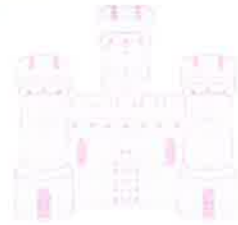


NEWCASTLE · UNDER · LYME

BOROUGH COUNCIL



Premises Licence Application

Licensing Act 2003
Schedule 2 Regulations 10

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 WISH PROMOTIONS LTD

(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

Premises Name	WHITMORE HALL ESTATE						
Address (if none Ordnance Survey Map Reference)	SJ80 4063 43						
		Post Code					
Telephone: Day	07870 370276						
Evening	07870 370276	Mobile	07870 370276				
Fax							
E-Mail	hippyhippy@hotmail.co.uk						
Non-domestic rateable value of premises	£ 0						

PART 2 – APPLICANT DETAILS

Are you applying for a premises licence as:			
---	--	--	--

- a) an individual or individuals * please complete section (2A)
-
- b) a person other than an individual *
- i. as a limited company please complete section (2B)
- ii. as a partnership please complete section (2B)
- iii. as an unincorporated association or please complete section (2B)
- iv. other (for example a statutory corporation) please complete section (2B)
-
- c) a recognised club please complete section (2B)
-
- d) a charity please complete section (2B)
-
- e) The proprietor of an educational establishment please complete section (2B)
-
- f) A health service body please complete section (2B)
-
- 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 (2B)
-
- ga) A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England. please complete section (2B)
-
- h) The chief officer of police of a police force in England and Wales please complete section (2B)

* 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

PART 2A(1) – FIRST INDIVIDUAL APPLICANT

Title	(Delete as appropriate) Mr / Mrs / Miss / Ms / Other (please state)									
Surname										
Forenames										
I am over 18 years old <input type="checkbox"/>										
Address										
		Post Code								
Telephone: Day										
Evening		Mobile								
Fax										
E-Mail										
Correspondence Address (if different than above):										
		Post Code								

PART 2A(2) – SECOND INDIVIDUAL APPLICANT (if applicable)

Title	(Delete as appropriate) Mr / Mrs / Miss / Ms / Other (please state)									
Surname										
Forenames										
I am over 18 years old <input type="checkbox"/>										
Address										
		Post Code								
Telephone: Day										
Evening		Mobile								
Fax										
E-Mail										
Correspondence Address (if different than above):										
		Post Code								

PART 2B - 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	WISH PROMOTIONS LTD						
Address	HOLMCROFT						
	WHITMORE ROAD						
	BALDWINS GATE						
	STAFFS	Post Code	S	T	5	5	0
Telephone: Day	07870 370276						
Evening	07870 370276	Mobile	07870 370276				
Fax							
E-Mail	hippyhippy@hotmail.co.uk						
Correspondence Address (if different than above):							
		Post Code					

Part 3 – OPERATING SCHEDULE

When do you want the premises licence to start?	2	1	0	7	1	6
If you wish the licence to be valid only for a limited period, when do you want it to end?	2	4	0	7	1	6
If 5,000 or more people are expected to attend the premises at any one time please state the number expected to attend.	9000					

Please give a general description of the premises (please read guidance note1)
APPROX A 67 ACRE FIELD BELONGING TO WHITMORE HALL ESTATE. SITE SITS ON THE A53 BETWEEN THE VILLAGES OF WHITMORE AND BALDWINS GATE
SEE SITE PLAN INCLUDED THE AREA FOR LICENCE EXTENDS TO BOUNDARIES OF FIELD AS PER SITE PLAN

PART 4 – LICENSABLE ACTIVITIES

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)



then...

PROVISION OF REGULATED ENTERTAINMENT

- | | | |
|---|-------------------------------------|---------------------------------|
| a) plays | <input checked="" type="checkbox"/> | (if ticking yes, fill in box A) |
| b) films | <input checked="" type="checkbox"/> | (if ticking yes, fill in box B) |
| c) indoor sporting events | <input type="checkbox"/> | (if ticking yes, fill in box C) |
| d) boxing or wrestling entertainment | <input type="checkbox"/> | (if ticking yes, fill in box D) |
| e) live music | <input checked="" type="checkbox"/> | (if ticking yes, fill in box E) |
| f) recorded music | <input checked="" type="checkbox"/> | (if ticking yes, fill in box F) |
| g) performances of dance | <input checked="" type="checkbox"/> | (if ticking yes, fill in box G) |
| h) anything of a similar description to that falling within (e), (f) or (g) | <input checked="" type="checkbox"/> | (if ticking yes, fill in box H) |

PROVISION OF ENTERTAINMENT FACILITIES:

- | | | |
|---|-------------------------------------|---------------------------------|
| i) making music | <input checked="" type="checkbox"/> | (if ticking yes, fill in box I) |
| j) dancing | <input checked="" type="checkbox"/> | (if ticking yes, fill in box J) |
| k) entertainment of a similar description to that falling within (i) or (j) | <input checked="" type="checkbox"/> | (if ticking yes, fill in box K) |

OTHER

- | | | |
|--|-------------------------------------|---------------------------------|
| l) Provision of late night refreshment | <input checked="" type="checkbox"/> | (if ticking yes, fill in box L) |
| m) Supply of alcohol | <input checked="" type="checkbox"/> | (if ticking yes, fill in box M) |

In all cases complete boxes N, O and P

A) PLAYS				Where will this activity take place? <input checked="" type="checkbox"/>		
Standard days and timings			Read guidance notes 2-6	Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input checked="" type="checkbox"/>
Day	Start	Finish	Further Details			
Mon			<i>PERFORMANCES OF SHORT PLAYS MAY TAKE PLACE IN MARQUEES. "STREET" PERFORMANCES MAY TAKE PLACE OUTSIDE</i>			
Tue						
Wed			Seasonal Variations			
Thur						
Fri	<i>11:00</i>	<i>23:00</i>	Non Standard timings			
Sat	<i>11:00</i>	<i>23:00</i>				
Sun	<i>11:00</i>	<i>23:00</i>				

B) FILMS				Where will this activity take place? <input checked="" type="checkbox"/>		
Standard days and timings			Read guidance notes 2-6	Indoors <input checked="" type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input type="checkbox"/>
Day	Start	Finish	Further Details			
Mon			<i>INDEPENDANT FILMS MAY BE SHOWN IN A MARQUEE. A FILM ON "GENERAL RELEASE" MAY BE SHOWN IN MARQUEE ON THURSDAY EVENING</i>			
Tue						
Wed			Seasonal Variations			
Thur	<i>20:00</i>	<i>23:00</i>				
Fri	<i>11:00</i>	<i>23:00</i>	Non Standard timings			
Sat	<i>11:00</i>	<i>23:00</i>				
Sun	<i>11:00</i>	<i>23:00</i>				

c) INDOOR SPORTING EVENTS			
Standard days and timings		Read guidance notes 2-6	
Day	Start	Finish	Further Details
Mon			
Tue			
Wed			Seasonal Variations
Thur			
Fri			Non Standard timings
Sat			
Sun			

d) BOXING AND WRESTLING ENTERTAINMENT				Where will this activity take place? <input checked="" type="checkbox"/>		
Standard days and timings		Read guidance notes 2-6		Indoors	Outdoors	Both
Day	Start	Finish	Further Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon						
Tue						
Wed			Seasonal Variations			
Thur						
Fri			Non Standard timings			
Sat						
Sun						

E) LIVE MUSIC				Where will this activity take place? <input checked="" type="checkbox"/>		
Standard days and timings		Read guidance notes 2-6		Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input checked="" type="checkbox"/>
Day	Start	Finish	Further Details			
Mon			MUSIC STAGES: MAIN STAGE (OUTDOOR); SECOND STAGE (OUTDOOR); NEW MUSIC STAGE (MARQUEE) CABARET (MARQUEE) ACOUSTIC PERFORMANCES MAY TAKE PLACE IN CHILDREN'S AREA. THURSDAY NON MUSIC STAGE ONLY			
Tue						
Wed			Seasonal Variations			
Thur	19.00	23.00	Non Standard timings			
Fri	11.00	23.00				
Sat	11.00	23.00				
Sun	11.00	23.00				

F) RECORDED MUSIC				Where will this activity take place? <input checked="" type="checkbox"/>		
Standard days and timings		Read guidance notes 2-6		Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input checked="" type="checkbox"/>
Day	Start	Finish	Further Details			
Mon			DANCE MUSIC MARQUEE DANCE MUSIC IN HEALTHY & WELLBEING AREA ALL STAGES TO HAVE RECORDED MUSIC BETWEEN PERFORMERS (LOW LEVEL)			
Tue						
Wed			Seasonal Variations			
Thur	19.00	23.00	Non Standard timings			
Fri	11.00	23.00				
Sat	11.00	23.00				
Sun	11.00	23.00				

G) PERFORMANCE OF DANCE			Where will this activity take place? <input checked="" type="checkbox"/>
Standard days and timings		Read guidance notes 2-6	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	Further Details
Mon			DANCE PERFORMANCES MAY TAKE PLACE IN MARQUES. "FLASH MOB" PERFORMANCES MAY TAKE PLACE OUTDOORS
Tue			
Wed			Seasonal Variations
Thur			
Fri	11.00	23.00	Non Standard timings
Sat	11.00	23.00	
Sun	11.00	23.00	

H) ANYTHING SIMILAR TO E, F OR G			Description of type of entertainment you will be providing
			Where will this activity take place? <input checked="" type="checkbox"/>
Standard days and timings		Read guidance notes 2-6	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	Further Details
Mon			<i>CABARET MARQUEE - CABARET PERFORMANCES OUTDOOR CABARET/CIRCUS PERFORMANCES MAY TAKE PLACE</i>
Tue			
Wed			Seasonal Variations
Thur			
Fri	<i>11:00</i>	<i>23:00</i>	
			Non Standard timings
Sat	<i>11:00</i>	<i>23:00</i>	
Sun	<i>11:00</i>	<i>23:00</i>	

I) MUSIC MAKING FACILITIES			Description of facilities for making music
Standard days and timings			Where will this activity take place? <input checked="" type="checkbox"/>
Read guidance notes 2-6			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	Further Details
Mon			<i>A NUMBER OF STAGES BOTH INDOORS & OUTDOORS. MAIN STAGE, SECOND STAGE, DANCE STAGE, NON MULLIC STAGE, CABARET STAGE</i>
Tue			
Wed			Seasonal Variations
Thur	<i>19:00</i>	<i>23:00</i>	Non Standard timings
Fri	<i>11:00</i>	<i>23:00</i>	
Sat	<i>11:00</i>	<i>23:00</i>	
Sun	<i>11:00</i>	<i>23:00</i>	

J) DANCE FACILITIES			Description of facilities for providing dance
			Where will this activity take place? <input checked="" type="checkbox"/>
Standard days and timings		Read guidance notes 2-6	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	Further Details
Mon			<i>A NUMBER OF STAGES & AREAS WHERE DANCE MAY TAKE PLACE</i>
Tue			
Wed			Seasonal Variations
Thur			
Fri	<i>11.00</i>	<i>23.00</i>	Non Standard timings
Sat	<i>11.00</i>	<i>23.00</i>	
Sun	<i>11.00</i>	<i>23.00</i>	

K) SIMILAR ENTERTAINMENT FACILITIES TO I OR J			Description of facilities for entertainment provided
			Where will this activity take place? <input checked="" type="checkbox"/>
Standard days and timings		Read guidance notes 2-6	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	Further Details
Mon			A NUMBER OF FORMS OF ENTERTAINMENT MAY TAKE PLACE INCLUDING RECORDED MUSIC, CIRCUS & ACTING
Tue			
Wed			Seasonal Variations
Thur			Non Standard timings
Fri	11:00	23:00	
Sat	11:00	23:00	
Sun	11:00	23:00	

L) PROVISION OF LATE NIGHT REFRESHMENT			Where will this activity take place? <input checked="" type="checkbox"/>
Standard days and timings		Read guidance notes 2-6	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	Further Details
Mon			FOOD OUTLETS THROUGHOUT THE LICENSOD AREA INCL. CAMPSITE. THE CAMPSITE ROD OUTLETS WILL BE THE ONLY ONES OPEN 24 HOURS
Tue			
Wed			Seasonal Variations
Thur	19.00	0.00	Non Standard timings
Fri	0.00	23.59	
Sat	0.00	23.59	
Sun	0.00	23.59	

M) SUPPLY OF ALCOHOL			Where will this activity take place? <input checked="" type="checkbox"/>
Standard days and timings		Read guidance notes 2-6	On the Premises <input checked="" type="checkbox"/> Off the premises <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Further Details
Mon			A NUMBER OF BARS SERVING ALCOHOL. NO BARS ON CATER SITE
Tue			
Wed			Seasonal Variations
Thur	19.00	23.00	Non Standard timings
Fri	11.00	0.00	
Sat	11.00	0.00	
Sun	11.00	0.00	

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

Name	ALEXANDER KEIR ALLAN						
Address	162 VICTORIA MILL						
	REDDISH						
	STOCKPORT						
	Post Code	S	K	5	6	A	X
Telephone: Day	07901 655304						
Evening	07901 655304	Mobile	07901 655304				
Fax							
E-Mail							

Personal Licence Number	PA0116
Issuing Licensing Authority	NEWCASTLE UNDER LYME

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)

CABARET MARQUEE WILL ONLY BE OPEN TO UNDER 18s UNTIL 7:00 PM EACH NIGHT. NO GATTING MACHINES, NUDITY OR FILMS FOR RESTRICTED AGE GROUPS ON SITE. THERE MAY BE BURLESQUE PERFORMANCES IN CABARET TENT, BUT AFTER 9:00 PM.

O) HOURS PREMISES ARE OPEN TO THE PUBLIC			
Standard days and timings			
Day	Start	Finish	Seasonal Variations
Mon	0:00	14:00	
Tue			
Wed			
Thur	18:00	23:59	
Fri	0:00	23:59	
Sat	0:00	23:59	
Sun	0:00	23:59	

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)

WEBSITE TO CLEARLY STATE POLICIES WITH REFERENCE TO ALL ASPECTS OF SAFETY ON SITE. SIGNAGE THROUGHOUT SITE TO FURTHER PROMOTE THESE POLICIES EG. NO SMOKING SIGNS, LOST CHILDREN POINTS, FIRE EXITS ETC.

b) The prevention of crime and disorder

SIA REGISTERED SECURITY COMPANY TO BE EMPLOYED.
ADDITIONAL TRAINED STOWARDS THROUGHOUT SITE.
CONTINUING CONSULTATION WITH NORTH STAFFS POLICE.

c) Public safety

SIA REGISTERED SECURITY COMPANY TO BE EMPLOYED
CONTINUING CONSULTATION WITH NORTH STAFFS POLICE
CONTINUING CONSULTATION WITH N-U-L H&S TEAM
ALL SAG MEETING RECOMMENDATIONS IMPLEMENTED

d) The prevention of public nuisance

CONTINUING MEETINGS WITH N-U-L NOISE PREVENTION TEAM
PLUS NOISE CONSULTANCY FIRM TO BE EMPLOYED.
SIA REGISTERED SECURITY COMPANY TO MONITOR ALL ASPECTS OF PUBLIC NUISANCE & PREVENT.

e) The protection of children from harm

SPECIFIC LOST CHILDREN POLICY TO BE AGREED.
NO CHILDREN ALLOWED ENTRY (UNDER 16) UNLESS ACCOMPANIED BY ADULT (OVER 21). ALL STAFF WORKING IN CHILDREN'S AREA TO BE OFFICIALLY ACCREDITED.

PART 5 – CHECKLIST AND DECLARATION


I have:

-
- a) enclosed the fee
- b) enclosed the plan of the premises
- c) sent copies of the application and the plan to the responsible authorities
- d) enclosed the consent form completed by the individual I wish to be the designated premises supervisor (if applicable)
- e) I understand that I must now advertise my application
- f) 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.

(please read guidance notes 10 and 12)

Signature of applicant or applicant's solicitor or other duly authorised agent.

Signature		Date	1	5	0	6	1	5
Capacity	OPERATIONS DIRECTOR							

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent.

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)
--



Proposed Designated Premises Supervisor
Consent Form

SCHEDULE 2 Article 2

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

- 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 or typed in black ink.
- You may wish to keep a copy of the completed form for your records.

SECTION A – PROPOSED DESIGNATED PREMISES SUPERVISOR

Title	(Delete as appropriate) <u>Mr</u> / Mrs / Miss / Miss / Other (please state)						
Surname	ALLAN						
Forenames	ALEXANDER KEIR						
Address	162 VICTORIA MILL						
	REDDISH, STOCKPORT						
	Post Code	S	K	S	G	A	X
Telephone: Day	—						
Evening	—			Mobile	01901 655304		
Fax							
E-Mail	ACCOUNTS@THEEXCHANGESTOKE.CO.UK.						
Personal Licence Number	PA0116						
Issuing Licensing Authority	NEWCASTLE - UNDER - LYME						

I, hereby consent to being named as the designated premises supervisor in relation to the application by:
(Details of Premises Licence Holder)

Title	(Delete as appropriate) Mr / Mrs / Miss / Miss / Other (please state)						
Surname	ALLAN						
Forenames	ALEXANDER KEIR						

In respect of the application for this premises, if that applicable is successful:

Premises Licence Number: (if applicable)							
Premises Name	WHITMORE HALL ESTATE						
Address	SJ80 40 63 43						
	Post Code						

Signature (of proposed DPS)		Date	1	4	0	6	1	5
-----------------------------	--	------	---	---	---	---	---	---

PART 6 – FOR OFFICE USE ONLY

Date Submitted	
Receipt Number	
Fee Paid	£
Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>
	Postal Order <input type="checkbox"/>
Have all boxes on the checklist been ticked?	<input type="checkbox"/>

