

Appendix 1

Kenneth Curtis & Co.

Solicitors
Established 1947

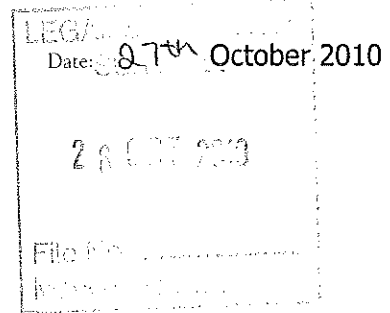
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Partners: Anthony Curtis LL.B. · David Wellington LL.B.
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88 Aldridge Road, Perry Barr, Birmingham B42 2TP

□ Licensing Office
Dudley MBC
Law & Property,
5 Ednam Road,
Dudley,
West Midlands
□ DY1 1HL

Our Ref: AAC/NMR/P1322

Your Ref:



Dear Sirs,

PROPOSED NIGHTCLUB – 41A/42 HIGH STREET, STOURBRIDGE, DY8 1DA

We enclose the following:-

1. application for the grant of a Premises Licence.
2. licensing plan drawn to the standard scale.
3. DPS consent form signed by the proposed DPS.
4. cheque made payable for Dudley MBC for £190 being the band B fee payable.

We confirm we have sent the application the Responsible Authorities as required. We are aware that the premises are within the cumulative impact area. We have had meetings with the Police and have provided them with suggested conditions. The applicants believe that they will not add to the cumulative impact within this area due to the conditions proposed in the operating schedule to regulate the Premises Licence.

We have provided the applicant with the blue notice for display outside the premises. We will co-ordinate the advertisement in the local newspaper.

Yours faithfully,

KENNETH CURTIS & CO



Associates: David J Sheppard, Stephen A Hogan LL.B. Conveyancing Executive: Diane J Nary
Also at: 3 Alcester Street, Redditch, Worcestershire B98 8AE. Tel: Redditch (01527) 61967

Service is not accepted by e-mail or fax

Regulated by the Solicitors Regulation Authority No 45861

**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 Christopher Jeremy Watson & Stephen Peters

(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 Chippers, First Floor, 41A / 42 High Street, Stourbridge, West Midlands, DY8 1DA			
Post town		Post code	

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£11500 14,250

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick yes

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

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Peters			First names Stephen		
I am 18 years old or over				<input checked="" 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
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
A	L	A
P		

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

Day	Month	Year

Please give a general description of the premises (please read guidance note1)
Bar/ Nightclub premises on the first floor with one main entrance and exit from the high street

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 yes

- | | |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------|
| a) plays (if ticking yes, fill in box A) | <input 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 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 type="checkbox"/> |

Provision of entertainment facilities:

- | | |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------|
| i) making music (if ticking yes, fill in box I) | <input checked="" type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input checked="" type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |

Provision of late night refreshment (if ticking yes, fill in box L)

Supply 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)			<u>Will the performance of a play 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					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri					
Sat			<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> (please read guidance note 5)		
Sun					

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 checked="" 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) music videos maybe shown		
Mon	1200	0200			
Tue	1200	0200	<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Wed	1200	0200			
Thur	1200	0200	<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)		
Fri	1200	0200			
Sat	1200	0200			
Sun	1200	0200			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Mon			
Tue			<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)
Wed			
Thur			
Fri			
Sat			
Sun			

D

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

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" 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) amplified music and voice		
Mon	1200	0200			
Tue	1200	0200	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Wed	1200	0200			
Thur	1200	0200	<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	1200	0200			
Sat	1200	0200			
Sun	1200	0200			

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) amplified music & voice with DJ's		
Mon	1200	0200			
Tue	1200	0200	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Wed	1200	0200			
Thur	1200	0200	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)		
Fri	1200	0200			
Sat	1200	0200			
Sun	1200	0200			

G

Performances 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 (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	1200	0200			
Tue	1200	0200			
Wed	1200	0200	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	1200	0200			
Fri	1200	0200	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 (please read guidance note 5)		
Sat	1200	0200			
Sun	1200	0200			

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p><u>Please give a description of the type of entertainment you will be providing</u></p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p>		
Fri					
Sat			<p><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> (please read guidance note 5)</p>		
Sun					

I

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 Karaoke machine is possible, Amplifer, speakers. maybe instruments, but very rarely if at all,			
			Will the facilities for making music be indoors or outdoors or both – please tick (please read guidance note 2)		Indoors <input checked="" type="checkbox"/>	
			Outdoors <input type="checkbox"/>	Both <input type="checkbox"/>		
Day	Start	Finish	Please give further details here (please read guidance note 3) very rarely if at all, maybe karaoke			
Mon	1200	0200				
Tue	1200	0200				
Wed	1200	0200			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)	
Thur	1200	0200				
Fri	1200	0200			Non standard timings. Where you intend to use the premises for 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	1200	0200				
Sun	1200	0200				

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			<u>Will the facilities for dancing be indoors or outdoors or both – please tick</u> (see guidance note 2)	Indoors <input checked="" type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	<u>Please give a description of the facilities for dancing you will be providing</u> dance floor, lighting & all usual Complementary facilities	
Mon	1200	0200	<u>Please give further details here</u> (please read guidance note 3)	
Tue	1200	0200		
Wed	1200	0200	<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)	
Thur	1200	0200		
Fri	1200	0200	<u>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</u> (please read guidance note 5)	
Sat	1200	0200		
Sun	1200	0200		

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)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)		
Fri					
Sat			<u>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</u> (please read guidance note 5)		
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 (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	2300	0200	<u>Please give further details here</u> (please read guidance note 3) hot drinks and hot snacks maybe served	Both	<input type="checkbox"/>
Tue	2300	0200			
Wed	2300	0200	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur	2300	0200			
Fri	2300	0200	<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	2300	0200			
Sun	2300	0200			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (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	1200	0200			
Tue	1200	0200			
Wed	1200	0200			
Thur	1200	0200			
Fri	1200	0200			
Sat	1200	0200			
Sun	1200	0200	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)		

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

Name Christopher Jeremy Watson	
Address 13 Dennis Hall Rd Amblecote Stourbridge West Mids DY8 4EL	
Postcode	
Personal Licence number (if known) TBA APPLICATION PENDING	
Issuing licensing authority (if known)	

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)

none

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	1200	0230	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 guidance note 5)
Tue	1200	0230	
Wed	1200	0230	
Thur	1200	0230	
Fri	1200	0230	
Sat	1200	0230	
Sun	1200	0230	

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)

1. The DPS or other qualified person will train all bar staff at the premises on the basic laws of selling alcohol with particular regard to:- prevention of underage sales of alcohol; identification of intoxicated persons; the licensing objectives and compliance with the Premises Licence conditions. Regular refresher training will be provided.
2. A training record will be kept and maintained by the DPS at the premises which will include the date of training, the topics included and the name of the trainer and staff member being trained.
3. No entry into the premises is authorised after Midnight on any day, unless it is by pre-arrangement with the names of those authorised being logged in a book which is open for inspection by any Responsible Authority or Authorised Officer of the City Council. This is designed to ensure the premises does not add to the cumulative impact.
4. The DPS will actively participate in any local Pub Watch scheme and the premises will participate in any radio link scheme in operation.
5. At the end of the night dispersal of customers will be managed to minimise over crowding outside the premises and for the promotion of the Licensing Objectives and to ensure the premises do not contribute to a cumulative impact.

b) The prevention of crime and disorder

1. A CCTV system will be installed at the premises to the reasonable satisfaction of West Midlands Police and must be operational when the premises are open to trade. All recordings will be given to West Midlands police or any other Responsible Authority upon demand. Recordings must be retained for 28 days.
2. The premises licence holder is to prepare a risk assessment for door security requirements to the reasonable satisfaction of West Midlands Police and the requirements identified are binding upon this premises licence.
3. The DPS or nominated person shall keep, and maintain a register of door supervisors, in which shall be recorded at the start of each period of duty the date, name, Door Supervisors SIA registration number, commencement and finishing time. The finishing time shall be completed at the end of the period of duty.
4. The DPS shall produce the register and the verification of Door Supervisors identities, upon request, at all reasonable times to any Police Officer or to any Authorised Officer of the City Council.
5. All on duty security/ door supervisors must wear high visibility jackets whilst attending the door and must wear high visibility arm bands within the premises itself.
6. An incident book will be maintained recording all incidents of crime and disorder irrespective of whether the emergency services have been called or not. The book will be made available to West Midlands Police on request.
7. The premises will have an absolute 'zero tolerance' in relation to Misuse of Drugs. This fact will be emphasised by signage at the premises and within any promotional literature.

8. Where individuals are suspected of being involved in drug use or drug dealing, best efforts will be made to identify the individual/s and intelligence will be passed to police.
9. Any person within the premise suspected of being in possession of unlawful drugs will be asked to submit to a drugs search. If they decline, they will be removed from the premises.
10. Any recovered drugs will be logged and stored in compliance with local police policy.
11. Regular toilet checks will be managed to promote the zero drug policy of the premises.
12. No customers carrying open or sealed drinking vessels shall be allowed to enter or leave the premises at any time that the premises are open to the public.
13. Clear and prominent notices shall be displayed on the premises warning customers of the need to guard their property and to be aware of the operation of pickpockets, bag snatchers, etc. The notices shall advise customers to report concerns to the designated premises supervisor or the person in charge of the licensed premises.

c) Public safety

1. Adequate and appropriate supply of first aid equipment and materials must be available on the premises at all times.
2. Regular glass and bottle collections will be managed

d) The prevention of public nuisance

1. Noise or vibration must not emanate from the premises so as to cause a nuisance to nearby properties.
2. No external Regulated Entertainment is authorised and no external speakers shall be used.
3. Prominent, clear and legible notices must be displayed at the exit requesting the public to respect the needs of local residents and to leave the premises and the area quietly.
4. Doors and windows to the premises will be kept closed, so far as practicable, at all times when noise generating Regulated Entertainment is taking place i.e. live and recorded music.
5. Bottling out from the premises is prohibited between 2100 hours and 0900 hours.
6. Refuse such as bottles must be placed into receptacles outside the premises at times that will minimise the disturbance to nearby properties.
7. A dedicated taxi ordering service will be offered to exiting customers to promote the dispersal of customers from the area.

e) The protection of children from harm

1. Premises will operate a Challenge 25 policy.
2. Challenge 25 signage will be displayed at the venue so that it is clear to all customers.
3. Refusals will be logged in a refusal register, which must be available for inspection by any of the Responsible Authorities.
4. Acceptable ID will be a passport, photo driving licence or a Government approved proof of age card.
5. No under 18's are allowed into the premise at any time that the premises are open for licensable activity.

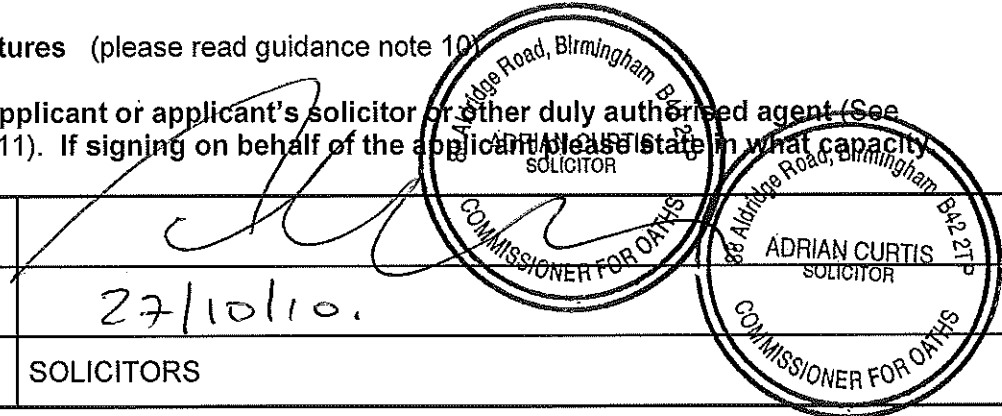
Please tick yes

- 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

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	27/10/10.
Capacity	SOLICITORS

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) KENNETH CURTIS & CO REF AAC/ 88 ALDRIDGE ROAD, PERRY BARR,			
Post town	BIRMINGHAM	Post code	B42 2TP
Telephone number (if any)	0121 356 1161		
If you would prefer us to correspond with you by e-mail your e-mail address (optional) N/A			

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.

Consent of individual to being specified as premises supervisor

Christopher Jeremy Watson

I

_____ *[full name of prospective premises supervisor]*

of



_____ *[home address of prospective premises supervisor]*

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

Premises Licence

_____ *[type of application]*

by

Mr Stephen Peters & Christopher Jeremy Watson

_____ *[name of applicant]*

relating to a premises licence

_____ *n/a*
[number of existing licence, if any]

for

41a/42 High Street
Stourbridge
West Midlands

_____ *[name and address of premises to which the application relates]*

and any premises licence to be granted or varied in respect of this application made by

MR STEVE PETERS & MR CHRIS WATSON
[name of applicant]

concerning the supply of alcohol at

41/42A HIGH ST
STOURBRIDGE
WEST MIDS

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

T.B.A.
[insert personal licence number, if any]

Personal licence issuing authority

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

CHRISTOPHER WATSON

Date

18/10/10