

**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 ROSSENDALE HOLIDAY COTTAGES

(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>ROSSENDALE HOLIDAY COTTAGES</u> <u>DEAN LANE</u>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> ROSSENDALE LICENSING UNIT RECEIVED 25 JAN 2019 </div>	
Post town	<u>WATER</u>	Post code	<u>BB4 9RA</u>

Telephone number at premises (if any)	<u>01706 534364</u>
Non-domestic rateable value of premises	<u>£ 14,750</u>

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 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)					

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	ROSSENDALE HOLIDAY COTTAGES LIMITED
Address	2 LONGSIGHT ROAD, HOLCOMBE BROOK, RAMSBOTTOM, BURY, LANCASHIRE, BLO 9TD
Registered number (where applicable)	08747018
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMPANY
Telephone number (if any)	
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year

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)
HOLIDAY COTTAGES AND GLAMPING PODS

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					
Tue					
Wed					
			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
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					

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								

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

<p>Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)</p>			<p><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<p><u>Please give further details here</u> (please read guidance note 3)</p>					
Mon								
Tue								
Wed						<p><u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)</p>		
Thur								
Fri								
Sat						<p><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)</p>		
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 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 performance of live music</u> (please read guidance note 4)			
Thur						
Fri			<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						
Sun						

F

<p>Recorded music Standard days and timings (please read guidance note 6)</p>			<p><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors <input type="checkbox"/>		
				Outdoors <input type="checkbox"/>		
				Both <input type="checkbox"/>		
Day	Start	Finish	<p><u>Please give further details here</u> (please read guidance note 3)</p>			
Mon						
Tue						
Wed					<p><u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)</p>	
Thur						
Fri					<p><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)</p>	
Sat						
Sun						

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		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					

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p><u>Please give a description of the type of entertainment you will be providing</u></p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur			<p><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)</p>		
Fri					
Sat			<p><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)</p>		
Sun					

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>	
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)	
Wed			<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)	
Thur				
Fri				
Sat				
Sun				

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 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					
Tue					
Wed					
Thur					
Fri					
Sat					
			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)		
Sun					

K

<p>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)</p>			<p><u>Please give a description of the type of entertainment facility you will be providing</u></p>		
Day	Start	Finish	<p><u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur			<p><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)</p>		
Fri					
Sat			<p><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)</p>		
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	<u>Please give further details here</u> (please read guidance note 3)	
Mon				
Tue				
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)	
Thur				
Fri			<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				
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	09:00	22:00						
Tue	09:00	22:00						
Wed	09:00	22:00						
Thur	09:00	22:00				Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)		
Fri	09:00	22:00						
Sat	09:00	22:00						
Sun	09:00	22:00						

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

Name	RHIAN LOUISE PRICE
Address	
Postcode	
Personal Licence number (if known)	425127
Issuing licensing authority (if known)	R.C.T

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)

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O

Hours premises are open to the public
Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	09:00	22:00
Tue	09:00	22:00
Wed	09:00	22:00
Thur	09:00	22:00
Fri	09:00	22:00
Sat	09:00	22:00
Sun	09:00	22:00

State any seasonal variations (please read guidance note 4)

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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)

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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)

TO ENSURE ALL LICENSING OBJECTIVES ARE MET MANAGEMENT WILL KEEP A TIGHTHOLD ON THE REGULATIONS SET OUT AND KEEP STAFF TRAINING UP TO DATE.

b) The prevention of crime and disorder

- CCTV ALREADY INSTALLED ON PREMISES
- WILL NOT SELL TO CUSTOMERS WHO ARE ALREADY INTOXICATED
- ZERO TOLERANCE TOWARDS ILLEGAL SUBSTANCES, FULL STAFF TRAINING ALREADY IN PLACE.

c) Public safety

- SITE IS WELL MAINTAINED, ALL STAFF ALREADY TRAINED TO REPORT ISSUES AND FIX PROBLEMS AS QUICKLY AS POSSIBLE
- WELL LIT, EXTERNALLY AND INTERNALLY
- FIRE SAFETY LOG BOOK IN PLACE

d) The prevention of public nuisance

- IMPLEMENT A NOISE CURFEW FOR 22:00 USING SIGNS AROUND THE PROPERTY AND REINFORCED BY STAFF. TO INCLUDE STAFF MOVING BINS, STOCK DELIVERIES ETC.
- PLENTY OF WASTE DISPOSAL ALREADY IN PLACE.
- SALES WILL ONLY BE MADE TO GUESTS STAYING AT OUR PROPERTY, NOT THE GENERAL PUBLIC.

e) The protection of children from harm

PUT IN PLACE THE 'CHALLENGE 25' STRATEGY. ASK ANYONE WHO LOOKS UNDER 25 TO SHOW RELEVANT IDENTIFICATION. ENSURE FULL STAFF TRAINING ON THIS PROCEDURE.

POSSIBLE POP UP BAR LOCATIONS SHOWN ON MAP

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	[Redacted]
Date	23-01-19
Capacity	owner

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

I¹ RHIAN LOUISE PRICE

Of²

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

by⁴ RACHEL JANE WILSON

relating to a premises licence number (if known)

for⁵ ROSSENDALE HOLIDAY COTTAGES
DEAN LANE, WATER, ROSSENDALE
BB4 9RA

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

concerning the supply of alcohol at⁵ ROSSENDALE HOLIDAY COTTAGES

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 425127
Personal Licence Issuing Authority⁸ R.C.T

Signed

Full Name (Please Print) RHIAN PRICE

Date 23.01.2019 .

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

LICENSING ACT 2003

RESPONSIBLE AUTHORITIES

1. Licensing Unit, Rossendale Borough Council, The Business Centre, Futures Park, Newchurch Road, Bacup, OL13 0BB.
2. Lancashire Constabulary, Pennine Divisional Headquarters, Burnley Police Station, Parker Lane, Burnley, BB11 2BT.
3. Fire Safety Officer, Lancashire Fire and Rescue Service, Queens Square, Rawtenstall, Rossendale, Lancashire, BB4 6AB
4. Environmental Health Manager, Rossendale Borough Council, The Business Centre, Futures Park, Newchurch Road, Bacup, OL13 0BB.
5. Development Control Manager, Rossendale Borough Council, The Business Centre, Futures Park, Newchurch Road, Bacup, OL13 0BB.
6. Lancashire County Council, Area Child Protection Committee, Social Services Directorate, P.O. Box 162, East Cliff County Office, Preston PR1 3EA.
7. Lancashire County Council Trading Standards, 58-60 Guildhall Street, Preston, Lancashire, PR1 3NU
8. NHS East Lancashire, LICENSING, Room 32, Walshaw House, Regent Street, Nelson, BB9 8AS