

**Application for a premises licence to be granted
under the Licensing Act 2003**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

ROSSENDALE
LICENSING UNIT
RECEIVED
07 AUG 2013

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 JULIAN MANSELL WILLIAMS / CARL FRANCIS RAYMOND BELL
(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			
THE WHITAKER - ROSSENDALE MUSEUM AND ART GALLERY HASLINGDEN ROAD RAWTENSTALL ROSSENDALE			
Post town	RAWTENSTALL	Post code	BB4 6RE

Telephone number at premises (if any)	01706 260785
Non-domestic rateable value of premises	£0 NOT LISTED DUE TO MUSEUM STATUS.

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)

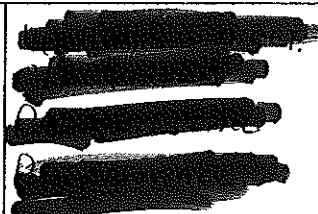


- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm:

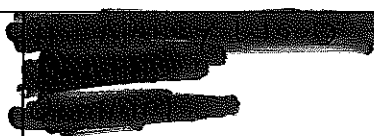
Please tick yes

- 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 <i>WILLIAMS</i>			First names <i>JULIAN MANSELL</i>		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post Town	<i>RAWTENSTALL</i>		Postcode		
Daytime contact telephone number					
E-mail address (optional)		<i>JULIAN@THEWHITAKER.ORG</i>			

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 <i>BELL</i>			First names <i>CARL FRANCIS RAYMOND BELL</i>		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post Town	<i>OLDHAM</i>		Postcode	<i>OL3 5HL</i>	
Daytime contact telephone number					

E-mail address (optional)	CARL@TheWHITAKER.ORG
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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
<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"/>

<p>Please give a general description of the premises (please read guidance note1)</p> <p>THE WHITAKER IS A MUSEUM AND ART GALLERY SET WITHIN THE GROUNDS OF WHITAKER PARK. IT IS ENVISAGED THAT ALCOHOL WILL BE CONSUMED AND SERVED MAINLY WITHIN THE EATING AREA WITHIN THE BUILDING BUT WILL INCLUDE OUTSIDE SEATING AROUND THE BUILDING. IT/WE WILL PROVIDE ONE OFF EVENTS IN THE PARK AS PART OF THE DELIVERY ON ART, CULTURE AND HERITAGE.</p>

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 checked="" 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 checked="" 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 checked="" 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)			Will the performance of a play 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	10 am	23.00m			
Tue	10.00	23.00	State any seasonal variations for performing plays (please read guidance note 4)		
Wed	10.00	23.00			
Thur	10.00	23.00	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)		
Fri	10.00	23.00			
Sat	10.00	23.00			
Sun	10.00	23.00			

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 checked="" type="checkbox"/>			
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)					
Mon	10.00	23.00						
Tue	10.00	23.00						
Wed	10.00	23.00				<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Thur	10.00	23.00						
Fri	10.00	23.00				<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	10.00	23.00						
Sun	10.00	23.00						

C N/A.

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 N/A.

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	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Wed					
Thur			<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)		
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 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	10.00	24.00			
Tue	10.00	24.00	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Wed	10.00	24.00			
Thur	10.00	24.00	<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)		
Fri	10.00	24.00			
Sat	10.00	24.00			
Sun	10.00	24.00			

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	10.00	24.00			
Tue	10.00	24.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Wed	10.00	24.00			
Thur	10.00	24.00	<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)		
Fri	10.00	24.00			
Sat	10.00	24.00			
Sun	10.00	24.00			

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	10.00	24.00			
Tue	10.00	24.00	State any seasonal variations for the performance of dance (please read guidance note 4)		
Wed	10.00	24.00			
Thur	10.00	24.00	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	10.00	24.00			
Sat	10.00	24.00			
Sun	10.00	24.00			

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>		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	10.00	24.00		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	10.00	24.00	<u>Please give further details here</u> (please read guidance note 3)		
Wed	10.00	24.00			
Thur	10.00	24.00			
Fri	10.00	24.00	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Sat	10.00	24.00	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 (please read guidance note 5)		
Sun	10.00	24.00			

1

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>		
			<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 checked="" type="checkbox"/>
Day	Start	Finish			
Mon	10.00	24.00	<u>Please give further details here</u> (please read guidance note 3)		
Tue	10.00	24.00			
Wed	10.00	24.00	<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)		
Thur	10.00	24.00			
Fri	10.00	24.00	<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)		
Sat	10.00	24.00			
Sun	10.00	24.00			

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		
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	10.00	24.00			
Tue	10.00	24.00			
Wed	10.00	24.00			
Thur	10.00	24.00			
Fri	10.00	24.00			
Sat	10.00	24.00			
Sun	10.00	24.00			
			State any seasonal variations for providing dancing facilities (please read guidance note 4)		
			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		

K

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			<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	10.00	24.00		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	10.00	24.00	<u>Please give further details here</u> (please read guidance note 3)		
Wed	10.00	24.00			
Thur	10.00	24.00	<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	10.00	24.00			
Sat	10.00	24.00	<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	10.00	24.00			

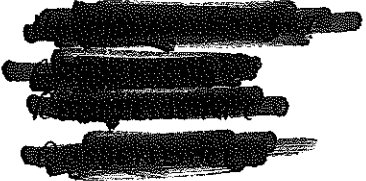

L

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 checked="" type="checkbox"/>
Day	Start	Finish			
Mon	23.00	24.00	<u>Please give further details here</u> (please read guidance note 3)		
Tue	23.00	24.00			
Wed	23.00	24.00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur	23.00	24.00			
Fri	23.00	24.00	<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	23.00	24.00			
Sun	23.00	24.00			

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	10.00	24.00			
Tue	10.00	24.00			
Wed	10.00	24.00			
Thur	10.00	24.00			
Fri	10.00	24.00			
Sat	10.00	24.00			
Sun	10.00	24.00	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)		
Thur	10.00	24.00			
Fri	10.00	24.00			
Sat	10.00	24.00			
Sun	10.00	24.00			
Mon	10.00	24.00			
Tue	10.00	24.00			

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

Name	JULIAN MAWSELL WILLIAMS
Address	
Postcode	
Personal Licence number (if known)	
Issuing licensing authority (if known)	

N N/A

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	07.00	24.00	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)
Tue	07.00	24.00	
Wed	07.00	24.00	
Thur	07.00	24.00	
Fri	07.00	24.00	
Sat	07.00	24.00	
Sun	07.00	24.00	

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)

- THE AIM OF THE LICENSE IS TO PROVIDE AN ANCILLARY SOURCE OF INCOME TO THE MUSEUM, GALLERY AND HERITAGE CENTRE.

b) The prevention of crime and disorder

- PROVISION OF ADEQUATE STAFFING AND SECURITY WHERE APPROPRIATE.
- EVENTS WILL REFLECT THE CORE BUSINESS AS A MUSEUM, ART GALLERY AND HERITAGE CENTRE.
- CCTV SYSTEM INTERNAL / EXTERNAL ALREADY INSTALLED
- PANIC BUTTON SYSTEM THAT IS EXTERNALLY MONITORED IS ALREADY INSTALLED.

c) Public safety

- ALL EVENTS WILL BE RISK ASSESSED

d) The prevention of public nuisance

- PROVISION OF ADEQUATE STAFFING AND SECURITY WHERE APPROPRIATE
- CONSIDERATION GIVEN TO PLACEMENT OF EQUIPMENT IN RELATION TO HOUSING.

e) The protection of children from harm

- THE ADOPTION OF "CHALLENGE 25" POLICY

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

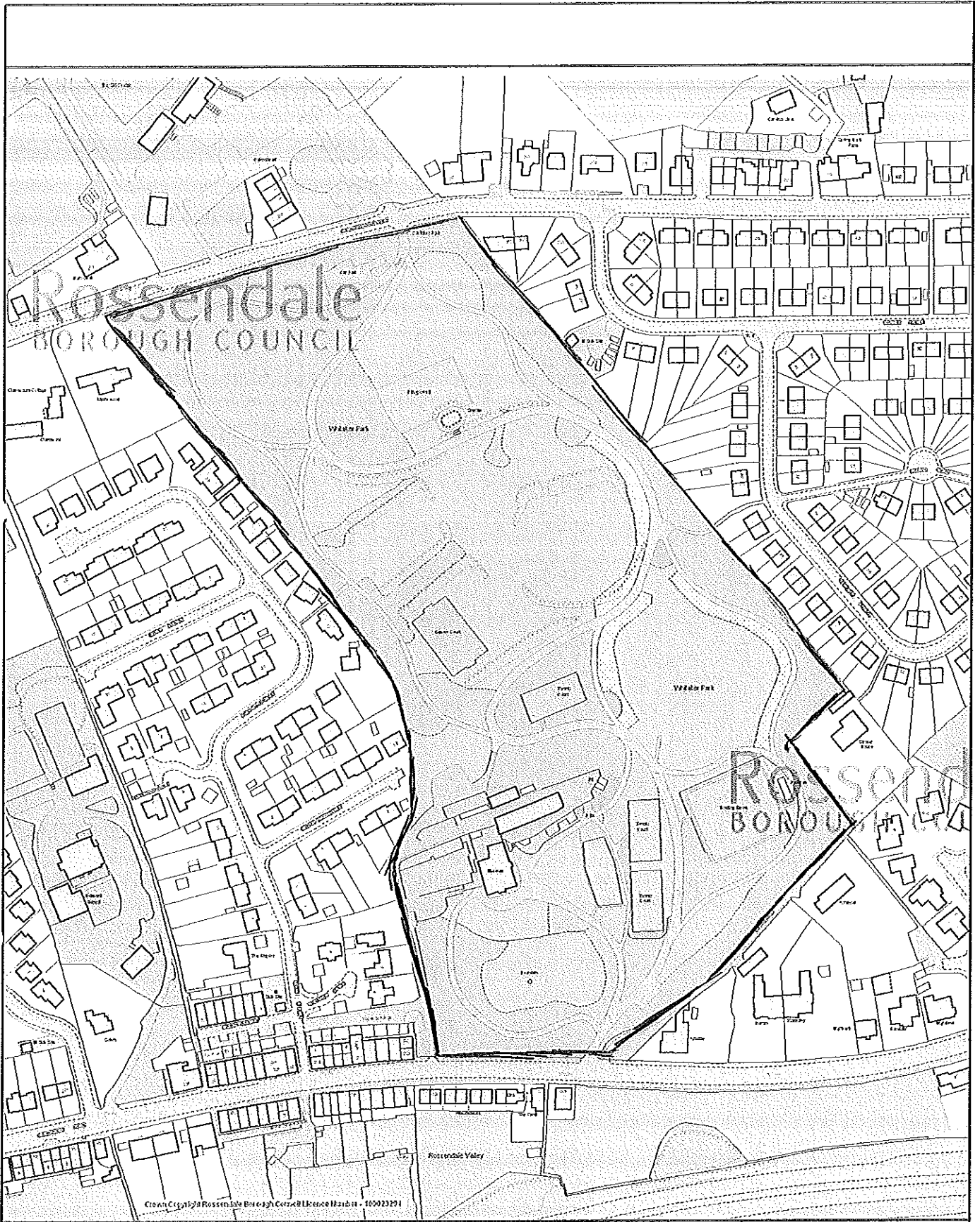
Part 4 – Signatures (please read guidance note 10)

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>Julian Marshall Williams</i>
Date	
Capacity	

For joint applications signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent. (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	<i>[Signature]</i>		
Date			
Capacity			
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
<i>JULIAN WILLIAMS THE WHITAKER ROSSENDALE MUSEUM & ART GALLERY HASKINGDEN ROAD RAWTENSTALL ROSSENDALE</i>			
Post town	<i>RAWTENSTALL</i>	Post code	<i>BB4 6RE</i>
Telephone number (if any)	<i>01706 / 07769670348</i>		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			



Rossendalealive
BOROUGH COUNCIL

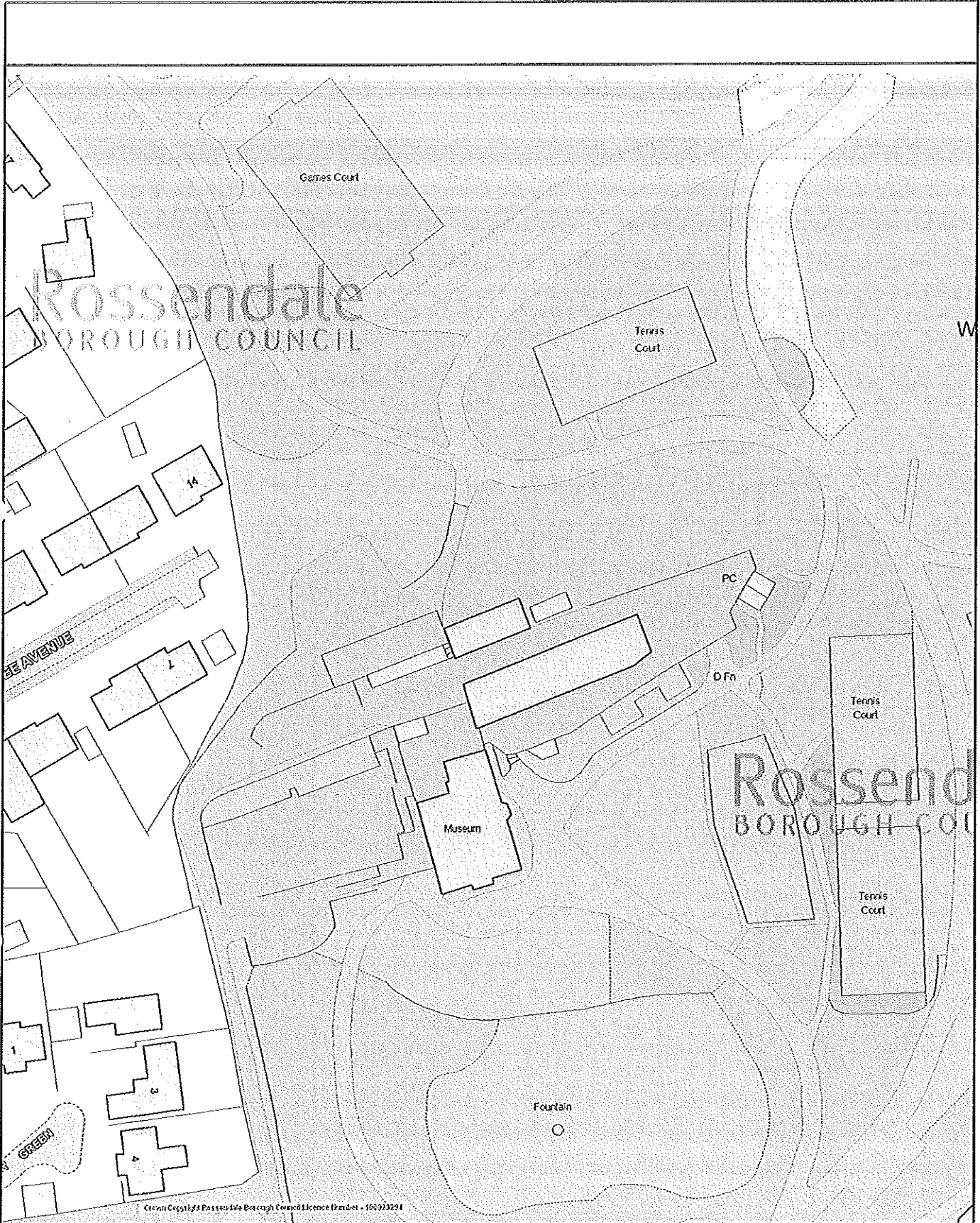
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Rossendale Borough Council License Number - 100023294

Scale 1/2632

Centre = 380470 E 422798 N

Date 31/7/2013



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BOROUGH COUNCIL

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Rossendale Borough Council Licence Number - 100023294

Scale 1/966

Centre = 380479 E 422716 N

Date 31/7/2013

LICENSING ACT 2003

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

I¹ JULIAN MANSELL WILLIAMS

Of² [REDACTED]

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

NEW PREMISES LICENCE

by⁴ CARL FRANCIS RAYMOND BELL AND JULIAN MANSELL WILLIAMS

relating to a premises licence number (if known)

for⁵ THE WHITAKER - ROSSENDALE MUSEUM - ART GALLERY
HASLINGDEN ROAD
ROSSENDALE
BB4 6RE

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

concerning the supply of alcohol at⁵
THE WHITAKER - ROSSENDALE MUSEUM - ART GALLERY
HASLINGDEN ROAD, ROSSENDALE, BB4 6RE.

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

Personal Licence Issuing Authority⁸

Signed

Julian Mansell Williams

Full Name (Please Print)

JULIAN MANSELL WILLIAMS

Date

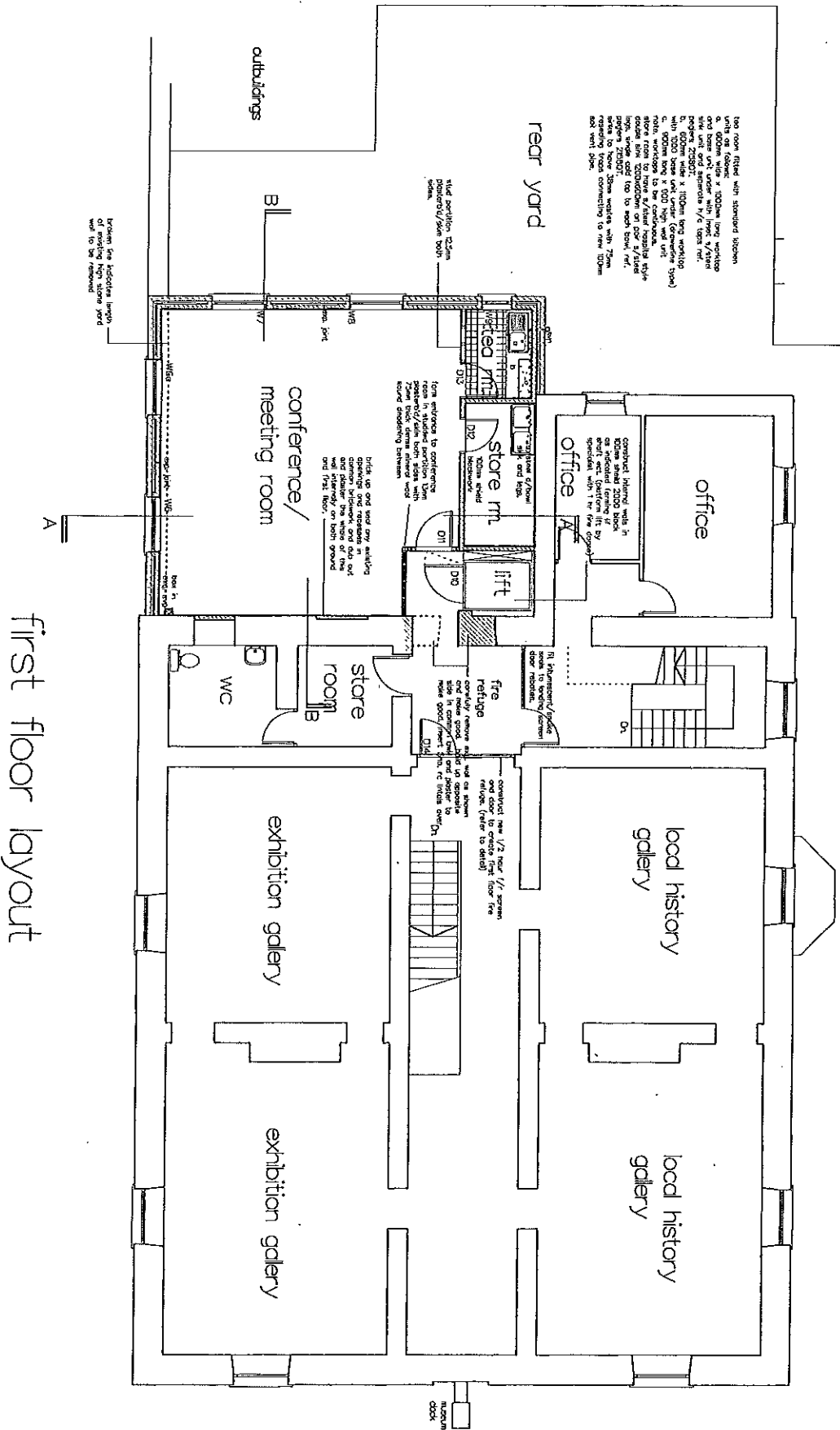
31/07/2013.

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

Whitaker park museum — proposed two storey extension



first floor layout

BOROUGH OF ROSSENDALE
notices

NOTES:
contractor shall be responsible for checking all dimensions and materials to be used in connection with the construction of any relevant items etc.
drawings to be inspected with supervising officer prior to any construction being carried out to ensure compliance with all relevant regulations.

for further details refer to basement plan on drawing no. 41/71/02
ground floor plan on drawing no. 41/72/02
section on drawing no. 41/73/02
structural layout on drawing no. 41/74/02
mechanical services on drawing no. 41/75/02

revisions:

Douglas Nowlan BSc(arch) RIBA
Architects
Town Hall
Roverstead
Lancashire BB4 7LZ Ross 217777

Whitaker park museum

drawing title
proposed first floor layout
scale 1/50th
date MAY 2002
drawn DJH
drawing number 411/03