

Licensing Authority: *The Licensing Partnership*

APPENDIX 1

Licensing Partnership
P.O. Box 182
Sevenoaks
Kent TN13 1GP

Ref:

Application for a Premises Licence under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes found at bottom of Page 4 of this form.

Use the blank page at the end of the form to provide further details if necessary.

When it is complete you can submit the form directly to us - click on the Submit Form button.

You may wish to print and keep a copy of the completed form for your records.

For help information about filling in this type of electronic form, click on the help information button.

I / We **The W House Ltd** 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

Part 1 - Premises Details

Postal address of premises or, if none, ordnance survey map reference or description

**The W House,
Warehouse Rear Of 11-15
Week Street,**

Post town

Maidstone

Post code

ME14 1QW

Telephone number of premises (if any)

07850135557

Non-domestic rateable value of premises

£ 11500

If the premises is under construction please check here

If the premises hasn't been assigned a rateable value yet, please check here

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please make selection with an "x"

- | | | |
|---|-------------------------------------|-----------------------------|
| a) An individual or individuals* | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual* | | |
| i as a limited company | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <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 please complete section (B)
- f) a health service body 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 please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm:

Please make selection with an "x"

- 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

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

You do not have to answer the questions in this section.

Title

Surname

First names

Are you 18 years or older? Yes No

Date of Birth

Nationality

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Title

Surname

First names

Date of Birth
(you must be 18
years old or over)

Nationality

Current postal
address
if different from
premises address

Postcode

Post Town

Daytime contact telephone number

Email address
(optional)**(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

The W House Ltd

Address

**4-6, Rose Yard,
Maidstone
Kent ME14 1HN**

Registered number (where applicable)

11725447Description of applicant (for example,
partnership, company, unincorporated
association etc.)**Limited Company**

Telephone number (if any)

07850135557

E-mail address (optional)

Part 3 - Operating Schedule

When do you want the premises licence to start?

17/04/2019

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

If 5,000 or more people attend the premises at any one time, please state the number expected to attend

General description of premises (please read guidance note 1)

5 storey building including a roof terrace to be used as an Events centre with licensable activities

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)

Please check all relevant boxes

Provision of regulated entertainment (please read guidance note 2)

- | | |
|--|-------------------------------------|
| a) plays (if ticking yes, fill in box A) | <input checked="" type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input checked="" 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 checked="" type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input checked="" type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H) | <input checked="" type="checkbox"/> |

Provision of late night refreshment (if ticking yes, fill in box L)

Supply of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 7)			<u>Will the performance of a play take place indoors or outdoors or both - please make selection with an "x"</u> (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
Mon	12:00	24:00	<u>Please give further details here</u> (please read guidance note 4) To permit the performance of a play in the presence of an audience	Both	
Tue	12:00	24:00			
Wed	12:00	24:00	<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur	12:00	24:00			
Fri	12:00	24:00	<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> (please read guidance note 6)		
Sat	12:00	24:00			
Sun	12:00	24:00			

B

Films Standard days and timings (please read guidance note 7)			<u>Will the exhibition of films take place indoors or outdoors or both - please make selection with an "x"</u> (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
Mon	08:00	24:00	<u>Please give further details here</u> (please read guidance note 4) To permit the playing of a film in the presence of an audience	Both	
Tue	08:00	24:00			
Wed	08:00	24:00	<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5)		
Thur	08:00	24:00			
Fri	08:00	24:00	<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> (please read guidance note 6)		
Sat	08:00	24:00			
Sun	08:00	24:00			

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Tue			
Wed			
Thur			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both - please make selection with an "x"</u> (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
Mon	12:00	24:00	<u>Please give further details here</u> (please read guidance note 4) To permit the provision of boxing and wrestling in the presence of an audience	Both	
Tue	12:00	24:00			
Wed	12:00	24:00	<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur	12:00	24:00			
Fri	12:00	24:00			
Sat	12:00	24:00	<u>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</u> (please read guidance note 6)		
Sun	12:00	24:00			

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music take place indoors or outdoors or both - please make selection with an "x"</u> (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
				Both	
Mon	12:00	03:00	<u>Please give further details here</u> (please read guidance note 4) To permit the playing of live music with or without amplified voice		
Tue	12:00	03:00			
Wed	12:00	03:00	<u>State any seasonal variations for performance of live music</u> (please read guidance note 5)		
Thur	12:00	03:00			
Fri	12:00	03:00	<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)		
Sat	12:00	03:00			
Sun	12:00	03:00			

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both - please make selection with an "x"</u> (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
				Both	
Mon	08:00	06:00	<u>Please give further details here</u> (please read guidance note 4) To permit the playing of recorded music with or without a DJ		
Tue	08:00	06:00			
Wed	08:00	06:00	<u>State any seasonal variations for playing recorded music</u> (please read guidance note 5)		
Thur	08:00	06:00			
Fri	08:00	06:00	<u>Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat	08:00	06:00			
Sun	08:00	06:00			

G

Performance of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both - please make selection with an "x" (please read guidance note 3).	Indoors	X
Day	Start	Finish		Outdoors	
				Both	
Mon	08:00	24:00	Please give further details here (please read guidance note 4) To permit the performance of dance in the presence of an audience		
Tue	08:00	24:00			
Wed	08:00	24:00	State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur	08:00	24:00			
Fri	08:00	24:00	Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat	08:00	24:00			
Sun	08:00	24:00			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing To permit similar entertainment that will take place in the presence of an audience		
Day	Start	Finish	Will the entertainment take place indoors or outdoors or both - please make selection with an "x" (please read guidance note 3).	Indoors	X
				Outdoors	
				Both	
Mon	12:00	03:00	Please give further details here (please read guidance note 4)		
Tue	12:00	03:00			
Wed	12:00	03:00	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Thur	12:00	03:00			
Fri	12:00	03:00			
Sat	12:00	03:00			
Sun	12:00	03:00	Non standard timings. Where you intend to use the premises for entertainment of a 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)		

K

Provision of facilities for entertainment of a similar description to that falling within J or K Standard days and timings (please read guidance note 7)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both - please make selection with an "x"</u> (please read guidance note 3).	Indoors	
				Outdoors	
				Both	
Mon					
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed					
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within J or K</u> (please read guidance note 5)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for provision of facilities for entertainment of a similar description to that falling within J or K at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sun					

L

Late night refreshment Standard days and timings (please read guidance note 7)			<u>Will the provision of late night refreshment be indoors or outdoors or both - please make selection with an "x"</u> (please read guidance note 3).		
Day	Start	Finish		Indoors	X
				Outdoors	
				Both	
Mon	23:00	05:00	<u>Please give further details here</u> (please read guidance note 4) To permit the provision of Hot Food and/or Hot Beverages		
Tue	23:00	05:00			
Wed	23:00	05:00	<u>State any seasonal variations for provision of late night refreshment</u> (please read guidance note 5)		
Thur	23:00	05:00			
Fri	23:00	05:00	<u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat	23:00	05:00			
Sun	23:00	05:00			

M

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption please make selection with an "x"</u> (please read guidance note 8).	On the premises	
Day	Start	Finish		Off the premises	
Mon	08:00	06:00			
Tue	08:00	06:00	<u>State any proposed seasonal variations for the supply of alcohol</u> (please read guidance note 5)	Both	X
Wed	08:00	06:00			
Thur	08:00	06:00			
Fri	08:00	06:00			
Sat	08:00	06:00	<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</u> (please read guidance note 6)		
Sun	08:00	06:00			

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):

Title	Mr
Surname	Barnes
First Name(s)	Jonathan
Date of Birth	23/04/1978
Address	4, Swanley Lane, Swanley, Kent
Postcode	BR8 7JQ
Personal Licence number (if known)	Medway 05-PL-0346
Issuing licensing authority (if known)	Medway Council

Please print the 'Consent of individual to being specified as premises supervisor' form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.

N

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)

None

O

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variation</u> (please read guidance note 5)
Day	Start	Finish	
Mon	08:00	07:00	
Tue	08:00	07:00	
Wed	08:00	07:00	
Thur	08:00	07:00	<u>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</u> (please read guidance note 6)
Fri	08:00	07:00	
Sat	08:00	07:00	
Sun	08:00	07:00	

P 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)

The premises are to be used as an Events Centre that will operate to provide different forms of entertainment during a flexible system of hours with restaurant and bar facilities located on various floors as identified in the plans lodged with this application. The premises will provide events for persons of all ages and include family use and provision of events for mixed age groups.

b) The prevention of crime and disorder

CCTV will be fitted.
Each event will be risk assessed to determine the need for door staff and how many will be engaged.

c) Public safety

Existing legislation applies that it is not necessary to duplicate in this licence. A site specific fire risk assessment has been prepared for use at the premises and is lodged with this application.

d) The prevention of public nuisance

A Noise dispersal policy will be prepared to arrange a steady dispersal after an event. A Noise Consultant will be engaged and his recommendations complied with.
The Roof Terrace will not be used for the provision of regulated entertainment.

e) The protection of children from harm

Challenge 25 applies. No harm to children has been identified.

Please make selection with an "x"

- I have enclosed the plan of the premises
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable
- I understand that I must now advertise my application
- I understand that if I do not comply with the above requirements my application will be rejected
- [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 (please read note 15).

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.

Part 5 - Declaration (please read guidance note 11)

Confirmation of applicant or applicant's solicitor or other duly authorised agent. (See guidance note 12) **If confirming on behalf of the applicant please state in what capacity.**

- [Applicable to all 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, if appropriate (please see note 15).

Confirmation

Name Date

Capacity

Please print the 'Consent of individual to being specified as premises supervisor form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.

For joint applications confirmation of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 13) **If confirming on behalf of the applicant please state in what capacity.**

Confirmation

Name Date

Capacity

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

Name

Address

Post Town

Postcode

Telephone number (if any)

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

Use this page if there is any other information that you think we should know about.
Information entered on this page will be sent to us, along with the data on the rest of the form when you use the "Submit" option.

The documents lodged with this application are:

1. The Fire Risk Assessment,
2. The DPS Consent
3. The Plans

Notes for Guidance are available online

Consent of individual to being specified as premises supervisor

Please print this form and ask the person being specified as premises supervisor to fill in the below.

Certain details have been pre-populated from data given on this online form. Please amend any incorrect information or add details where necessary.

Please return this completed form to:

*Licensing Partnership
P.O. Box 182
Sevenoaks
Kent TN13 1GP*

I, **Mr Jonathan Barnes**

[Full name of prospective premises supervisor]

of **4, Swanley Lane,
Swanley,
Kent
BR8 7JQ**

[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

A premises licence

[Type of application]

by **The W House Ltd**

[name of applicant]

relating to a premises licence

[Number of existing licence, if any]

for **The W House,
Warehouse Rear Of 11-15
Week Street,
Maidstone**

[Name and address of the premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

The W House Ltd

[Name of applicant]

concerning the supply of alcohol at

**The W House,
Warehouse Rear Of 11-15
Week Street,
Maidstone**

[Name and address of the premises to which the application relates]

Consent of individual to being specified as premises supervisor (cont.)

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

Medway 05-PL-0346

[insert personal licence number, if any]

Personal licence issuing authority

Medway Council

[Name and address and telephone number of personal licence issuing authority, if any]

Signed

Name (please print)

Date

Form end

You have now reached the end of the form. If you have entered all the necessary information, and read all the guidance notes, please now submit the form.

XML Specific

Application Type

Licence Case Type

Licence Status

XML Template

CAPS Reference

Payments request

CallingAppID

CallingAppRef

PaymentSourceCode

Customer Message

Empty text area for Customer Message

Response response

PaymentAuthorisationCode

IncomeManagementReceiptNumber

OriginatorsReference

CardScheme

CardType

PaymentAmount

ResponseCode

ResponseDescription

Number of payment lines

Service Message

Empty text area for Service Message

Payment 1

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue VAT

Paid

Payment Date

Fund

Reference

Payment 2

Receipt Number

DueDate

PaymentType

Pay Description

XMLDescription

PaymentDue VAT

Paid

Payment Date

Fund

Reference

Payment 3

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue VAT

Paid

Payment Date

Fund

Reference

Payment 4

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue VAT

Paid

Payment Date

Fund

Reference

Payment 5

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue VAT

Paid

Payment Date

Fund

Reference

Case Overview

Form file name:	<input type="text"/>	Current Date	<input type="text"/>
Form data set reference	<input type="text" value="The W House Ltd/"/>	Date From	<input type="text"/>
Has been E-Signed	<input type="checkbox"/> Date/Time E-Signed		<input type="text"/>
Date/Time Submitted to main server	<input type="text"/>	Data Validation Reference	<input type="text"/>
Date/Time Submitted to external server	<input type="text"/>	Date/Time form Started	<input type="text" value="18/03/2019 16:29:18"/>

Automatic Messaging

Receipt Email Address	<input type="text"/>	Notification Email Address	<input type="text"/>
Receipt Email Subject	<input type="text"/>	Notification Email Subject	<input type="text"/>
Receipt Email Message	<input type="text"/>	Notification Email Message	<input type="text"/>
Mobile Number	<input type="text"/>		

Case Notes

CRM Integration

CRM Case Ref

Form History

19/03/2019 12:27:56 | Received on Remote Server
 19/3/2019 12:31:44 | Submitted | (anon,) | Application for a premises licence (1.0).wdf, 30718, Licence Inc Bexley, new | Ref: 030718-90319-D11W406
 19/03/2019 12:27:56 | Received on Remote Server
 19/3/2019 12:31:44 | Submitted | (anon,) | Application for a premises licence (1.0).wdf, 30718, Licence Inc Bexley, new | Ref: 030718-90319-D11W406

Form Database

Primary Record ID	<input type="text"/>	Secondary Record ID	<input type="text"/>
Department Name	<input type="text"/>	Form Status	<input type="text"/>
Depart Classification / Priority	<input type="text"/>	Search Field 3	<input type="text" value="The W House, Warehouse Rear Of 11-15 Week Street, ME14 1QW"/>
Dept Case Reference	<input type="text"/>		
Date Record Started	<input type="text"/>		
Date Last Modified	<input type="text"/>		

Current User

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	User Record Id	<input type="text"/>
Tel No	<input type="text"/>	Email address	<input type="text"/>		Address	<input type="text"/>	
User Classification	<input type="text"/>						
Portal Username	<input type="text"/>	Expert for this form	<input type="text"/>				

System Data

Pages active with dynamic paging	<input type="text" value="1,2,3,4,5,13,14,15,16,17,20,21,22,6,7,8,9,11,12,18,19"/>				
Data Locked for Editing	<input type="text"/>	Date of offline forms creation	<input type="text"/>	Enable high-quality print (WDF)	<input type="checkbox"/>
Type of form - ufx, wdf or txt	<input type="text"/>	If TXT - Optimised for screen-readers	<input type="checkbox"/>	Enable top controls on opening	<input type="checkbox"/>
Start page for expert users	<input type="text"/>	Print Collation Config	<input type="text"/>		

Form Design Settings

Dynamic paging enabled	<input type="checkbox"/>	Use page titles for page menu	<input type="checkbox"/>	ESigning is available	<input type="checkbox"/>	After ESigning/Submission - go to page No?	<input type="checkbox"/>	TXT form is available	<input checked="" type="checkbox"/>
Pages with forced error checking	<input type="text"/>								
Pages that override forced error checking	<input type="text"/>								
Last visible page:	Unregistered users	<input type="checkbox"/>	Registered users:	<input type="checkbox"/>	Expert users:	<input type="checkbox"/>	Override for TXT version	<input type="checkbox"/>	
Default branding file:	<input type="text" value="UK Revenues & Benefits Branding (1.0)"/>		e.g. 'UK Revenues & Benefits Branding (1.0)'						
Shared Data Dictionary	<input type="text" value="Victoria Forms UK Licensing Data (1.0)"/>		e.g. 'Victoria Forms UK Government Data (1.0)'						
HTML pages within WDF	<input type="text" value="1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,20"/>					Page no for thumbnail	<input type="checkbox"/>		