

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 _____

apply for a premises licence under Section 17 to 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	Post code
Telephone number of 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 |
| a. an individual or individuals* | <input type="checkbox"/> Please complete (A) |
| b. a person other than an individual* | |
| i. as a limited company | <input 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 | <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 | <input type="checkbox"/> Please complete section (B) |
| h. the chief officer of police of a police force in England or Wales | <input type="checkbox"/> Please complete section (B) |

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

Please **tick** yes

• 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)

Title (delete as appropriate): Mr Mrs Miss Ms Other (please state)

Surname

First Names

I am 18 years old or over. Please tick.

Yes

No

Current postal address if different from premises address

Post Town

Post Code

Daytime contact telephone number

E-mail address (optional)

Second Individual Applicant (if applicable)

Title (delete as appropriate): Mr Mrs Miss Ms Other (please state)

Surname

First Names

I am 18 years old or over. Please tick.

Yes

No

Current postal address if different from premises address

Post Town

Post Code

Daytime contact telephone number

E-mail address (optional)

B. Other Applicants	
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	
Registered Number (where applicable)	
Description of applicant (for example partnership, company, unincorporated association etc)	
Telephone number (if any)	
E-mail address (optional)	

Part 3 – Operating Schedule

	Day		Month		Year			
When do you want the premises licence to start?								
If you wish the licence to be valid for a limited period when do you want it to end?								

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

Please give a general description of the premises (please read guidance note 1)

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 tick yes
Provision of regulated entertainment		
a. plays	(if ticking yes, fill in box A)	
b. films	(if ticking yes, fill in box B)	
c. indoor sporting events	(if ticking yes, fill in box C)	
d. boxing or wrestling entertainment	(if ticking yes, fill in box D)	
e. live music	(if ticking yes, fill in box E)	
f. recorded music	(if ticking yes, fill in box F)	
g. performances of dance	(if ticking yes, fill in box G)	
h. anything of a similar description to that falling within (e), (f) or (g)	(if ticking yes, fill in box H)	

		Please tick yes
Provision of entertainment facilities for:		
i. making music	(if ticking yes, fill in box I)	
j. dancing	(if ticking yes, fill in box J)	
k. entertainment of a similar description to that falling within (i) or (j)	(if ticking yes, fill in box K)	

		Please tick yes
Provision of:		
Late night refreshment	(if ticking yes, fill in box L)	

		Please tick yes
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 6)			Will the performance of a play take place indoors or outdoors or both – please tick (Y) (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tues					
Weds			State any seasonal variations for performing plays (please read guidance note 4)		
Thurs					
Fri			Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column of the left, please list (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (Y) (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tues					
Weds			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thurs					
Fri			Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column of the left, please list (please read guidance note 5)		
Sat					
Sun					

C

Indoor Sporting Events Standard days and timings (please read guidance note 6)			Please give further details here (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tues			
Weds			
Thurs			
Fri			Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column of the left, please list (please read guidance note 5)
Sat			
Sun			

D

Boxing or Wrestling Entertainment's Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (Y) (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon			State any seasonal variations for boxing or wrestling (please read guidance note 4)		
Tues					
Weds					
Thurs					
Fri			Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column of the left, please list (please read guidance note 5)		
Sat					
Sun					

E

Live Music Standard days and timings (please read guidance note 6)			Will the exhibition of live music take place indoors or outdoors or both – please tick (Y) (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tues					
Weds			State any seasonal variations for performance of live music (please read guidance note 4)		
Thurs					
Fri			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 of the left, please list (please read guidance note 5)		
Sat					
Sun					

F

Recorded Music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (Y) (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tues					
Weds			State any seasonal variations for playing recorded music (please read guidance note 4)		
Thurs					
Fri			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 of the left, please list (please read guidance note 5)		
Sat					
Sun					

G

Performance of Dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (Y) (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tues					
Weds			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thurs					
Fri			Non standard timings. Where you intend to use the premises for the performance of dance entertainment different times to those listed in the column of the left, please list (please read guidance note 5)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) 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	Will this entertainment take place indoors or outdoors or both – please tick (Y) (please read guidance note 2)	Indoors	
Mon				Outdoor	
				Both	
Tues			Please give further details here (please read guidance note 3)		
Weds					
Thurs			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
			Non standard timing. Where you intend to use the premises for the entertainment of 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 5)		
Fri					
Sat					
Sun					

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing		
			Will the facilities for making music be indoors or outdoors or both – please tick (Y) (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tues			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Weds					
Thurs			Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list (please use guidance note 5)		
Fri					
Sat					
Sun					

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (Y) (please read guidance note 2)		Indoors	
					Outdoors	
					Both	
Day	Start	Finish	Please give a description of the facilities for dancing you will be providing			
Mon						
Tues			Please give further details here (please read guidance note 3)			
Weds						
Thurs			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)			
Fri						
Sat						
Sun						

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing																									
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td></td><td></td></tr> <tr><td>Tues</td><td></td><td></td></tr> <tr><td>Weds</td><td></td><td></td></tr> <tr><td>Thurs</td><td></td><td></td></tr> <tr><td>Fri</td><td></td><td></td></tr> <tr><td>Sat</td><td></td><td></td></tr> <tr><td>Sun</td><td></td><td></td></tr> </tbody> </table>			Day	Start	Finish	Mon			Tues			Weds			Thurs			Fri			Sat			Sun			Will the entertainment be indoors or outdoors or both – please tick (Y) (please read guidance note 2)	Indoors
			Day	Start	Finish																							
			Mon																									
Tues																												
Weds																												
Thurs																												
Fri																												
Sat																												
Sun																												
Outdoors																												
Both																												
			Please give further details here (please read guidance note 3)																									
			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within j or k (please read guidance note 4)																									
			Non standard timings. Where you intend to use the premises for provision of facilities for entertainment of a similar description to that falling within I or j at different times to those listed in the column on the left, please list (please read guidance note 5)																									

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (Y) (please read guidance note 2)																									
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td></td><td></td></tr> <tr><td>Tues</td><td></td><td></td></tr> <tr><td>Weds</td><td></td><td></td></tr> <tr><td>Thurs</td><td></td><td></td></tr> <tr><td>Fri</td><td></td><td></td></tr> <tr><td>Sat</td><td></td><td></td></tr> <tr><td>Sun</td><td></td><td></td></tr> </tbody> </table>			Day	Start	Finish	Mon			Tues			Weds			Thurs			Fri			Sat			Sun			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (Y) (please read guidance note 2)	Indoors
			Day	Start	Finish																							
			Mon																									
Tues																												
Weds																												
Thurs																												
Fri																												
Sat																												
Sun																												
Outdoors																												
Both																												
			Please give further details here (please read guidance note 3)																									
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)																									
			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in column on the left, please list (please read guidance note 5)																									

M

Supply of Alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption – please tick (Y) (please read guidance note 2)	On the premises	
				Off the premises	
				Both	
			Please state any seasonal variations for the supply of alcohol (please read guidance note 4)		
Day	Start	Finish	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 (please read guidance note 5)		
Mon					
Tues					
Weds					
Thurs					
Fri					
Sat					
Sun					

State the name and details of the individual who you wish to specify on the licence as premises supervisor.

Name:

Address:

Post Code:

Personal Licence Number:

Issuing Licensing Authority (if known):

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 8)

O

Hours premises are open to the public Standard timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon			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 (please read guidance note 5)
Tues			
Weds			
Thurs			
Fri			
Sat			
Sun			

P

Please describe the steps that you intend to take in order to promote the four licensing objectives.

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

b. The prevention of crime and disorder

A large, empty rectangular box with a thin black border, intended for the applicant to provide details regarding the prevention of crime and disorder.

c. Public Safety

A large, empty rectangular box with a thin black border, intended for the applicant to provide details regarding public safety for the premises licence application.

d. The prevention of public nuisance

A large, empty rectangular box with a thin black border, intended for the applicant to provide details regarding the prevention of public nuisance.

e. The protection of children from harm

	Please tick yes
• I have made or enclosed payment of the fee	
• I have enclosed the plan of the premises	
• I have sent copies of this application and the plan to responsible authorities and others where applicable	
• 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 applications will be rejected	

It is an offence, liable on conviction to a fine of up to 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 4 – Signatures (please see 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 2nd applicant or 2nd 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	Post Code
Telephone Number (if any)	
E-mail address (if you would prefer us to correspond with you by email)	

1. Describe the premises. For example the type of premises, its general situation and layout

And any other information which could be relevant to the licensing objectives. Where 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 un-amplified.
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**, if you wish people to be able to purchase alcohol and to consume it away from the premises please tick **off**. 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 ancillary to the use of the premises which may give 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, 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, both 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.

**THE PROPOSED DESIGNATED PREMISES SUPERVISOR MUST COMPLETE
NEXT PAGE IF YOU PROPOSE TO SELL OR SUPPLY ALCOHOL FROM
THESE PREMISES.**

Consent of Individual to being specified as a Premises Supervisor

I, (full name of prospective premises supervisor)	
Of, (home address of prospective premises supervisor)	
<p>Hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for</p> <p>(type of application)</p>	
By, (name of applicant)	
Relating to a premises licence (number of existing licence, if any)	
For, (name and address of premises to which the application relates)	
<p>And any premises licence to be granted or varied in respect of this application made by</p> <p>(name of applicant)</p>	
Concerning the supply of alcohol at, (name and address of premises to which application relates)	
<p>I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below:</p>	
<p>Personal Licence Number (insert personal licence number, if any)</p>	
<p>Personal Licence issuing authority (insert name and address and telephone number of personal licence issuing authority, if any)</p>	
Signed	
Name (please print)	
Dated	