

## 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 *                    | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual *               |                          |                             |
| i as a limited company/limited liability partnership | <input type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability)   | <input type="checkbox"/> | please complete section (B) |
| iii as an unincorporated association or              | <input type="checkbox"/> | please complete section (B) |
| iv other (for example a statutory corporation)       | <input type="checkbox"/> | please complete section (B) |

- c) a recognised club  please complete section (B)
- d) a charity  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 in Wales  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  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 (by ticking one box below):

- 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) |                 |
| 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)                                 |                              |                               |                             |                                |                 |

**SECOND INDIVIDUAL APPLICANT (if applicable)**

|   |                              |                               |                             |                                |                 |
|---|------------------------------|-------------------------------|-----------------------------|--------------------------------|-----------------|
| 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) 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) |
| 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 read guidance note 2)

**Please tick all that apply**

- 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 7) |       |        | <b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 3)  | 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 4)  |                                   |
| Mon   |       |        |   |                                   |
|   |       |        |   |                                   |
| Tue   |       |        |   |                                   |
|   |       |        |   |                                   |
| Wed   |       |        |   |                                   |
|   |       |        |   |                                   |
|   |       |        | <b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)  |                                   |
| Thur  |       |        |   |                                   |
|   |       |        |   |                                   |
|   |       |        | <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 6) |                                   |
| Fri   |       |        |   |                                   |
|   |       |        |   |                                   |
| Sat   |       |        |   |                                   |
|   |       |        |   |                                   |
| Sun   |       |        |   |                                   |
|   |       |        |   |                                   |

**B**

|   |              |               |   |          |                          |  |  |  |
|---|--------------|---------------|---|----------|--------------------------|--|--|--|
| <b>Films</b><br>Standard days and timings (please read guidance note 7) |              |               | <b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3) | 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 4)  |          |                          |  |  |  |
| Mon   |              |               |   |          |                          |  |  |  |
| Tue   |              |               |   |          |                          |  |  |  |
| Wed   |              |               |   |          |                          | <b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 5)  |  |  |
| Thur  |              |               |   |          |                          |  |  |  |
| Fri   |              |               |   |          |                          | <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 6) |  |  |
| Sat   |              |               |   |          |                          |  |  |  |
| Sun   |              |               |   |          |                          |  |  |  |

C

| <b>Indoor sporting events</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Please give further details</u></b> (please read guidance note 4) |
|--|-------|--------|---|
| Day  | Start | Finish |   |
| Mon  |       |        |   |
|  |       |        |   |
| Tue  |       |        |   |
|  |       |        |   |
| Wed  |       |        |   |
|  |       |        |   |
| Thur   |       |        |   |
|  |       |        |   |
| Fri  |       |        |   |
|  |       |        |   |
| Sat  |       |        |   |
|  |       |        |   |
| Sun  |       |        |   |
|  |       |        |   |

**State any seasonal variations for indoor sporting events** (please read guidance note 5)

**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** (please read guidance note 6)



**D**

|  |       |        |   |  |          |                          |
|--|-------|--------|---|--|----------|--------------------------|
| <b>Boxing or wrestling entertainments</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)   |  | 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 4)  |  |          |                          |
| Mon  |       |        |   |  |          |                          |
|  |       |        |   |  |          |                          |
| Tue  |       |        |   |  |          |                          |
|  |       |        |   |  |          |                          |
| Wed  |       |        | <b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)   |  |          |                          |
| Thur   |       |        |   |  |          |                          |
|  |       |        |   |  |          |                          |
| Fri  |       |        | <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 note6) |  |          |                          |
| Sat  |       |        |   |  |          |                          |
|  |       |        |   |  |          |                          |
| Sun  |       |        |   |  |          |                          |
|  |       |        |   |  |          |                          |

E

|  |              |               |  |          |                          |
|--|--------------|---------------|--|----------|--------------------------|
| <b>Live music</b><br>Standard days and timings (please read guidance note 7) |              |               | <b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 3)   | 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 4)   |          |                          |
| Mon  |              |               |  |          |                          |
| Tue  |              |               | <b><u>State any seasonal variations for the performance of live music</u></b><br>(please read guidance note 5)   |          |                          |
| 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 6) |          |                          |
| Fri  |              |               |  |          |                          |
| Sat  |              |               |  |          |                          |
| Sun  |              |               |  |          |                          |

**F**

|  |              |               |  |          |                          |
|--|--------------|---------------|--|----------|--------------------------|
| <b>Recorded music</b><br>Standard days and timings (please read guidance note 7) |              |               | <b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 3)   | 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 4)   |          |                          |
| Mon  |              |               |  |          |                          |
| Tue  |              |               |  |          |                          |
| Wed  |              |               |  |          |                          |
| Thur   |              |               |  |          |                          |
| Fri  |              |               |  |          |                          |
| Sat  |              |               |  |          |                          |
| Sun  |              |               |  |          |                          |
|  |              |               | <b><u>State any seasonal variations for the playing of recorded music</u></b><br>(please read guidance note 5)   |          |                          |
|  |              |               | <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 6) |          |                          |

**G**

|   |              |               |   |          |                          |
|---|--------------|---------------|---|----------|--------------------------|
| <b>Performances of dance</b><br>Standard days and timings (please read guidance note 7) |              |               | <b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 3)   | 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 4)  |          |                          |
| Mon   |              |               |   |          |                          |
| Tue   |              |               | <b><u>State any seasonal variations for the performance of dance</u></b><br>(please read guidance note 5)   |          |                          |
| 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 6) |          |                          |
| 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 7) |       |        | 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 3)   | 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 4)   |          |                          |
| 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 5)  |          |                          |
| 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 6) |          |                          |
| Sun  |       |        |  |          |                          |

|  |       |        |   |          |                          |
|--|-------|--------|---|----------|--------------------------|
| <b>Late night refreshment</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)   | 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 4)  |          |                          |
| Mon  |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Tue  |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Wed  |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Thur   |       |        |   |          |                          |
|  |       |        |   |          |                          |
|  |       |        | <b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)   |          |                          |
|  |       |        |   |          |                          |
|  |       |        | <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 6) |          |                          |
| Fri  |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Sat  |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Sun  |       |        |   |          |                          |
|  |       |        |   |          |                          |

**J**

|   |              |               |  |                  |                          |
|---|--------------|---------------|--|------------------|--------------------------|
| <b>Supply of alcohol</b><br>Standard days and timings (please read guidance note 7) |              |               | <b><u>Will the supply of alcohol be for consumption</u></b><br><b>- please tick</b> (please read guidance note 8)  | 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><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 5)  |                  |                          |
| Mon   |              |               |  |                  |                          |
| Tue   |              |               |  |                  |                          |
| Wed   |              |               |  |                  |                          |
| Thur  |              |               |  |                  |                          |
| Fri   |              |               |  |                  |                          |
| Sat   |              |               |  |                  |                          |
| Sun   |              |               |  |                  |                          |
|   |              |               | <b><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></b> (please read guidance note 6) |                  |                          |

**K**

**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).





**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 10)

**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.
- I have enclosed the plans of the works to be done at the premises.
- I have sent copies of this application and the plan to responsible authorities and others where 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.

**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.**

Part 5 – Signatures **(please read guidance note 11)**

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

|           |  |
|-----------|--|
| 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 13). **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 14).

|  |  |          |  |
|--|--|----------|--|
| Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14). |  |          |  |
| 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. In terms of specific regulated entertainments please note that:
  - Plays: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
  - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
  - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
  - Live music: no licence permission is required for:
    - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
    - a performance of amplified live music between 08.00 and 23.00 on any day, in a workplace that is not licensed to sell alcohol on those premises, provided that the audience does not exceed 500.
    - a performance of amplified live music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school or (iii) the health care provider for the hospital.
  - Recorded Music: no licence permission is required for:
    - any playing of recorded music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
    - any playing of recorded music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
    - any playing of recorded music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school proprietor or (iii) the health care provider for the hospital.
  - Dance: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 500. However, a performance which amounts to adult entertainment remains licensable.

- Cross activity exemptions: no licence is required between 08.00 and 23.00 on any day, with no limit on audience size for:
    - any entertainment taking place on the premises of the local authority where the entertainment is provided by or on behalf of the local authority;
    - any entertainment taking place on the hospital premises of the health care provider where the entertainment is provided by or on behalf of the health care provider;
    - any entertainment taking place on the premises of the school where the entertainment is provided by or on behalf of the school proprietor; and
    - any entertainment (excluding films and a boxing or wrestling entertainment) taking place at a travelling circus, provided that (a) it takes place within a moveable structure that accommodates the audience, and (b) that the travelling circus has not been located on the same site for more than 28 consecutive days.
3. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
  4. 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.
  5. For example (but not exclusively), where the activity will occur on additional days during the summer months.
  6. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
  7. 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.
  8. 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'.
  9. 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.
  10. Please list here steps you will take to promote all four licensing objectives together.
  11. The application form must be signed.
  12. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
  13. Where there is more than one applicant, each of the applicants or their respective agents must sign the application form.
  14. This is the address which we shall use to correspond with you about this application.