



**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 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 SANDBACH UNITED FOOTBALL CLUB (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>SANDBACH UNITED COMMUNITY FOOTBALL CLUB HIND HEATH ROAD</u>	
Post town <u>SANDBACH</u>	Post code <u>CW11 3LZ</u>

Telephone number at premises (if any)

01270 768389

Non domestic rateable value of premises

£0.00

Part 2 – Applicant Details

Please state whether you are applying for a Premises Licence as:

- Please tick ✓
- 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) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input checked="" 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 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | please complete section (B) |
| h) The chief officer of police of a police force in England and Wales | <input type="checkbox"/> | please complete section (B) |

Please tick ✓

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

- 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) <input type="checkbox"/>
Surname	First names			

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Please tick ✓

I am 18 years old or over

Current postal address if different from premises address

Post Town	<input style="width: 100%;" type="text"/>	Postcode	<input style="width: 100%;" type="text"/>
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Daytime contact telephone number

Email address (optional)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr

Mrs

Miss

Ms

Other title
(for example, Rev)

Surname

First names

Please tick ✓

I am 18 years old or over

Current postal address
if different from
premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name **SANDBACH UNITED FOOTBALL CLUB**

Address **HIND HEATH ROAD
SANDBACH
CHESHIRE
CW11 3LZ**

Registered number (where applicable)

Description of applicant (for example, partnership, company, unincorporated association etc.)

COMMUNITY FOOTBALL CLUB

Telephone number (if any) **01270 768389**

E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
1	2	04
2	0	14

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

Day	Month	Year

If 5000 or more people are expected to attend the premises at any one time, please state the number expected to attend

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

The premises comprise of a number of grass football pitches with one all weather pitch, a number of changing rooms and one room for social and business activities and a kitchen. The room currently used as for social and business activities is the room where the licensable activities will be held.

What licensable activities do you intend to carry on from the premises?
 (Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick ✓

- 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) *- Background only - not licensable.*
- g) performance 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)

Sale by retail 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	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of a films take place indoors or outdoors or both – please tick (✓) (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
Thur			
Fri			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. (please read guidance note 5)
Sat			
Sun			

D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (✓) (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed					
Thur					
Fri			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. (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (✓) (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed					
Thur			State any seasonal variations for the performance of live music (please read guidance note 4)		
Fri					
Sat			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 5)		
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (✓) (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur					
Fri	5.00	11.00	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. (please read guidance note 5)		
	17.00	23.30			
Sat	16.00	23.30			
Sun					
	12.00	18.00			

G

Performance 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	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the performance of dance (please read guidance note 4)		
Wed					
Thur			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					
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
			Will this entertainment take place indoors or outdoors or both – please tick (✓) (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
Sat					
Sun					

I

Provision of facilities for making music Standard day and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing					
			Will the facilities for making music be indoors or outdoors or both – please tick (✓) (please read guidance note 2)	Indoors				
				Outdoors				
				Both				
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
Tue								
Wed						State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Thur								
Fri						Non standard timings. Where you intend to use the premises for the provision of facilities for making music at different times to those listed in the column on the left, please list. (please read guidance note 5)		
Sat								
Sun								

J

Provision of facilities for dancing Standard days & timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (✓) (please read guidance note 2)	Indoors				
				Outdoors				
				Both				
Day	Start	Finish	Please give a description of the facilities for dancing you will be providing					
Mon								
Tue						Please give further details here (please read guidance note 3)		
Wed								
Thur						State any seasonal variations for providing dancing facilities (please read guidance note 4)		
Fri								
Sat								
Sun			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list. (please read guidance note 5)					

M

Sale of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption on or off the premises or both – please tick (✓) (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>		
				Off the premises	<input type="checkbox"/>		
Day	Start	Finish	State any seasonal variations for the sale of alcohol (please read guidance note 4)	Both			
Mon	17.00	22.30					
Tue	17.00	22.30					
Wed	17.00	22.30					
Thur	17.00	22.30		Non standard timings. Where you intend to use the premises for the sale of alcohol at different times to those listed in the column on the left, please list. (please read guidance note 5)			
Fri	14.00	23.30					
Sat	12.00	23.30					
Sun	12.00	22.00					

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

Name *MRS Kerri STONELEY*

Address *[Redacted]*

Postcode *[Redacted]*

Personal licence number (if known) *[Redacted]*

Issuing licensing authority (if known) *[Redacted] SOUTH COUNCIL*

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)

None.

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	09.00	23.00	Non standard timings. Where you intend to open 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	09.00	23.00	
Wed	09.00	23.00	
Thur	09.00	23.00	
Fri	09.00	00.00	
Sat	09.00	00.00	
Sun	09.00	22.30	

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 Provide a Suitable evacuation plan in case of emergencies
Free drinking water at all times
Not permitting anyone who is drunk or aggressive on the premises
Not to Promote Binge drinking
To ask Patrons to enter and leave the premises quietly.
Undertaking Challenge 21 Scheme.

b) The prevention of crime and disorder

NOT TO PROMOTE BINGE DRINKING
Undertaking Challenge 21 Scheme
Not permitting anyone who appears drunk or aggressive on the premises.
No Bottles or glasses to be taken off the premises
Registering with Crime prevention Schemes run by the police

c) Public safety

To train all staff with the licensing laws
Regularly reviewing risk assessments
Regular gas and electric tests by an approved body.
Clearing away empty glasses and bottles promptly.

d) The prevention of public nuisance

Asking Customers to be considerate of their noise levels and behaviour when leaving the premises.
Doors and Windows closed at an appropriate time.
Having prominent notices around the premises asking Customers to leave quietly.

e) The protection of children from harm

Undertaking the Challenge 21 Scheme and training all staff with the law in relation to the sale and consumption of alcohol to under 18's.
No bottles or glasses to be taken off the premises
Child Welfare Officer details to be provided
Asking that all under 18's are to be supervised by a responsible adult.

Please tick ✓

- I have made or enclosed payment of the fee
- I have enclosed a 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 proposed 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

Date *24/3/14*

Capacity *BUSINESS MANAGER*

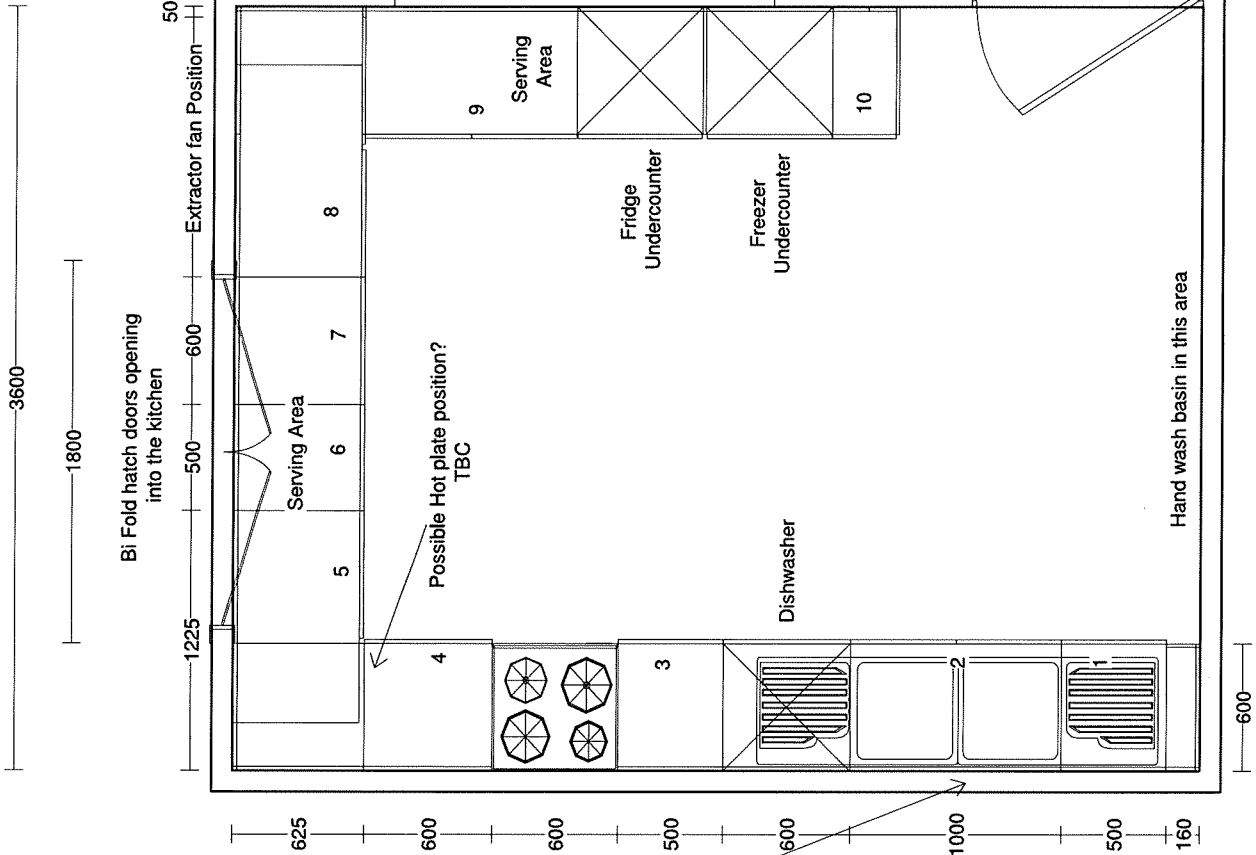
For joint applications signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent. (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature

Date

Capacity

Contact Name (where not previously given) and address for correspondence associated with this application (please read guidance note 13)	
<p><i>Mr [Name] [Address]</i></p>	
<p>Telephone number (if any) <i>[Number]</i></p>	
<p>e-mail address (optional)</p>	



INFORMATION REQUIRED

- * Is there a wall moulder water Heater in the sink area or is the hot water feed from the mains.
- * Preferred position for the Worktop standing Hot Plate? And dimensions
- * Preferred position for the Preparation area?

- REV 1
on receipt of email 14/04/11
Alter Hatch to show opening internally.
Alter Hatch to show roller shutters
Reduce base unit by the back door to allow 300mm clearance.
Alter sink to double bowl/double drainer with double base unit below.
Anotate hand wash basin.
Plan for cooker space.
Anotate the extractor position

Rixonway Kitchens for Guidance only	Range: Trieste	Drawing Date:
Client / Contractor: / Bardsley Construction	Frontals: Rosewood	Revision Number: 1
Plot Address: Sandbach UTD FC	Handle: Chrome Ribbon Handle	Revision Date: 15/04/11
Drawing Number: Bardsley - Sandbatch Utd FC	Worktop: Maryland Fonce-Slate	Additional Notes:

