

## 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 SHOWBASE 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

Postal address of premises or, if none, ordnance survey map reference or description			
TEMPORARY DEMOUNTABLE MARQUEE SITED ON AGRICULTURAL LAND AT MILLINGTON HALL LANE 53°21'17.9"N 2°24'39.2"W			
Post town	ALTRINCHAM	Postcode	WA14 3RN

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 0.00 (AGRICULTURAL LAND)

### Part 2 - Applicant details

Please state whether you are applying for a premises licence as  
Please tick as appropriate

a)	an individual or individuals *		please complete section (A)
b)	a person other than an individual *		
	i as a limited company/limited liability partnership	x	please complete section (B)
	ii as a partnership (other than limited liability)		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 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	Mrs	Miss	Ms	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>			I am 18 years old or over		Please tick yes
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)					

**Second individual applicant** (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth over		I am 18 years old or		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service: (please see note 15 for information)					

**(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:  SHOWBASE LTD
% KRYSTAL CLEAR ACCOUNTANTS WESTGATE HOUSE, 44 HALE ROAD ALTRINCHAM WA14 2EX
Registered number (where applicable)  15403526
Description of applicant (for example, partnership, company, unincorporated association etc.)  LIMITED COMPANY

Telephone number (if any)
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	09	2025

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

DD	MM	YYYY

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

THE PREMISES IS A TEMPORARY DEMOUNTABLE MARQUEE TO BE USED AS SHELTER FOR SEASONAL COOKERY CLASSES AND RURALLY-BASED ACTIVITIES FOR GROUPS OF 10-30 PERSONS, WITH LICENSABLE ACTIVITIES TAKING PLACE WITHIN THE CONFINES OF THE TEMPORARY MARQUEE AND LIMITED OUTDOOR SEATING AREAS.

THE APPLICATION IS MADE TO PERMIT THE SUPPLY OF ALCOHOL (WHETHER THROUGH TICKET VOUCHER OR BAR SALE), OCCASIONAL AD-HOC LIVE MUSIC SESSIONS AND BACKGROUND RECORDED MUSIC.

THE MARQUEE IS 26M x 14M IN SIZE AND IT IS SITED ON PRIVATE AGRICULTURAL LAND WITH NO PUBLIC ACCESS, IN A LOCATION SCREENED FROM HIGHWAYS BY TREES. IT HAS A 9m x 9m KITCHEN ANNEXE AND IS SUPPORTED BY TEMPORARY ROAD TOW POWER AND TOILET TRAILER..

THE STRUCTURE WILL BE INSTALLED AD-HOC FOR A FEW WEEKS AT A TIME AND DEMOUNTED WHEN NOT IN USE.

THE CLASSES WILL TAKE PLACE OVER TWO SESSIONS PER DAY, WITH ONE MORNING SESSION AND ONE AFTERNOON OR EVENING SESSION, GENERALLY ENDING AT 8PM. THE APPLICATION IS MADE TO 10PM TO ALLOW FOR BREATHING ROOM IN CASE OF VARIATION TO CLASS AND CLOSE-DOWN TIMES DUE TO DEMONSTRATOR AVAILABILITY, FOR EXAMPLE.

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)	X
f)	recorded music (if ticking yes, fill in box F)	X
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)	

<b><u>Provision of late night refreshment</u></b> (if ticking yes, fill in box I)	
<b><u>Supply of alcohol</u></b> (if ticking yes, fill in box J)	x

**In all cases complete boxes K, L and M**

# A

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)		
Thur					
Fri			<b><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></b> (please read guidance note 6)		
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	
					Outdoors	
					Both	
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**

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



# D

<b>Boxing or wrestling entertainments</b> 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	
				Outdoors	
				Both	
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
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

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	
Day	Start	Finish	Indoors	x
			Outdoors	
			Both	
Mon			<b>Please give further details here</b> (please read guidance note 4)  THE APPLICANTS WISH TO HAVE THE OPTION TO OFFER SMALL SCALE ACOUSTIC AND/OR BLUES MUSIC SESSIONS AS PART OF THE COOKERY SCHOOL EVENING CLASSES, WHICH ARE APPROPRIATE TO THE THEME OF THE CLASSES.	
Tue				
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)  PER THE SEASONAL SCHEDULE OF THE COOKERY CLASSES AND THE DEMOUNTING OF THE TEMPORARY STRUCTURE,, LIVE MUSIC IS ONLY TO BE PLAYED DURING LIMITED PERIODS WHEN THE STRUCTURE IS INSTALLED.	
Thur	1800	2200		
Fri	1800	2200	<b>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</b> (please read guidance note 6)	
Sat	1800	2200		
Sun	1800	2200		

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)		Indoors	x
					Outdoors	
					Both	
Day	Start	Finish				
Mon			<b>Please give further details here</b> (please read guidance note 4)  THE APPLICANTS REQUEST LICENSING FOR THE PLAYING OF RECORDED MUSIC AS LOW-LEVEL BACKGROUND AND AMBIENCE ONLY.			
Tue						
Wed			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)  PER THE SEASONAL SCHEDULE OF THE COOKERY CLASSES AND THE DEMOUNTING OF THE TEMPORARY STRUCTURE, RECORDED MUSIC IS ONLY TO BE PLAYED DURING LIMITED PERIODS WHEN THE STRUCTURE IS INSTALLED.			
Thur	1000	2200				
Fri	1000	2200	<b>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</b> (please read guidance note 6)			
Sat	1000	2200				
Sun	1000	2200				

# G

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

# H

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

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)		
Thur					
Fri					
Sat			<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)		
Sun					

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	
				Off the premises	
				Both	x
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  PER THE SEASONAL SCHEDULE OF THE COOKERY CLASSES AND THE DEMOUNTING OF THE TEMPORARY STRUCTURE, SUPPLY OF ALCOHOL IS ONLY TO BE MADE DURING LIMITED PERIODS WHEN THE STRUCTURE IS INSTALLED.  ON-LICENSE SUPPLY IS BASED ON THE PROVISION (BY SALE OR INCLUSIVE AS PART OF TICKET PURCHASE) OF WELCOME DRINKS AND REFRESHMENT DRINKS DURING THE COOKERY CLASSES INSIDE THE TEMPORARY MARQUEE AND THE IMMEDIATE ENVIRONS OR SEATING AREAS.  OFF-LICENSE SALE IS BASED ON THE SALE OF LOCAL CRAFT AND BEVERAGE PRODUCE IN A FARM-SHOP STYLE OFFERING.		
Mon					
Tue					
Wed					
Thur	1000	2200	<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)		
Fri	1000	2200			
Sat	1000	2200			
Sun	1000	2200			

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):

<b>Name</b>	JUDITH AINSWORTH
<b>Date of birth</b>	
<b>Address</b>	
<b>Personal licence number (if known)</b>	137799

**Issuing licensing authority (if known)** SALFORD CITY COUNCIL

**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).**

NONE

NONE

## L

Hours premises are open to the public Standard days and timings (please read guidance note 7)		
Day	Start	Finish
Mon		
Tue		
Wed		
Thur	1000	2200
Fri	1000	2200
Sat	1000	2200
Sun	1000	2200

**State any seasonal variations** (please read guidance note 5)

PER THE SEASONAL SCHEDULE, THE COOKERY SCHOOL IS ONLY OPEN WHEN THE MARQUEE STRUCTURE IS INSTALLED.

**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)



## 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)**

THE OPERATOR HAS CONSIDERED THE RISKS ASSOCIATED WITH AND THE NATURE OF THE OPERATION, BEING A COOKERY SCHOOL WITH REFRESHMENT AND 'FARM SHOP' STYLE SUPPLY OF ALCOHOL WITH LOW-LEVEL AND LIMITED LIVE AND RECORDED MUSIC.

THE OPERATOR HAS PREPARED AN OPERATIONAL PLAN WHICH INCLUDES OPERATIONAL RISK ASSESSMENTS, AND IDENTIFIES MANAGEMENT PROTOCOLS SUCH AS;

- ENSURING ADEQUATE STAFF TRAINING AROUND THE LICENSABLE ACTIVITIES IS PROVIDED
- CLEAR POLICIES ARE WRITTEN AND COMMUNICATED TO STAFF AND PATRONS RELATING TO THE LICENSABLE ACTIVITIES
- THERE IS A CLEARLY COMMUNICATED INCIDENT LOG AND AUDIT PROCESS

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

THE OPERATOR HAS CONSIDERED THE NATURE OF THE OPERATION AND DEMOGRAPHIC OF ITS AUDIENCE AND THE DAYTIME AND TEMPORARY NATURE OF THE OPERATION AND CONSIDERS THE RISK OF CRIME AND DISORDER TO BE VERY LOW.

THE OPERATOR SUGGESTS THAT ANY MINIMAL RISKS CAN BE MITIGATED IN FULL BY PROPER STAFF TRAINING, DESCRIBED WITHIN ITS OPERATIONAL PLAN.

### **c) Public safety**

THE OPERATOR HAS CONSIDERED ITS LICENSING OBJECTIVES IN RELATION TO PUBLIC SAFETY AND WILL ENSURE;

- THE MAXIMUM OCCUPANCY LIMITS OF THE MARQUEE AND ANCILLARY SPACES ARE STRICTLY OBSERVED, AND MANAGED BY LIMITS SET AT TICKET POINT OF SALE.
- RISK ASSESSMENTS IN RELATION TO HEALTH & SAFETY, FIRST AID, FIRE AND OPERATIONS HAVE BEEN COMPLETED AND ARE BEING OBSERVED, AS PART OF THE OPERATIONAL PLAN.
- THE ACCESS ROUTE FOR EMERGENCY SERVICES IS KEPT CLEAR, AS PART OF THE TENANT'S GENERAL DAY TO DAY OPERATIONS.

**d) The prevention of public nuisance**

THE OPERATOR HAS CONSIDERED THE SMALL GROUP SIZES, MINIMAL NOISE OUTPUT, LIMITED HOURS (BY WAY OF 8-10PM CLOSURE TIME / THE MARQUEE'S TEMPORARY NATURE) OF THE OPERATION, THE LOW-NUISANCE NATURE OF THE OPERATION AND DEMOGRAPHIC OF ITS AUDIENCE AND HAS ASSESSED THE RISK OF PUBLIC NUISANCE AS VERY LOW, WITH NO SPECIAL REQUIREMENTS OR CONDITIONS THAT SHOULD BE APPLIED.

APPROPRIATE METHODS OF MANAGING WASTE AND NOISE HAVE BEEN CONSIDERED AS PART OF THE OPERATIONAL PLAN.

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

THE OPERATOR DOES NOT EXPECT ANYTHING OTHER THAN OCCASIONAL ATTENDANCE FROM CHILDREN, DUE TO THE NATURE OF THE OPERATION, AND THERE ARE NO ADULT ENTERTAINMENT RELATED ACTIVITIES ON SITE. TO MAXIMISE PROTECTION OF CHILDREN FROM HARM, HOWEVER, IT WILL ENSURE;

- A CHALLENGE 25 POLICY IS IN PLACE AT ALL TIMES, WHICH INCLUDES THE PLACEMENT OF KEY SIGNAGE AND STAFF TRAINING ON ID VERIFICATION AND REFUSAL OF SERVICE
- AGE OF TICKETHOLDER IS VERIFIED AT THE COOKERY CLASS TICKET POINT OF SALE AND TICKET SALE IS REFUSED TO ANY PERSON UNDER 18 WHO IS NOT ALSO ACCOMPANIED BY AN ADULT.

**Checklist:****Please tick to indicate agreement**


• I have made or enclosed payment of the fee.	x
• I have enclosed the plan of the premises.	x
• I have sent copies of this application and the plan to responsible authorities and others where applicable.	x
• I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	x
• I understand that I must now advertise my application.	x
<ul style="list-style-type: none"> <li>• I understand that if I do not comply with the above requirements my application will be rejected.</li> <li>• [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 or my share code issued by the Home Office online right to work checking service (please read note 15).</li> </ul>	N/A

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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)</li> </ul>
Signature	

Date	26-Jun-25
Capacity	BUSINESS MANAGER OF THE OPERATOR, SHOWBASE LTD

**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.**

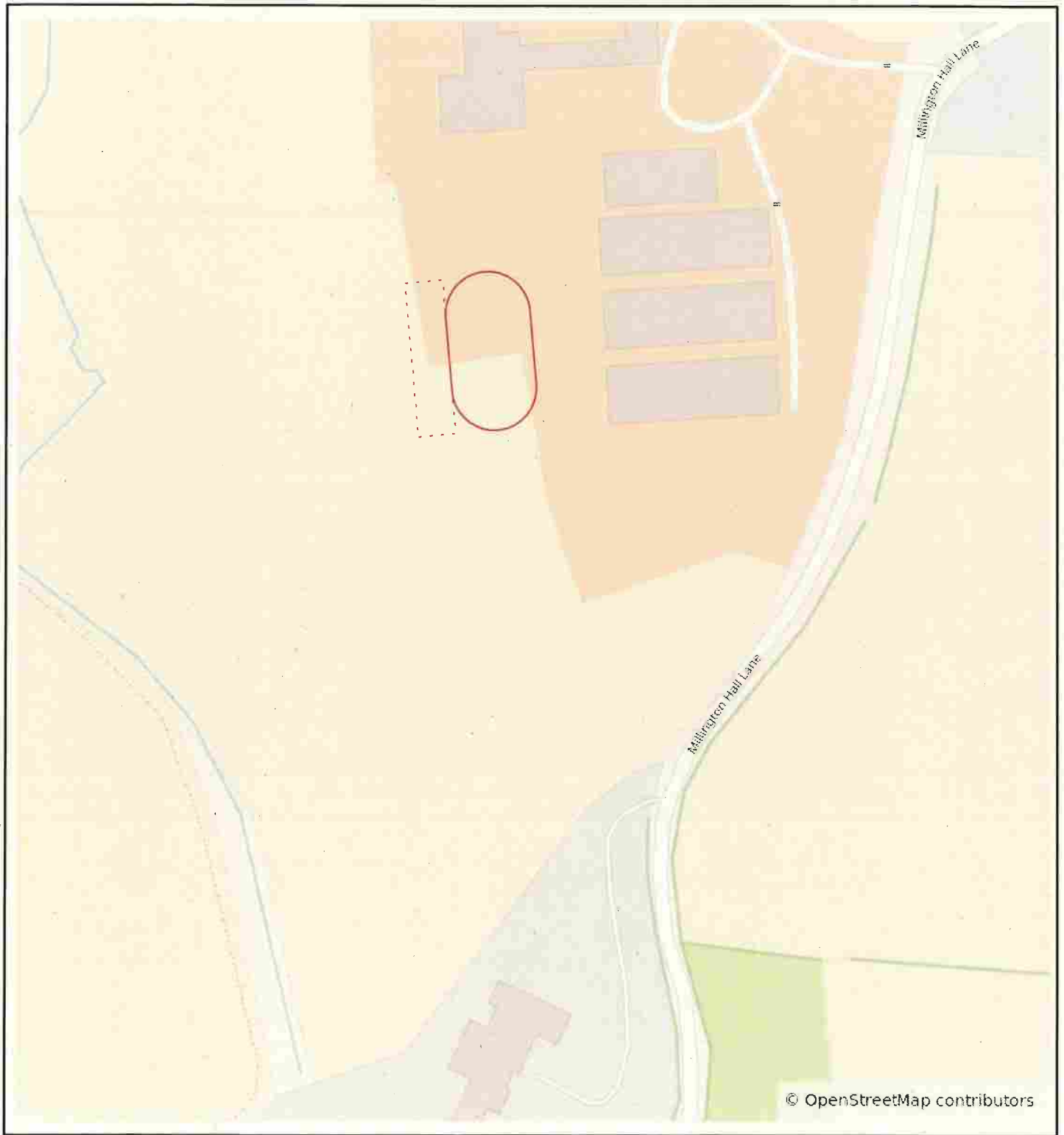
Signature	
Date	
Capacity	

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)	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	
[REDACTED]	



# AERIAL LOCATION PLAN

Scale: 1:1500



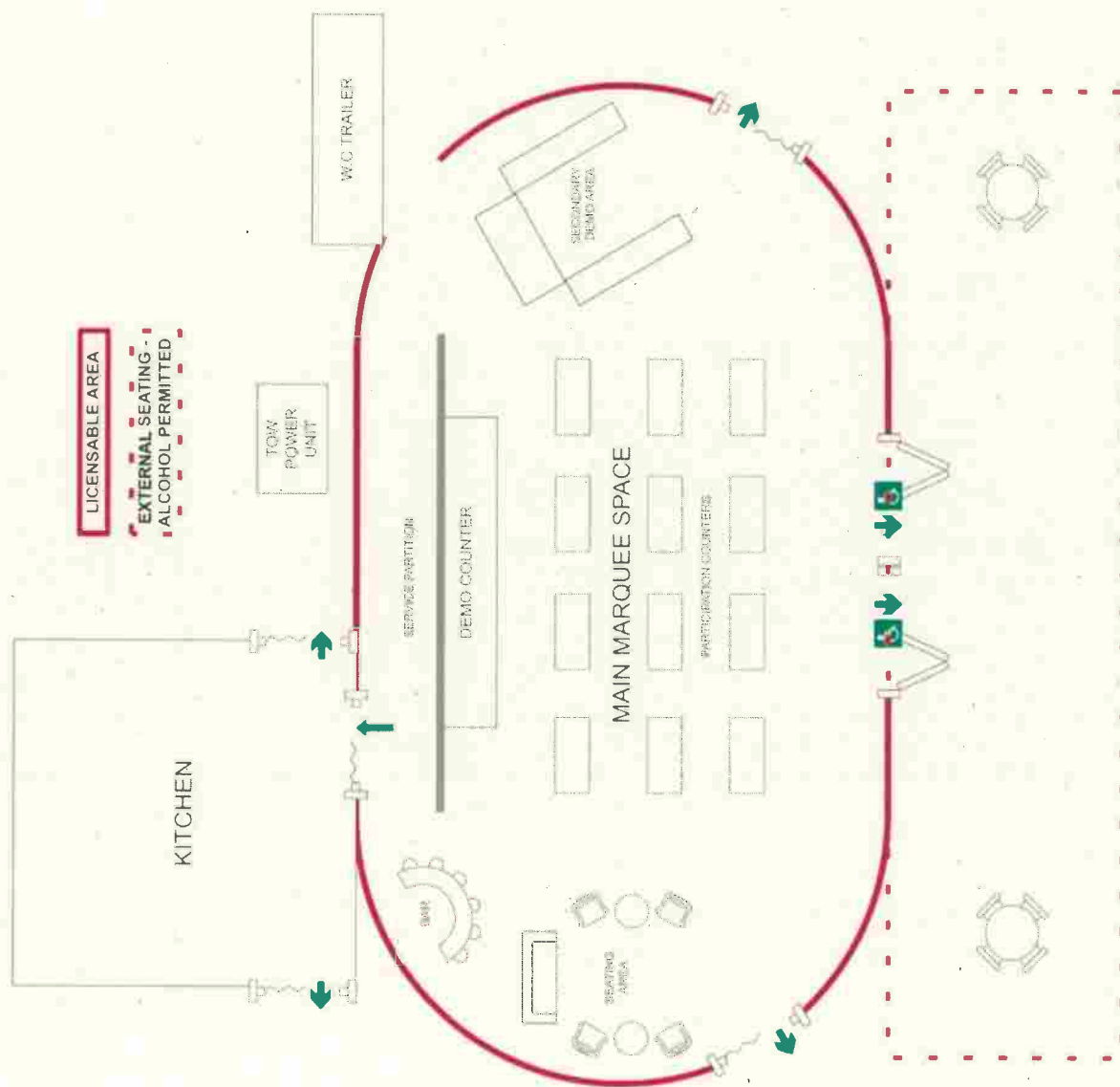
LICENSABLE AREA

EXTERNAL BAR SEATING

Plan Produced for: Cheshire East Licensing Authority

Date Produced: 02-Jul-25

# FLOOR PLAN



Date Produced: 02-Jul-25