SOUTH LAKELAND DISTRICT COUNCIL Public Health & Licensing Group, South Lakeland House, Lowther Street, Kendal, Cumbria LA9 4UD

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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 SELSIDE MEMORIAL HALL MANAGEMENT COMMITTEE (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

Doo	tol cold.					
Pos	tal address of premises or, if none, ordr	nance survey m	ap ref	erence or descr	iption	
	MEMORIAL HALL SELSIDE				puon	
Post	town KENDAL			Post code	LAS	9LE
Teler	phone number at premises (if any)	T				
Non-	domestic rateable value of premises	£1,125				
Part 2	2 - Applicant Details					
Pleas	e state whether you are applying for a prer	mises licence as				
		Pleas	e tick	yes		
a) b)	an individual or individuals * a person other than an individual *			please complete	e section (A	s)
	i. as a limited company			please complete	e section (B)

iv. other (for example a statutory corporation) c) a recognised club d) a charity e) the proprietor of an educational establishment f) a health service body g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales 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 h) the chief officer of police of a police force in England		11.	as a partners	ship				please co	mplete section (B)	
c) a recognised club please complete section (B) please comple		iii.	as an uninco	rporated asso	ciation or				· ·	
d) a charity please complete section (B) please complete secti		iv.	other (for exa	ampie a statut	ory corpora	tion)			• •	
d) a charity	c)	a recognised club						•		
the proprietor of an educational establishment please complete section (B)	d)	a ch	arity							
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 please complete section (B) ga a person who is registered under Chapter 2 of Part 1 of please complete section (B) the Health and Social Care Act 2006 (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 please complete section (B) and Wales * 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 Please tick yes I am along the application pursuant to a statutory function or a function discharged by virtue of Her Majesty's prerogative Gandard Care (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	e)	the p	proprietor of an	educational	establishme	nt	_			
a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2006 (within the meaning of that Part) in an independent hospital in England h) the chief officer of police of a police force in England please complete section (B) and Wales * 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 Please tick yes I am making the application pursuant to a ostatutory function or oa function discharged by virtue of Her Majesty's prerogative CA) 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 Postc	f)									
meaning of that Part) in an independent hospital in England h) the chief officer of police of a police force in England	g)	Otani	uarus ACI 200(gistered under 0 (c14) in resp	Part 2 of the	ne Care dependent			• •	
and Wales * 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	ga)	mear	ning of that Par	iai Care Act 2i	008 (within:	tha		please com	nplete section (B)	
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	h)	the ch and V	nief officer of p Vales	olice of a polic	ce force in E	England		please com	plete section (B)	
Surname First names First names	(A) IND	l am c for lice l am m	earrying on or pensable activition aking the app statutory fun a function dis	oroposing to ca es; or lication pursual action or scharged by v	arry on a bu ant to a irtue of Her	rsiness whic	ch involv	ive	of the premises	-
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		_ . 	Mrs []	Miss 🗌	N	1s □				
Current postal address if different from premises address Post Town Postcode Daytime contact telephone number E-mail address	Surnan	ne		<u></u>		First nam			<u> </u>	
Current postal address if different from premises address Post Town Postcode Daytime contact telephone number E-mail address	l am 18	years	old or over			<u></u>				
Post Town Postcode Daytime contact telephone number E-mail address					 			LJ Plea	se tick yes	
Daytime contact telephone number E-mail address	differen address	different from premises								
E-mail address			_, <u></u>				P	ostcode		\dashv
E-mail address (optional)				number						
	E-mail a (optiona	ddress i)						<u> </u>		\dashv

SECOND INDIVIDUAL APPLICANT (if applicable)

Surname	∟ Miss 			As 🗌	exam	Title (for ole, Rev)		
				First nai	mes		<u></u>	
I am 18 years old or	over							
						∐ Ple	ase tick yes	
Current postal addre different from premis address	ss if es							
Post Town								
Daytime contact telep	hone must				Po	ostcode	1	
E-mail address (optional)	none number							
B) OTHER APPLICAN								
Please provide name a egistered number. In lease give the name a		each pa	ту соло	erned.		(- was tike	a body Col	porate
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Part 3 Operating Schedule

When do years	
When do you want the premises licence to start?	Day Month
to start:	-
	09082

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

Day	Monti	7	Υe	ar	

Year

Please give a general description of the premises (please read guidance note1)

Selside memorial Hall is situated on the Alo Homles north of Kendal. The premises consist of a main hall, Kitchen, toulet area (including disabled facilities) and a enclosed rear area into storage huts and a large car park. It is in an included area and serves the local Community, providing a meeting place for different organisations and family celebrations; for example the hall is used for W.I. and Y.F.C meetings, craft classes, childrens parties and a monthly social night allowing the scattered community to come together. The hall is available for hire 24 hours a day 7 days a week.

Selside memoral hall is a registered charity no 231432, run by an elected local committee Comprised of Chaairman mark Richardson, Serretary Hazel Thompson, Treasurer Christian Bland and brelive Committee members.

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

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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)

Pro	ovision of regulated entertainment	Please tick yes
a)	plays (if ticking yes, fill in box A)	I
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)	
Prov	rision of entertainment facilities:	
i)	making music (if ticking yes, fill in box I)	
j)	dancing (if ticking yes, fill in box J)	₩ W
k)	entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)	<u>u</u>
_		L
	ision of late night refreshment (if ticking yes, fill in box L)	
	ily of alcohol (if ticking yes, fill in box M)	P
In all	cases complete boxes N, O and P	

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F	٦

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
Day	Start	Finish	1	Outdoors	
Mon	O9.00	02.00		Both	ū
Tue	09.00	02.00	LOCAL PRODUCTIONS e.g. SCHOOL/Y.F.C.		
Wed	09 00	02.00	State any seasonal variations for performing plays (please read g	ruidance note 4)	
Thur	09.00	02.00			
ri	09.00	02.00	Non standard timings. Where you intend to use the premises for plays at different times to those listed in the column on the left, p guidance note 5)	the performance lease list (please	of read
at	09.00				
un	09.00	02.00			

Films Standa (please	ard days and tire read guidance	mings	Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
Day	Start	Finish	1	Outdoors	
Mon	09.00	0200	Please give further details here (please read guidance note 3)	Both	
Tue	09.00	02.00	COMPLIANCE	TO ENSU	ZE
Wed	09.00	02.00	SPEAKERS MAY BEUSED ONLY TO EN State any seasonal variations for the exhibition of films (please r	ABLE-50 ead guidance not	0000TA e 4)
hur	09.00	02.00			
ri	09.00	02.00	Non standard timings. Where you intend to use the premises for at different times to those listed in the column on the left, please guidance note 5)	the exhibition o	f films
at	0900				
ın	0900	5200			

C

Standa	or sporting eard days and time read guidance	nings	Please give further details (please read guidance note 3) EVENTS WILL INCLUDE TABLE TENNIS,
Day	Start	Finish	SHORT MAT BOWLING, POOL AND CUMBERLAND
Mon	09.00	02.00	AND WESTMORLAND WRESTLING - SEE BELOW
Tue	09.00	02.00	State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed	09.00	02.00	
Thur	09.00	02.00	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)
Fri	09.00	02.00	
Sat	09.00	02.00	
Sun	09.00	02.00	
			· · · · · · · · · · · · · · · · · · ·

D

Boxing or wrestling entertainments Standard days and timings (please		•	Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read	Indoors	
Standa read gu	ird days and tim uidance note 6)	nings (please	guidance note 2)	Outdoors	
Day	Start	Finish		Both	
Mon	09.00	02.00	Please give further details here (please read guidance note 3)	0.10	
Tue	09.00	02.00	WRESTLING.	ORLAND	
Wed	09-00	02.00	State any seasonal variations for boxing or wrestling entertain guidance note 4)	nment (please read	d
Thur	09.00	02.00			
Fri	09.00	02.00	Non standard timings. Where you intend to use the premises entertainment at different times to those listed in the column (please read guidance note 5)	for boxing or wre on the left, please	stling list
Sat	09.00	02.00			į
Sun	09.00	02.00			

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	music		Will the performance of live music take place indoors or	Indoors	12
(please	andard days and timings ease read guidance note 2) outdoors or both – please tick (please read guidance note 2) Outdoors				
Day	Start	Finish	1	Both	10
Mon	0900	0200	Please give further details here (please read guidance note 3)	30(1)	
			MUSIC NIGHTS MAY REQUIR	2E	
Tue	0900	02.00		JOISE	
Wed			LEVELS WILL BE LIMITED	· /=l	
	09.00	02.00	State any seasonal variations for the performance of live music note 4)	(please read guida	ance
Thur	ma m	02.00			
	G1.00	02.00			
Fri	0900	0200	Non standard timings. Where you intend to use the premises for live music at different times to those listed in the column on the	or the performanc	e of
			read guidance note 5)	e iert, piease iist (p	Diease
Sat	∞	0200			
 Sun					
Suit	0900	0200			
F		<u>. </u>	<u> </u>	-	
Standar	ded music d days and timi		Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
Day	read guidance Start	note 6) Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
	0900	0200	MUSIC WILL MATNLY BE PLAYED	INSIDE	THE
Гие	000=	-	HALL AS INCIDENTAL TO AN EVI	ent	
	U-1U0	0200	CHILDREN MAY LISTEN TO MUSIC	IN THE	
Ved	0900	02.00	State any seasonal variations for the playing of recorded music note 4)	(please read guida	nce
ſhur					
iiul	0900	0200			Ì
ri	0900	$\alpha \sim$	Non standard timings. Where you intend to use the premises to	r the playing of	
	2100	<u> </u>	recorded music at different times to those listed in the column o (please read guidance note 5)	n the left, please I	<u>ist</u>
at	0900	0200			
	 				
Bun	man	On 10			1

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	mances of		will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
	d days and tim read guidance		bi butti - piedae tiek (piedae redu guidance note 2)	Outdoors	
Day	Start	Finish	1	Both	
Mon	0900	0200	Please give further details here (please read guidance note 3) DANCE CLASSES / PERFORM	ANCES	
Tue	0900	7200			
Wed	0900	0200	State any seasonal variations for the performance of dance (plea	ase read guidance no	ote 4)
Thur	0900	0200			
Fri	900	0200	Non standard timings. Where you intend to use the premises to dance at different times to those listed in the column on the left, guidance note 5)	r the performance of please list (please	<u>of</u> read
Sat	0900	0200			
Sun	0900	0200			
			<u> </u>		
Н				* <u> </u>	
Anythin descript within (e Standard	g of a similation to that (e), (f) or (g) days and timied guidance	falling ngs	Please give a description of the type of entertainment you will be	e providing	
Anythin descript within (e Standard	tion to that (e), (f) or (g) days and timi	falling ngs	Please give a description of the type of entertainment you will be Will this entertainment take place indoors or outdoors or both please tick (please read guidance note 2)	e providing Indoors	
Anythin descript within (e Standard (please re	tion to that (e), (f) or (g) days and timiead guidance	falling ings note 6) Finish	Will this entertainment take place indoors or outdoors or both	Indoors Outdoors	
Anythin descript within (e Standard (please re	tion to that (e), (f) or (g) days and timied guidance	falling ngs note 6) Finish	Will this entertainment take place indoors or outdoors or both — please tick (please read guidance note 2) Please give further details here (please read guidance note 3)	Indoors	
Anythin descript within (e Standard (please re Day	tion to that fee), (f) or (g) days and timiced guidance Start	falling ings note 6) Finish O2.00	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors Outdoors	
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Anythin descript within (e Standard (please re Day Mon Tue Wed	tion to that (e), (f) or (g) days and timile ead guidance Start D900 0900	falling ings note 6) Finish 02.00 02.00 02.00	Will this entertainment take place indoors or outdoors or both — please tick (please read guidance note 2) Please give further details here (please read guidance note 3) PANTOMINES / PLAYS State any seasonal variations for entertainment of a similar description.	Indoors Outdoors Both cription to that falling	ng of a

Provision of facilities for making music		ties for	Please give a description of the facilities for making music you	vill be providing	
Standard	days and tim				
(please re	ead guidance	note 6)	Will the facilities for making music be indoors or outdoors or	Indoors	U
			both - please tick (please read guidance note 2)	Outdoors	
Day	Start	Finish		Both	
Mon	0900	0200	Please give further details here (please read guidance note 3)		
	0,00		EVENTS MAY INCLUDE MU	SIC	
Tue	0900	0200			
Wed	0900	0200	State any seasonal variations for the provision of facilities for many read guidance note 4)	aking music (pleas	se
Thur	0900	0200			
Fri	0900	0200	Non standard timings. Where you intend to use the premises for making music at different times to those listed in the column (please read guidance note 5)	or provision of facil on the left, please	lities list
Sat	Offico	0200	(p. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
Sun	900	0200			
J					I
	ion of facil	ities for	Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)	Indoors	
dancin Standard	g d days and tim	inas	production (see gardened field 2)	Outdoors	1-
	ead guidance			Both	
			Please give a description of the facilities for dancing you will be		, i.
			VARIOUS DANCES MAY BE ARR	TNGED	ie
Day	Start	Finish	CEILDH , DISCO, OLD TYME		
Mon	0900	0200	Please give further details here (please read guidance note 3)		
Tue	-				
	0900	0200			nat-
Wed					note
	6900	0200	State any seasonal variations for providing dancing facilities (p. 4)	lease read guidance	
Thur		0200	State any seasonal variations for providing dancing facilities (p. 4)	lease read guidance	
Thur	0900		Non standard timings. Where you intend to use the premises to facilities for dancing entertainment at different times to those in	or the provision of	
	0900	0200	Non standard timings. Where you intend to use the premises for facilities for dancing entertainment at different times to those lifet, please list (please read guidance note 5)	or the provision of	

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Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility yo	u will be providing	<u>.</u>
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both -	Indoors	
Mon	-		please tick (please read guidance note 2)	Outdoors	
				Both	
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for the provision of facilities for elegacription to that falling within i or i (please read guidance note	ntertainment of a s 4)	<u>iimilar</u>
Fri					
Sat			Non standard timings. Where you intend to use the premises for <u>facilities for entertainment of a similar description to that falling times to those listed in the column on the left, please list (please</u>	within i or i at diffe	erent
Sun				A+ r	
L			Will the provision of late night refreshment take place indoors	Indoors	
Standard	ght refresh days and time ad guidance	ings	or outdoors or both - please tick (please read guidance note 2)	Outdoors	
Day	Start	Finish		Both	
Mon	2300		Please give further details here (please read guidance note 3)		
	∞	رويرن	REFRESHMENTS IE TEA/LOFFEE		
Tue	2300		FOOD BE SERVED INSIDE THE HA		
100	O go	0200		he enclo	sed
	50 • 7		AREA AT REAR OF PROPERTY.		
Wed	12 300 04 00	0200	State any seasonal variations for the provision of late night refrequidance note 4)	<u>eshment</u> (please re	ad
Thur		0200			
Fri	2300 Aco	0200	Non standard timings. Where you intend to use the premises for night refreshment at different times, to those listed in the column (please read guidance note 5)	or the provision of in on the left, pleas	late se list
Sat	2300 10100	0200			
Sun	2300				
1		0200			

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IAI					
Supply of alcohol Standard days and timings (please read guidance note 6)		ings	Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	\(\frac{1}{2}\)
(please read guidance note o)				Off the premises	
Day	Start	Finish		Both	
Mon	0900	0200	State any seasonal variations for the supply of alcohol (pl note 4)	ease read guidan	ce
Tue	0900	0200	WE HAVE STATED THE HOUR MAXIUM TIME BUT ON THE	MAJORITY	1
Wed	0900	0200	OF BOOKINGS THE FINISHING WILL BE EARLIER	G TIME	
Thur	0900	0205	Non standard timings. Where you intend to use the premalcohol at different times to those listed in the column on (please read guidance note 5)		
Fri	0900	0200	NO		
Sat	0900	0200			
Sun	0900	0200			

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

Name		
Address		
•	N/A.	
	, ,	
Postcode		
Personal Lice	nce number (if known)	
Issuing licens	ing authority (if known)	

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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)

CASINO NIGHTS
RACE NIGHTS

THESE WILL BE COVERED BY AN ADDITIONAL TENS.

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Hours premises are open to		open to	State any seasonal variations (please read guidance note 4)
the public Standard days and timings (please read guidance note 6)			OUR PREMISES ARE DREN TO THE
	· _		PUBLIC EVERY HOUR OF THE DAY 7
Day	Start	Finish	
Mon	0000	2400	DAYS AWEEK - ALTHOUGH THE
			DNILY TAME THEY ARE USED AT
Tue	0000	2400	NIGHT EARLY MORNING IS WHEN THE
			CYCLING CLUB SLEEP OVER ON ROUTE
Wed	0000	2400	
			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
Thur	0000	2400	guidance note 5)
Fri	0000	2400	
Sat	000	2400	
Sun	0000	2400	

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)

WE HAVE CREATED A PLEASANT AND PEACEFUL VENUE FOR GROUPS OF PEOPLE TO GATHER AND PARTICIPATE IN VARIOUS ACTIVITIES.

RESPONSIBILITIES OF EVENT ORGANISERS ARE OUTLINED IN OUR HIRE AGREEMENT.

b) The prevention of crime and disorder

NO ALLOHOL TO BE SERVED TO A PERSON WHO APREARS
TO BE OR IS DRUNK.

IF CONSIDERED NECESSARY DOOR KEEPERS AND BOUNCERS WILL BE HIRED.

c) Public safety

THE CAPACITY OF THE HALL WILL BE ADHERED TO.

A RESPONSIBLE PERSON TO BE APPOINTED WHERE

VEHICLES ARE TO BE PARKED.

d) The prevention of public nuisance

THE MANAGEMENT COMMITTEE WILL APPOINT

A: RESPONSIBLE PERSON AT ALL EVENTS, WHO WILL

BE ISSUED WITH OUR TERMS OF CONDITIONS OF

RENTAL. ALL PEOPLE WILL BE ATTENDING BY CAR!

BUS

e) The protection of children from harm

AS PER THE TERMS OF HIRE AGREEMENT -CHILDREN WILL BE SUPERVIOED AT ALL TIMES. IDENTIFICATION WILL BE TAKEN AT APPROPRIATE EVENTS.

		Please tick	yes
•	I have made o	or enclosed payment of the fee	
0		ed the plan of the premises	D'
0	I have sent co	pies of this application and the plan to responsible authorities and others where	
•	I have enclose if applicable	ed the consent form completed by the individual I wish to be premises supervisor,	
•		that I must now advertise my application	
0	I understand	that if I do not comply with the above requirements my application will be rejected	
SCA	LE. UNDER SI	E, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD ECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN WITH THIS APPLICATION	OR
Part	4 – Signature	s (please read guidance note 10)	
Sian	ature of appli	cant or applicant's solicitor or other duly authorised agent (See guidance note If of the applicant please state in what capacity.	11).
Sign	ature		
Date)	01.07.12	
Сар	acity	COMMITTEE MEMBER	
For (plea	joint applicati ase read guida	ons signature of 2 nd applicant or 2 nd applicant's solicitor or other authorised a nce note 12). If signing on behalf of the applicant please state in what capacity	gent. /-
Sigr	nature		
Date	9	1.7.12	
Cap	acity	TREASURER.	
this	application (here not previously given) and postal address for correspondence associated please read guidance note 13)	with
Υ	MRS. MA	TREARET DIXON	
Pos	st town	Post code	
Tal	enhone numb	er (if any)	
If v	ou would pref	er us to correspond with you by e-mail your e-mail address (optional)	
Ι΄,			

