

**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 THE COMMITTEE OF CONGLETON CRICKET AND BOWLING 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>CONGLETON CRICKET AND BOWLING CLUB</u> <u>BOOTH STREET</u>	
Post town <u>CONGLETON</u>	Postcode <u>W12 4DG</u>

Telephone number at premises (if any)	<u>01260 275601</u>
Non-domestic rateable value of premises £	<u>7900.00</u>

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 | 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 | please complete section (B) |

Standards Act 2000 (c14) in respect of an independent hospital in Wales

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)	
Surname			First names		
Date of birth		I am 18 years old or over		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	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over		Please tick yes	
Nationality					
Current residential 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 CONGLETON CRICKET AND BOWLING CLUB	
Address BOOTH STREET CONGLETON CHESHIRE, CW12 4DG.	
Registered number (where applicable) 24058834540	
Description of applicant (for example, partnership, company, unincorporated association etc.) RECOGNISED SPORTS CLUB COMMITTEE	
Telephone number	
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
02	07	2018

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)

A SPORTS CLUB WITH A MEMBERS BAR, SEPERATE FUNCTION ROOM WITH A BAR, CHANGING ROOMS BOWLING GREEN and CRICKET PITCH.

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 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 MA

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

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
				Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read guidance note 4)	
Tue				

Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5)
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 6)
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)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors
				Outdoors
Day	Start	Finish		Both
Mon			<u>Please give further details here</u> (please read guidance note 4)	
Tue				

Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)
Thur			
Fri			<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 6)
Sat			
Sun			

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors
				Outdoors
				Both <input checked="" type="checkbox"/>
Day	Start	Finish		
Mon			<u>Please give further details here</u> (please read guidance note 4) DISCO or LIVE BAND	
Tue				
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)	
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 6)	
	18:00	00:30		
Sat	18:00	00:30		
Sun	12:00	00:00		

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
				Outdoors
				Both <input checked="" type="checkbox"/>
Day	Start	Finish		
Mon			<u>Please give further details here</u> (please read guidance note 4) DISCO or IPED PLAYING	

Tue			
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)
Thur			
Fri			<u>Non standard timings. Where you intend to use the premises for the</u> <u>playing of recorded music at different times to those listed in the</u> <u>column on the left, please list</u> (please read guidance note 6)
	18:00	00:30	
Sat	12:00	00:30	
Sun	12:00	00:00	

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
				Outdoors
				Both
Day	Start	Finish		
Mon			<u>Please give further details here</u> (please read guidance note 4)	
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</u> <u>performance of dance at different times to those listed in the column</u> <u>on the left, please list</u> (please read guidance note 6)	
Sat				
Sun				

H

Anything of a similar description to that falling within (e), (f) or (g) 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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
Mon				Outdoors
				Both
Tue			<u>Please give further details here</u> (please read guidance note 4)	
Wed				
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)	
Fri				
Sat			<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 6)	
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
				Outdoors
Day	Start	Finish		Both
Mon			<u>Please give further details here</u> (please read guidance note 4)	
Tue				
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)	
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 6)	
Sat				
Sun				

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises Off the premises Both <input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) 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 6)	
Mon	11.00	00.30		
Tue	11.00	00.30		
Wed	11.00	00.30		
Thur	11.00	00.30		
Fri	11.00	00.30		
Sat	11.00	02.30		
Sun	11.00	00.30		

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 MRS KERRI STONELEY
Personal licence number (if known) LAPER/0399/06
Issuing licensing authority (if known) CONQUEST BOROUGH 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).

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	09:00	00:30	
Tue	09:00	00:30	
Wed	09:00	00:30	
			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)
Thur	09:00	00:30	
Fri	09:00	02:30	
Sat	09:00	02:30	
Sun	09:00	00:30	

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)

TO KEEP A STRONG MANAGEMENT AND EFFECTIVE TRAINING OF ALL STAFF + COMMITTEE MEMBERS SO THAT THEY ARE AWARE OF THE REQUIREMENTS TO MEET THE FOUR LICENSING OBJECTIVES WITH PARTICULAR ATTENTION TO
 a) NOT SELLING TO UNDERAGE PEOPLE
 b) NO DRUNK AND DISORDERLY BEHAVIOUR ON THE PREMISES
 c) NO HARM TO CHILDREN
 d) NO VIOLENT OR ANTI SOCIAL BEHAVIOUR

b) The prevention of crime and disorder

NOT SELLING ALCOHOL TO DRUNK OR INTOXICATED CUSTOMERS
 CCTV INSTALLED TO MONITOR ALL PUBLIC AND NON PUBLIC AREAS TO ADDRESS THE PREVENTION OF CRIME OBJECTIVE.
 STAFF WILL BE TRAINED IN ASKING CUSTOMERS TO USE THE PREMISES IN AN ORDERLEY AND RESPECTFUL MANNER.
 PREVENTION AND VIGILANCE OF DRUG USE.

c) Public safety

INTERNAL AND EXTERNAL LIGHTING FIXED TO PROMOTE THE PUBLIC SAFETY OBJECTIVE
 THE PREMISES TO COMPLY WITH ALL STATUTORY FIRE SAFETY RULES.

THE PREMISES TO COMPLY WITH ALL FOOD SAFETY REGULATIONS
WELL TRAINED STAFF ADHERENCE TO ENVIRONMENTAL HEALTH
REQUIREMENTS.

TRAINING AND IMPLEMENTATION OF UNDERAGE ID CHECKS
A LOG BOOK SHALL BE KEPT UPON THE PREMISES FOR RECORDING
ANY SUCH CHECKS AND WILL BE AVAILABLE FOR INSPECTION AT
ALL TIMES

ALL PARTS OF THE PREMISES WILL BE MAINTAINED AT ALL TIMES IN
A GOOD ORDER + A SAFE CONDITION.

d) The prevention of public nuisance

CLEAR AND LEGIBLE NOTICES DISPLAYED AT THE EXITS ASKING
THE PUBLIC TO RESPECT THE NEEDS OF NEARBY RESIDENTS AND
TO LEAVE THE AREA QUIETLY.

NOISE REDUCTION MEASURES TO ADDRESS THE PUBLIC NUISANCE
OBJECTIVE.

DELIVERY OF GOODS FOR THE BUSINESS TO BE DONE WITHIN
NORMAL WORKING HOURS TO PREVENT ANY DISTURBANCE.

e) The protection of children from harm

"CHALLENGE 25" TO BE IN OPERATION, ASKING ANYONE WHO
LOOKS UNDER 25 TO CARRY ACCEPTABLE I.D.

WELL TRAINED STAFF ABOUT REQUIREMENT FOR IDENTIFICATION
OF AGE ESTABLISHMENT.

ALL DETAILS TO BE IN A TRAINING RECORD BOOK TO BE KEPT AT
PREMISES AT ALL TIMES.

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.

Declaration	<ul style="list-style-type: none"> • [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). • 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)
Signature	
Date	12/5/2018
Capacity	CHAIRMAN

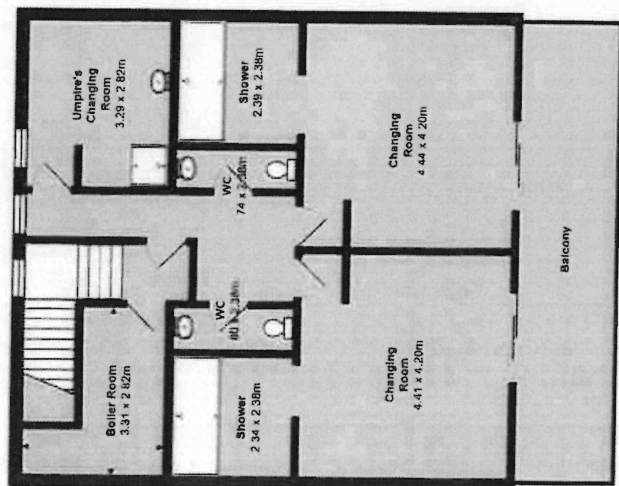
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

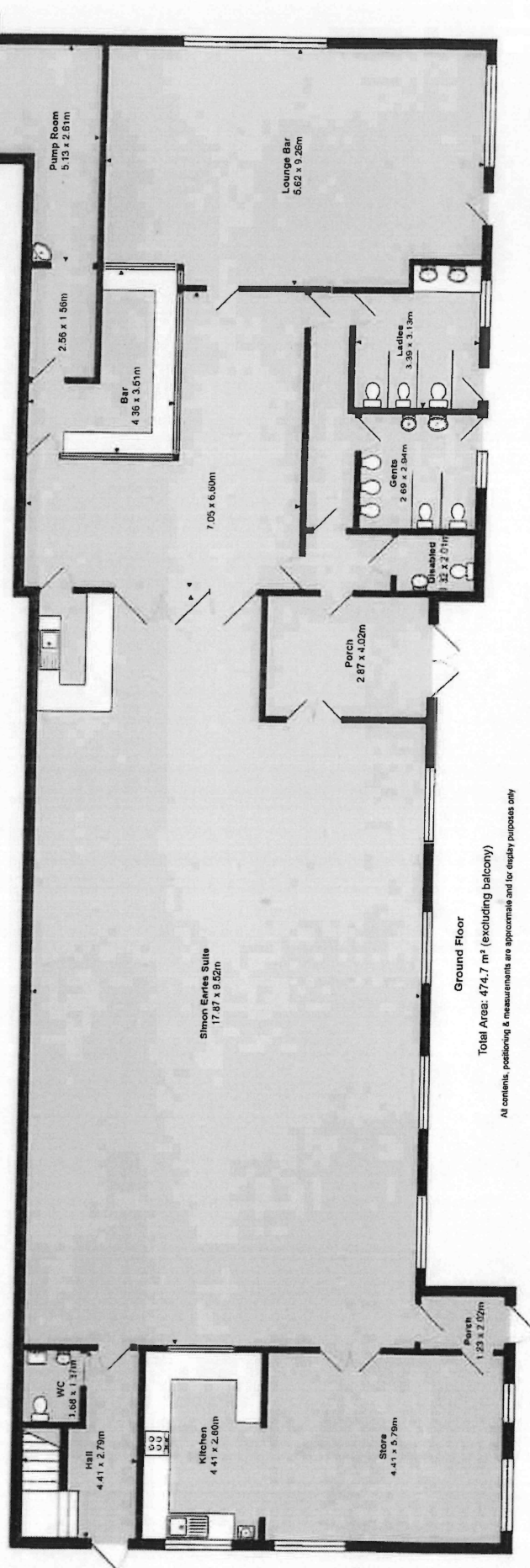
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

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



First Floor



Ground Floor

Total Area: 474.7 m² (excluding balcony)

All contents, positioning & measurements are approximate and for display purposes only

