



West Lancashire Borough Council Licensing Service

Application for a premises licence to be granted under the
Licensing Act 2003

Robert Hodge Centre
Stanley Way
Skelmersdale
Lancashire
WN8 8EE
Tel: 01695 577177
Fax: 01695 585126
Email: licensing.enquiries@westlancs.gov.uk
Website: www.westlancs.gov.uk/licensing

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 [DAVID G. ROY] apply for a premises licence under section 17 of the
(insert name(s) of applicant)
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	
TOBY TAVERN, BAR AND GRILL ASHURST ROAD ASHURST SKELMERSDALE	
Post town	WIGAN
Post code	WN8 6XN

Telephone number at premises (if any)

01695 557729.

Non-domestic rateable value of premises

£11,400.00

Part 2 – Applicant details

Please state whether you are applying for a premises licence as

- | | Please tick <input checked="" type="checkbox"/> (yes) |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| a) An individual or individuals* | <input checked="" type="checkbox"/> Please complete section (A) |
| b) A person other than an individual* | <input checked="" type="checkbox"/> Please complete section (B) |
| i. as a limited company | <input checked="" type="checkbox"/> Please complete section (B) |
| ii. as a partnership | <input checked="" type="checkbox"/> Please complete section (B) |
| iii. as an unincorporated association or | <input checked="" type="checkbox"/> Please complete section (B) |
| iv. other (for example a statutory corporation) | <input checked="" type="checkbox"/> Please complete section (B) |
| c) A recognised club | <input checked="" type="checkbox"/> Please complete section (B) |
| d) A charity | <input checked="" type="checkbox"/> Please complete section (B) |
| e) The proprietor of an educational establishment | <input checked="" type="checkbox"/> Please complete section (B) |
| f) A health service body | <input checked="" 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 checked="" type="checkbox"/> Please complete section (B) |

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 (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)

a) I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

b) 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
(for example, Rev)

Surname
Roy

First Names
DAVID GARFIELD

I am 18 years old or over

Please tick Yes

Current postal address if different from premises address

9 KINGSBURY COURT
ASHURST,
SKELMERSDALE

Post Town

WIGAN

Postcode

WN8 6XW

Daytime contact telephone number

01585 504405

E-mail address (optional)

dave@kjrail.co.uk

This section is intentionally blank

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr

Mrs

Miss

Ms

Other

(for example, Rev)

Surname

First Names

Please tick Yes

I am 18 years old or over

Current postal
address if different from
premises address

Post Town

Postcode

Daytime contact telephone number

E-mail address
(optional)

E-mail address
(optional)

This section is intentionally blank

(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 nature (other than a body corporate), please give the name and address of each party concerned.

Name
Address
Registered Number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
17	08	2014

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

Day	Month	Year

If 5,000 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)

THIS PART OF THE 'TOBY' WAS TRADITIONALLY KNOWN AS THE 'HOUSE' AND CATERED FOR OLDER CUSTOMERS. THE HOUSE IS A SEPERATE BUILDING, FROM THE OLD TOBY AND WE INTEND IT TO BE FOR PEOPLE OVER 21 AND WE WILL USE A CHALLANGE 25 POLICY.

'THIS' WILL ALLOW US TO MAKE THE OLD TOBY MORE FAMILY BASED AND UTILISE THE HOUSE FOR OLDER PATRONS.

THE HOUSE WILL BE OPEN PLAN, SPLIT LEVEL WITH A CURVED BAR IN ONE CORNER. WE HAVE ENDEAVOURD TO KEEP THE CHARM BUT TO BRING THE BUILDING INTO THE 21ST CENTURY WITH EXCELLENT FACILITIES.

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:

- 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 L)

Sale by retail of alcohol (if ticking yes, fill in box M)

In all cases complete boxes K, L and M

Please tick A

(yes)

A

Plays Standard days & timings (Please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick [A] (Please read guidance note 2).	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	10.00	00.00			
Tue	10.00	00.00			
Wed	10.00	00.00	State any seasonal variations for performing plays (please read guidance note 4)		
Thurs	10.00	00.00			
Fri	10.00	02.00			
Sat	10.00	02.00	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)		
Sun	10.00	00.00			

B

Films Standard days & timings (Please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick [A] (Please read guidance note 2).	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	10.00	00.00			
Tue	10.00	00.00			
Wed	10.00	00.00	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thurs	10.00	00.00			
Fri	10.00	02.00			
Sat	10.00	02.00	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)		
Sun	00.00	00.00			

C

Indoor sporting events Standard days & timings (Please read guidance note 6)			Please give further details here (please read guidance note 3)
Day	Start	Finish	
Mon	10.00	00.00	
Tue	10.00	00.00	
Wed	10.00	00.00	State any seasonal variations for indoor sporting events (please read guidance note 4)
Thurs	10.00	00.00	
Fri	10.00	02.00	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	10.00	02.00	
Sun	10.00	00.00	

D

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

E

Live music Standard days & timings (Please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick [A] (Please read guidance note 2).		Indoors	
					Outdoors	
					Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon	10.00	23.30	Outside off by 20.00			
Tue	10.00	23.30				
Wed	10.00	23.30	State any seasonal variations for performing of live music (please read guidance note 4) NEW YEARS EVE AND CHRISTMAS EVE EXTENSION DEPENDING ON DAY.			
Thurs	10.00	23.30				
Fri	10.00	00.00	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)			
Sat	10.00	00.00				
Sun	10.00	23.00				

This section is intentionally blank

F

Recorded music Standard days & timings (Please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick [A] (Please read guidance note 2).		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon	10.00	00.00	All outside music off by 20.00			
Tue	10.00	00.00				
Wed	10.00	00.00	State any seasonal variations for playing of recorded music (please read guidance note 4)			
Thurs	10.00	00.00				
Fri	10.00	02.00	Non-standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)			
Sat	10.00	02.00				
Sun	10.00	00.00				

G

Performance of dance Standard days & timings (Please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick [A] (Please read guidance note 2).		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon	10.00	00.00				
Tue	10.00	00.00				
Wed	10.00	00.00	State any seasonal variations for performing of dance (please read guidance note 4)			
Thurs	10.00	00.00				
Fri	10.00	02.00	Non-standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)			
Sat	10.00	02.00				
Sun	10.00	00.00				

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days & timings (Please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will the this entertainment take place indoors or outdoors or both – please tick [A] (Please read guidance note 2).	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	10.00	00.00	Please give further details here (please read guidance note 3)		
Tue	10.00	00.00			
Wed	10.00	00.00			
Thurs	10.00	00.00	State any seasonal variations for entertainment (please read guidance note 4)		
Fri	10.00	02.00	Non-standard timings. Where you intend to use the premises for the entertainment of 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)		
Sat	10.00	02.00			
Sun	10.00	00.00			

This section is intentionally blank

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 [A] (Please read guidance note 2).	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	23.00	00.00	Please give further details here (please read guidance note 3)		
Tue	23.00	00.00			
Wed	23.00	00.00			
Thurs	23.00	00.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Fri	23.00	01.00	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 (please read guidance note 5)		
Sat	23.00	01.00			
Sun	23.00	00.00			

This section is intentionally blank

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick [A] (Please read guidance note 7).	On the premises	
				Off the premises	
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	09.00	00.30	<u>State any proposed seasonal variations for the supply of alcohol</u> (please read guidance note 4) Christmas Eve and New Years Eve depending on what day they fall on.		
Tue	09.00	00.30			
Wed	09.00	00.30			
Thurs	09.00	00.30	<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within J or K</u> (please read guidance note 5)		
Fri	09.00	02.30	<u>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</u> (please read guidance note 10)		
Sat	09.00	02.30			
Sun	09.00	00.30			

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

Name: DAVID GARFIELD ROY

Address: 9 KINGSBURY COURT
 ASTURST, SKELMERSDALE

Postcode: WN8 6XW

Personal Licence Number (if known): PERS/312

Issuing Licensing Authority (if known): WEST LANCS DISTRICT 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 8)

WE HAVE TWO LICENSED GAMING MACHINES WHICH ARE WELL SIGNED FOR OVER 18S ONLY. STAFF REGULARLY CHECK THE AREA AND THEY ARE AWAY FROM WHERE CHILDREN CONGREGATE.

WINDY WEST 34

L

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	00.30	<p><u>Non-standard timings. Where you intend to use 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)</u></p>
Tue	09.00	00.30	
Wed	09.00	00.30	
Thurs	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, e) (please read guidance note 9)

WE RUN THE 'TOBY' IN A PROFESSIONAL BUSINESS MANNER AND DO ALL WE CAN TO PROMOTE ALL 4 LICENSING OBJECTIVES, WE DO NOT SERVE ANYONE WHO APPEARS TO BE EITHER DRUNK OR UNDER AGE AND STAFF PATROL ALL AREAS THROUGHOUT OPENING TIMES.

b) The prevention of crime and disorder

THE TOBY TAVERN BAR AND GRILL HAS A ZERO TOLERANCE TOWARDS VIOLENCE, DRUGS AND ANY OTHER ANTI-SOCIAL BEHAVIOUR. WE EXPECT OUR CUSTOMERS AND STAFF TO TREAT EACH OTHER AND OUR NEIGHBOURS WITH RESPECT AND TRAVEL TO AND FROM THE TOBY QUIETLY AND WITH CARE.

c) Public safety

WE HAVE ENDEAVOURED TO PROMOTE PUBLIC SAFETY BY PUTTING IN STATE OF THE ART CCTV, FIRE ALARMS AND NEW FIRE DOORS. IN VERY BUSY PERIODS WE UTILISE PLASTIC GLASSES AND THE CAR PARK IS A GLASS FREE AREA.

d) The prevention of public nuisance

WE HAVE NOW IMPLEMENTED A NO AMPLIFIED MUSIC OUTSIDE POLICY WITHOUT PRIOR NOTICE TO OUR NEIGHBOURS. WE CLOSE OFF OUTSIDE AREAS EARLIER AND CLOSE CERTAIN DOORS TO KEEP ANY NOISE INSIDE. WE ASK CUSTOMERS AND STAFF TO LEAVE QUIETLY.

e) The protection of children from harm

THE HOUSE WILL BE FOR OVER 21'S ONLY BUT WE HAVE PUT CHILD FRIENDLY FLOORING IN OUR PLAY AREAS AND CLOSE OFF THE AREA IN A TIMELY FASHION. WE HAVE HIGH CHAIRS AND BABY CHANGING IN THE MAIN PUB.

Please tick
▲ (yes)

- 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 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. (Please read guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature:

Date: 15/07/2014

Capacity: PREMISES SUPERVISOR

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)

Post town

Post code

Telephone number

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



West Lancashire Borough Council
Licensing Service

Robert Hodge Centre
Stanley Way
Skelmersdale
Lancashire
WN8 8EE
Tel: 01695 577177
Fax: 01695 585126

Email: licensing.enquiries@westlancls.gov.uk
Website: www.westlancls.gov.uk/licensing

Consent of individual to being specified as premises supervisor

I, DAVID GARFIELD ROY
[insert full name of prospective premises supervisor]

of:
9 KINGSBURY COURT ASHURST
SKELMERSDALE WN8 6XW
[insert home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for:

NEW PREMISE LICENSE APPLICATION
[Type of application]

by:
DAVID GARFIELD ROY
[insert name of applicant]

relating to a premises licence: NA
[insert number of existing licence, if any]

For:
TOBY TAVERN BAR AND GRILL
ASHURST ROAD SKELMERSDALE
[insert name and address of premises to which the application relates] WN8 6XW

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

DAVID GARFIELD ROY

[Insert name of applicant]

Concerning a supply of alcohol at:

Toby TAVERN

[Insert name and address of premises to which application relates]

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 number:

PERS / 312

[Insert personal licence number, if any]

Personal licence issuing Authority:

WEST LANCAHIRE COUNCIL

[Insert name and address and telephone number of personal licence issuing authority, if any]

Signed:



Name (please print):

DAVID GARFIELD ROY

Dated:

17/07/14