



**The Licensing Team**  
Environmental Health & Housing  
North Devon Council  
PO BOX 379, Barnstaple, Devon,  
EX32 2GR

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## **APPLICATION FOR A PREMISES LICENCE TO BE GRANTED UNDER THE LICENSING ACT 2003**

**Form Ref: LA03/PL 9**

### **Privacy Notice – privacy & data protection**

North Devon Council, the Data Controller, collects personal information when you contact us for the licensing services we provide. We will use this information to provide these services, such as the granting of a licence, permit, registration or receipt of a notice.

We may need to share your information with other departments in North Devon Council or external/ third parties, where this is necessary to perform our public functions & services as provided by law.

For more information as a Data Subject regarding privacy & data protection, including how we manage your personal information, data retention and your rights, please see our Privacy Notice on the website: [www.northdevon.gov.uk/privacy](http://www.northdevon.gov.uk/privacy)

If you require this document in an alternative format, please contact us.

### **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 or typed in black ink. Use additional sheets if necessary. You should keep a copy of the completed form for your records.

**APPLICATION FOR A PREMISES LICENCE TO BE GRANTED UNDER THE  
LICENSING ACT 2003**

**I/We\*** Michael Symonds

**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.**

<b>Part 1 – Premises details</b>	
Postal name and address of premises or, if none, ordnance survey map reference or description	Freshwell camping Moor Lane, Croyde bay
Post Town	Postcode EX33 1NP
Telephone number at premises (if any)	██████████
Non-domestic rateable value of premises	£ 11,750

<b>Part 2 – Applicant details</b>	
Please state whether you are applying for a premises licence as	
Please select 'X'	
a) an individual/individuals*	<input checked="" type="checkbox"/> please complete section (A)
b) a person other than an individual*	
i. as a limited company/limited liability partnership	<input type="checkbox"/> please complete section (B)
ii. as a partnership (other than limited liability)	<input type="checkbox"/> please complete section (B)
iii. as an unincorporated association, or	<input type="checkbox"/> please complete section (B)
iv. other (for example a statutory corporation)	<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) a person 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:		
• I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or	<input type="checkbox"/>	
• I am making the application pursuant to a		
<input type="checkbox"/> statutory function or	<input type="checkbox"/>	
<input type="checkbox"/> a function discharged by virtue of Her Majesty's prerogative	<input type="checkbox"/>	

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

Title: Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify)
Surname Symonds
Forenames Michael
Date of birth [REDACTED] I am 18 years old or over. Please select 'X' YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Nationality [REDACTED]
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)
Current residential address if different from premises address [REDACTED]
Post Town [REDACTED] Postcode [REDACTED]
Daytime contact telephone number [REDACTED]
E-mail address (optional) freshwellcampinginfo@gmail.com

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify)
Surname
Forenames
Date of birth [REDACTED] I am 18 years old or over. Please select 'X' YES <input type="checkbox"/> NO <input type="checkbox"/>
Nationality [REDACTED] <b>NOT APPLICABLE</b>
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)
Current postal address if different from premises address
Post Town [REDACTED] Postcode [REDACTED]
Daytime contact telephone number [REDACTED]
E-mail address (optional)

<b>(B) OTHER APPLICANTS</b>	
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	
Address	
	<b>NOT APPLICABLE</b>
Post Town	
Registered number (where applicable)	
Description of applicant (for example partnership, company, unincorporated association etc)	
Telephone number (if any)	
E-mail address (optional)	

<b>Part 3 – Operating Schedule</b>			
When do you want the premises licence to start? As soon as possible	Day	Month	Year
If you wish the licence to be valid only for a limited period, when do you want it to end? N/A	Day	Month	Year
If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend. N/A			
Please give a general description of the premises (please read guidance note 1) We are a family based campsite, everything is done with our guests in mind which we have slowly grown over the years and often off the back of guests feedback and believe the new grant application which removes overly restrictive conditions will allow our business to flourish whilst at the same time respecting the local area. Please see sheet at the end of the application for fuller description for the reason for the application.			
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)			
<i>(please select 'x')</i>			
<b>Provision of regulated entertainment</b>			
a) plays (if ticking yes, fill in box A)	<input type="checkbox"/>		
b) films (if ticking yes, fill in box B)	<input type="checkbox"/>		
c) indoor sporting events (if ticking yes, fill in box C)	<input type="checkbox"/>		
d) boxing or wrestling entertainment (if ticking yes, fill in box D)	<input type="checkbox"/>		
e) live music (if ticking yes, fill in box E)	<input type="checkbox"/>		
f) recorded music (if ticking yes, fill in box F)	<input type="checkbox"/>		
g) performances of dance (if ticking yes, fill in box G)	<input type="checkbox"/>		
h) anything of similar description to that falling within (e),(f) or (g) (if ticking yes, fill in box H)	<input type="checkbox"/>		
<b>Provision of late night refreshment</b> (if ticking yes, fill in box I) <span style="float: right;"><input type="checkbox"/></span>			
<b>Supply of alcohol</b> (if ticking yes, fill in box J) <span style="float: right;"><input checked="" type="checkbox"/></span>			
<b>In all cases complete boxes K, L and M</b>			

**A**

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	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 4)	
Mon			<b>NOT APPLICABLE</b>	
Tue				
Wed				
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of plays at different times from those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				
Sun				

**B**

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	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 4)	
Mon			<b>NOT APPLICABLE</b>	
Tue				
Wed				
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times from those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				
Sun				

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b>Please give further details</b> (please read guidance note 4)
Day	Start	Finish	
Mon			<b>NOT APPLICABLE</b>
Tue			
Wed			
Thur			<b>Non standard timings. Where you intend to use the premises for indoor sporting events at different times from those listed in the column on the left, please list</b> (please read guidance note 6)
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	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 4)	
Mon			<b>NOT APPLICABLE</b>	
Tue				
Wed				
Thur			<b>Non standard timings. Where you intend to use the premises for boxing or wrestling at different times from those listed in the column on the left, please list</b> (please read guidance note 6)	
Fri				
Sat				
Sun				

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	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 4)	
Mon			<b>NOT APPLICABLE</b> performance of live music	
Tue				
Wed				
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of live music at different times from those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				
Sun				

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	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 4)	
Mon			<b>NOT APPLICABLE</b> ng recorded music	
Tue				
Wed				
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times from those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				
Sun				

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	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 4)	
Mon			<b>NOT APPLICABLE</b>	
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			<b>Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times from those listed in the column on the left, please list</b> (please read guidance note 6)	

**H**

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			<b>Please give a description of the type of entertainment you will be providing</b>	
			<b>Will the entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	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 4)	
Mon			<b>NOT APPLICABLE</b>	
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			<b>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 in the column on the left, please list</b> (please read guidance note 6)	



I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	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			<b>NOT APPLICABLE</b>	
Tue				
Wed			<b>the provision of late night</b> (note 5)	
Thur				
Fri			<b>Non standard timings. Where the you to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat				
Sun				

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises <input type="checkbox"/>
				Off the premises <input type="checkbox"/>
				Both <input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations</b> (please read guidance note 5)	
Mon	11:00	20:00		
Tue	11:00	20:00		
Wed	11:00	20:00		
Thur	11:00	20:00		
Fri	11:00	20:00	<b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat	11:00	20:00		
Sun	11:00	20:00		

**State the name and details of the individual whom you wish to specify on the licence as premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):**

Name	Michael Symonds	
Date of birth	[REDACTED]	
Address	[REDACTED]	
Post Town	Postcode	[REDACTED]
Personal Licence number (if known)	NDEVPA2615	
Issuing licensing authority (if known)	North Devon Council	

**K**

**Please highlight any adult entertainment or services, activities, or 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)**

**NOT APPLICABLE**

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	
Mon	08:00	20:30	<b>Non standard timings. Where you intend to use the premises to be open to the public at different times from those listed in the column on the left, please list</b> (please read guidance note 6)
Tue	08:00	20:30	
Wed	08:00	20:30	
Thur	08:00	20:30	
Fri	08:00	20:30	
Sat	08:00	20:30	
Sun	08:00	20:30	

## M

<b>Describe the steps you intend to take to promote the four licensing objectives:</b>	
a) <b>General – all four licensing objectives (b,c,d,e)</b> (please read guidance note 9)	See attached "Proposed Conditions" document
b) <b>The prevention of crime and disorder</b>	
c) <b>Public safety</b>	
d) <b>The prevention of public nuisance</b>	
e) <b>The protection of children from harm</b>	

<b>Checklist</b>	<b>Please tick <input type="checkbox"/></b>
• I have made or enclosed payment of the fee	<input type="checkbox"/>
• I have enclosed the plan of the premises	<input type="checkbox"/>
• I have sent copies of this application and plan to the responsible authorities and others where applicable	<input type="checkbox"/>
• I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable	<input type="checkbox"/>
• I understand that I must now advertise my application	<input type="checkbox"/>
• I understand that if I do not comply with the above requirements my application will be rejected	<input type="checkbox"/>
• [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).	<input type="checkbox"/>

**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

<b>Part 4 – Signatures (please read guidance note 11)</b>	
<b>Signature of applicant or applicant’s solicitor or other duly authorised agent. (see guidance note 12) If signing on behalf of the applicant please state in what capacity.</b>	
<b>Declaration</b>	
[Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).	
The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work. (please see note 15)	
Signature:	
Michael Symonds	
Date	04/07/2024
Capacity	Owner
<b>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 13) If signing on behalf of the applicant please state in what capacity.</b>	
Signature:	
Date	
Capacity	

**Part 5 – Contact name (where not previously given) and postal address for correspondence associated with this application**  
(please read guidance note 14)

Post town

Post code

Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

A large, solid grey rectangular area that occupies the lower two-thirds of the page. It is intended for the applicant to provide their contact name, postal address, telephone number, and e-mail address as indicated by the labels in the table above.

# Additional Description and Reasoning to support application

From Mike, Cathy and John Symonds - owners of Freshwell campsite.

We are a local, family run campsite and would like this new application approved after taking on board all of the feedback and comments from our previous license application. We decided against using that application due to the harsh conditions we felt were applied to it so decided to continue using the Temporary events notices. Over the last couple of years we have used all of our available Ten's which have all been very successful and without any problems or complaints. We have used this time to gain a much better understanding of what our responsibility is with regard to alcohol sales and what it is we would like to offer. The feedback during our Tens has always been very positive from guests and locals alike which we are very proud of but also equally frustrating when people return asking for a drink with their food order and we have to say sorry no we are not allowed to sell drinks today and they then go elsewhere. We currently feel that we are the only local business being held back by this.

Notes from Sam and Lou who run food/cafe containers for us.

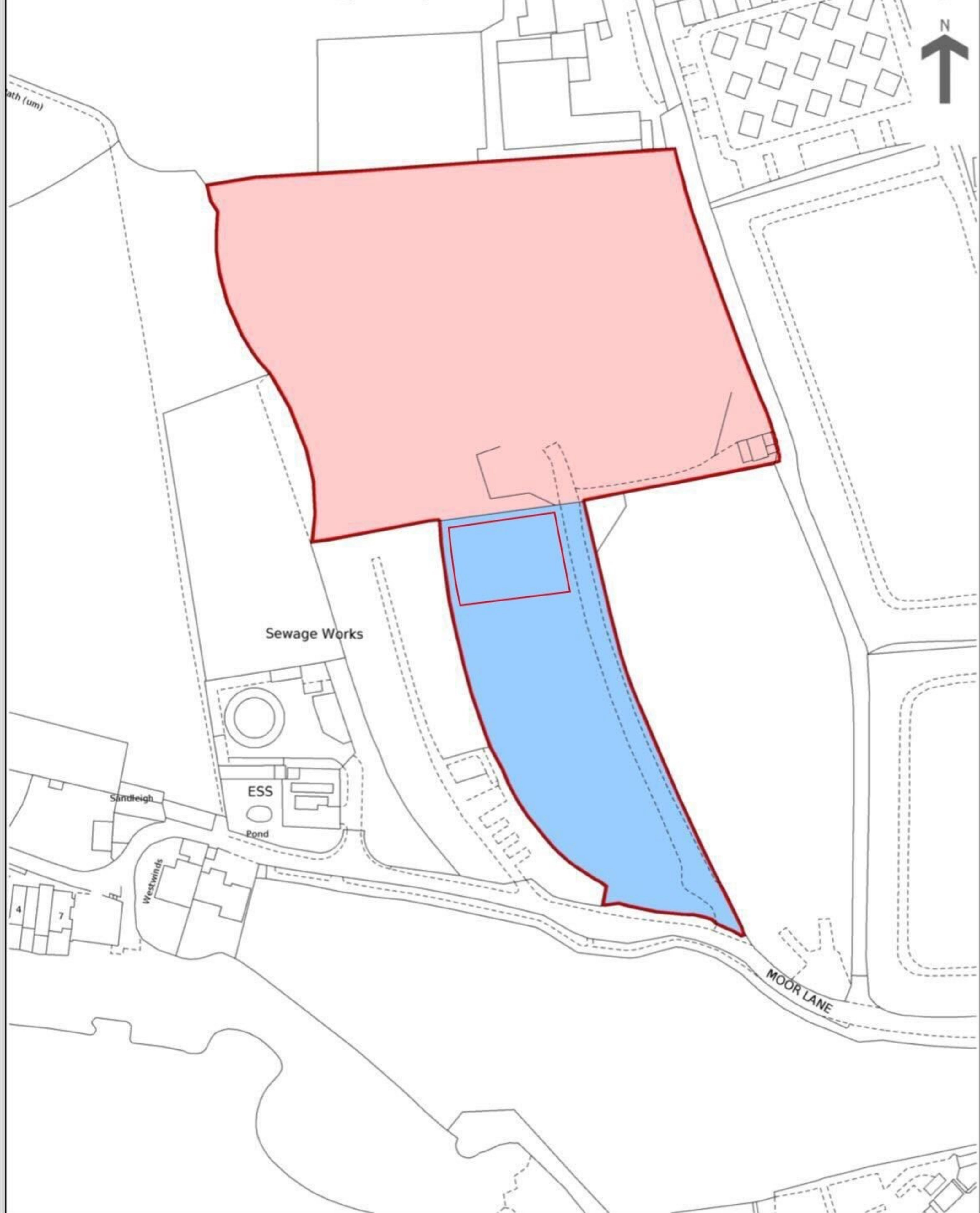
The new license will help the business as currently when customers ask for alcohol we have to direct them to neighbouring businesses such as Ruda Holiday Park or Biffen's kitchen who both have licenses to sell alcohol. Whilst losing out on drinks sales we often lose out on food sales because of this which is damaging to the growth of our business. Currently customers are able to bring their own alcohol and therefore we have no control over what alcohol they bring or levels of consumption. With a usable license we would be able to manage products, reduce glass and offer reusable and recyclable drinking vessels. In the location we are in and as a seasonal business we only have a short period in order to make a profit. The additional income from alcohol sales will contribute to increasing our profits and continue to grow our business for a very long time. All we are striving for is a level playing field along with the neighbouring businesses, whilst being able to offer customers an enjoyable setting while they enjoy our food with an alcoholic beverage.

HM Land Registry  
Official copy of  
title plan

Title number **DN738187**  
Ordnance Survey map reference **SS4339NW**  
Scale **1:1250 enlarged from 1:2500**  
Administrative area **Devon : North Devon**



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**The Licensing Team**  
Environmental Health & Housing  
North Devon Council  
POBOX 379, Barnstaple, Devon,  
EX32 2GR

**Contact Details:**  
**Tel:** 01271 388870  
**Fax:** 01271 388328  
**Email:** [licensing@northdevon.gov.uk](mailto:licensing@northdevon.gov.uk)  
**Web:** [www.northdevon.gov.uk/licensing](http://www.northdevon.gov.uk/licensing)

## **CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS PREMISES SUPERVISOR**

**Form Ref: LA03/PL 14A**

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**CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS  
PREMISES SUPERVISOR**

**Details**

I,  
*[full name of prospective premises supervisor]*

C 

*[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

*[type of application]* Premises licence  
relating to premises licence

*[number of existing licence, if any]*

for Freshwell camping  
Moor lane  
Croyde EX33 1NU

*[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

*[name of applicant]* Michael symonds  
concerning the supply of alcohol at

Freshwell camping,  
Moor lane  
Croyde EX33 1NU

*[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 NDEVPA2615

*[insert personal licence number, if any]*

Personal Licence issuing authority North Devon council

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

Signed 

Name (please print) Michael symonds

Date 03/07/24