

**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 MISS EMILY ALYSE GREEN
(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 <u>SAFE SELF STORAGE PLANTATION MILL FLIP ROAD CARRS INDUSTRIAL ESTATE HASLINGDEN</u>	
Post town	<u>ROSSENDALE</u>
Post code	<u>BB4 5EJ</u>
Telephone number at premises (if any)	<u>01706 228262</u>
Non-domestic rateable value of premises	<u>£33600</u> <u>33750</u>

ROSSENDALE
LICENSING UNIT
RECEIVED
12 MAY 2010
169533

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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname GREEN			First names EMILY ALYSE		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		BISLEY MOORSIDE FARM MOORSIDE ROAD EDG WORTH			
Post Town	BOLTON		Postcode	BL7 0JZ	
Daytime contact telephone number			07989 710655		
E-mail address (optional)		egreen90@hotmail.co.uk			

SECOND INDIVIDUAL APPLICANT (if applicable)

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

E-mail address (optional)	
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(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
0	1	05 20 10

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)

THE SAFE SELF STORAGE UNIT IS A PREMISES AT CARRS INDUSTRIAL ESTATE. THE BAR IS SITUATED AT THE CLOSEST END TO THE ENTRANCE TO THE LARGE HALL ON THE SITE. IT HAS AN ADJACENT FLAGGED OUTDOOR PATIO AREA USED FOR EXTERNAL SEATING. ~~FEWILL~~

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)
- 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:

- 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)			<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					
			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Tue					
			<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)		
Wed					
Thur					
Fri					
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 (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	08.00	00.00			
			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Tue	08.00	00.00			
			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)		
Wed	08.00	00.00			
Thur	08.00	00.00			
Fri	08.00	00.00			
Sat	08.00	00.00			
Sun	08.00	00.00			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			
Thur			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
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 (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	08.00	00.00	Please give further details here (please read guidance note 3) BOTH ACOUSTIC AND AMPLIFIED LIVE MUSIC PERFORMANCES.		
Tue	08.00	00.00			
Wed	08.00	00.00	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	08.00	00.00			
Fri	08.00	00.00	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) PLAYING TO EXTEND TO 00.30 ON ALL RECOGNISED BANK HOLIDAYS, CHRISTMAS EVE AND 02.00 ON NEW YEAR'S EVE.		
Sat	08.00	00.00			
Sun	08.00	00.00			

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon	08.00	00.00	PROVISION OF RECORDED MUSIC USING SYSTEM WITH AMPLIFICATION		
Tue	08.00	00.00			
Wed	08.00	00.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Thur	08.00	00.00			
Fri	08.00	00.00	<u>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</u> (please read guidance note 5)		
Sat	08.00	00.00	PLAYING TO EXTEND TO 00.30 ON ALL RECOGNISED BANK HOLIDAY SUNDAYS, CHRISTMAS EVE + 02.00 ON NEW YEAR'S EVE.		
Sun	08.00	00.00			

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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	08.00	00.00			
Tue	08.00	00.00	State any seasonal variations for the performance of dance (please read guidance note 4)		
Wed	08.00	00.00			
Thur	08.00	00.00	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)		
Fri	08.00	00.00			
Sat	08.00	00.00	TO EXTEND TO 00.30 ON ALL RECOGNISED BANK HOLIDAYS, CHRISTMAS EVE + NEW YEAR'S EVE		
Sun	08.00	00.00			

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> EXHIBITIONS OR SIMILAR ENTAILING LIVE PERFORMANCE OR DISPLAYS.		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	08.00	00.00		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	08.00	00.00	<u>Please give further details here</u> (please read guidance note 3)		
Wed	08.00	00.00			
Thur	08.00	00.00	<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)		
Fri	08.00	00.00			
Sat	08.00	00.00	<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)		
Sun	08.00	00.00	TO EXTEND TO 00.30 ON ALL RECOGNISED BANK HOLIDAYS, CHRISTMAS EVE + 02.00 ON NEW YEAR'S EVE.		

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u> STAGING FOR LIVE MUSICAL PERFORMANCE OR SIMILAR			
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)			Indoors
			Outdoors			<input type="checkbox"/>
			Both			<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon	08.00	00.00				
Tue	08.00	00.00	<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)			
Wed	08.00	00.00				
Thur	08.00	00.00	<u>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</u> (please read guidance note 5)			
Fri	08.00	00.00				
Sat	08.00	00.00	TO EXTEND TO 00.30 ON BANK HOLIDAYS, CHRISTMAS EVE + NEW YEAR'S EVE			
Sun	08.00	00.00				

J

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 (see guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input checked="" type="checkbox"/>
			Please give a description of the facilities for dancing you will be providing	
			STAGING + DANCE FLOOR WHERE APPLICABLE	
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon	08.00	00.00		
Tue	08.00	00.00		
Wed	08.00	00.00	State any seasonal variations for providing dancing facilities (please read guidance note 4)	
Thur	08.00	00.00		
Fri	08.00	00.00	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	08.00	00.00	EXTEND TO 00.30 BANK HOLIDAYS,	
Sun	08.00	00.00	CHRISTMAS EVE + NEW YEAR'S EVE.	

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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Tue					
			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)		
Wed					
Thur					
Fri					
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 box) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	08.00	00.00			
Tue	08.00	00.00			
Wed	08.00	00.00			
Thur	08.00	00.00			
Fri	08.00	00.00			
Sat	08.00	00.00			
Sun	08.00	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) TO EXTEND TO 00.30 ON BANK HOLIDAYS, CHRISTMAS + NEW YEAR'S EVE.		
Thur	08.00	00.00			
Fri	08.00	00.00			
Sat	08.00	00.00			
Sun	08.00	00.00			

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

Name	MRS CLAIRE GREEN
Address	BISLEY MOORSIDE FARM MOORSIDE ROAD EDG WORTH BOLTON
Postcode	BL7 0JZ
Personal Licence number (if known)	PL 201148. EXP 18/03/2020
Issuing licensing authority (if known)	BLACKBURN WITH DARWEN

DOB - 16/10/1962.

* This part replaced on 19/05/2010. Miss Emily Green is to be the premises supervisor. @wood

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			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			
Wed			
Thur			
Fri			
Sat			
Sun			

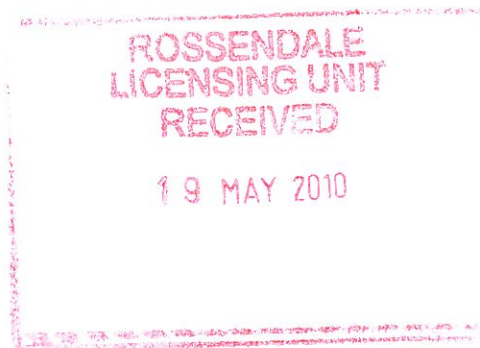
This page replaced by collected sheet received 19/05/2010. @adwick

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 type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	08.00	00.00			
Tue	08.00	00.00			
Wed	08.00	00.00			
Thur	08.00	00.00			
Fri	08.00	00.00			
Sat	08.00	00.00			
Sun	08.00	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)		
			TO EXTEND TO 00.30 ON BANK HOLIDAYS, CHRISTMAS + NEW YEAR'S EVE.		

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

Name	MRS CLAIRE GREEN MISSEMIY ALYSE GREEN	
Address	BISLEY MOORSIDE FARM MOORSIDE ROAD EDGWORTH BOLTON	
Postcode	BL7 0JZ	
Personal Licence number (if known)	112625	
Issuing licensing authority (if known)	BLACKBURN WITH DARWEN MANCHESTER CITY COUNCIL	



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	08.00	00.00	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) TO EXTEND TO 00.30 ON RECOGNISED BANK HOLIDAYS, CHRISTMAS + NEW YEAR'S EVE.
Tue	08.00	00.00	
Wed	08.00	00.00	
Thur	08.00	00.00	
Fri	08.00	00.00	
Sat	08.00	00.00	
Sun	08.00	00.00	

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)

CAPACITY OF LESS THAN 500 INCLUDING STAFF AT ANY ONE TIME.
THE PREMISES IS A DISTANCE FROM RESIDENTIAL AREAS + UNDER THE CONTROL OF ITS CARETAKER + A PERSONAL LICENSE HOLDER AT ALL TIMES.

b) The prevention of crime and disorder

USE OF TOUGHENED GLASS, SALES OF ALCOHOL WITHHELD FROM GROUPS CAUSING DISORDER, PREMISES SUPERVISED BY PERSONAL LICENSE HOLDERS, MAINTENANCE OF AN INCIDENT LOG.

c) Public safety

MONITOR CAPACITY SO IT IS NOT EXCEEDED

d) The prevention of public nuisance

NO RESIDENTS IN CLOSE PROXIMITY. SIGNS DISPLAYED REQUESTING PEOPLE LEAVE QUIETLY, PROVISION OF CLEARLY LABELLED RUBBISH BINS. STAFF REQUESTING CUSTOMERS LEAVE QUIETLY, USE OF OWN CAR PARK WHILST PREMISES OPEN.

e) The protection of children from harm

CHILDREN UNDER PARENTAL CONTROL.
CHALLENGE - 25 INITIATIVE IN PLACE FOR STAFF + CLEARLY SIGNED.
NO CIGARETTE OR GAMES MACHINES, NON SMOKING BUILDING,

✓
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	<i>Al Green</i>
Date	10/5/2010
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)			
Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

LICENSING ACT 2003

FORM OF CONSENT BY A PERSON WHOM THE APPLICANT WISHES TO BE THE PREMISES SUPERVISOR

1¹ ~~MRS CLAIRE GREEN~~ MISS EMILY ALYSE GREEN
Of² BISLEY MOORSIDE FARM, MOORSIDE ROAD, EDG WORTH. BOLTON.
BL7 0JZ

hereby confirm that I give my consent to be specified as the Designated Premises Supervisor in relation to the application for³ A PREMISES LICENSE

by⁴ MISS EMILY ALYSE GREEN

relating to a premises licence number (if known)

for⁵ SAFE STORE SELF STORAGE,
PLANTATION MILL,
FLIP ROAD, CARRS IND ESTATE. HASLINGDEN BB4 5EJ

and any premises licence to be granted or varied in respect of this application made by⁶

MISS EMILY ALYSE GREEN
concerning the supply of alcohol at⁵ SAFE STORE SELF STORAGE,
PLANTATION MILL,
FLIP ROAD, CARRS IND ESTATE, BB4 5EJ

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 Number⁷ 112625

Personal Licence Issuing Authority⁸ MANCHESTER CITY COUNCIL

Signed



Full Name (Please Print) ~~MRS CLAIRE GREEN~~ MISS EMILY ALYSE GREEN

Date 10/5/2010

It is an offence knowingly or recklessly to make a false statement in connection with an application and the maximum fine for which a person is liable on summary conviction for the offence is level 5 on the Standard Scale, currently £5,000.

NOTES

- 1 Insert full name of prospective premises supervisor
- 2 Insert home address of prospective premises supervisor
- 3 Insert the type of Application
- 4 Insert full name(s) of Applicant(s)
- 5 Insert Name, Address and Postcode of premises to which the application relates
- 6 Insert name of applicant
- 7 Insert Personal Licence Number if any
- 8 Insert name, address and telephone number of the Licensing Authority who issued your Personal Licence

This page replaced
by corrected sheet
received on 19/05/2010.
@hoadwa

LICENSING ACT 2003

APPLICATION PACK

REQUIREMENTS FOR PLANS ACCOMPANYING APPLICATIONS FOR PREMISES LICENCES AND CLUB PREMISES CERTIFICATES

Any plans submitted should conform to the following requirements:-

- Drawn to the scale of 1mm:100mm
- Show the extent of the boundary of the building, if relevant, and any external or internal walls of the building and, if different, the perimeter of the premises
- Show the location of points of access to and egress from the premises
- Show the location of any escape routes from the premises
- Show, where the premises is used for more than one existing licensable activity, the area within the premises used for each activity
- In a case where an existing licensable activity relates to the supply of alcohol, show the location or locations on the premises which is or are used for consumption of alcohol
- Show fixed structures (including furniture) or similar objects temporarily on a fixed location (but not furniture) which may impact on the ability of individuals on the premises to use exits or escape routes without impediment
- In a case where the premises includes a stage or raised area, show the location and height of each stage or area relative to the floor
- In a case where the premises includes any steps, stairs, elevators or lifts, show the location of the steps, stairs, elevators or lifts
- In a case where the premises includes any room or rooms containing public conveniences, the location of the room or rooms
- Show the location and type of any fire safety or other safety equipment - this includes fire extinguishers, fire doors, fire alarms and other similar equipment
- Show the location of a kitchen, if any, on the premises

The plan may include a legend, through which the matters mentioned or referred to above are sufficiently illustrated by the use of symbols on the plan.

Licensing Act 2003

Form of consent by a person whom the applicant wishes to be the premises supervisor

I (insert full name of prospective premises supervisor)

MISS EMILY ALYSE GREEN

of (insert home address of prospective premises supervisor)

BISLEY MOORSIDE FARM
MOORSIDE ROAD
EDG WORTH
BL7 0JZ

hereby confirm that I give my consent to be specified as the Designated Premises Supervisor in relation to the application for (insert the type of application)

A PREMISES LICENSE

by (insert full name(s) of Applicant(s))

MISS EMILY ALYSE GREEN

Relating to a premises licence number (if known)

for (Insert name, address and postcode of premises to which the application relates)

SAFE SELF STORAGE
PLANTATION MILL
FLIP ROAD
CARRS IND ESTATE
ROSSENDALE BB4 5EJ

and any premises licence to be granted or varied in respect of this application made by (insert name of applicant)

MISS EMILY ALYSE GREEN

Concerning the supply of alcohol at

SAFE SELF STORAGE
PLANTATION MILL
FLIP ROAD
CARRS IND ESTATE

I also confirm that I am (please tick relevant option):

applying for

intend to apply for

currently hold a personal licence, details of which I set out below

Personal Licence Number

112625

Personal Licence Issuing Authority

MANCHESTER CITY COUNCIL

Signed



Full Name (please print)

EMILY ALYSE GREEN

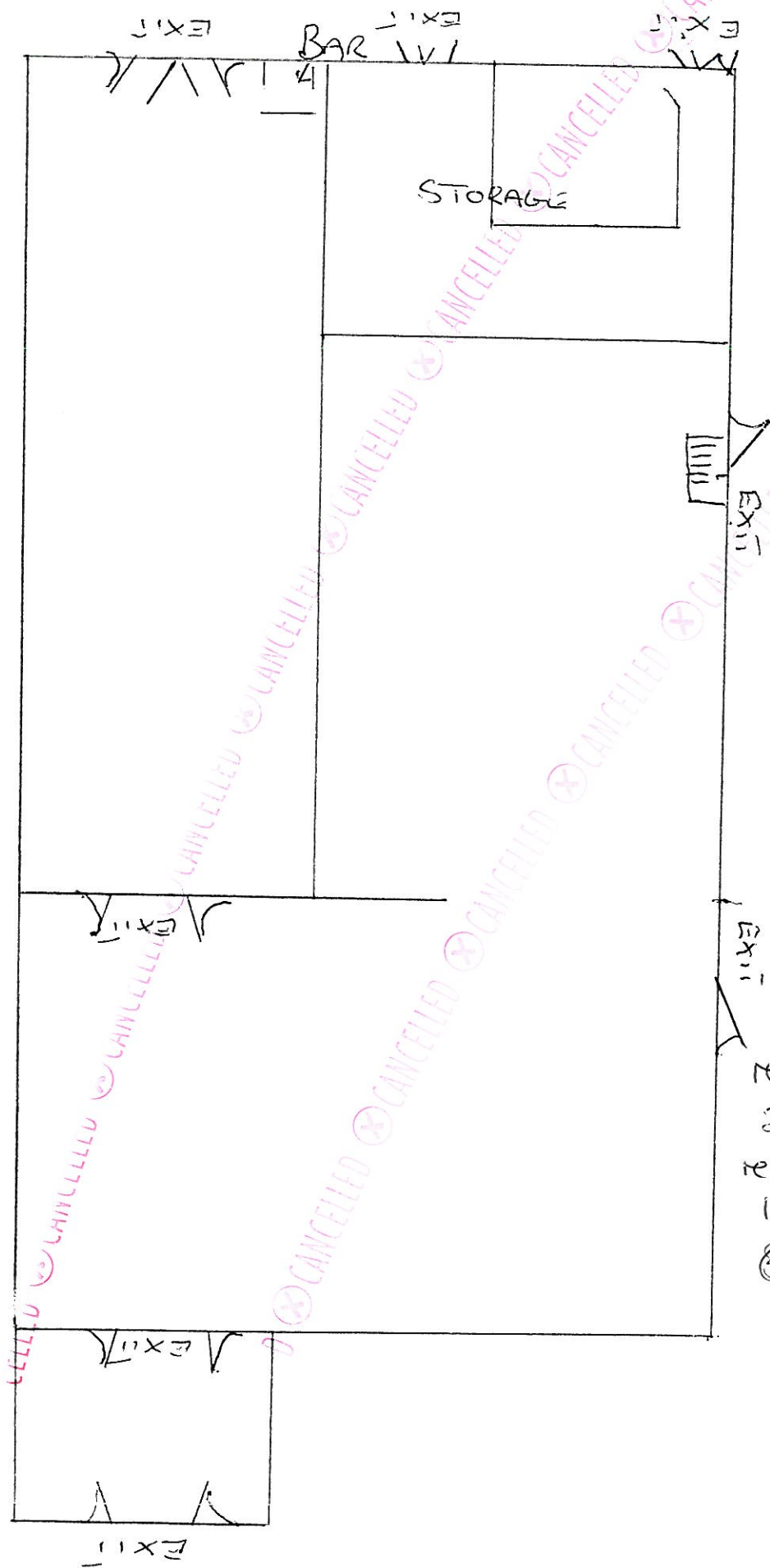
Date

19/5/2010

It is an offence knowingly or recklessly to make a false statement in connection with an application and the maximum fine for which a person is liable on summary conviction for the offence is level 5 on the Standard Scale, currently £5,000.

Expiry date
07/11/2018

BAR + MARKET HALLS



SCALE 1:200

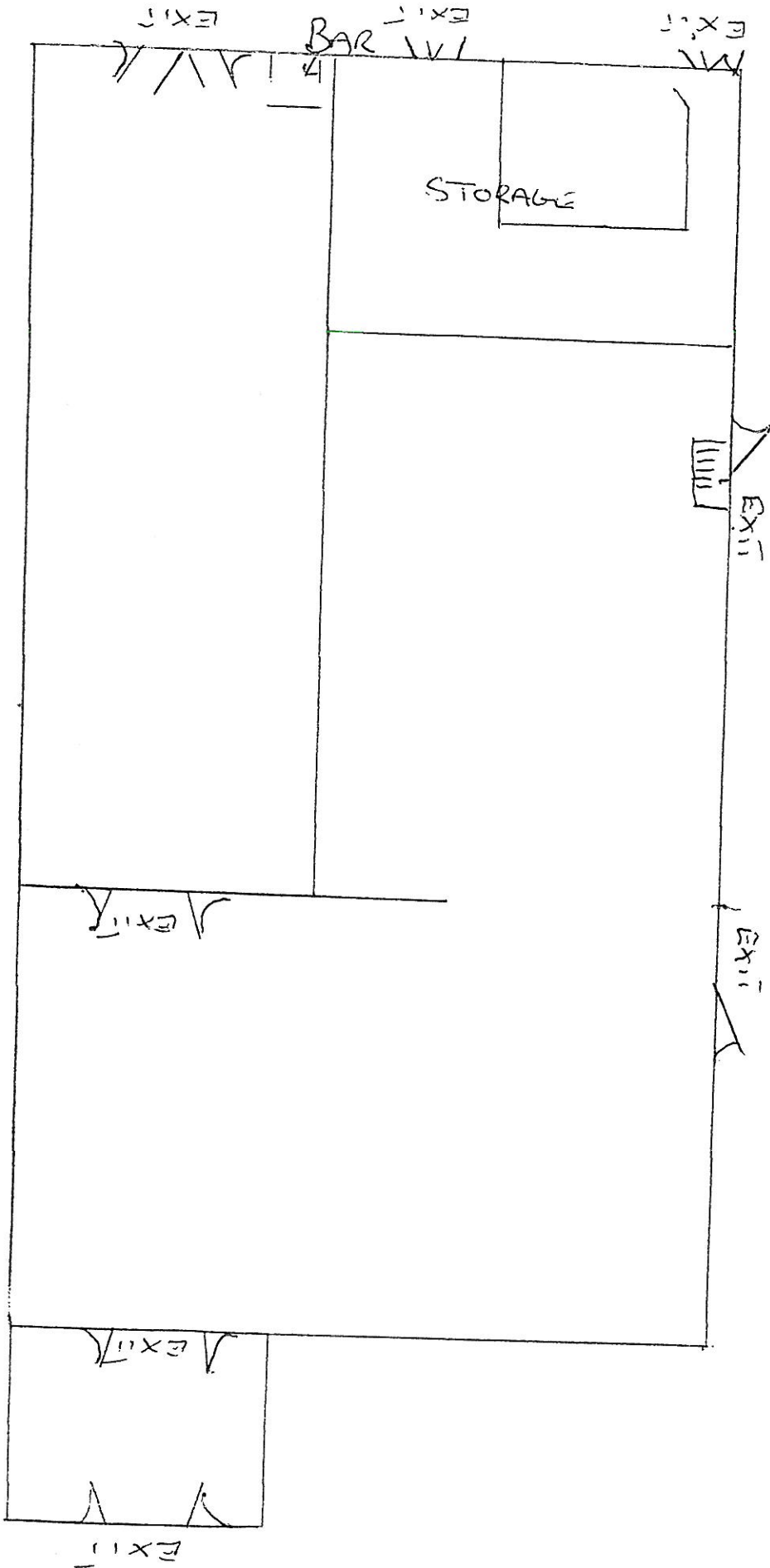
This plan (PI)
 replaced by
 amended one
 received on
 16/05/2010.
 Brodwick

INTERIOR PLAN OF PREMISES

PI

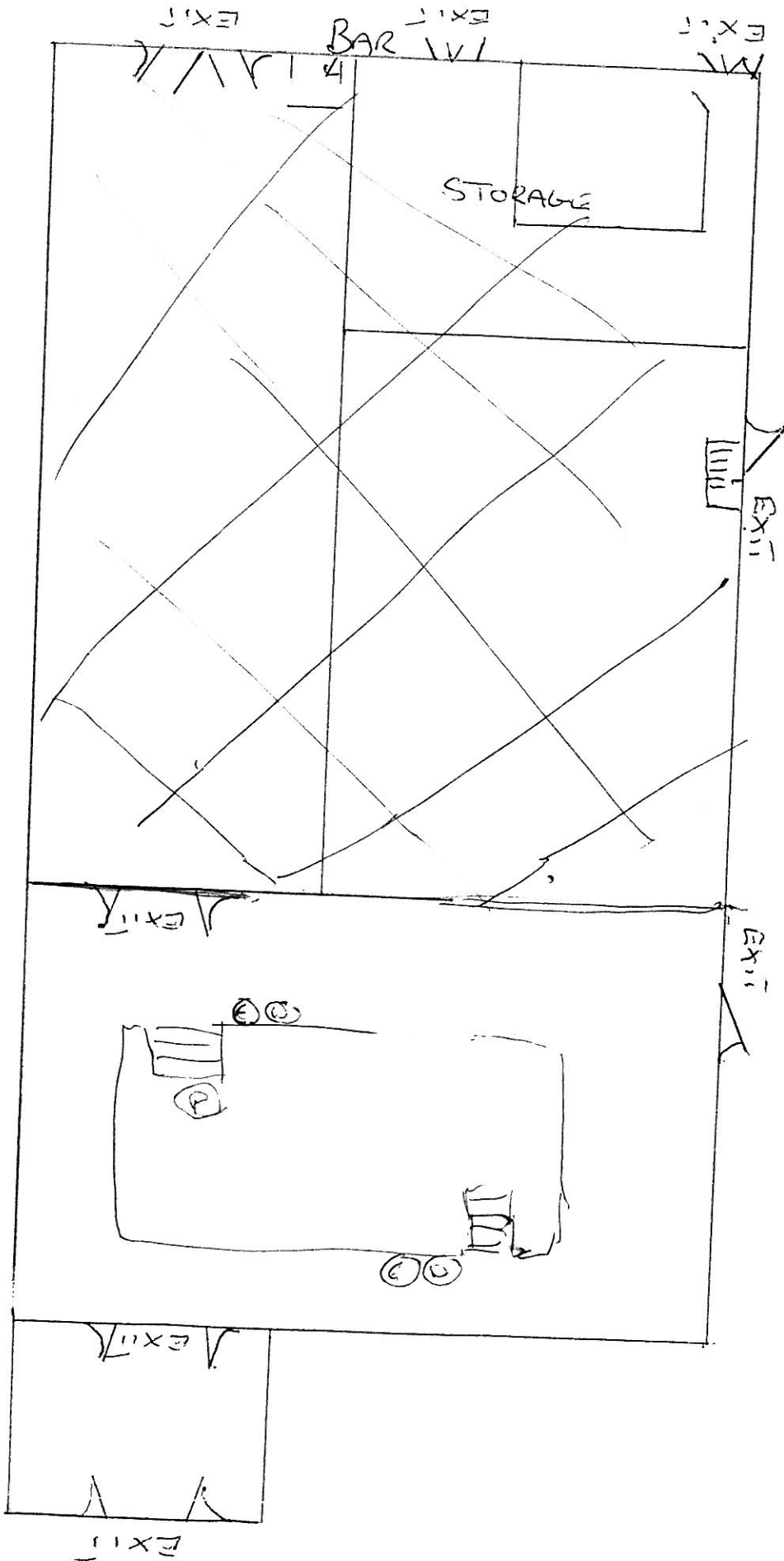
PI

BAR + MARKET HALLS



SCALE 1:200

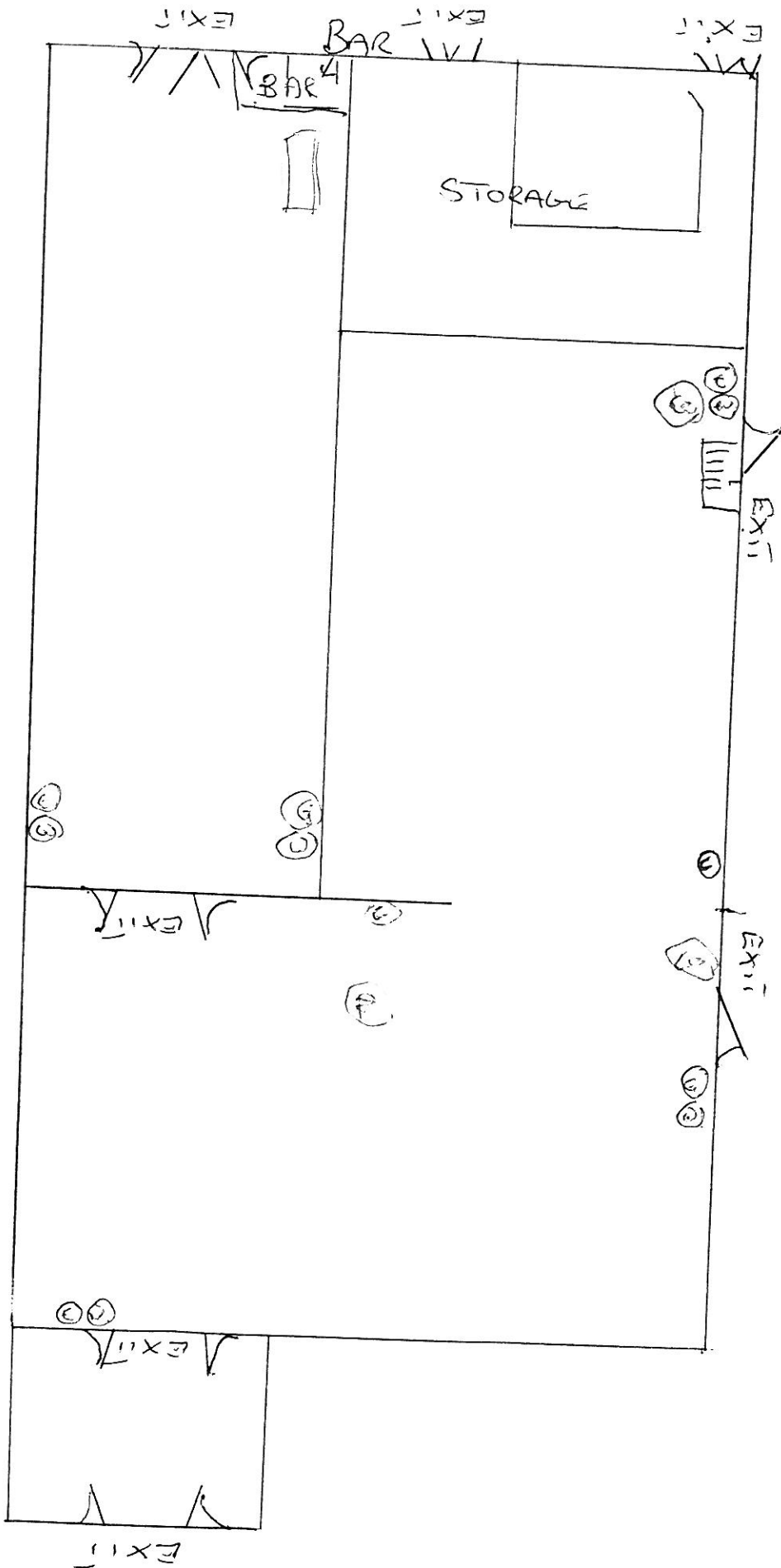
BAR + MARKET HALLS



1^o FLOOR SCALE 1:200

MEZZANINE.

BAR + MARKET HALLS



SCALE 1:200

GROUND FLOOR

TYPES OF EXTINGUISHER

- (C) - CO₂
- (G) - GAS
- (W) - WATER

NB
SMOKE + FIRE
DETECTORS
THROUGHOUT.

EXTERNAL LICENSABLE AREA

P4

ENTRANCE PRIVATE PROPERTY

PRIVATE STORAGE UNITS

PRIVATE STORAGE UNITS

FISH POND COMPLEX

OFFICES

STORAGE

PRIVATE STORAGE UNITS

PERIMETER FENCE

EXIT BAR

EXIT

EXIT

EXIT

EXIT

EXIT

MARKET STALLS

ROAD TO ALTERNATIVE ENTRANCE

PRIVATE STORAGE UNITS

PRIVATE STORAGE UNITS

LARGE AREA OF GRASS + WOODLAND TO PERIMETER FENCE

