

# SLDC licensing authority

## 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 Red Rose Club (Social and Recreation Centre).

(Insert name(s) of applicant)

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			
Drill Hall, Victoria Road, Ulverston, Cumbria.			
Post town	ULVERSTON	Postcode	LA12 0BY
Telephone number at premises (if any)		01229 583948	
Non-domestic rateable value of premises		£11,000	

#### Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

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

- c) a recognised club ☒ please complete section (B)
- d) a charity ☐ please complete section (B)
- e) the proprietor of an educational establishment ☐ please complete section (B)
- f) a health service body ☐ please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England ☐ please complete section (B)
- h) the chief officer of police of a police force in England and Wales ☐ please complete section (B)

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

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

**SECOND INDIVIDUAL APPLICANT (if applicable)**

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

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name <b>Red Rose Club</b>
Address <b>Drill Hall, Victoria Road, Ulverston, Cumbria.</b>
Registered number (where applicable) <b>CPC 0053 for private club use.</b>
Description of applicant (for example, partnership, company, unincorporated association etc.) <b>We are recognised social club and have been operating in this building since 1994.</b>
Telephone number (if any) <b>01229 583948</b>
E-mail address (optional) <b>red.rose.ulverston@gmail.com or [REDACTED]</b>

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
0	1	032016

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

DD	MM	YYYY

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

The building is an old Army Drill Hall and has all facilities for social recreation, dancing e,t,c and has a dedicated outdoor smoking area and a general bar area, no children or any visitor attending a private function will need to be exposed to the smoking or General bar areas.

Off sales will not be consumed on the premises and no other area will be provided to do so.  
Alcohol sales will only be from the dedicated bar area for consumption on the premises.

We currently have all Risk Assessments, an Action Plan and a Constitution to continue to promote safety within the building.

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

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)

Provision of regulated entertainment

Please tick any that apply

- |   |                          |
|---|--------------------------|
| a) plays (if ticking yes, fill in box A)  | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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

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

**In all cases complete boxes K, L and M**

**A**

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

# B

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

C

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

# D

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



# E

<b>Live music</b> 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	<input checked="" 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)  Live music will be played, this music will be amplified.  Noise levels will be monitored as to reduce Nuisance to the general public.		
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)  No extensions to the stated times.		
Thur					
Fri	19:00	23:00	<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)  Not to exceed stated times.		
Sat	19:00	23:00			
Sun	19:00	23:00			

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)  Recorded music will be played, this music will be amplified.  Noise levels will be monitored as to reduce Nuisance to the general public.		
Mon					
Tue					
Wed					
Thur			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)  No extensions to the stated times.		
Fri	19:00	23:00			
Sat	19:00	23:00	<b><u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)  Not to exceed stated times.		
Sun	19:00	23:00			

# 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</b> (please read guidance note 2)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)	
Mon				
Tue				
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)	
Thur				
Fri			<b><u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u></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)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri					
Sat			<b><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sun					

# I

<b>Late night refreshment</b> 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	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish				
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)			
Tue						
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)			
Thur						
Fri			<b><u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u></b> (please read guidance note 5)			
Sat						
Sun						

**J**

<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</b> (please read guidance note 7)	
			On the premises	<input type="checkbox"/>
			Off the premises	<input type="checkbox"/>
Day	Start	Finish	Both <input checked="" type="checkbox"/>	
Mon	10:00	24:00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)	
Tue	10:00	24:00		
Wed	10:00	24:00		
Thur	10:00	01:00	<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	10:00	01:00		
Sat	10:00	01:00		
Sun	10:00	24:00		

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

<b>Name</b> Dennis Round	
<b>Address</b>  29 Monument Way, Ulverston, Cumbria.	
<b>Postcode</b>	LA12 9SY
<b>Personal licence number (if known)</b> PA034188	
<b>Issuing licensing authority (if known)</b> South Lakeland District Council	

K

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

There will be no adult entertainment activities or services in these premises, all our entertainment will be suitable for all our customers, and children will be welcomed into the premises during permitted hours with suitable supervision.

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b><u>State any seasonal variations</u></b> (please read guidance note 4)  None Planned.
Day	Start	Finish	
Mon	10:00	24:00	
Tue	10:00	24:00	
Wed	10:00	24:00	
Thur	10:00	01:00	<b><u>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</u></b> (please read guidance note 5)  None Planned.
Fri	10:00	01:00	
Sat	10:00	01:00	
Sun	10:00	24:00	

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

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

All of our staff will be trained to a level 1 certificate to understand and act in the accordance with the requirements of the licensing act 2003.

Risk assessments will be in current revision (General and Fire Risk Assessments), these risk assessments will be monitored for any changes to potential risk occurrence.

At least one well trained and experienced staff member will be on present on site during when the premises are open to the public, and any incident will be recorded in the onsite record book.

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

Existing policy and Implementation of club constitution rules and regulations will be enforced.

Staff will be trained in Identifying ages effectively and politely.

Clear signage will display a preventative warning about any Illegal activities including drugs, violence and theft.

Intoxicated customers will not be served – without exception.

Staff training and ambience will encourage customers to use the facilities in an orderly and respectful manor.

Communications with other licensed premises in the area will help prevent entry to customers if deemed necessary.

**c) Public safety**

Existing HSE policy and risk assessment, safety / fire requirements will be enforced.

Every attempt to create and maintain a safe environment for customers will be made, with maintenance and repairs checked continuously.

Clear signage highlighting any potential dangers present will be placed throughout.

Good functioning of lighting throughout the venue to reduce risk of accidents occurring.

A log book to record any issues that arise so that future preventative measures can be put in place (Accident / Incident Log Book).

A log book will be kept to record any Inspection by local authorities.

**d) The prevention of public nuisance**

Signs will be displayed at exits, requesting that our customers enter and leave the premises in an orderly and quiet manor.

Customers will not be permitted to enter the site after closing time.

All rubbish will be discarded during the day to reduce noise pollution at night. Any exceptions will be treated with caution and respect to local residents.

Any Illegal or unusual behaviours will be reported to the Police.



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

A "Challenge 25" age verification policy shall be used for all age related sales.

The Challenge 25 campaign will be used in-house to act as a deterrent for any underage drinkers attempting to obtain alcohol.

All customers who look under 25 years of age will be questioned for proof of age, and only valid drivers licence or Passport will be accepted.

Children will not be permitted in the premises after 8:30PM.

Children must be accompanied by an adult at all times.

Efforts will be made to ensure children are safeguarded from swearing and Inappropriate content.

**Checklist:**

**Please tick to indicate agreement**

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

**Part 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	Dennis Round	
Date	1st February 2016	
Capacity	Club Trustee	

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent** (please read guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

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

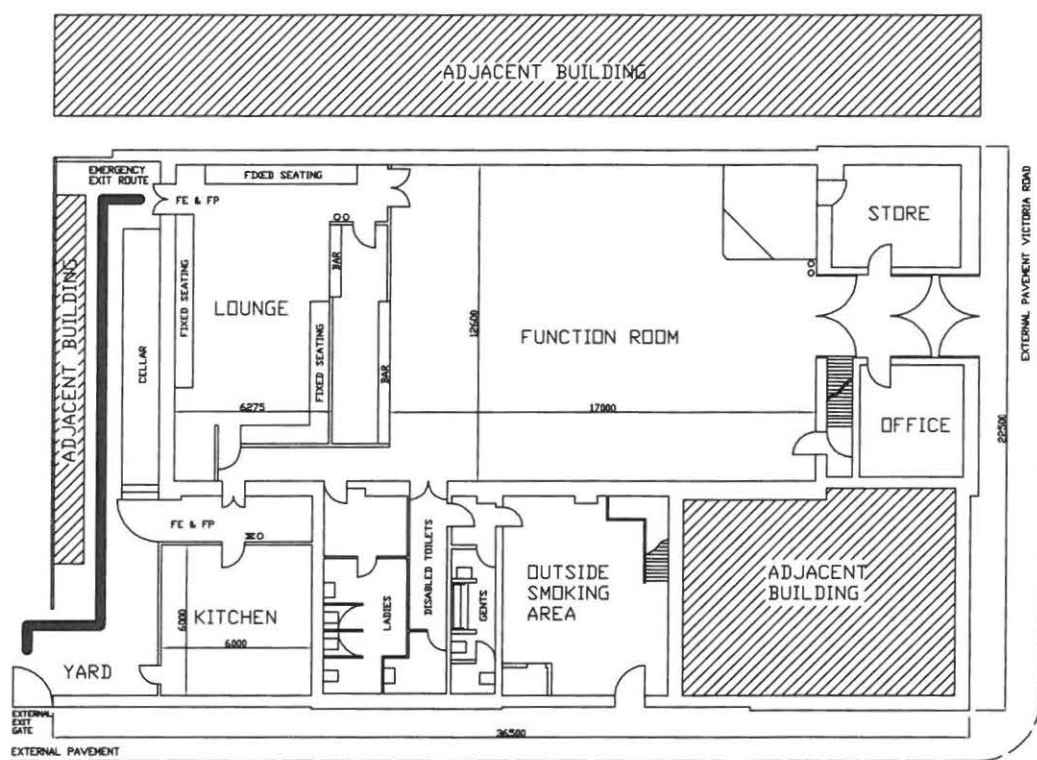
**Dennis Round.**

[REDACTED]

Post town	[REDACTED]	Postcode	[REDACTED]
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
red.rose.ulverston@gmail.com or [REDACTED]			

#### 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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



RED ROSE SOCIAL CLUB  
DRILL HALL  
VICTORIA ROAD  
ULVERSTON  
CUMBRIA  
25.11.15

GENERAL ARRANGEMENT  
GROUND FLOOR  
SCALE 1:100  
DRAWING SIZE A2  
ALL DIMENSIONS IN MM

KEY:  
○ = FIRE EXTINGUISHERS  
FE = FIRE EXIT  
FP = FIRE POINT  
X = FIRE BLANKET