

Application for the grant of a pavement licence

Business Address Confirmation

Selected business address *

YE OLDE GRIFFIN HOTEL, YE OLDE GRIFFIN HOTEL
30-32 HIGH STREET MARCH CAMBRIDGESHIRE PE15
9JS

Applicant Details

Title *

First name(s) *

Surname *

Postal address *

Address line 2

Address line 3

Post town *

Postcode *

Phone (Home) *

Phone (Mobile)

Email address *

Date of birth *

NI number *

Ye Olde Griffin Hotel,

32 High st,

March, PE15 9JS

March

PE15 9JS

01354652517

yeoldegriffinhotel.march@stonegatepubs.com

Business Premises Details

Trading name *

Ye Olde Griffin Hotel

Selected business address *

YE OLDE GRIFFIN HOTEL, YE OLDE GRIFFIN HOTEL
30-32 HIGH STREET MARCH CAMBRIDGESHIRE PE15
9JS

Business phone number *

01354652517

Which of the following is the above premises used for? *

Use as a public house, wine bar or other drinking
establishment

Area Of Highway Proposed To Be Used

Please provide a description of the area of the highway to
which this application relates: * (Please note you are required
to submit a scale plan of this area with your application)4 TABLES OUTSIDE OF THE BUILDING 2 TABLES EITHER
SIDE OF THE FRONT ENTRANCE 2 TABLES OUTSIDE
THE SIDE MARKET SIDE DOOR SAME AS PREVIOUS
APPLICATIONS

Relevant Purpose The Application Relates To

Which of the following relevant purposes do you wish to put
furniture on the highway for? *

Both of the above purposes

Days and Times

Please enter the days and times of the week you wish to place the furniture on the highway. Please enter times in 24hr format
(HH:MM)

Day *

Monday

09:00

22:00

Days and Times

Please enter the days and times of the week you wish to place the furniture on the highway. Please enter times in 24hr format
(HH:MM)

Day *

Tuesday

Days and Times**Days and Times**

Please enter the days and times of the week you wish to place the furniture on the highway. Please enter times in 24hr format (HH:MM)

Day *

Days and Times

Please enter the days and times of the week you wish to place the furniture on the highway. Please enter times in 24hr format (HH:MM)

Day *

Days and Times

Please enter the days and times of the week you wish to place the furniture on the highway. Please enter times in 24hr format (HH:MM)

Day *

Days and Times

Please enter the days and times of the week you wish to place the furniture on the highway. Please enter times in 24hr format (HH:MM)

Day *

Saturday

09:00

23:00

Days and Times

Please enter the days and times of the week you wish to place the furniture on the highway. Please enter times in 24hr format (HH:MM)

Day *

Sunday

09:00

23:00

Furniture To Be Placed On The Highway

Please provide a description of the furniture you propose to place on the highway * (Please note you are required to provide photographs or brochures of the proposed furniture with your application)

4 WOODEN TABLES (28 X 28 INCHES) 8 CHAIRS (2 PER TABLE) SAME AS PREVIOUS APPLICATION

Declaration

I understand that I am required to give notice of my application in accordance with the requirements of the Business and Planning Act 2020 and that failing to do so will lead to the revocation of any licence granted. I understand I must hold and maintain public liability insurance up to a value of £5million. I understand my application will not be considered to be complete until all the required documents and information have been provided and the appropriate application fee has been paid. I understand that the application fee paid is non-refundable if my application is 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 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. 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.

Declaration



Declaration made

Name *

Date *