

[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 BARWAY SERVICES LTD

(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 SHROPSHIRE'S SPORT & SOCIAL CENTRE: BARWAY ROAD CAMBRIDGESHIRE			
Post town	ELY	Postcode	CB7 5TZ
Telephone number at premises (if any)	01353726743		
Non-domestic rateable value of premises	NOT KNOWN		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
- i. as a limited company please complete section (B)
- ii. as a partnership please complete section (B)
- iii. as an unincorporated association or please complete section (B)
- iv. other (for example a statutory corporation) please complete section (B)

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

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

Please tick 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)					

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY

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)
SHROPSHIRE'S SPORT & SOCIAL CENTRE:

- BAR
- GYM
- INTERNET CAFÉ
- TRAINING ROOMS
- PATIO
- GREEN AREA
- TENNIS COURTS
- SANITARY FACILITIES

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

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 BARWAY SERVICES LTD
Address THE HOSTEL BARWAY ROAD ELY CB7 5TZ CAMBRIDGESHIRE
Registered number (where applicable) 05440765
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY
Telephone number (if any) 01353726743
E-mail address (optional)

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

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	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	06:00	03:00	Please give further details here (please read guidance note 3)	Both	<input checked="" type="checkbox"/>
Tue	06:00	03:00			
Wed	06:00	03:00	State any seasonal variations for performing plays (please read guidance note 4)		
Thur	06:00	03:00			
Fri	06:00	03:00	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) FROM END OF PERMITTED HOURS NEW YEAR'S EVE TO START OF PERMITTED HOURS NEW YEAR'S DAY OUTSIDE ENTERTAINMENT TO CEASE AT 22:00		
Sat	06:00	03:00			
Sun	06:00	03:00			

B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	06:00	03:00	<u>Please give further details here</u> (please read guidance note 3) OCCASION FILM SHOW		
Tue	06:00	03:00			
Wed	06:00	03:00	<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Thur	06:00	03:00			
Fri	06:00	03:00	<u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u> (please read guidance note 5) PLEASE SEE SECTION A		
Sat	06:00	03:00			
Sun	06:00	03:00			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3) SNOOKERS, DARTS
Day	Start	Finish	
Mon	06:00	03:00	
Tue	06:00	03:00	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed	06:00	03:00	
Thur	06:00	03:00	<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	06:00	03:00	
Sat	06:00	03:00	PLEASE SEE SECTION A
Sun	06:00	03:00	

D

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

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon	06:00	03:00			
Tue	06:00	03:00	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Wed	06:00	03:00			
Thur	06:00	03:00	<u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Fri	06:00	03:00			
Sat	06:00	03:00	PLEASE SEE SECTION A		
Sun	06:00	03:00			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	06:00	03:00	Please give further details here (please read guidance note 3)		
Tue	06:00	03:00			
Wed	06:00	03:00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	06:00	03:00			
Fri	06:00	03:00	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) PLEASE SEE SECTION A		
Sat	06:00	03:00			
Sun	06:00	03:00			

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon	06:00	03:00			
Tue	06:00	03:00	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Wed	06:00	03:00	<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Thur	06:00	03:00	PLEASE SEE SECTION A		
Fri	06:00	03:00			
Sat	06:00	03:00			
Sun	06:00	03:00			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	06:00	03:00		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	06:00	03:00	Please give further details here (please read guidance note 3)		
Wed	06:00	03:00			
Thur	06:00	03:00	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri	06:00	03:00			
Sat	06:00	03:00	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)		
Sun	06:00	03:00			
			PLEASE SEE SECTION A		

I

Late night refreshment 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 (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	23:00	05:00	<u>Please give further details here</u> (please read guidance note 3)	Both	<input checked="" type="checkbox"/>
Tue	23:00	05:00			
Wed	23:00	05:00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur	23:00	05:00			
Fri	23:00	05:00	<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	23:00	05:00			
Sun	23:00	05:00			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	06:00	03:00			
Tue	06:00	03:00			
Wed	06:00	03:00			
Thur	06:00	03:00			
Fri	06:00	03:00			
Sat	06:00	03:00			
Sun	06:00	03:00			
			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)		
			PLEASE SEE SECTION A		

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

Name ALEKSANDRA KATARZYNA SMORON
Address
Postcode
Personal licence number (if known) 15/01051/LIQ_01
Issuing licensing authority (if known) EAST CAMBRIDGESHIRE DISTRICT COUNCIL

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)

SEE ATTACHED LIST

b) The prevention of crime and disorder

SEE ATTACHED LIST

c) Public safety

SEE ATTACHED LIST

d) The prevention of public nuisance

SEE ATTACHED LIST

e) The protection of children from harm

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).
OCCASIONALY ADULT ENTERTAINMENT-COMEDIAN

L

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	<p><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> (please read guidance note 5) N/A</p>
Mon	00:01	00:00	
Tue	00:01	00:00	
Wed	00:01	00:00	
Thur	00:01	00:00	
Fri	00:01	00:00	
Sat	00:01	00:00	
Sun	00:01	00:00	

SEE ATTACHED LIST

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	
Date	30/12/2015
Capacity	Services Manager

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

Signature	
Date	
Capacity	

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

ALEKSANDRA KATARZYNA SMORON

Post town SOHAM

Postcode

Telephone number (if any)

01353726743

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

EMAIL

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.

Operating Schedule Conditions

1. The use of the premises to be in strict accordance with club rules and regulations. a
2. Any person who appears to be drunk, aggressive and causing a nuisance or disturbance to be asked to leave the licensed premises and surrounding area immediately. b
3. All staff to receive regular training regarding the requirements of the four licensing objectives of the Licensing Act 2003 with appropriate training records maintained. b
4. CCTV cameras inside the premises to be maintained in working order at all times. b
5. Video/CCTV equipment to record from the time that the premises opens to the public until the premises closes and all members of the public have left. b
6. Monitoring tapes to be retained for at least twenty-eight days and to be produced to an authorised officer on demand. b
7. Clear and legible notices to be prominently displayed within the licensed premises advising that CCTV has been installed on the premises. b
8. A zero drug policy to be implemented at the premises and appropriate drug abuse staff training to take place with appropriate training records maintained. b
9. Formal risk assessments to be put in place and to be regularly updated. c
10. All risk assessments and training records to be kept on site and made available for inspection at the request of an authorised office. c
11. All staff to receive regular health and safety training and fire safety training with appropriate training records maintained. c
12. Fire extinguishers to be regularly checked by the fire official with appropriate records kept. c
13. All electrical equipment to be periodically checked with appropriate records kept. c
14. Gas appliances to be regularly serviced in keeping with regulations with appropriate records kept. c
15. In the absence of adequate daylight, the lighting in any area accessible to the public to be fully in operation when they are present. c
16. The use of explosives, pyrotechnics and fireworks of a similar nature that may cause disturbance to surrounding areas to be restricted. c
17. Amplified live or recorded music as part of an event to cease at 03:00 on any day except on New Year's Eve when amplified live or recorded music as part of an event shall cease at 05:00 hours. d

18. Regular monitoring of noise levels to take place outside the premises during events involving regulated entertainment and appropriate measures taken to reduce and control noise emissions at that time, if considered likely to cause excess disturbance to neighbouring residential properties. d
19. An appointed person to be made responsible for monitoring and maintaining appropriate monitoring records to demonstrate compliance with the above condition. d
20. The number of external events where any form of amplified music is played to be limited to a maximum of 6 per year and no more than one per calendar month. d
21. External music to cease at 22:00 hours on any of the 6 designated external event nights. d
22. When entertainment of an adult nature is taking place on the premises, no person under 18 years of age to be allowed entry to that part of the premises where the adult entertainment is taking place. e
23. Any person selling or supplying alcoholic drink under the authority of a personal licence holder to ask for photographic ID proof of age where they have reason to suspect that the individual may be under 18 years of age. e

