

**Schedule 1**

regulation 9

*[Insert name and address of relevant licensing authority and its reference number (optional)]*

**Notification of an interest in premises under section 178 of 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 .....hereby gives/give notice of my/our interest in the**  
*(Insert name(s) of notifier)*  
**premises identified below for the purposes of section 178 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

**Name of applicant for, or holder of, premises licence or club applying for, or holding, club premises certificate (if known)**

--

**Premises licence / club premises certificate number (if known)**

--

Status: This is the original version (as it was originally made).

### Part 2 - Details of my/our interest in the premises

I/we

Please tick ✓

- a) have a legal interest in the premises as freeholder or leaseholder
- b) am/are the legal mortgagee in respect of the premises (within the meaning of the Law of Property Act 1925)
- c) am/are in occupation of the premises

I /we are

- a) an individual(s)  please complete section (A)
- b) a company  please complete section (B)
- c) a partnership  please complete section (B)
- d) an unincorporated association  please complete section (B)
- e) other (for example, a statutory corporation)  please complete section (B)

#### (A) DETAILS OF INDIVIDUAL

Mr  Mrs  Miss  Ms  Other title (for example, Rev)

Surname

First names

Current postal address if different from premises address

Post Town

Postcode

Contact phone number in working hours (if any)

E-mail address (optional)

**Status:** This is the original version (as it was originally made).

**DETAILS OF SECOND INDIVIDUAL (if applicable)**

Mr  Mrs  Miss  Ms  Other title (for example, Rev)

**Surname**

**First names**

**Current postal address if different from premises address**

**Post Town**

**Postcode**

**Contact phone number in working hours (if any)**

**E-mail address (optional)**

**(B) DETAILS OF NON-INDIVIDUAL**

Please provide name and registered address of notifier 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</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>

Status: This is the original version (as it was originally made).

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

Please tick ✓ yes

- I have made or enclosed payment of the fee

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE 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 NOTIFICATION**

**Part 3 – Signatures** (please read guidance note 1)

Signature of notifier or notifier’s solicitor or other duly authorised agent (See guidance note 2). If signing on behalf of the notifier please state in what capacity.

Signature  
.....

Date.....

Capacity  
.....

For joint notifiers signature of 2<sup>nd</sup> notifier 2<sup>nd</sup> notifier’s solicitor or other authorised agent (please read guidance note 3). If signing on behalf of the notifier please state in what capacity.

Signature  
.....

Date.....

Capacity  
.....

**Status:** This is the original version (as it was originally made).

<b>Contact name (where not previously given or where it differs from the notifier) and address for correspondence associated with this notification (please read guidance note 4)</b>	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number (if any)</b>	
<b>E-mail address (optional)</b>	

**Notes for Guidance**

1. The form must be signed.
2. A notifier's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
3. Where there is more than one notifier, both notifiers or their respective agents must sign the form.
4. This is the address which we shall use to correspond with you about this notification and if a change is made to the register.

**Acknowledgement by [insert name of relevant licensing authority] of receipt of this notification of an interest in the premises described in the notice by the person/persons identified in the notice dated this    day of            20[    ].**

**Signed for and on behalf of the authority .....**

Status: This is the original version (as it was originally made).

Schedule 2

regulation 10

[Insert name and address of relevant licensing authority and its reference number (optional)]

Application for a premises licence 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 ..... apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises details

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

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

- a) an individual or individuals\*
b) a person other than an individual\*
c) a recognised club
d) a charity

**Status:** This is the original version (as it was originally made).

- e) the proprietor of an educational establishment  please complete section (B)
- f) a health service body  please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

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

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or Please tick  yes
- 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  Mrs  Miss  Ms  Other title (for example, Rev)

Surname  First names

I am 18 years old or over Please tick  yes

Current postal address if different from premises address

Post Town  Postcode

Daytime contact telephone number

E-mail address (optional)

Status: This is the original version (as it was originally made).

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr       Mrs       Miss       Ms       Other title (for example, Rev)

Surname       First names

Please tick  
✓ yes

I am 18 years old or over

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 etc)
Telephone number (if any)
E-mail address (optional)



### Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

Status: This is the original version (as it was originally made).

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 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)

**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)

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

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

**In all cases complete boxes N, O and P**

**A**

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

**B**

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

Status: This is the original version (as it was originally made).

**C**

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

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [ ✓ ]</b> (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon					
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

**E**

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

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick [ ✓ ]</b> (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both		
Tue						
Wed				<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur						
Fri				<b>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</b> (please read guidance note 5)		
Sat						
Sun						

Status: This is the original version (as it was originally made).

**G**

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

**H**

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u>	Indoor		
Day	Start	Finish		Outdoor		
Mon			<b>Will this entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Both		
Tue				<b>Please give further details here (please read guidance note 3)</b>		
Wed						
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</b>			
Fri						

**Status:** This is the original version (as it was originally made).

Sat			<b>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</b> (please read guidance note 5)
Sun			

I

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the facilities for making music you will be providing</b>	
			<b>Will the facilities for making music be indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish		
Mon			<b>Please give further details here</b> (please read guidance note 3)	
Tue				
Wed			<b>State any seasonal variations for the provision of facilities for making music</b> (please read guidance note 4)	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)	
Sat				
Sun				

J

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick [✓] (see guidance note 2)</b>	
				Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish		

Status: This is the original version (as it was originally made).

			<b>Please give a description of the facilities for dancing you will be providing</b>
Mon			<b>Please give further details here</b> (please read guidance note 3)
Tue			
Wed			<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)
Thur			
Fri			<b>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</b> (please read guidance note 5)
Sat			
Sun			

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment facility you will be providing</b>	
Day	Start	Finish	<b>Will the entertainment facility be indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoor
Mon				Outdoor
				Both
Tue			<b>Please give further details here</b> (please read guidance note 3)	
Wed				
Thur			<b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</b> (please read guidance note 4)	
Fri				
Sat			<b>Non standard timings. Where you intend to use the premises</b>	



**Status:** This is the original version (as it was originally made).

			<b>for the 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</b> (please read guidance note 5)
Sun			

**L**

<b>Late night refreshment</b> 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 [ <input type="checkbox"/> ] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	
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					

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box <input type="checkbox"/> ) (please read guidance note 7)	On the premises	
Day	Start	Finish		Off the premises	
Mon			<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)	Both	
Tue					
Wed			<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					

Status: This is the original version (as it was originally made).

Fri			
Sat			
Sun			

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

Name.....

Address.....

Postcode.....

Personal Licence number (if known) .....

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**

<b>Hours premises are open to the public</b> Standard timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon			<b>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</b> (please read guidance note 5)
Tue			
Wed			
Thur			
Fri			

Sat			
Sun			

**P**

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

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

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

**c) Public safety**

**d) The prevention of public nuisance**

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

*Status: This is the original version (as it was originally made).*

**CHECKLIST:-**

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 application will be rejected

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE 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 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  
.....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 13)	
Post town	Post code
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, 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 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, if you wish people to be able to purchase alcohol to consume 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 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, 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.

Status: This is the original version (as it was originally made).

**Schedule 3**

regulation 11

*[Insert name and address of relevant licensing authority and its reference number (optional)]*

**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** ..... **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**  
*(Insert name(s) of applicant)*

**Part 1 – Premises details**

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

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  yes

- 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  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  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)

Mr       Mrs       Miss       Ms       Other title (for example, Rev)

**Surname**       **First names**

I am 18 years old or over  Please tick  yes

**Current postal address if different from premises address**

**Post Town**       **Postcode**

**Daytime contact telephone number**

**E-mail address (optional)**

Status: This is the original version (as it was originally made).

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr  Mrs  Miss  Ms  Other title (for example, Rev)

Surname  First names

I am 18 years old or over 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  yes

▪ 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)

Status: This is the original version (as it was originally made).

Which licensable activities will the premises be used for?

Please tick  yes

**Provision of regulated entertainment**

- 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 entertainment facilities for:**

- i) making music (optional, fill in box I)
- j) dancing (optional, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (optional, fill in box K)

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

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

**Complete boxes N, O and P (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> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick [✓]</b> (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

Status: This is the original version (as it was originally made).

**B**

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

**C**

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

**D**

<b>Boxing or wrestling entertainments</b> 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 [✓] (please read guidance note 2)</u>	Indoors		
Day	Start	Finish		Outdoors		
Mon				Both		
Tue						
Wed				<u>State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)</u>		
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 (please read guidance note 5)</u>		
Sat						
Sun						

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)</u>	Indoors		
Day	Start	Finish		Outdoors		
Mon				Both		
Tue						
Wed				<u>State any seasonal variations for the performance of live music (please read guidance note 4)</u>		
Thur						
Fri				<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 (please read guidance note 5)</u>		
Sat						

Status: This is the original version (as it was originally made).

Sun			
-----	--	--	--

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoors			
Day	Start	Finish		Outdoors			
Mon			<b>Please give further details here (please read guidance note 3)</b>	Both			
Tue							
Wed				<b>State any seasonal variations for the playing of recorded music (please read guidance note 4)</b>			
Thur							
Fri					<b>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)</b>		
Sat							
Sun							

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here (please read guidance note 3)</b>	Both	
Tue					
Wed			<b>State any seasonal variations for the performance of dance (please read guidance note 4)</b>		
Thur					

**Status:** This is the original version (as it was originally made).

Fri			<b>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 (please read guidance note 5)</b>
Sat			
Sun			

## H

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

Status: This is the original version (as it was originally made).

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	
Day	Start	Finish	Will the facilities for making music be indoors or outdoors or both – please tick [✓] (please read guidance note 2)	Indoors
				Outdoors
			Both	
Mon			Please give further details here (please read guidance note 3)	
Tue			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)	
Wed			Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list (please read guidance note 5)	
Thur				
Fri				
Sat				
Sun				

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 [✓] (see guidance note 2)	
Day	Start	Finish	Please give a description of the facilities for dancing you will be providing	Indoors
				Outdoors
			Both	
Mon			Please give further details here (please read guidance note 3)	
Tue				



*Status: This is the original version (as it was originally made).*

Wed			<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)
Thur			
Fri			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list</b> (please read guidance note 5)
Sat			
Sun			

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment facility you will be providing</b>	
Day	Start	Finish	<b>Will the entertainment facility be indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoor
Mon				Outdoor
				Both
Tue			<b>Please give further details here</b> (please read guidance note 3)	
Wed				
Thur			<b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</b> (please read guidance note 4)	
Fri				
Sat			<b>Non standard timings. Where you intend to use the premises for the 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</b> (please read guidance note 5)	
Sun				

Status: This is the original version (as it was originally made).

**L**

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

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box ✓) (please read guidance note 7)</b>	On the premises		
Day	Start	Finish		Off the premises		
Mon			<b>State any seasonal variations for the supply of alcohol (please read guidance note 4)</b>	Both		
Tue						
Wed				<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 (please read guidance note 5)</b>		
Thur						
Fri						
Sat						
Sun						

## 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

<b>Hours premises are open to the public</b> Standard timings (please read guidance note 6)			<b>State any seasonal variation</b> (please read guidance note 4)
Day	Start	Finish	
Mon			<p><b>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list.</b> (please read guidance note 5)</p>
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

*Status: This is the original version (as it was originally made).*

**P**

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

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

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

**c) Public safety**

**d) The prevention of public nuisance**

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

Status: This is the original version (as it was originally made).

- |  |               |                          |
|--|---------------|--------------------------|
|  | Please tick ✓ | yes                      |
| ▪ 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 CONVICTION TO A FINE 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 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  
.....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b>	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number (if any)</b>	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>	

*Status: This is the original version (as it was originally made).*

### Notes for Guidance

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 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, if you wish people to be able to purchase alcohol to consume 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 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, 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.

Schedule 4

regulation 12

[Insert name and address of relevant licensing authority and its reference number(optional)]

Application to vary a premises licence 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 .....being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number

[Empty box for Premises licence number]

Part 1 – Premises details

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

Telephone number at premises (if any)

Non-domestic rateable value of premises £

Part 2 – Applicant details

Daytime contact telephone number

E-mail address (optional)

Current postal address if different from premises address

Post Town Postcode

**Status:** This is the original version (as it was originally made).

### Part 3 - Variation

Do you want the proposed variation to have effect as soon as possible?

Please tick  yes

If not do you want the variation to take effect from

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe briefly the nature of the proposed variation (Please see guidance note 1)

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend



## Part 4 Operating Schedule

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

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)

### 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)

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

Sale by retail of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

Status: This is the original version (as it was originally made).

**A**

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

**B**

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

**C**

<b>Indoor sporting events</b> 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**

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

Status: This is the original version (as it was originally made).

Sun			
-----	--	--	--

**E**

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

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			<b>Please give further details here (please read guidance note 3)</b>		
Tue					
Wed			<b>State any seasonal variations for the playing of recorded music (please read guidance note 4)</b>		
Thur					

*Status: This is the original version (as it was originally made).*

Fri			<b>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)</b>
Sat			
Sun			

**G**

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

**H**

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment you will be providing</b>		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)	Indoor	
Mon				Outdoor	
				Both	

Status: This is the original version (as it was originally made).

Tue			<b>Please give further details here</b> (please read guidance note 3)
Wed			
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)
Fri			
Sat			<b>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</b> (please read guidance note 5)
Sun			

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

**J**

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick [✓] (see guidance note 2)</b>	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give a description of the facilities for dancing you will be providing</b>		
Mon			<b>Please give further details here (please read guidance note 3)</b>		
Tue					
Wed			<b>State any seasonal variations for providing dancing facilities (please read guidance note 4)</b>		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list (please read guidance note 5)</b>		
Sat					
Sun					

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment facility you will be providing</b>		
Day	Start	Finish	<b>Will the entertainment facility be indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoor	
				Outdoor	
Mon				Both	

Status: This is the original version (as it was originally made).

Tue			<b>Please give further details here</b> (please read guidance note 3)
Wed			
Thur			<b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</b> (please read guidance note 4)
Fri			
Sat			<b>Non standard timings. Where you intend to use the premises for the 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</b> (please read guidance note 5)
Sun			

**L**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick [ ✓ ]</b> (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon				Both	
Tue					
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					



## M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box ✓) (please read guidance note 7)	On the premises	
Day	Start	Finish		Off the premises	
Mon			<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)	Both	
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					

## 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 days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			

*Status: This is the original version (as it was originally made).*

Wed			<p><b>Non standard timings. Where you intend 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)</b></p>
Thur			
Fri			
Sat			
Sun			

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking

I have enclosed the premises licence  Please tick ✓ yes

I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes please fill in reasons for not including the licence, or part of it, below

Reasons why I have failed to enclose the premises licence or relevant part of premises licence

**P**

Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

**a) General – all four licensing objectives (b,c,d,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**

Status: This is the original version (as it was originally made).

Please tick ✓ yes

- I have made or enclosed payment of the fee
- 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 have enclosed the premises licence or relevant part of it or explanation
- I understand that if I do not comply with the above requirements my application will be rejected

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE 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 5 – Signatures** (please read guidance note10)

Signature of applicant (the current premises licence holder) or applicant’s solicitor or other duly authorised agent (please read guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature

.....

Date.....

.....

Capacity

.....

Where the premises licence is jointly held signature of 2<sup>nd</sup> applicant (the current premises licence holder) 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 address for correspondence associated with this application (please read guidance note 13)	
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

### Notes for Guidance

**This application cannot be used to vary the licence so as to extend the period for which the licence has effect or to vary substantially the premises to which it relates. If you wish to make that type of change to the premises licence you should make a new premises licence application under section 17 of the Licensing Act 2003.**

### Notes for Guidance

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 state 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, if you wish people to be able to purchase alcohol to consume 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 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, 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.

Status: This is the original version (as it was originally made).

Schedule 5

regulation 13

[Insert name and address of relevant licensing authority and its optional reference number (optional)]

Application to vary a premises licence to specify an individual as designated premises supervisor 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 ..... being the premises licence holder, apply to vary (full name(s) of premises licence holder) a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003

Premises licence number

[Empty text box for premises licence number]

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description	
Post town	Post code
Telephone number (if any)	

Description of premises (please read guidance note 1)

**Part 2**

Full name of proposed designated premises supervisor

Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)

Full name of existing designated premises supervisor (if any)

Please tick  
✓ yes

I would like this application to have immediate effect under section 38 of the Licensing Act 2003

I have enclosed the premises licence or relevant part of it

(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)

Reasons why I have failed to enclose the premises licence or relevant part of it

Please tick ✓ yes

- I have made or enclosed payment of the fee
- I will give a copy of this application to the chief officer of police
- I have enclosed the consent form completed by the proposed premises supervisor
- I have enclosed the premises licence, or the relevant part of it or explanation
- I will give a copy of this form to the existing premises supervisor, if any
- I understand that if I do not comply with the above requirements my application will be rejected

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE 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 3 – Signatures** (please read guidance note 2)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 3). If signing on behalf of the applicant please state in what capacity.

Status: This is the original version (as it was originally made).

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

Signature

.....

Date.....

.....

Capacity

.....

<b>Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 5)</b>	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number (if any)</b>	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>	

Guidance notes

1. Describe the premises. For example the type of premises it is.
2. The application form must be signed.
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
5. This is the address which we shall use to correspond with you about this application.



Schedule 6

regulation 14

[Insert details including name and address of licensing authority and application reference if any (optional)]

Application to transfer premises licence 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 ..... apply to transfer the premises licence described (Insert name of applicant) below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number [ ]

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description
Post town Post code
Telephone number at premises (if any)

Please give a brief description of the premises

Name of current premises licence holder

Part 2 - Applicant details

In what capacity are you applying for the premises licence to be transferred to you?

Please tick ✓ yes

- 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 57 [ ] please complete section (B)
iv. other (for example a statutory corporation) [ ] please complete section (B)

Status: This is the original version (as it was originally made).

- 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) an individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

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

Please 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)

Mr  Mrs  Miss  Ms  Other title (for example, Rev)

Surname  First names

I am 18 years old or over  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  Mrs  Miss  Ms  Other title (for example, Rev)

Surname

First names

I am 18 years old or over

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 etc)
Telephone number, if any
E-mail (optional)

*Status: This is the original version (as it was originally made).*

**Part 3**

Please tick ✓ Yes

Are you the holder of the premises licence under an interim authority notice?

Do you wish the transfer to have immediate effect?

If not when would you like the transfer to take effect?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please tick ✓ Yes

I have enclosed the consent form signed by the existing premises licence holder

If you have not enclosed the consent form referred to above please give the reasons why not. What steps have you taken to try and obtain the consent?

Please tick ✓ Yes

If this application is granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)

Please tick ✓ Yes

I have enclosed the premises licence

If you have not enclosed premises licence referred to above please give the reasons why not.

**Status:** This is the original version (as it was originally made).

- I have made or enclosed payment of the fee
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed
- I have enclosed the premises licence or relevant part of it or explanation
- I have sent a copy of this application to the chief officer of police today
- I understand that if I do not comply with the above requirements my application will be rejected

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE 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 read guidance note 2)

**Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 3). 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 4). If signing on behalf of the applicant please state in what capacity.**

Signature .....

Date.....

Capacity .....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)</b>	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number (if any)</b>	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>	

**Status:** This is the original version (as it was originally made).

#### **Notes for Guidance**

1. Describe the premises. For example the type of premises it is, its general situation and layout and any other information which would be relevant to the licensing objectives.
2. The application form must be signed.
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
5. This is the address which we shall use to correspond with you about this application.

Schedule 7

regulation 15

[Insert name and address of relevant licensing authority and its reference number (optional)]

Interim authority notice 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 ..... give this interim authority notice under section 47 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number (if known)

[Empty box for premises licence number]

Part 1 – Premises details

Form with fields: Postal address of premises or, if none, ordnance survey map reference or description; Post town; Post code; Telephone number (if any); E-mail address (optional)

Part 2 – Notice giver details

In what capacity are you giving the interim authority notice? See section 47 of licensing Act 2003 Please tick ✓ yes

- a) I am an individual with a legal interest in the premises as freeholder or leaseholder
b) I am a person other than an individual with a legal interest in the premises as freeholder or leaseholder
i. a limited company
ii. a partnership
iii. an unincorporated association or
iv. other

Status: This is the original version (as it was originally made).

- c) I am a personal representative for the former premises licence holder who has died  please complete section (B)
- d) I have power of attorney which is registered for the former premises licence holder who has become mentally incapable  please complete section (B)
- e) I am the insolvency practitioner for the former premises licence holder who is insolvent  Please complete section (B)

**Date of lapsing of licence**

On what date

(as applicable)

- did the former premises licence holder die?
- was the power of attorney registered under section 6 of the Enduring Powers of Attorney Act 1985?
- did the former holder become insolvent?

Day      Month      Year


**(A) DETAILS OF INDIVIDUAL NOTICE GIVERS (fill in as applicable)**

Mr       Mrs       Miss       Ms       Other title   
 (for example, Rev)

Surname

First names

I am 18 years old or over

Please tick  yes

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

E-mail address (optional)



**Status:** This is the original version (as it was originally made).

**DETAILS OF SECOND INDIVIDUAL NOTICE GIVER (IF APPLICABLE)**

Mr       Mrs       Miss       Ms       Other title   
(for example, Rev)

**Surname**       **First names**

I am 18 years old or over  Please tick ✓ yes

**Current postal address if different from premises address**

**Post Town**       **Postcode**

**Daytime contact telephone number**

**E-mail address (optional)**

**(B) NON-INDIVIDUAL NOTICE GIVER**  
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)

Status: This is the original version (as it was originally made).

**PART 3**

Yes (please tick ✓ )

Has an interim authority notice previously been given relating to this premises and the former premises licence holder?

If yes please give the date

Day Month Year

--	--	--	--	--	--	--	--

Has there been an application to transfer the premises licence under section 50 of the Licensing Act 2003?

Please tick ✓ yes

- I have made or enclosed payment of the fee
- I have sent a copy of this form to the chief officer of police for the area in which the premises is situated
- I have notified the designated premises supervisor (if different from the premises licence holder), if any
- I understand that if I do not comply with the above requirements my application will be rejected

**THIS NOTICE WILL LAPSE AT THE END OF THE SEVEN DAY PERIOD AFTER THE LAPSING OF THE PREMISES LICENCE UNLESS A COPY OF THE NOTICE HAS BEEN GIVEN TO THE CHIEF OFFICER OF POLICE FOR THE POLICE AREA OR EACH POLICE AREA IN WHICH THE PREMISES IS SITUATED**

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE 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 read guidance note1)

Signature of notice giver or notice giver’s solicitor or other duly authorised agent (please read guidance note 2). If signing on behalf of the notice giver please state in what capacity.

Signature

.....

Date

.....

Capacity

.....

For joint notices signature of 2<sup>nd</sup> notice giver or 2<sup>nd</sup> notice giver’s solicitor or other authorised agent (please read guidance note 3). If signing on behalf of the applicant please state in what capacity.

Signature

.....

Date.....

.....

Capacity

.....

<b>Contact name (where not previously given) and address for correspondence associated with this notice (please read guidance note 4)</b>	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number (if any)</b>	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>	

**Notes for Guidance**

1. The notice must be signed.
2. A notice giver's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
3. Where there is more than one notice giver, both notice givers or their respective agents must sign the application form.
4. This is the address which we shall use to correspond with you about this application.

Status: This is the original version (as it was originally made).

Schedule 8

regulation 16

[Insert name and address of relevant licensing authority and its reference number (optional)]

Application for the review of a premises licence or club premises certificate 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 ..... apply for the review of a premises licence under (Insert name of applicant) section 51 / apply for the review of a club premises certificate under section 87 of the Licensing Act 2003 for the premises described in Part 1 below (delete as applicable)

Part 1 – Premises or club premises details

Postal address of premises or club premises, or if none, ordnance survey map reference or description
Post town Post code (if known)

Name of premises licence holder or club holding club premises certificate (if known)

Number of premises licence or club premises certificate (if known)

Part 2 - Applicant details

- I am Please tick yes
1) an interested party (please complete (A) or (B) below)
a) a person living in the vicinity of the premises
b) a body representing persons living in the vicinity of the premises
c) a person involved in business in the vicinity of the premises
d) a body representing persons involved in business in the vicinity of the premises

2) a responsible authority (please complete (C) below)

3) a member of the club to which this application relates (please complete (A) below)

**(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)**

Mr  Mrs  Miss  Ms  Other title (for example, Rev)

**Surname**

**First names**

Please tick  yes

I am 18 years old or over

**Current address**

**Post Town**  **Postcode**

**Daytime contact telephone number**

**E-mail address (optional)**

**(B) DETAILS OF OTHER APPLICANT**

**Name and address**

**Telephone number (if any)**

**E-mail (optional)**

**Status:** This is the original version (as it was originally made).

**(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT**

Name and address
Telephone number (if any)
E-mail (optional)

**This application to review relates to the following licensing objective(s)**

Please tick one or more boxes ✓

- 1) the prevention of crime and disorder
- 2) public safety
- 3) the prevention of public nuisance
- 4) the protection of children from harm

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Please state the ground(s) for review (please read guidance note 1)**

**Please provide as much information as possible to support the application (please read guidance note 2)**

**Status:** This is the original version (as it was originally made).

Have you made an application for review relating to this premises before Please tick ✓  
yes

If yes please state the date of that application

Day	Month	Year					

**If you have made representations before relating to this premises please state what they were and when you made them**



*Status: This is the original version (as it was originally made).*

Please tick ✓ yes

- I have sent copies of this form and enclosures to the responsible authorities and the premises licence holder or club holding the club premises certificate, as appropriate
- I understand that if I do not comply with the above requirements my application will be rejected

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE 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 3 – Signatures** (please read guidance note 3)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (please read guidance note 4). If signing on behalf of the applicant please state in what capacity.

Signature

.....  
Date.....

Capacity

.....

<b>Contact name (where not previously given) and address for correspondence associated with this application</b> (please read guidance note 5)	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number (if any)</b>	
<b>If you would prefer us to correspond with you using an e-mail address your e-mail address (optional)</b>	

**Notes for Guidance**

1. The ground(s) for review must be based on one of the licensing objectives.
2. Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
3. The application form must be signed.
4. An applicant’s agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
5. This is the address which we shall use to correspond with you about this application.

Status: This is the original version (as it was originally made).

Schedule 9

regulations 17, 18

PART A

[Insert name and address of relevant licensing authority and its reference number (optional)]

Declaration for a club premises certificate to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING DECLARATION

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.

Club Premises details

Form with fields: Name of club, Postal address of club, Post Town, Postcode, Telephone number, E-mail.

CLUB DECLARATION AS TO QUALIFYING CLUB STATUS

..... club makes the following (Insert name of club) declarations

- 1) Where the club to which this application relates is: a registered society within the meaning of the Industrial and Provident Societies Act 1965; a registered society within the meaning of the Friendly Societies Act 1974; or a registered friendly society within the meaning of the Friendly Societies Act, the club declares that the club satisfies:

Please tick Yes

Condition 1 in section 62(2) of the Licensing Act 2003 [checkbox]

Please give relevant club rule number(s) [input box]

Condition 2 in section 62(3) of the Licensing Act 2003 [checkbox]

Please give relevant club rule number(s) [input box]

Condition 4 in section 62(5) of the Licensing Act 2003

Does the club wish to supply alcohol to members and guests?  
If yes the club declares that -

The purchase of alcohol for the club and the supply of alcohol by the club is under the control  
of the members or of a committee appointed by the members

Please give relevant club rule number(s), if any

2) Where the club to which this application relates is:  
an association organised for the social well-being and recreation of persons employed in or  
about coal mines, the club declares that the club satisfies:

Please tick  Yes

Condition 1 in section 62(2) of the Licensing Act 2003

Please give relevant club rule number(s)

Condition 2 in section 62(3) of the Licensing Act 2003

Please give relevant club rule number(s)

Does the club wish to supply alcohol to members and guests?  
If yes the club declares that it satisfies -

First condition in section 66(4) of the Licensing Act 2003  
Please give relevant club rule number(s), if any

Second condition in section 66(5) of the Licensing Act 2003  
Please give relevant club rule number(s), if any

3) Where the club to which this application relates does not fall into the categories  
in 1 or 2 above, the club declares that the club satisfies:

Please tick  Yes

Condition 1 in section 62(2) of the Licensing Act 2003

Please give relevant club rule number(s)

*Status: This is the original version (as it was originally made).*

Condition 2 in section 62(3) of the Licensing Act 2003

Please give relevant club rule number(s)

Condition 3 in section 62(4) of the Licensing Act 2003

The club's arrangements for restricting the club's freedom of purchase of alcohol are:

(a) contained in club rule number(s),

(b) or, as follows

*(Please provide a short description)*

The club's provisions by which money or property of the club or any gain arising from the carrying on of the club is or may be applied for charitable benevolent or political purposes are:

(a) contained in club rule number(s),

(b) or, as follows

*(Please provide a short description)*

The arrangements for giving members information about the finances of the club are:

(a) contained in club rule number(s),

(b) or, as follows

*(Please provide a short description)*

**Please describe details of the books of account and other records kept to ensure the accuracy of the information about finances given to members of the club or give the relevant rule number(s)**

**Please tick  Yes**

Condition 4 in section 62(5) of the Licensing Act 2003

Condition 5 in section 62(6) of the Licensing Act 2003

The club proposes to supply alcohol to members and guests and declares that the club satisfies:

additional condition 1 in section 64(2) of the Licensing Act 2003

Please give relevant club rule number(s), if any

additional condition 2 in section 64(3) of the Licensing Act 2003

Please give relevant rule number(s), if any

additional condition 3 in section 64(4) of the Licensing Act 2003

Please give relevant club rule number(s), if any

**Status:** This is the original version (as it was originally made).

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE 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**

**I ....., make this declaration on behalf of the club and have authority to bind the club**

**Signature**

.....

**Date**.....

.....

**Capacity**

.....

### Part B

#### Application for a club premises certificate to be granted under the Licensing Act 2003

**PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING APPLICATION**

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.

.....club applies for a club premises certificate under section 71  
(Insert name of club)  
of the Licensing Act 2003 for the premises described in Part 1 below (the club premises)

The club is making this application to you as the relevant licensing authority in accordance with section 68 of the Licensing Act 2003

#### Part 1 – Club premises details

Name of club	
Postal address of premises or, if none, ordnance survey map reference or description	
Post Town	Postcode
Telephone number (if any)	
E-mail address (optional)	

Name of person performing duties of a secretary to the club	
Address of person performing duties of a secretary to the club	
Post Town	Postcode
Daytime contact telephone number (if any)	
E-mail address (optional)	

Non-domestic rateable value of club premises.

£
---

Are the club premises occupied and habitually used by the club

Yes  No

**Status:** This is the original version (as it was originally made).

**Part 2 – Club Operating Schedule**

When do you want the club premises certificate to start?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**General description of club (please read guidance note 1)**

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



What qualifying club activities do you intend to conduct on the club premises? 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 entertainments (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)

**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)

**The supply of alcohol by or on behalf of a club to, or to the order of, a member of the club**   
(if ticking yes, fill in box L)

**The sale by retail of alcohol by or on behalf of a club to a guest of a member of the club for consumption on the premises where the sale takes place**   
(if ticking yes, fill in box L)

**In all cases complete boxes M, N, and O**

Status: This is the original version (as it was originally made).

**A**

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

**B**

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

**Status:** This is the original version (as it was originally made).

**C**

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

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon					
Tue					
Wed			<b>State any seasonal variations for boxing and wrestling entertainment</b> (please read guidance note 4)		
Thur					
Fri			<b>Non-standard timings. Where the club intends to use the premises for the boxing or wrestling entertainment at different times from those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

Status: This is the original version (as it was originally made).

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoors		
Day	Start	Finish		Outdoors		
Mon			<b>Please give further details here (please read guidance note 3)</b>	Both		
Tue						
Wed				<b>State any seasonal variations for the performance of live music (please read guidance note 4)</b>		
Thur						
Fri				<b>Non-standard timings. Where the club intends to use the premises for the performance of live music at different times from those listed in the column on the left, please list (please read guidance note 5)</b>		
Sat						
Sun						

**F**

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

*Status:* This is the original version (as it was originally made).

## G

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

## H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment that the club will be providing</b>	
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoor
				Outdoor
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both
Tue				
Wed				
Thur			<b>State any seasonal variations for this entertainment</b> (please read guidance note 4)	
Fri				

Status: This is the original version (as it was originally made).

Sat			<b>Non-standard timings. Where the club intends to use the premises for this entertainment at different times from those listed in the column on the left, please list</b> (please read guidance note 5)
Sun			

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of facilities for making music that the club will be providing</b>		
			<b>Will the facilities for making music be indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoors	
				Outdoors	
Day	Start	Finish	Both		
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the provision of facilities for making music</b> (please read guidance note 4)		
Thur					
Fri			<b>Non-standard timings. Where the club intends to use the premises for the provision of facilities for making music at different times from those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of facilities for dancing that the club will be providing</b>		
			<b>Will the facilities for dancing be indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoors	
				Outdoors	
Day	Start	Finish	Both		
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					

**Status:** This is the original version (as it was originally made).

Wed			<b>State any seasonal variations for the provision of dancing facilities</b> (please read guidance note 4)
Thur			
Fri			<b>Non-standard timings. Where the club intends to use the premises for the provision of dancing facilities at different times from those listed in the column on the left, please list</b> (please read guidance note 5)
Sat			
Sun			

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment facility the club will be providing</b>	
Day	Start	Finish	<b>Will the entertainment facility be indoors or outdoors</b> <b>or both – please tick [ ✓ ]</b> (please read guidance note 2)	Indoor
Mon				Outdoor
				Both
Tue			<b>Please give further details here</b> (please read guidance note 3)	
Wed				
Thur			<b>State any seasonal variations for the provision of this entertainment facility</b> (please read guidance note 4)	
Fri				
Sat			<b>Non-standard timings. Where the club intends to use the premises for the provision of facilities for this entertainment at different times from those listed in the column on the left, please list</b> (please read guidance note 5)	
Sun				

Status: This is the original version (as it was originally made).

**L**

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

**M**

Hours club premises are open to the members and guests Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon			<b>Non standard timings. Where you intend the premises to be open to the members and guests at different times from those listed in the column on the left, please list</b> (please read guidance note 5)
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			



Sun			

**N**

**Please highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the club premises that may give rise to concern in respect of children (please read guidance note 8)**

**Status:** This is the original version (as it was originally made).

**O**

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

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

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

**c) Public safety**

**d) The prevention of public nuisance**

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

**Status:** This is the original version (as it was originally made).

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 plan to the responsible authorities
- I have completed and enclosed the club declaration and enclose a copy of the club rules
- 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 CONVICTION TO A FINE 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 3 – Signatures** (please read guidance note 10)

I (*Insert full name*) .....make this application on behalf of the club and have authority to bind the club

Signature

.....

Date.....

.....

Capacity.....

.....

Address for correspondence associated with this application (please read guidance note 11)	
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

*Status: This is the original version (as it was originally made).*

### Notes for Guidance

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. Please state 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 the club wishes members and their guests to be able to consume alcohol on the premises please tick on, if the club wishes people to be able to purchase alcohol to consume away from the premises please tick off. If the club wishes 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 etc gambling machines etc
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. This is the address which we will use to correspond with the club about this application.

Schedule 10

regulation 19

[Insert name and address of relevant licensing authority and its reference number (optional)]

Application to vary a club premises certificate to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING APPLICATION

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.

.....club applies for a club premises certificate under section 84 (Insert name of club) of the Licensing Act 2003 for the premises named in Part 1 below

Club premises certificate number

[Empty box for Club premises certificate number]

Part 1 – Club premises details

Name of club	
Postal address of premises, if any, or if none Ordnance Survey map reference or description	
Post Town	Postcode
Telephone number (if any)	
E-mail address (optional)	

Name of person performing duties of a secretary to the club	
Address of person performing duties of a secretary to the club	
Post Town	Postcode
Daytime contact telephone number (if any)	
E-mail address (optional)	

Status: This is the original version (as it was originally made).

### Part 2 – Applicant details

Daytime contact telephone number (if any)

E-mail address (optional)

Current postal address if different from premises address

Post Town  Postcode

### Part 3 - Variation

Do you want the proposed variation to have effect as soon as possible? Please tick  yes

If not do you want the variation to take effect from 

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe briefly the nature of the proposed variation (Please see guidance note 1)

If the club's proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

## Part 4 – Club Operating Schedule

Please complete those parts of the Club Operating Schedule which would be subject to change if this application to vary is successful.

What qualifying club activities do you intend to conduct on the club premises which will be affected by your application?

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 entertainments (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)

### 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)

The supply of alcohol by or on behalf of a club to, or to the order of, a member of the club (if ticking yes, fill in box L)

The sale by retail of alcohol by or on behalf of a club to a guest of a member of the club for consumption on the premises where the sale takes place (if ticking yes, fill in box L)

In all cases complete boxes M, N, O and P

Status: This is the original version (as it was originally made).

**A**

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

**B**

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



**C**

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

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [ ✓ ]</b> (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon					
Tue					
Wed			<b>State any seasonal variations for boxing and wrestling entertainment</b> (please read guidance note 4)		
Thur					
Fri			<b>Non-standard timings. Where the club intends to use the premises for the boxing or wrestling entertainment at different times from those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

Status: This is the original version (as it was originally made).

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick [ ✓ ]</b> (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur					
Fri			<b>Non-standard timings. Where the club intends to use the premises for the performance of live music at different times from those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**F**

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

**Status:** This is the original version (as it was originally made).

### G

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

### H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment that the club will be providing</b>		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoor	
Mon					Outdoor
				Both	
Tue			<b>Please give further details here (please read guidance note 3)</b>		
Wed					
Thur			<b>State any seasonal variations for this entertainment (please read guidance note 4)</b>		
Fri					

Status: This is the original version (as it was originally made).

Sat			<b>Non-standard timings. Where the club intends to use the premises for this entertainment at different times from those listed in the column on the left, please list</b> (please read guidance note 5)
Sun			

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of facilities for making music that the club will be providing</b>		
			<b>Will the facilities for making music be indoors or outdoors or both – please tick [✓].</b> (please read guidance note 2)		Indoors Outdoors Both
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the provision of facilities for making music</b> (please read guidance note 4)		
Thur					
Fri			<b>Non-standard timings. Where the club intends to use the premises for the provision of facilities for making music at different times from those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of facilities for dancing that the club will be providing</b>		
			<b>Will the facilities for dancing be indoors or outdoors or both – please tick [✓].</b> (please read guidance note 2)		Indoors Outdoors Both
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					

**Status:** This is the original version (as it was originally made).

Wed			<b>State any seasonal variations for the provision of dancing facilities (please read guidance note 4)</b>
Thur			
Fri			<b>Non-standard timings. Where the club intends to use the premises for the provision of dancing facilities at different times from those listed in the column on the left, please list (please read guidance note 5)</b>
Sat			
Sun			

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment facility the club will be providing</b>	
Day	Start	Finish	<b>Will the entertainment facility be indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoor
Mon				Outdoor
				Both
Tue			<b>Please give further details here (please read guidance note 3)</b>	
Wed				
Thur			<b>State any seasonal variations for the provision of this entertainment facility (please read guidance note 4)</b>	
Fri				
Sat			<b>Non-standard timings. Where the club intends to use the premises for the provision of facilities for this entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)</b>	
Sun				

Status: This is the original version (as it was originally made).

**L**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box ✓)</b> (please read guidance note 7)	On the premises		
Day	Start	Finish		Off the premises		
Mon			<b>State any seasonal variations</b> (please read guidance note 4)	Both		
Tue						
Wed						
Thur				<b>Non-standard timings. Where the club intends to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list</b> (please read guidance note 5)		
Fri						
Sat						
Sun						

**M**

<b>Hours club premises are open to the members and guests</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon			<b>Non standard timings. Where you intend the premises to be open to the members and guests at different times from those listed in the column on the left, please list</b> (please read guidance note 5)
Tue			
Wed			
Thur			
Fri			
Sat			

Sun			

**N**

Please highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the club premises that may give rise to concern in respect of children (please read guidance note 8)

**O**

Please identify those conditions currently imposed on the certificate which you believe could be removed as a consequence of the proposed variation you are seeking

I have enclosed the club premises certificate Please tick ✓ yes

I have enclosed the relevant part of the club premises certificate

**If you have not ticked one of these boxes please fill in reasons for not including the certificate, or part of it below**

Reasons why the club has failed to enclose the club premises certificate or relevant part of it

*Status: This is the original version (as it was originally made).*

**P**

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

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

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

**c) Public safety**

**d) The prevention of public nuisance**

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



**Status:** This is the original version (as it was originally made).

Please tick ✓ yes

- I have made or enclosed payment of the fee
- I have sent copies of this application and the plan to responsible authorities
- I understand that I must now advertise my application
- I have enclosed the club premises certificate or relevant part of it or explanation
- I understand that if I do not comply with the above requirements my application will be rejected

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE 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 5 – Signatures** (please read guidance note 10)

I (*Insert full name*).....make this application on behalf of the club and have authority to bind the club

Signature.....

Date.....

Capacity.....

<b>Address for correspondence associated with this application (please read guidance note 11)</b>	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number (if any)</b>	
<b>If you would prefer us to correspond with you by e mail your e mail address (optional)</b>	

*Status: This is the original version (as it was originally made).*

### Notes for Guidance

1. Describe the premises. For example the type of premises it is, its general situation and layout and any other information which would be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for people to consume these off-supplies please include a description of where this 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. Please state 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 go on for an extra hour during 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. (eg 16:00)
7. If the club wishes members and their guests to be able to consume alcohol on the premises please tick on. If the club wishes people to be able to purchase alcohol to consume away from the premises please tick off. If the club wishes people to be able to do both please tick both.
8. Please give information about anything to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed by someone with the authority to bind the club.
11. This is the address which we will use to correspond with the club about this application.

Schedule 11

regulation 24

Part A

Consent of individual to being specified as premises supervisor

I [full name of prospective premises supervisor] of [home address of prospective premises supervisor] hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for [type of application] 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] and any premises licence to be granted or varied in respect of this application made by [name of applicant] concerning the supply of alcohol at [name and address of premises to which application relates]. 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.

Personal licence number [insert personal licence number, if any]  
Personal licence issuing authority [insert name and address and telephone number of personal licence issuing authority, if any]

.....signed  
.....name (please print)  
.....dated

PART B

Consent of premises licence holder to transfer

I/we [full name of premises licence holder(s)] the premises licence holder of premises licence number [insert premises licence number] relating to [name and address of premises to which the application relates] hereby give my consent for the transfer of premises licence number [insert premises licence number] to [full name of transferee].

.....signed  
.....name (please print)  
.....dated

Status: This is the original version (as it was originally made).

Schedule 12

Regulation 33, 34

Part A

Format of premises licence  
[Insert licensing authority details]

Premises licence number

Part 1 - Premises details

Postal address of premises, or if none, ordnance survey map reference or description	
Post town	Post code
Telephone number	

Where the licence is time limited the dates

Licensable activities authorised by the licence

The times the licence authorises the carrying out of licensable activities

The opening hours of the premises

Where the licence authorises supplies of alcohol whether these are on and/or off supplies

**Part 2**

**Name, (registered) address, telephone number and e-mail (where relevant) of holder of premises licence**

**Registered number of holder, for example company number, charity number (where applicable)**

**Name, address and telephone number of designated premises supervisor where the premises licence authorises the supply of alcohol**

**Personal licence number and issuing authority of personal licence held by designated premises supervisor where the premises licence authorises the supply of alcohol**

**Status:** *This is the original version (as it was originally made).*

## **Annex 1 - Mandatory conditions**

## **Annex 2 - Conditions consistent with the Operating Schedule**

**Status:** *This is the original version (as it was originally made).*

**Annex 3 - Conditions attached after a hearing by the licensing authority**



## **Annex 4 - Plans**

Status: This is the original version (as it was originally made).

### Part B

#### Premises licence summary

Premises licence number

#### Premises details

Postal address of premises, or if none, ordnance survey map reference or description	
Post town	Post code
Telephone number	

Where the licence is time limited the dates
---

Licensable activities authorised by the licence
---

The times the licence authorises the carrying out of licensable activities
--

The opening hours of the premises
-----------------------------------

**Where the licence authorises supplies of alcohol whether these are on and/or off supplies**

**Name, (registered) address of holder of premises licence**

**Registered number of holder, for example company number, charity number (where applicable)**

**Name of designated premises supervisor where the premises licence authorises the supply of alcohol**

**State whether access to the premises by children is restricted or prohibited**

Status: This is the original version (as it was originally made).

Schedule 13

regulation 35, 36

Part A

Club premises certificate  
[Insert licensing authority details]

Club premises certificate number

Club details

Name of club in whose name this certificate is granted and relevant postal address of club	
Address	
Post town	Post code
Telephone number	

If different from above the postal address of club premises to which this certificate relates, if any, or if none, ordnance survey map reference or description	
Post town	Post code
Telephone number	

Where the club premises certificate is time limited the dates

Qualifying club activities authorised by the certificate

**The times the certificate authorises the carrying out of qualifying club activities**

**The opening hours of the club**

**Where the certificate authorises supplies of alcohol whether these are on and/or off supplies**

**Status:** *This is the original version (as it was originally made).*

## **Annex 1 - Mandatory conditions**

**Annex 2 - Conditions consistent with the Club Operating Schedule**

**Status:** *This is the original version (as it was originally made).*

**Annex 3 - Conditions attached after a hearing by the licensing authority**



## **Annex 4 - Plans**

Status: This is the original version (as it was originally made).

**Part B**

**Club premises certificate summary**  
*[Insert Licensing authority details]*

**Club premises certificate number**

**Club details**

<b>Name of club in whose name the certificate is granted and relevant registered postal address of club</b>	
<b>Address</b>	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number</b>	

<b>If different from above the postal address of club premises to which the certificate relates, or if none, ordnance survey map reference or description</b>	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number</b>	

<b>Where the club premises certificate is time limited the dates</b>
--

<b>Qualifying club activities authorised by the certificate</b>
---

**The times the certificate authorises the carrying out of qualifying club activities**

**The opening hours of the club**

**Where the certificate authorises supplies of alcohol whether these are on and/or off supplies**

**State whether access to the club premises by children is restricted or prohibited**