

**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 MR. INVS ALI  
(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

ROSDALE  
LICENSING UNIT  
RECEIVED

15 SEP 2017

**Part 1 – Premises details**

Postal address of premises or, if none, ordnance survey map reference or description

THE SWAN HOTEL  
96-MARKET ST  
BACUP

Post town

BACUP

Postcode

OL13 0AY

Telephone number at premises (if any)

Non-domestic rateable value of premises

£

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as

Please tick as appropriate

- |  |                                     |                             |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals *                    | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual *               |                                     |                             |
| i as a limited company/limited liability partnership | <input type="checkbox"/>            | please complete section (B) |
| ii as a partnership (other than limited liability)   | <input type="checkbox"/>            | please complete section (B) |
| iii as an unincorporated association or              | <input type="checkbox"/>            | please complete section (B) |
| iv other (for example a statutory corporation)       | <input type="checkbox"/>            | please complete section (B) |
| c) a recognised club                                 | <input type="checkbox"/>            | please complete section (B) |
| d) a charity   | <input type="checkbox"/>            | please complete section (B) |
| e) the proprietor of an educational establishment    | <input type="checkbox"/>            | 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 in Wales  please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England  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 (by ticking yes to one box below):

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 <b>ALI</b>			First names <b>INUS</b>		
Date of birth		I am 18 years old or over		<input checked="" type="checkbox"/> Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town		Postcode			
Daytime contact telephone number					
E-mail address (optional)					

**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		
Date of birth		I am 18 years old or over		<input type="checkbox"/> Please tick yes	
Nationality					

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?

DD	MM	YYYY
0	1	0
0	0	2
0	1	7

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

DD	MM	YYYY
1	1	1
1	1	1
1	1	1

Please give a general description of the premises (please read guidance note 1)

THE PROPERTY IS STONE BUILT WITH A SLATE ROOF AND IS SITUATED ON THE CORNER OF MARKET STREET AND NEWCHURCH ROAD IN ~~THE~~ BACKUP. IT USED TO BE A HOTEL AND PUBLIC HOUSE SERVING ~~THE~~ MEALS. CUSTOMERS USING THE PREMISES WILL HAVE ACCESS TO GROUND FLOOR ONLY WITH THE OTHER FLOORS BEING USED AS STORAGE.

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

N/A

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- 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 late night refreshment (if ticking yes, fill in box I)

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

**A**

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Wed					
Thur			<b>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</b> (please read guidance note 6)		
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
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 6)
Fri			
Sat			
Sun			

**D**

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue					
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Thur					
Fri			<b><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></b> (please read guidance note 6)		
Sat					
Sun					



E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	(noon) 12-00pm	23-00 <del>11pm</del>	Please give further details here (please read guidance note 4) BOTH AMPLIFIED AND UNAMPLIFIED MUSIC WILL BE PLAYED.	Both	<input type="checkbox"/>
Tue	(noon) 12pm	23-00 <del>11pm</del>			
Wed	(noon) 12pm	23-00 <del>11pm</del>	State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	(noon) 12pm	23-00 <del>11pm</del>			
Fri	(noon) 12:00pm	2am	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 6) CHRISTMAS EVE, CHRISTMAS DAY, BOXING DAY, NEW YEARS EVE, VALENTINES DAY, MOTHERS DAY, FATHERS DAY 12-00 - 2 AM		
Sat	(noon) 12-00pm	2am			
Sun	(noon) 12-00pm	2am			

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	(cont) 12-00	23-00	<u>Please give further details here</u> (please read guidance note 4) BOTH AMPLIFIED AND UNAMPLIFIED MUSIC WILL BE PLAYED .		
Tue	12-00	23-00			
Wed	12-00	23-00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur	12-00	23-00			
Fri	12-00	02-00	<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 6) CHRISTMAS EVE, CHRISTMAS DAY, BOXING DAY, NEW YEARS EVE, VALENTINES DAY, MOTHERS DAY, FATHERS DAY  12-00 NOON - 2 AM		
Sat	12-00	<del>02-00</del>			
Sun	12-00	02-00			

**G**

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
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 6)		
Sat					
Sun					

**H**

<p><b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><b>Please give further details here</b> (please read guidance note 4)</p>		
Wed					
Thur			<p><b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)</p>		
Fri					
Sat			<p><b>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</b> (please read guidance note 6)</p>		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	12-00	23-00	<b>Please give further details here</b> (please read guidance note 4) ALCOHOL AND FOOD TO BE SOLD	Both	<input checked="" type="checkbox"/>
Tue	12-00	23-00			
Wed	12-00	23-00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)		
Thur	12-00	23-00			
Fri	12-00	02-00	<b>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</b> (please read guidance note 6) CHRISTMAS EVE, CHRISTMAS DAY, BOXING DAY, NEW YEARS EVE, NEW YEARS DAY, MOTHERS DAY, FATHERS DAY, VALENTINES DAY . 12.00.00.00 - 2 AM		
Sat	12-00	02-00			
Sun	12-00	<del>02-00</del>			

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	Both <input checked="" type="checkbox"/>		
Mon	12-00	23-00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Tue	12-00	23-00			
Wed	12-00	23-00			
Thur	12-00	23-00			
Fri	12-00	02-00			
Sat	12-00	02-00			
Sun	12-00	02-00			
			<b>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</b> (please read guidance note 6)		
			CHRISTMAS EVE, CHRISTMAS DAY, BOXING DAY, NEW YEARS EVE, NEW YEARS DAY, VALENTINES DAY, MOTHERS DAY, FATHERS DAY  12-00 noon → 2AM		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	MR. INUS ALI
Date of birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	
Issuing licensing authority (if known)	

□□□□

K

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 9).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	12pm	<del>11pm</del> 23:00	<p><u>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 6)</u></p> <p>CHRISTMAS EVE, CHRISTMAS DAY, BOXING DAY, NEW YEARS EVE, NEW YEARS DAY, VALENTINES DAY, MOTHERS DAY, FATHERS DAY.</p>
Tue	3pm	<del>11pm</del> 23:00	
Wed	12pm	<del>11pm</del> 23:00	
Thur	12pm	<del>11pm</del> 23:00	
Fri	12:30pm	2AM	
Sat	12:30pm	2AM	
Sun	12:30pm	2AM	

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

MONITOR VIA CCTV INSIDE AND OUTSIDE PREMISES.  
MAKE STAFF AWARE TO LOOK OUT FOR SUSPICIOUS  
BEHAVIOUR. INSPECTING TOILETS ON REGULAR BASIS.  
CALLING POLICE WHERE NECESSARY.

**b) The prevention of crime and disorder**

SUITABLE TRAINING OF MANAGEMENT IN ORDER TO SUPERVISE STAFF  
TO PREVENT CRIME AND DISORDER. MONITOR CCTV INSIDE AND  
OUTSIDE PREMISES. CHECKING CUSTOMER ID. - ANYONE UNDER 25  
NOTIFY OTHER LOCAL BUSINESSES OF ANY PROBLEM ISSUES AS  
AND WHEN THEY ARISE. STAFF TO MONITOR CUSTOMER NO'S  
IN RESPECT TO SAFETY. CHECK PUBLIC REST ROOMS EVERY 1/2 HR.  
CALL POLICE WHERE NECESSARY.

**c) Public safety**

CHECKING CUSTOMERS ID / PROOF OF AGE - ANYONE UNDER 25 WILL BE CHECKED.  
MAKE SURE ALL EXITS AND SAFETY SIGNS ARE IN  
WORKING ORDER. MONITOR CCTV INTERNAL AND EXTERNAL.  
IF SOMEONE COMES TO PREMISES AND SHOWS THREATENING  
BEHAVIOUR TO STAFF OR OTHER CUSTOMERS THEN HE/SHE WILL NOT  
BE SERVED AND WILL BE ASKED TO LEAVE. IF THEY DON'T THEN  
POLICE WILL BE CALLED. CHECK PUBLIC REST ROOMS EVERY 1/2 HR.

**d) The prevention of public nuisance**

MAKE STAFF AWARE, IF CUSTOMERS INTOXICATED, NOT TO SERVE  
MORE ALCOHOL AND NOTIFY OTHER ESTABLISHMENTS IN AREA.  
MONITOR CCTV. LOCAL TAXI FIRMS CONTACT DETAILS TO  
BE MADE AVAILABLE FOR PATRONS. CHECK REST ROOMS EVERY 1/2 HR.  
MAKE SURE ENTERTAINMENT VOLUME IS LOWERED TOWARDS  
END OF EVENING / CLOSING TIME.  
ALSO IF SOMEONE ENTERS PREMISES AND SPEECH IS SLURRED AS WELL AS  
SHOWING OTHER SIGNS OF INTOXICATION I.E. SWAYING - STAFF WILL NOT SERVE AND WILL  
RING 999.

**e) The protection of children from harm**

MAKE SURE NO UNDER AGE DRINKING ALLOWED THROUGH  
CHECKING OF ID / PROOF OF AGE. WILL CHECK ID OF ANYONE UNDER 25.  
RESTRICTING ACCESS OF CHILDREN TO CIGARETTE MACHINES.  
ANY SUSPICIOUS BEHAVIOUR TO BE REPORTED TO POLICE.  
RESTRICTION OF ~~THE~~ UNACCOMPANIED MINORS.

**Checklist:**

Please tick to indicate agreement

- 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 designated 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.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

**Part 4 – Signatures** (please read guidance note 11)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li> <li>• The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)</li> </ul>
Signature	
Date	15-9-17
Capacity	Manager

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant’s solicitor or other authorised agent** (please read guidance note 13). **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 14)			
[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]
Telephone number (if any)	[REDACTED]	[REDACTED]	[REDACTED]
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
[REDACTED]			

### Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. In terms of specific regulated entertainments please note that:
  - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
  - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
  - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
  - Live music: no licence permission is required for:
    - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
    - a performance of amplified live music between 08.00 and 23.00 on any day, in a workplace that is not licensed to sell alcohol on those premises, provided that the audience does not exceed 500.
    - a performance of amplified live music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the