

LA. Received 23/12/10

FS6023
£100 CASH
23/12/2010

Gloucester City Council

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 JASON SMITH / JOSHUA MILLS

[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>36 a Bishopstone Road,</u>	
Post town <u>Gloucester</u>	Post code <u>GL1 4BZ</u>

Telephone number of premises (if any)

Non-domestic rateable value of premises

£ NO RATEABLE VALUE

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

- | | | |
|---|-------------------------------------|-----------------------------|
| | Please tick ✓ | |
| 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 checked="" 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) |

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:

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or Please tick ✓ yes
- I am making the application pursuant to a
 - 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	
12 BIRCHWOOD FIELDS TUFFLEY	
Post town GLoucester	Post code GL4 0AP
Daytime contact telephone number:	07738548461
Email address (optional)-	

SECOND INDIVIDUAL APPLICANT (if applicable)

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

Surname
MILLS

First names
JOSHUA

I am 18 years old or over

Please tick yes

Current postal address if different from premises address 36 A BISHOPSTONE ROAD	
Post town GLOUCESTER	Post code GL1 4BZ
Daytime contact telephone number: 07845531049	
Email address (optional)- JOSHUA.MILLS @HOTMAIL.CO.UK	

(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
08	12	2010

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)

DOMESTIC ADDRESS WHERE ALCOHOL WILL BE STORED BUT NOT SOLD FROM.

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			Please give further details here (please read guidance note 3)	Both		
Tues						
Wed				State any seasonal variations for performing plays (please read guidance note 4)		
Thurs						
Fri			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).			
Sat						
Sun						

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	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tues					
Wed			State any seasonal variations for the exhibition of films (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					

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			
Tues			
Wed			State any seasonal variations for indoor sporting events (please read guidance note 4)
Thurs			
Fri			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			
Sun			

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				Both	
Tues					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thurs					
Fri			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					
Sun					

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		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 3)	Both		
Tues						
Wed				State any seasonal variations for the performance of live music (please read guidance note 4)		
Thurs						
Fri				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						
Sun						

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	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tues					
Wed			State any seasonal variations for playing recorded music (please read guidance note 4)		
Thurs					
Fri			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					
Sun					

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		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 3)	Both		
Tues						
Wed				State any seasonal variations for the performance of dance (please read guidance note 4)		
Thurs						
Fri						
Sat				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).		
Sun						

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 Will this 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			Please give further details here (please read guidance note 3)	Both		
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						
Sat				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						

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing																										
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td></td><td></td></tr> <tr><td>Tues</td><td></td><td></td></tr> <tr><td>Wed</td><td></td><td></td></tr> <tr><td>Thurs</td><td></td><td></td></tr> <tr><td>Fri</td><td></td><td></td></tr> <tr><td>Sat</td><td></td><td></td></tr> <tr><td>Sun</td><td></td><td></td></tr> </tbody> </table>			Day	Start	Finish	Mon			Tues			Wed			Thurs			Fri			Sat			Sun			Will the facilities for making music be indoors or outdoors or both - please tick [Y] if yes opposite. (please read guidance note 2)	Indoors	
			Day	Start	Finish																								
			Mon																										
Tues																													
Wed																													
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Fri																													
Sat																													
Sun																													
Outdoors																													
Both																													
			Please give further details here (please read guidance note 3)																										
			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)																										
			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).																										

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both - please tick [Y] if yes opposite.																										
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td></td><td></td></tr> <tr><td>Tues</td><td></td><td></td></tr> <tr><td>Wed</td><td></td><td></td></tr> <tr><td>Thurs</td><td></td><td></td></tr> <tr><td>Fri</td><td></td><td></td></tr> <tr><td>Sat</td><td></td><td></td></tr> <tr><td>Sun</td><td></td><td></td></tr> </tbody> </table>			Day	Start	Finish	Mon			Tues			Wed			Thurs			Fri			Sat			Sun			(please read guidance note 2)	Indoors	
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Both																													
			Please give further details here (please read guidance note 3)																										
			State any seasonal variations for providing dancing facilities (please read guidance note 4)																										
			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).																										

K

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 that you will be providing		
			Will the entertainment facility be indoors or outdoors or both - please tick [Y] if yes opposite.	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	(please read guidance note 2)		
Mon			Please give further details here (please read guidance note 3)		
Tues					
Wed			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within (I) or (J) (please read guidance note 4)		
Thurs					
Fri			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 (please read guidance note 5).		
Sat					
Sun					

L

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 [Y] if yes opposite.		
				Indoors	
				Outdoors	
				Both	
Day	Start	Finish	(please read guidance note 2)		
Mon			Please give further details here (please read guidance note 3)		
Tues					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thurs					
Fri			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times to those listed in the column on the left, please list (please read guidance note 5).		
Sat					
Sun					

M

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

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

Name: JASON MICHAEL SMITH

Address: [REDACTED]

Postcode: [REDACTED]

Personal Licence number (if known): [REDACTED]

Issuing licensing authority (if known): [REDACTED]

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)

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			PREMISES WILL <u>NOT</u> BE OPEN TO THE PUBLIC.
Tues			
Wed			
Thurs			
			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)
Fri			
Sat			
Sun			

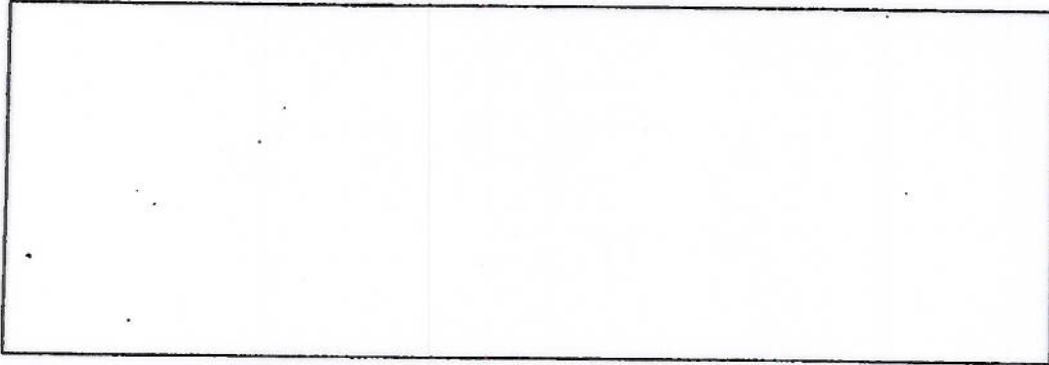
P

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

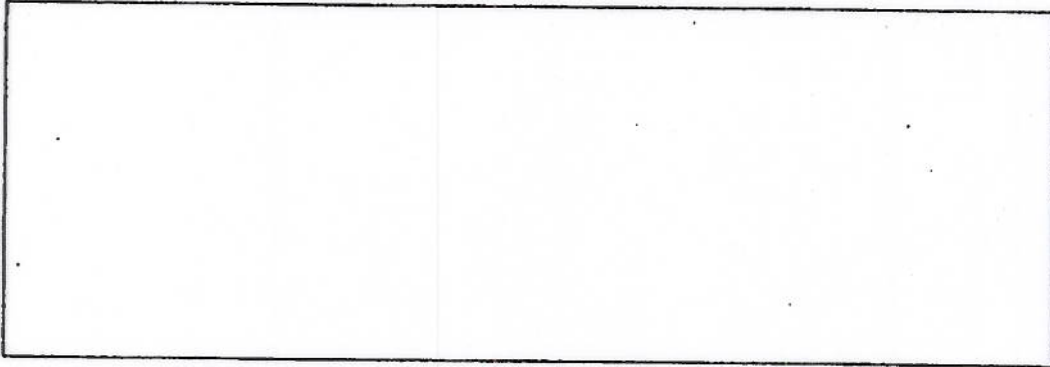
a) General – all four licensing objectives (b, c, d, e) (please read guidance note 9)

b) The prevention of crime and disorder

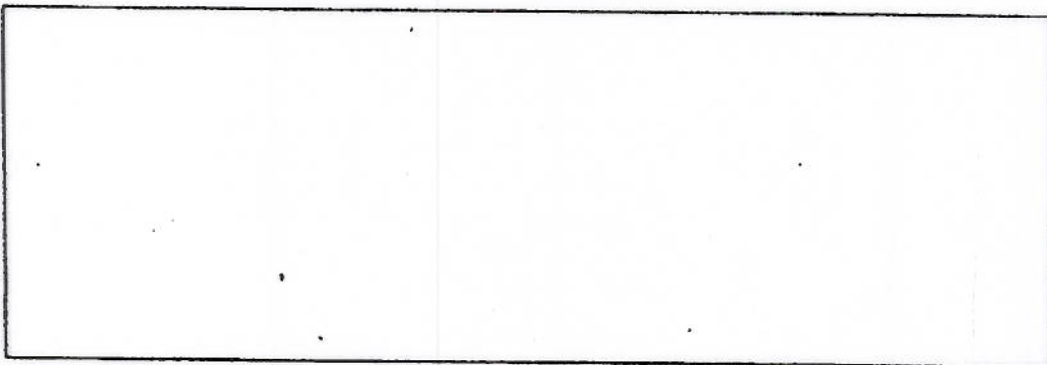
c) **Public safety**



d) **The prevention of public nuisance**



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



CHECKLIST:-

- | | |
|--|--------------------------|
| | Please tick ✓/yes |
| • I have made or enclosed payment of the fee | <input type="checkbox"/> |
| • I have enclosed the plan of the premises | <input type="checkbox"/> |
| • I have sent copies of this application and the plan to responsible authorities and others where applicable | <input type="checkbox"/> |
| • I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable | <input type="checkbox"/> |
| • I understand that I must now advertise my application | <input type="checkbox"/> |
| • I understand that if I do not comply with the above requirements my application will be rejected | <input type="checkbox"/> |

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent. (See guidance note 11) If signing on behalf of the applicant please state in what capacity.

Signature

Date

Capacity

For joint applications signature of 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)	
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)	

Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day, e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.