundable if my application is deemed invalid, refused or if any licence granted is subsequently surrendered or revoked.

I understand that the Authority is under a duty to protect the public funds it administers, and to this end may use the information I have provided on this form for the prevention and detection of fraud. I understand that it may also share this information with other bodies responsible for auditing or administering public funds for these purposes. I understand that the Authority is collecting my data for the purposes described on this form and will not be used for any other purpose, or passed on to any other body, except as required by law, without my consent.

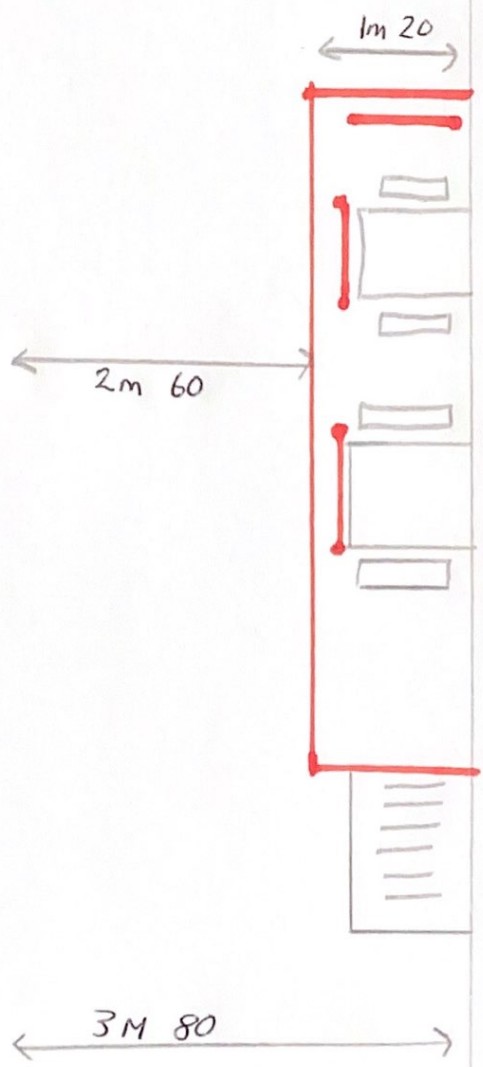
I declare that the information given above is true to the best of my knowledge and that I have not wilfully omitted any necessary material. I understand that if there are any wilful omissions, or incorrect statements made, my application may be refused without further consideration or, if a licence has been issued, it may be liable to revocation.

Signature: 

Print Name: 

Date: 19/9/2024

O BIN



NAGS HEAD