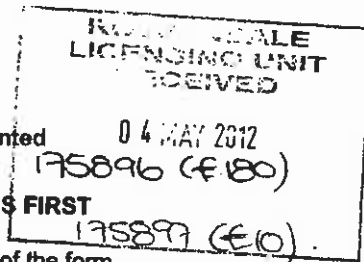


Details entered: 9 May 2012 at 10:42 by Susan Chadwick
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Application for a premises licence to be granted under the Licensing Act 2003

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) MATTHEW HEYS and STEPHEN SOURBUTTS

(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			
STAND ATHLETIC MANCHESTER ROAD EWOOD BRIDGE ROSSENDALE LANCASHIRE			
Post town		Post code	BB4 5EW
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 8900	

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)

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Notes:

- 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
 - o statutory function or
 - o 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 HEYS			First names MATTHEW		
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)					

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 SOURBUTTS			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					

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Notes:

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
1	8	08
2	0	1
2		

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)

OLD LEISURE FACILITY MAINLY USED FOR FOOTBALL AT THE WEEKENDS. ASTRO TURF AND CLUB HOUSE ALSO USED AS ADDITIONAL FACILITIES THROUGHOUT THE WEEK. UNUSED FOR AROUND 8 YEARS AND LEFT AS AN EYE SORE TO THE VILLAGE.

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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			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

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Notes:

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 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 the exhibition of films</u> (please read guidance note 4)	
Thur					
Fri			<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)		
Sat					
Sun					

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Reason:
 Appointment time:
 Result Date:
 Number:
 Date expires:

Notes:

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			

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Notes:

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 checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) LOCAL BOXING CLUBS SUPPLY BOXERS OF SIMILAR WEIGHTS, WHICH THEN BOX FOR 3 2 MINUTE ROUNDS AND ARE JUDGED BY INDEPENDANT ADJUDICATORS AND REGULATED BY A COMPETANT REFEREE.		
Mon					
Tue			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4) N/A PLAN TO GO AHEAD RAIN OR SUNSHINE		
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	16:00	21:00			
	14:00	23:00			
Sun					

Details entered: 9 May 2012 at 10:42 by Susan Chadwick
 Date requested:
 Date received: 04/05/2012
 Appointment date:
 Result:
 Name:
 Date commences:

Reason:
 Appointment time:
 Result Date:
 Number:
 Date expires:

Notes:

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 type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) 2 LOCAL BANDS (TO BE ANNOUNCED) TO PERFORM FOR 1.30 HOURS EACH LEADING UP TO THE MAIN EVENT BOXING.		
Mon			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4) N/A		
Tue					
Wed			N/A		
Thur		23.00			
Fri	10.00	23.00 23.00	<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)		
Sat	12.00	16.00	23.00		
	10.00	23.00 23.00	N/A		
Sun	10.00	23.00 23.00	23.00		

Details entered: 9 May 2012 at 10:42 by Susan Chadwick
 Date requested:
 Date received: 04/05/2012
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 Result:
 Name:
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Reason:
 Appointment time:
 Result Date:
 Number:
 Date expires:

Notes:

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 type="checkbox"/>
				Outdoors	<input checked="" 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 the playing of recorded music (please read guidance note 4)		
Wed					
Thur			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	10:00	23:00 23:00			
Sat	10:00	23:00 23:00	23:00		
Sun	10:00	23:00 23:00	23:00		

Details entered: 9 May 2012 at 10:42 by Susan Chadwick
 Date requested:
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 Appointment date:
 Result:
 Name:
 Date commences:

Reason:
 Appointment time:
 Result Date:
 Number:
 Date expires:

Notes:

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

Details entered: 9 May 2012 at 10:42 by Susan Chadwick
 Date requested:
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 Name:
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Reason:
 Appointment time:
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 Number:
 Date expires:

Notes:

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</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 entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<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					

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 Number:
 Date expires:

Notes:

I

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>							
			<table border="1"> <tr> <td><u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)</td> <td>Indoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>		<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>		Outdoors	<input type="checkbox"/>
<u>Will the facilities for making music be 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										
Thur										
Fri										
Sat										
Sun			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)							
			<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)							

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Notes:

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 (see guidance note 2)</u>	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
			<u>Please give a description of the facilities for dancing you will be providing</u>					
Day	Start	Finish	<u>Please give further details here (please read guidance note 3)</u>					
Mon								
Tue								
Wed						<u>State any seasonal variations for providing dancing facilities (please read guidance note 4)</u>		
Thur								
Fri						<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>		
Sat								
Sun								

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Notes:

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					

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 Number:
 Date expires:

Notes:

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				
Tue				
Wed				
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	
Thur			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)	
Fri				
Sat				
Sun				

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Reason:
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 Number:
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Notes:

M

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for consumption</u> (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	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur					
Fri	12.00	22.00			
Sat	12.00	22.00			
Sun	12.00	23.00			
			<u>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</u> (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	STEPHEN SOURBUTTS
Address	
Postcode	
Personal Licence number (if known)	
Issuing licensing authority (if known)	ROSSENDALE BOROUGH COUNCIL

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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)

EVENT IS PLANNED FOR OVER 18.

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	12.00	23.30	
Sat	12.00	23.30	
Sun	12.00	23.30	

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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

- EMPLOYMENT OF CONTRACTED OFFICIALS (BOUNCERS) GOVERNMENT APPROVED
- CB COMMUNICATION THROUGHOUT SITE
- NO ALCOHOL SOLD TO INTOXICATED INDIVIDUALS
- ~~DATA~~

c) Public safety

- FIRST AID POST ON SITE
- DOCTOR ON SITE (FOR BOXING) AND TWO QUALIFIED PARAMEDICS
- BOTTLED WATER SUPPLIED ON DEMAND.
- FENCED OFF AREAS WHERE NEEDED

d) The prevention of public nuisance

- CONTRACTED OFFICIALS
- COACHES PROVIDED TO SPECIFIC DESTINATIONS IN THE VALLEY
- ALCOHOL STOP BEING SERVED AT 22.00

e) The protection of children from harm

OVER 18 ONLY

Please tick yes

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Notes:

- 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	25/04/12
Capacity	APPLICANT / DPS

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	25/04/12		
Capacity	APPLICANT		
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)			