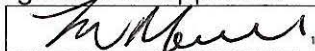


Signature of applicant



Date:

13<sup>th</sup> July 2026

Interest in the premises:

Owner

Print name

Timothy Manners

Address for correspondence:

Wrag Barn Golf Club

Shrivenham Road

Highworth, SN6 7QQ

Contact telephone number: 01793 861327

If applying on behalf of a company or other incorporated business please state position in company, address for correspondence, contact telephone number and email address.

|                                                                                                                                                                                                                |                                                                                                                                                                  |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1. Full name of applicant.                                                                                                                                                                                     | Timothy Manners (Owner)                                                                                                                                          |                            |
| 2. Private addresses of applicant.<br>If the application is made by a limited company please give the address of the registered office and where different state also the main trading address of the Company. | Wrag Barn Golf Club<br>Shrivenham Road<br>Highworth<br>SN6 7QQ                                                                                                   |                            |
| 3. Name, postal address and telephone number of the premises which are the subject of this application.                                                                                                        | Wrag Barn Golf Club<br>Shrivenham Road<br>Highworth<br>SN6 7QQ<br>01793 861327                                                                                   |                            |
| 4. Please describe the nature of the premises at question 3 (e.g. hotel, stately home, civic accommodation).                                                                                                   | Golf Club                                                                                                                                                        |                            |
| 5. Please describe primary and other uses to which it is regularly put.                                                                                                                                        | The primary use of the premises is a Golf Club with Bar and Restaurant facilities. The space is also used for functions such as Weddings, Wakes and Conferences. |                            |
| 6. Is the person or company named in reply to question 1 the occupier of the premises?                                                                                                                         | YES                                                                                                                                                              |                            |
| 7. If the answer to question 6 above is 'No' and there is another occupier, please give their name(s) and address(es).                                                                                         |                                                                                                                                                                  |                            |
| 8. Please state here the maximum number of people permitted to                                                                                                                                                 | ROOM NAME                                                                                                                                                        | NUMBER OF PEOPLE PERMITTED |

occupy the room to be registered under any fire certificate or Fire Safety Risk Assessment which applies. Please attach a copy of any certificate, Assessment or Management procedures in force.

**Bellingham Room**

**85 Seated**

9. Do the premises currently have the benefit of any licence authorising use for public entertainment or similar purposes? If so please attach a copy.

**We have a PPL/PRS for live and copyrighted music (Attached)**