



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 [SUZANNE MOORE] 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	
61 LANCASTER CRESCENT	
Post town	Post code
SKELMERSDALE	WN8-8DJ

Telephone number at premises (if any)

01695 731448

Non-domestic rateable value of premises

£

Part 2 – Applicant details

Please state whether you are applying for a premises licence as

- | | Please tick ✓ (yes) |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| a) An individual or individuals* | <input checked="" type="checkbox"/> Please complete section (A) |
| b) A person other than an individual* | <input type="checkbox"/> Please complete section (B) |
| i. as a limited company | <input type="checkbox"/> Please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> Please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> Please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> Please complete section (B) |
| c) A recognised club | <input 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) |

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

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)

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

ALCOHOL NAME OF BUSINESS BOOZED UP Deliverys.

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)

**Please tick ✓
(yes)**

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

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 [✓] (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 performing plays (please read guidance note 4)		
Thurs					
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 & timings (Please read guidance note 6)			Will the exhibition of films 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					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thurs					
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 & timings (Please read guidance note 6)			Please give further details here (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed			
Thurs			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)
Fri			
Sat			
Sun			

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 [✓] (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 boxing or wrestling entertainment (please read guidance note 4)		
Wed					
Thurs			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)		
Fri					
Sat					
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 [✓] (Please read guidance note 2).		Indoors
					Outdoors
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for performing of live music</u> (please read guidance note 4)		
Thurs					
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 5)		
Sat					
Sun					

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 [✓] (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 playing of recorded music (please read guidance note 4)		
Thurs					
Fri			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					
Sun					

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 [✓] (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 performing of dance (please read guidance note 4)		
Thurs					
Fri			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					
Sun					

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 [✓] (Please read guidance note 2).	Indoors	
				Outdoors	
				Both	
Mon			<u>Please give further details here (please read guidance note 3)</u>		
Tue					
Wed					
Thurs			<u>State any seasonal variations for entertainment (please read guidance note 4)</u>		
Fri			<u>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)</u>		
Sat					
Sun					

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


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 [✓] (Please read guidance note 7).	On the premises	
				Off the premises	✓
				Both	
Day	Start	Finish			
7	12pm	6AM			
Mon	12pm	6AM	State any proposed seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	12pm	6AM			
Wed	12pm	6AM	State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within J or K (please read guidance note 5)		
Thurs	12pm	6AM			
Fri	12pm	6AM	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 10)		
Sat	12pm	6AM			
Sun	12pm	6AM			

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

Name MRS SUZANNE MOORE

Address 

Postcode 

Personal Licence Number (if known) 

Issuing Licensing Authority (if known)

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)

L

Hours premises are open to the public
Standard days and timings
(please read guidance note 6)

Day	Start	Finish
Mon	12pm	6AM
Tue	12pm	6AM
Wed	12pm	6AM
Thurs	12pm	6AM
Fri	12pm	6AM
Sat	12pm	6AM
Sun	12pm	6AM

State any seasonal variations (Please read guidance note 4).

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)

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)

b) The prevention of crime and disorder

CCTV
DOOR SUPERVISORS
PUBWATCH MEMBERSHIP

c) Public safety

EXTERNAL Lighting
DOOR SUPERVISORS
CCTV

d) The prevention of public nuisance

Noise reduction measures
Dispersal policies

e) The protection of children from harm

Challenge 21 or Challenge 25 Scheme
Control over admission of children

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: 25-4-18

Capacity:

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)	

FRONT GARDAN

FRONT PORCH

KITCHEN

LIVING ROOM

CONSERVATORY

BACK GARDAN

