



## **LICENSING ACT 2003**

### **APPLICATION FOR A PROVISIONAL STATEMENT**

#### **GUIDANCE NOTES**

Where premises are being, or are about to be constructed for the purpose of being, used for one or more licensable activities, or are being or about to be extended or otherwise altered for that purpose (whether or not they are already being used for that purpose) the necessary investment may not be committed unless investors have some assurance that they have some degree of certainty that a premises licence would be granted for the premises once the work is complete.

The Licensing Act 2003 does not empower a licensing authority to refuse a provisional statement. Following the receipt of relevant representations (and the consideration of them) the licensing authority may only indicate (as part of the issued statement) that it would consider certain steps to be necessary for the promotion of the licensing objectives when, and if, an application was made for a premises licence following the issue of the provisional statement.

#### **1. Who can apply for a provisional statement?**

Any person, if an individual aged 18 or over, who has an interest in the premises may apply for a provisional statement.

'Person' in this instance also includes a business (e.g. the applicant could be a firm or architects, or a construction firm or even a financier).

#### **2. How long does a provisional statement last?**

A provisional statement does not have a limited duration. However with the potential for there to be a material change over time, the longer the delay before a premises licence is applied for the greater the potential that representations, at the later application, may be allowed.

#### **3. On application what do I need to produce?**

An applicant must produce:

1. A completed application form;
2. A schedule of works which will include a statement made by or on behalf of the applicant including particulars of the premises to which the application relates and of the licensable activities for which the premises are to be used and plans of the works proposed;
3. The proposed plan in 2. above must:
  - (a) be drawn to standard scale, unless we have confirmed in writing that the use of an alternative scale is acceptable;
  - (b) show the extent of the boundary of the building, if relevant, and any external and internal walls of the building and, if different, the perimeter of the premises;
  - (c) show the location of points of access to and egress from the premises;
  - (d) show, if different from (c) above, the location of escape routes from the premises;
  - (e) in a case where the premises is to be used for more than one licensable activity, show the area within the premises used for each activity;

(f) show fixed structures (including furniture) or similar objects temporarily in a fixed location (but not furniture) which may impact on the ability of individuals on the premises to use exits or escape routes without impediment;

(g) show, in a case where the premises includes a stage or raised area, the location and height of each stage or area relative to the floor; (h) show, in a case where the premises includes any steps, stairs, elevators or lifts, the location of the steps, stairs, elevators or lifts;

(i) show, in a case where the premises includes any room or rooms containing public conveniences, the location of the room or rooms;

(j) show the location and type of any fire safety and any other safety equipment including, if applicable, marine safety equipment; and,

(k) show the location of a kitchen, if any, on the premises

The plan may include a legend through which the matters mentioned above are sufficiently illustrated by the use of symbols on the plan.

4. Written confirmation that the Notice (and accompanying documents) have been served on the 'responsible authorities'

5. The appropriate fee of £315.

#### **4. Do I need to advertise the application?**

Yes, there is a requirement to advertise the application as follows:

1. By displaying prominently at or on the premises to which the application relates where it can be conveniently read from the exterior of the premises and in the case of a premises covering an area of more than fifty metres square, a further notice in the same form and subject to the same requirements every fifty metres along the external perimeter of the premises abutting any highway by the public for a period of not less than 28 consecutive days (starting on the day after the day on which the application was served on us). The Notice must be:

(i) of a size equal or larger than A4;

(ii) of a pale blue colour; and

(iii) printed legibly in black ink or typed in black in a font of a size equal to or larger than 16

2. By publishing a Notice:

(i) in a local newspaper or, if there is none, in a local newsletter, circular or similar document, circulating in the vicinity of the premises;

(ii) on at least one occasion during the period of 10 working days starting on the day after the day on which the application was given to the relevant licensing authority

#### **5. Who else do I serve Notice on?**

On the same day you serve Notice on us you must also serve Notice, complete with accompanying documents, to each of the responsible authorities (list available further in this pack).

## **LICENSING ACT 2003 RESPONSIBLE AUTHORITIES CONTACT DETAILS**

**When making an application for a new Premises Licence, full copies of the application must be sent to all of these addresses:**

### **LICENSING AUTHORITY (please include the fee with this copy)**

Licensing Section  
Commercial Team  
Cotswold District Council  
Trinity Road  
Cirencester  
GL7 1PX

Tel: 01285 623000  
Fax: 01285 623910  
Email: [licensing@cotswold.gov.uk](mailto:licensing@cotswold.gov.uk)

### **GLOUCESTERSHIRE CONSTABULARY**

Licensing Unit  
Community Engagement Dept  
Police Headquarters  
No 1 Waterwells  
Quedgeley  
Gloucester  
GL2 2AN

Tel: 01452 754482

Email: [licensing@gloucestershire.pnn.police.uk](mailto:licensing@gloucestershire.pnn.police.uk)

### **GLOUCESTERSHIRE FIRE AND RESCUE SERVICE**

Service Delivery Support  
Gloucestershire Fire and Rescue Service Head Quarters  
Waterwells Drive  
Quedgeley  
Gloucester  
GL2 2AX

Tel: 01452 753333  
Fax: 01452 753304  
Email: [fire.safety@glosfire.gov.uk](mailto:fire.safety@glosfire.gov.uk)

### **LOCAL PLANNING AUTHORITY**

Development Control  
Cotswold District Council  
Trinity Road  
Cirencester  
Glos  
GL7 1PX

Tel: 01285 623550 or 01285 623551  
Fax: 01285 623920  
Email: [planning@cotswold.gov.uk](mailto:planning@cotswold.gov.uk)

## **POLLUTION PREVENTION**

Neighbourhood Services  
Cotswold District Council  
Trinity Road  
Cirencester  
Glos  
GL7 1PX

Tel: 01285 623000  
Fax: 01285 623926  
Email: [neighbourhoodservices@cotswold.gov.uk](mailto:neighbourhoodservices@cotswold.gov.uk)

## **HEALTH AND SAFETY ENFORCEMENT – (WHERE COTSWOLD DISTRICT COUNCIL IS THE ENFORCING AUTHORITY)**

Commercial Team  
Cotswold District Council  
Trinity Road  
Cirencester  
Glos  
GL7 1PX

Tel: 01285 623000  
Fax: 01285 623926  
Email: [foodandsafetymail@cotswold.gov.uk](mailto:foodandsafetymail@cotswold.gov.uk)

## **HEALTH AND SAFETY ENFORCEMENT - ( WHERE THE HEALTH AND SAFETY EXECUTIVE IS THE ENFORCING AUTHORITY)**

Health and Safety Executive  
4<sup>th</sup> Floor, The Pithay  
All Saints Street  
Bristol  
BS1 2ND

Tel: 0117 988 6000  
Fax: 0117 988 6010  
Email:  
i) For Service employment (e.g. central and local Government, NHS etc. )  
[paula.johnson@hse.gsi.gov.uk](mailto:paula.johnson@hse.gsi.gov.uk)

ii) For other employment (e.g. manufacture and repair, agriculture, transport)  
[nigel.chambers@hse.gsi.gov.uk](mailto:nigel.chambers@hse.gsi.gov.uk)

## **CHILD PROTECTION**

Gloucestershire Safeguarding Children Board  
Room 128, 1st Floor, Block 4  
Shire Hall  
Westgate Street  
Gloucester  
GL1 2TG

Tel: 01452 583629  
Email: [mail@gscb.org.uk](mailto:mail@gscb.org.uk)

## **TRADING STANDARDS**

Trading Standards  
Gloucestershire County Council  
Hillfield House  
Denmark Road  
Gloucester  
GL1 3LD

Tel: 01452 426201  
Fax: 01452 426274  
Email: [tradstds@gloucestershire.gov.uk](mailto:tradstds@gloucestershire.gov.uk)

## **HEALTH AUTHORITY (PRIMARY CARE TRUST)**

Public Health Department  
Block 4, 2nd Floor  
Gloucestershire County Council  
Shire Hall, Westgate Street, Gloucester GL1 2TG

[publichealth@gloucestershire.gov.uk](mailto:publichealth@gloucestershire.gov.uk)

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## Guidance notes for completing the Public Notice:

1. \* means delete as necessary e.g.\*Premises licence/~~Provisional Statement/Variation. Club Premises Certificate/Variation~~

2. In this area briefly describe the activities that you have applied for on the operating schedule in your application (including opening times) or the variation to the existing licensed activities e.g.

**It is proposed to** *\*licence these premises for/vary the current premises licence by*

|  |
|--|
| Altering the terminal hours for Fridays and Saturdays to allow music and dancing (a Discotheque) until 02:00am |
|--|

|  |
|--|
| Altering the terminal hour for serving alcohol on Mondays, Tuesdays, Wednesdays and Thursdays from 11:00pm to 12 midnight. |
|--|

3 \* \* Insert the date of making the application and the closing date – 28 days after application given to the Licensing Authority.

4 If this form is downloaded this notice MUST be on pale blue paper and not less than A4 size. It MUST be printed legibly or typed in BLACK and equal to or greater than font size 16.

*This sentence is font sized 16.*

This advert must be displayed continuously for 28 days following the day on which the application was given to the Licensing Authority. It must be displayed in a prominent position at or on the premises where it can be conveniently read from the exterior of the premises.





**LICENSING ACT 2003 DECLARATION FORM**

(NB This form should be submitted with the application to the Licensing Department only).

**I declare that I have served a true copy of the enclosed application on the responsible authority(ies) indicated below:**

- Licensing Department, Cotswold District Council
- The Licensing Officer, Gloucestershire Constabulary
- Gloucestershire Fire & Rescue Service
- Planning Development Control, Cotswold District Council
- Pollution Control, Cotswold District Council
- Health & Safety, Environmental Health, Cotswold District Council
- Glos. Area Child Protection, Glos. County Council
- Trading Standards, Glos. County Council
- Health Authority, Shire Hall

**I declare that I have placed a notice, in the prescribed form, in a prominent position at or on the premises where it can be conveniently read from the exterior of the premises. I understand that it must be displayed continuously for 28 days starting with the date of submitting this application:**

Signed.....

**I declare that I have advertised the application in the:**

(Name of newspaper).....

And it will appear on the.....(date of publication)

**I confirm that the above information is a true record of my actions and I understand that failure to carry out any of the requirements may affect the validity of my application and make me liable to prosecution**

Signed..... Dated.....

**It is an offence punishable by a fine not exceeding £5000 to make a false declaration for any application under the Licensing Act 2003.**

This page has been left blank intentionally. The application form follows on the next page.



**Application for a provisional statement to be granted  
under the Licensing Act 2003**

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 in black ink. Use additional sheets if necessary.

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

**I/We** .....

*(Insert name(s) of applicant)*

**apply for a provisional statement under section 29 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

Post town

Postcode

Telephone number at premises (if any)

Non-domestic rateable value of premises

£

**PART 2 - APPLICANT DETAILS**

Please state whether you are applying for a premises licence as

Please tick all that apply

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
- i. as a limited company  please complete section (B)
- ii. as a partnership  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:

Please tick as appropriate

- 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)         |                              |                               |   |
|---|------------------------------|-------------------------------|---|
| Mr <input type="checkbox"/>                               | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/>                             |
|   |                              |                               | Other Title (for example, Rev) <input type="checkbox"/> |
| Surname   |                              | First names                   |   |
| I am 18 years old or over                                 |                              |                               | <input type="checkbox"/> Please tick yes                |
| Current postal address if different from premises address |                              |                               |   |
| Post town   |                              | Postcode                      |   |
| Daytime contact telephone number                          |                              |                               |   |
| E-mail address (optional)                                 |                              |                               |   |

| <b>SECOND INDIVIDUAL APPLICANT (if applicable)</b>        |                              |                               |  |
|---|------------------------------|-------------------------------|--|
| Mr <input type="checkbox"/>                               | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/>              |
| Other Title (for example, Rev)                            |                              |                               |  |
| Surname   |                              | First names                   |  |
| I am 18 years old or over                                 |                              |                               | <input type="checkbox"/> Please tick yes |
| Current postal address if different from premises address |                              |                               |  |
| Post town   |                              | Postcode                      |  |
| Daytime contact telephone number                          |                              |                               |  |
| E-mail address (optional)                                 |                              |                               |  |

| <b>(B) OTHER APPLICANTS</b>  |
|--|
| <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</b> |
| Name   |
| Address  |
| Registered number (where applicable)   |
| Description of applicant (for example, partnership, company, unincorporated association)   |
| Telephone number (if any)  |
| E-mail address (optional)  |

What is the nature of your interest in the premises?

**PART 3 – SCHEDULE OF WORKS**

Is the premises

Please tick as appropriate

about to be constructed

being extended or altered

Please give details of the work and please attach plans of the work being done or about to be done at the premises

Please give particulars of the premises to which the application relates (please read guidance note 1)

Which licensable activities will the premises be used for?

Provision of regulated entertainment

**Please tick Yes**

a) plays (optional, fill in box A)

b) films (optional, fill in box B)

c) indoor sporting events (optional, fill in box C)

d) boxing or wrestling entertainment (optional, fill in box D)

e) live music (optional, fill in box E)

f) recorded music (optional, fill in box F)

g) performances of dance (optional, fill in box G)

h) anything of a similar description to that falling within (e), (f) or (g) (optional, fill in box H)

**Provision of late night refreshment** (optional, fill in box I)

**Supply of alcohol** (optional, fill in box J)

**Complete boxes K, L and M (optional)**

**PART 4 – OPTIONAL – you may fill in this section if you choose to**

General description of premises (please read guidance note 1)

**A**

|   |       |        |  |          |                          |   |  |  |
|---|-------|--------|--|----------|--------------------------|---|--|--|
| <b>Plays</b><br>Standard days and timings (please read guidance note 6) |       |        | <b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 2) | Indoors  | <input type="checkbox"/> |   |  |  |
|   |       |        |  | Outdoors | <input type="checkbox"/> |   |  |  |
|   |       |        |  | Both     | <input type="checkbox"/> |   |  |  |
| Day   | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 3)   |          |                          |   |  |  |
| Mon   |       |        |  |          |                          |   |  |  |
| Tue   |       |        |  |          |                          |   |  |  |
| Wed   |       |        |  |          |                          | <b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)  |  |  |
| Thur  |       |        |  |          |                          |   |  |  |
| Fri   |       |        |  |          |                          | <b><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></b> (please read guidance note 5) |  |  |
| Sat   |       |        |  |          |                          |   |  |  |
| Sun   |       |        |  |          |                          |   |  |  |



**B**

|   |       |        |  |          |                          |
|---|-------|--------|--|----------|--------------------------|
| <b>Films</b><br>Standard days and timings (please read guidance note 6) |       |        | <b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 2)   | Indoors  | <input type="checkbox"/> |
|   |       |        |  | Outdoors | <input type="checkbox"/> |
|   |       |        |  | Both     | <input type="checkbox"/> |
| Day   | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 3)   |          |                          |
| Mon   |       |        |  |          |                          |
| Tue   |       |        | <b><u>State any seasonal variations for the exhibition of films</u></b><br>(please read guidance note 4)   |          |                          |
| Wed   |       |        |  |          |                          |
| Thur  |       |        | <b><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></b> (please read guidance note 5) |          |                          |
| Fri   |       |        |  |          |                          |
| Sat   |       |        |  |          |                          |
| Sun   |       |        |  |          |                          |

**C**

|  |       |        |   |
|--|-------|--------|---|
| <b>Indoor sporting events</b><br>Standard days and timings (please read guidance note 6) |       |        | <b><u>Please give further details</u></b> (please read guidance note 3)   |
| Day  | Start | Finish |   |
| Mon  |       |        | <b><u>State any seasonal variations for indoor sporting events</u></b><br>(please read guidance note 4)   |
| Tue  |       |        |   |
| Wed  |       |        |   |
| Thur   |       |        | <b><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></b> (please read guidance note 5) |
| Fri  |       |        |   |
| Sat  |       |        |   |
| Sun  |       |        |   |
|  |       |        |   |

**D**

|  |       |        |  |          |                          |
|--|-------|--------|--|----------|--------------------------|
| <b>Boxing or wrestling entertainments</b><br>Standard days and timings (please read guidance note 6) |       |        | <b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)  | Indoors  | <input type="checkbox"/> |
|  |       |        |  | Outdoors | <input type="checkbox"/> |
|  |       |        |  | Both     | <input type="checkbox"/> |
| Day  | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 3)   |          |                          |
| Mon  |       |        |  |          |                          |
| Tue  |       |        | <b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)  |          |                          |
| Wed  |       |        |  |          |                          |
| Thur   |       |        | <b><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></b> (please read guidance note 5) |          |                          |
| Fri  |       |        |  |          |                          |
| Sat  |       |        |  |          |                          |
| Sun  |       |        |  |          |                          |

E

|  |       |        |  |          |                          |
|--|-------|--------|--|----------|--------------------------|
| <b>Live music</b><br>Standard days and timings (please read guidance note 6) |       |        | <b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)  | Indoors  | <input type="checkbox"/> |
|  |       |        |  | Outdoors | <input type="checkbox"/> |
|  |       |        |  | Both     | <input type="checkbox"/> |
| Day  | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 3)   |          |                          |
| Mon  |       |        |  |          |                          |
| Tue  |       |        | <b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 4)  |          |                          |
| Wed  |       |        |  |          |                          |
| Thur   |       |        | <b><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></b> (please read guidance note 5) |          |                          |
| Fri  |       |        |  |          |                          |
| Sat  |       |        |  |          |                          |
| Sun  |       |        |  |          |                          |

**F**

|  |              |               |  |          |                          |
|--|--------------|---------------|--|----------|--------------------------|
| <b>Recorded music</b><br>Standard days and timings (please read guidance note 6) |              |               | <b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)  | Indoors  | <input type="checkbox"/> |
|  |              |               |  | Outdoors | <input type="checkbox"/> |
|  |              |               |  | Both     | <input type="checkbox"/> |
| <b>Day</b>   | <b>Start</b> | <b>Finish</b> | <b><u>Please give further details here</u></b> (please read guidance note 3)   |          |                          |
| Mon  |              |               |  |          |                          |
| Tue  |              |               | <b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)  |          |                          |
| Wed  |              |               |  |          |                          |
| Thur   |              |               | <b><u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5) |          |                          |
| Fri  |              |               |  |          |                          |
| Sat  |              |               |  |          |                          |
| Sun  |              |               |  |          |                          |

**G**

|   |       |        |   |          |                          |
|---|-------|--------|---|----------|--------------------------|
| <b>Performances of dance</b><br>Standard days and timings (please read guidance note 6) |       |        | <b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 2)   | Indoors  | <input type="checkbox"/> |
|   |       |        |   | Outdoors | <input type="checkbox"/> |
|   |       |        |   | Both     | <input type="checkbox"/> |
| Day   | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 3)  |          |                          |
| Mon   |       |        |   |          |                          |
| Tue   |       |        | <b><u>State any seasonal variations for the performance of dance</u></b><br>(please read guidance note 4)   |          |                          |
| Wed   |       |        |   |          |                          |
| Thur  |       |        | <b><u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5) |          |                          |
| Fri   |       |        |   |          |                          |
| Sat   |       |        |   |          |                          |
| Sun   |       |        |   |          |                          |

H

|  |       |        |  |          |                          |
|--|-------|--------|--|----------|--------------------------|
| <b>Anything of a similar description to that falling within (e), (f) or (g)</b><br>Standard days and timings (please read guidance note 6) |       |        | Please give a description of the type of entertainment you will be providing   |          |                          |
| Day  | Start | Finish | <b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)   | Indoors  | <input type="checkbox"/> |
| Mon  |       |        |  | Outdoors | <input type="checkbox"/> |
|  |       |        |  | Both     | <input type="checkbox"/> |
| Tue  |       |        | <b><u>Please give further details here</u></b> (please read guidance note 3)   |          |                          |
| Wed  |       |        |  |          |                          |
| Thur   |       |        | <b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)  |          |                          |
| Fri  |       |        |  |          |                          |
| Sat  |       |        | <b><u>Non standard timings. Where you intend to use the premises for the 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</u></b> (please read guidance note 5) |          |                          |
| Sun  |       |        |  |          |                          |

I

|  |       |        |   |          |                          |
|--|-------|--------|---|----------|--------------------------|
| <b>Late night refreshment</b><br>Standard days and timings (please read guidance note 6) |       |        | <b><u>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)   | Indoors  | <input type="checkbox"/> |
|  |       |        |   | Outdoors | <input type="checkbox"/> |
|  |       |        |   | Both     | <input type="checkbox"/> |
| Day  | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 3)  |          |                          |
| Mon  |       |        |   |          |                          |
| Tue  |       |        | <b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)   |          |                          |
| Wed  |       |        |   |          |                          |
| Thur   |       |        | <b><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></b> (please read guidance note 5) |          |                          |
| Fri  |       |        |   |          |                          |
| Sat  |       |        |   |          |                          |
| Sun  |       |        |   |          |                          |



**J**

|   |              |               |  |                  |                          |   |  |  |
|---|--------------|---------------|--|------------------|--------------------------|---|--|--|
| <b>Supply of alcohol</b><br>Standard days and timings (please read guidance note 6) |              |               | <b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7) | On the premises  | <input type="checkbox"/> |   |  |  |
|   |              |               |  | Off the premises | <input type="checkbox"/> |   |  |  |
|   |              |               |  | Both             | <input type="checkbox"/> |   |  |  |
| <b>Day</b>  | <b>Start</b> | <b>Finish</b> | <b>State any seasonal variations for the supply of alcohol</b><br>(please read guidance note 4)  |                  |                          |   |  |  |
| Mon   |              |               |  |                  |                          |   |  |  |
| Tue   |              |               |  |                  |                          |   |  |  |
| Wed   |              |               |  |                  |                          |   |  |  |
| Thur  |              |               |  |                  |                          | <b>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</b> (please read guidance note 5) |  |  |
| Fri   |              |               |  |                  |                          |   |  |  |
| Sat   |              |               |  |                  |                          |   |  |  |
| Sun   |              |               |  |                  |                          |   |  |  |

**K**

|   |
|---|
| <p><b>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</b> (please read guidance note 8).</p> |
|---|



**M** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b, c ,d and e)** (please read guidance note 9)

**b) The prevention of crime and disorder**

**c) Public safety**

**d) The prevention of public nuisance**

**e) The protection of children from harm**

**CHECKLIST:****Please tick to indicate agreement**

|   |   |                          |
|---|---|--------------------------|
| • | I have made or enclosed payment of the fee.   | <input type="checkbox"/> |
| • | I have enclosed the plans of the works to be done at the premises.  | <input type="checkbox"/> |
| • | I have sent copies of this application and the plan to responsible authorities and others where 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"/> |

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**PART 5 – SIGNATURES (please read guidance note 10)**

**Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 11). If signing on behalf of the applicant, please state in what capacity.**

|           |  |
|-----------|--|
| Signature |  |
| Date      |  |
| Capacity  |  |

**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 12). If signing on behalf of the applicant, please state in what capacity.**

|           |  |
|-----------|--|
| Signature |  |
| Date      |  |
| Capacity  |  |

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13).

|  |  |          |  |
|--|--|----------|--|
| Post town  |  | Postcode |  |
| Telephone number (if any)  |  |          |  |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional). |  |          |  |

## Notes for Guidance

1. Describe the premises, for example the type of premises, their general situation and layout and any other information which could be relevant to the licensing objectives. Where you are completing Part 4 and your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off- supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.