

Rutland County Council, Catmose, Oakham, Rutland, LE15 6HP

**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 please complete section (B)
 - iv. other (for example a statutory corporation) 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:

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) | |
| 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 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

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

B

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

C

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|---|-------|--------|---|
| Indoor sporting events Standard days and timings (please read guidance note 6) | | | <u>Please give further details</u> (please read guidance note 3) |
| Day | Start | Finish | |
| Mon | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4) |
| Tue | | | |
| Wed | | | |
| Thur | | | <u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5) |
| Fri | | | |
| Sat | | | |
| Sun | | | |
| | | | |

D

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

E

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

F

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|---|-------|--------|---|----------|--------------------------|
| 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 (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | Please give further details here (please read guidance note 3) | | |
| Mon | | | | | |
| Tue | | | State any seasonal variations for the playing of recorded music (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | 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 (please read guidance note 5) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

G

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

H

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|---|-------|--------|---|----------|--------------------------|
| 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 | <u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| Mon | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| Wed | | | | | |
| Thur | | | <u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4) | | |
| Fri | | | | | |
| Sat | | | <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> (please read guidance note 5) | | |
| Sun | | | | | |

I

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

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|--|-------|--------|---|------------------|--------------------------|--|--|--|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | <u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 7) | On the premises | <input type="checkbox"/> | | | |
| | | | | Off the premises | <input type="checkbox"/> | | | |
| | | | | Both | <input type="checkbox"/> | | | |
| Day | Start | Finish | <u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) | | | | | |
| Mon | | | | | | | | |
| Tue | | | | | | | | |
| Wed | | | | | | | | |
| Thur | | | | | | | | |
| Fri | | | | | | | | |
| Sat | | | | | | | | |
| Sun | | | | | | | | |
| | | | | | | <u>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| Thur | | | | | | | | |
| Fri | | | | | | | | |
| Sat | | | | | | | | |
| Sun | | | | | | | | |
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K

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| <p>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).</p> |
|---|

L

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|--|-------|--------|---|
| Hours premises are open to the public Standard timings (please read guidance note 6) | | | <u>State any seasonal variations</u> (please read guidance note 4) |
| Day | Start | Finish | |
| Mon | | | |
| Tue | | | |
| Wed | | | |
| Thur | | | |
| Fri | | | |
| Sat | | | |
| Sun | | | |
| | | | |

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

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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, 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 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

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.