

[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 JOSEPH BLOOM apply for a premises licence under section 17 of
(Insert name(s) of applicant)
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>UNIT 5 BARNETT LANE</u>	
Post town <u>KINGSWINFORD</u>	Post code <u>DY6 9PS</u>

Telephone number at premises (if any)

Non-domestic rateable value of premises

 £ 5 200.00

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 ☒ Mrs ☐ Miss ☐ Ms ☐ Other title (for example, Rev) ☐

Surname

BROGAN

First names

JOSEPH MICHAEL

Please tick ☒ yes

I am 18 years old or over

Current postal address if different from premises address

4 OAK LANE CARAVAN PARK

Post Town

KINGSWINFORD

Postcode

DV6 7JS

Daytime contact telephone number

07748036047

E-mail address (optional)

SECOND INDIVIDUAL APPLICANT (if applicable)

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

Surname First names

Please tick
✓ yes

I am 18 years old or over

☐

Current postal
address
if different from
premises address

Post Town

Postcode

Daytime contact telephone number

E-mail address
(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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

The premises WAS TRADING
AS off licence and WAS
Closed about three years ago

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 ☒ 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 description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H) ☐

Provision of entertainment facilities for:

- 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)

☐

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)			Will the performance of a play take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
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] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
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 (please read guidance note 3)	
Day	Start	Finish		
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)	
Tue				
Wed				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)
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 [Y](please read guidance note 2)	Indoors			
Day	Start	Finish		Outdoors			
Mon			Please give further details here (please read guidance note 3)	Both			
Tue				State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)			
Wed					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)		
Thur							
Fri							
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] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur					
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] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for playing recorded music (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

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 [Y] (please read guidance note 2)</u>	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			<u>Please give further details here (please read guidance note 3)</u>		
Tue					
Wed			<u>State any seasonal variations for the performance of dance (please read guidance note 4)</u>		
Thur					
Fri			<u>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)</u>		
Sat					
Sun					

H

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

Sat			Non standard timings. Where you intend to use the premises for the entertainment of 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			

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		
			Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)		
			Indoors		
			Outdoors		
			Both		
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

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] (see guidance note 2)		
			Indoors		
			Outdoors		
			Both		
Day	Start	Finish			
			Please give a description of the facilities for dancing you will be providing		

Mon			<u>Please give further details here (please read guidance note 3)</u>
Tue			
Wed			<u>State any seasonal variations for providing dancing facilities (please read guidance note 4)</u>
Thur			<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 (please read guidance note 5)</u>
Fri			
Sat			
Sun			

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 [Y] (please read guidance note 2)</u>	Indoor
				Outdoor
Mon				Both
Tue			<u>Please give further details here (please read guidance note 3)</u>	
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 or K (please read guidance note 4)</u>	
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 (please read guidance note 5)</u>	
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] (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed					
Thur			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Fri					
Sat			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)		
Sun					

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	On the premises	
				Off the premises	✓
				Both	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	10.00	22.00			
Tue	10.00	22.00			
Wed	10.00	22.00			
Thur	10.00	22.00	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)		
Fri	10.00	22.00			
Sat	10.00	22.00			

Sun	10.00	22.00	

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

Name... MR JOSEPH MILNEAL BLOGAN
Address... 4 OAK CANE
CAEWAN PARK, KINGSTOWN, DUBLIN 7
Postcode... DUBLIN 7
Personal Licence number(if known) ... DY 50 2005
Issuing licensing authority (if known) ... Dublin MRC

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 timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	8.00pm	10.00pm	Non standard timings. Where you intend to use 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	8.00pm	10.00pm	
Wed	8.00pm	10.00pm	
Thur	8.00pm	10.00pm	
Fri	8.00pm	10.00pm	
Sat	8.00pm	10.00pm	
Sun	10.00am	10.00pm	

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)

To promote the four licensing objectives I will

- * install Redcare Alarm System
- * install CCTV 24hrs surveillance
- * join Partnership Meetings
- * poster and sign to show clear meanings

b) The prevention of crime and disorder

To join Partnerships Working in the Local Area with Local Residence police and other Licence Holders to reduce crime and disorder. In order to discuss and resolve problems display CCTV posters having Redcare Alarm Systems

c) Public safety

I will have CCTV systems set up on 24 hours recording and around the shop whilst trading and closed. To work with the police and Assits. ~~Give~~ them with video evidence at any time. Display CCTV posters in and around shop to ensure public safety

d) The prevention of public nuisance

To keep our side shop nice + clean and prevent any disturbance our side shop

e) The protection of children from harm

To use the (under 25 rule) if someone is buying Alcohol Believed to be under 18 He/she will need ID to prove their age. When refuse of sale of Alcohol and they object and play up be prepared to call the police if it get out of hand as well as having a Refusal Book

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

J Brown

Date

Capacity

Applicant

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)

6 OAK LANE CARAVAN & PARK

Post town

1C124 SWINFORD

Post code

DL6 7SS

Telephone number (if any)

07748 036047

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

Consent of individual to being specified as premises supervisor

I JOSEPH MICHAEL BROWN
[full name of prospective premises supervisor]

of 4 OAK LAKE CARAVAN PARK
..... KINGSWINFORD WEST MIDLANDS DY6 7JS

.....
[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

..... NEW [type of application]

by JOSEPH MICHAEL BROWN [name of applicant]

relating to a premises licence [number of existing licence, if any]

for UNIT 5 BARNETT LAKE
..... KINGSWINFORD DY6 9PJ

.....
[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 JOSEPH MICHAEL BROWN [name of applicant]

concerning the supply of alcohol at UNIT 5 BARNETT
..... LAKE KINGSWINFORD DY6 9PJ

.....
[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 DY50 2005
[insert personal licence number, if any]

Personal licence issuing authority DARLEY M.B.C.
[insert name and address and telephone number of personal licence issuing authority, if any]

..... J Brown signed

..... JOSEPH BROWN name (please print)

..... 24/9/2010 dated