

2361 GLPC  
10012124 5353

# Gloucester City Council

ES21018  
APPENDIX A

For Official use only.  
Ref:

## 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 ..... STUART WILSON .....  
..... DEBORAH HARRISON .....  
..... [Insert name(s) of applicant(s)]

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 <u>19 BRUNSWICK SQUARE, GLOUCESTER</u>	
Post town <u>GLOUCESTER</u>	Post code <u>GL1 1UG</u>

Telephone number of premises (if any)	
Non-domestic rateable value of premises	<u>£13,000</u> ✓ <u>CM</u>

25/10/10

### Part 2 - Applicant details

Please state whether you are applying for a premises licence as

- Please tick ✓
- 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)

### ENVIRONMENTAL HEALTH

Gloucester City Council Tel 01452 396396 Fax 01452 396340  
 Herbert Warehouse Email enviro@gloucester.gov.uk  
 The Docks Minicom 01452 396161  
 Gloucester GL1 2EQ www.gloucester.gov.uk



- 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 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
  - o statutory function or
  - o 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	
2 HENLEY COURT, MONTPELLIER, GLOUCESTER	
Post town	Post code
GLOUCESTER	GL1 1LT
Daytime contact telephone number:	07966 535259
Email address (optional)-	stuart@equityadvice.co.uk

**SECOND INDIVIDUAL APPLICANT (if applicable)**

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

Surname

HARRISON

First names

DEBORAH ROSAMUND

Please tick  yes

I am 18 years old or over

Current postal address if different from premises address	
2 HENLEY COURT, MONTPELLIER	
Post town	Post code
GLOUCESTER	GL1 1LT
Daytime contact telephone number:	07779 608098
Email address (optional)-	

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (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			
1	0	1	1	2	0	1	0

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

Day		Month		Year			

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

General description of premises (please read guidance note 1)

~~NA.~~  
Detached building that will operate as a function venue ~~and~~ either for private hire or public events i.e. jazz evenings

What licensable activities do you intend to carry on from the premises?  
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick Y 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 nature to that falling within (e), (f) or (g) (if ticking yes, fill in Box H)

**Provision of entertainment facilities**

- 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**

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 [Y] if yes opposite.  (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon	09:00	23:00	Please give further details here (please read guidance note 3)	Both	<input checked="" type="checkbox"/>	
Tues	09:00	23:00				
Wed	09:00	23:00		State any seasonal variations for performing plays (please read guidance note 4)		
Thurs	09:00	23:00				
Fri	09:00	23:00				
Sat	09:00	23:00		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).		
Sun	11:00	22:00				

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both - please tick [Y] if yes opposite.  (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	09:00	24:00	Please give further details here (please read guidance note 3)	Both	
Tues	09:00	24:00			
Wed	09:00	24:00	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thurs	09:00	24:00			
Fri	09:00	24:00			
Sat	09:00	24:00	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).		
Sun	09:00	24:00			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details here (please read guidance note 3)
Day	Start	Finish	
Mon	09:00	24:00	
Tues	09:00	24:00	
Wed	09:00	24:00	State any seasonal variations for indoor sporting events (please read guidance note 4)
Thurs	09:00	24:00	
Fri	09:00	24:00	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).
Sat	09:00	24:00	
Sun	09:00	24:00	

D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick [Y] if yes opposite.  (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon	09:00	24:00		Both	<input checked="" type="checkbox"/>
Tues	09:00	24:00	Please give further details here (please read guidance note 3)		
Wed	09:00	24:00	State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thurs	09:00	24:00			
Fri	09:00	24:00	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).		
Sat	09:00	24:00			
Sun	09:00	24:00			

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both - please tick [Y] if yes opposite.  (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	09:00	24:00	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tues	09:00	24:00			
Wed	09:00	24:00		State any seasonal variations for the performance of live music (please read guidance note 4)	
Thurs	09:00	24:00			
Fri	09:00	24:00			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).
Sat	09:00	24:00			
Sun	09:00	24:00			

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 [Y] if yes opposite.  (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	<del>09:00</del> 09:24:00	24:00	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tues	09:00	24:00			
Wed	09:00	24:00		State any seasonal variations for playing recorded music (please read guidance note 4)	
Thurs	09:00	02:00			
Fri	09:00	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).
Sat	09:00	03:00			
Sun	12:00	23:00			



G

Performance of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both - please tick [Y] if yes opposite.  (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	09:00	21:00	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tues	09:00	21:00			
Wed	09:00	21:00		State any seasonal variations for the performance of dance (please read guidance note 4)	
Thurs	09:00	22:00			
Fri	09:00	22:00		Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5).	
Sat	09:00	22:00			
Sun	09:00	21:00			

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	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tues					
Wed				State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)	
Thurs					
Fri				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).	
Sat					
Sun					

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing		
			<b>Will the facilities for making music be indoors or outdoors or both</b> - please tick [Y] if yes opposite. (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tues					
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Thurs					
Fri			Non standard timings. Where you intend to use the premises for the 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).		
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</b> - please tick [Y] if yes opposite. (please read guidance note 2)		Indoors	<input checked="" type="checkbox"/>
					Outdoors	
					Both	
Day	Start	Finish				
Mon	09:00	24:00	Please give further details here (please read guidance note 3)			
Tues	09:00	24:00				
Wed	09:00	24:00	State any seasonal variations for providing dancing facilities (please read guidance note 4)			
Thurs	09:00	02:00				
Fri	09:00	02:00	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 (please read guidance note 5).			
Sat	09:00	02:00				
Sun	09:00	24:00				

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 that you will be providing</b>		
			<b>Will the entertainment facility be indoors or outdoors or both - please tick [Y] if yes opposite.</b>	Indoors <input type="checkbox"/>	
				Outdoors <input type="checkbox"/>	
				Both <input type="checkbox"/>	
Day	Start	Finish	(please read guidance note 2)		
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tues					
Wed			<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)		
Thurs					
Fri			<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).		
Sat					
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 [Y] if yes opposite.</b>		
				Indoors <input type="checkbox"/>	
				Outdoors <input type="checkbox"/>	
				Both <input checked="" type="checkbox"/>	
Day	Start	Finish	(please read guidance note 2)		
Mon	23:00	05:00	<b>Please give further details here</b> (please read guidance note 3)		
Tues	23:00	05:00			
Wed	23:00	05:00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thurs	23:00	05:00			
Fri	23:00	05:00	<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	23:00	05:00			
Sun	23:00	05:00			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption: please tick [Y] if yes opposite.  (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	00:01	24:00						
Tues	00:01	24:00						
Wed	00:01	24:00						
Thurs	00:01	24:00						
Fri	00:01	24:00				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).		
Sat	00:01	24:00						
Sun	00:01	24:00						

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

Name: STUART GAVIN WILSON

Addr .....

.....

.....

Postc .....

Persc .....

Issui .....

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	00:01	24:00	Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 5)
Tues	00:01	24:00	
Wed	00:01	24:00	
Thurs	00:01	24:00	
Fri	00:01	24:00	
Sat	00:01	24:00	
Sun	00:01	24:00	

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)

ALL FOUR LICENCING OBJECTIVES WILL BE STRICTLY ADHERED TO.

b) The prevention of crime and disorder

CCTV WILL BE INSTALLED COVERING PREMISES AND ON 24 DAY RECORD.  
 WE WILL JOIN THE L.V.A.  
 DOOR STAFF WILL BE TAKEN ON FOR ANY EVENT OF 100+ WITH AT LEAST 2 ~~TR~~ DOOR STAFF.

c) Public safety

ADEQUATE LIGHTING BOTH INTERNALLY AND EXTERNALLY.  
ALL EXIT ROUTES CLEARLY MARKED  
NEW FIRE ALARM INSTALLED  
REMOVAL OF ANY GLASS ETC.

d) The prevention of public nuisance

- ① NOISE LEVELS WILL BE MONITORED TO ENSURE NO NUISANCE TO LOCAL RESIDENTS.
- ② NOTICES ERECTED FOR CUSTOMERS TO LEAVE QUIETLY
- ③ CLOSED DOOR POLICY - NOBODY TO BE ALLOWED ENTRY AFTER 24:00 UNLESS PRIVATE EVENT.
- ④ DOOR STAFF 1:00 (MINIMUM OF 2)

e) The protection of children from harm

'CHALLENGE 25' POLICY  
NO UNACCOMPANIED CHILDREN ALLOWED.

**CHECKLIST:-**

- 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

Please tick ✓/yes

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**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 19/10/10

Capacity PARTNER

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 19/10/10

Capacity PARTNER

Contact name (where not previously given) and postal 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 please provide your e-mail address (optional)	