



West Lancashire Borough Council Licensing Service

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

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Stanley Way
Skelmersdale
Lancashire
WN8 8EE
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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 [SEAN PHYSICK] 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	
<u>THE TIMBER YARD, (LOCATED IN BUILDING ATTACHED TO MOORGATE, UNITE GYM) ORMSKIRK</u>	
Post town	Post code
<u>ORMSKIRK</u>	<u>L39 4RX</u>

Telephone number at premises (if any) N/A

Non-domestic rateable value of premises £ 5,100

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

PHYSICK

First Names

SEAN

Please tick ✓ Yes

I am 18 years old or over

Current postal address if different from premises address

[Redacted address]

Post Town

[Redacted town]

Postcode

[Redacted postcode]

Daytime contact telephone number

[Redacted telephone number]

E-mail address (optional)

[Redacted email address]

This section is intentionally blank

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr Mrs Miss Ms Other
(for example, Rev)

Surname

First Names

I am 18 years old or over Please tick ✓ Yes

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

E-mail address (optional)

E-mail address (optional)

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(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
20	07	2018

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.

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

A BAR BUILT AND DESIGNED ON TIMBER,
SEATING INSIDE, MALE + FEMALE TOILETS, BAR
INSIDE, KITCHEN WILL BE CONVERTED INTO
OFFICE. LARGE DOUBLE DOORS LEAD TO OUTSIDE
TERRACE WITH SEATING AREAS AND TWO
DOUBLE GATES ON ENTRANCE. NO CAR PARK.
STOCK ROOM INSIDE. SUPPLYING ALCOHOL.
OPENING HOURS 11:00 AM - 00:00 PM

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)

- | | <u>Please tick ✓</u>
(yes) |
|--|-------------------------------------|
| <u>Provision of regulated entertainment:</u> | |
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H) | <input type="checkbox"/> |
| <u>Provision of late night refreshment</u> (if ticking yes, fill in box L) | <input type="checkbox"/> |
| <u>Sale by retail of alcohol</u> (if ticking yes, fill in box M) | <input checked="" type="checkbox"/> |

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	<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 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	<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 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).	
Day	Start	Finish	Indoors	Outdoors
Mon				
Tue				
Wed				
Thurs				
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 <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	11:00	00:00	AMPLIFIED MUSIC + ACOUSTIC	
Tue	11:00	00:00		
Wed	11:00	00:00	State any seasonal variations for performing of live music (please read guidance note 4)	
Thurs	11:00	00:00	SUMMER MUSIC OUTSIDE - ONCE A WEEK WINTER MUSIC INSIDE - ONCE A WEEK	
Fri	11:00	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	11:00	00:00	AUGUST 24 TH - 26 TH OPENING HOURS 11:00AM - 02:00AM OCTOBER 3 RD OPENING HOURS 11:00AM - 02:00 AM	
Sun	11:00	00:00	NOVEMBER 4 TH OPENING HOURS 11:00AM - 02:00AM DECEMBER 21 ST - JANUARY 1 ST OPENING HOURS 11:00AM - 02:00AM	

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	<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	11:00	00:00	AMPLIFIED MUSIC + ACOUSTIC		
Tue	11:00	00:00			
Wed	11:00	00:00	State any seasonal variations for playing of recorded music (please read guidance note 4)		
Thurs	11:00	00:00	MONDAY → SUNDAY 11:00 AM – 00:00 PM		
Fri	11:00	00:00	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	11:00	00:00			
Sun	11:00	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 [✓] (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 performing of dance (please read guidance note 4)		
Thurs			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)		
Fri					
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			Please give further details here (please read guidance note 3)		
Tue					
Wed					
Thurs			State any seasonal variations for entertainment (please read guidance note 4)		
Fri					
Sat			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)		
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	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed					
Thurs			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Fri			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					
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	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	11:30	23:00	State any proposed seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	11:30	23:30			
Wed	11:30	23:30			
Thurs	11:30	23:30	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)		
Fri	11:30	23:30	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	11:30	23:30			
Sun	11:30	23:30			

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

Name SEAN PHYSICK

Address [REDACTED]

Postcode [REDACTED]

Personal Licence Number (if known) [REDACTED]

Issuing Licensing Authority (if known) WEST LANCASHIRE 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 8)

L

<p>Hours premises are open to the public Standard days and timings (please read guidance note 6)</p>	<p><u>State any seasonal variations</u> (Please read guidance note 4).</p>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Day</th> <th style="width: 15%;">Start</th> <th style="width: 15%;">Finish</th> </tr> </thead> <tbody> <tr> <td>Mon</td> <td></td> <td></td> </tr> <tr> <td>Tue</td> <td></td> <td></td> </tr> <tr> <td>Wed</td> <td></td> <td></td> </tr> <tr> <td>Thurs</td> <td></td> <td></td> </tr> <tr> <td>Fri</td> <td></td> <td></td> </tr> <tr> <td>Sat</td> <td></td> <td></td> </tr> <tr> <td>Sun</td> <td></td> <td></td> </tr> </tbody> </table>	Day	Start	Finish	Mon			Tue			Wed			Thurs			Fri			Sat			Sun			<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</u> (please read guidance note 5)</p>
Day	Start	Finish																							
Mon																									
Tue																									
Wed																									
Thurs																									
Fri																									
Sat																									
Sun																									

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)

AS LISTED BELOW

b) The prevention of crime and disorder

CCTV, LOCKS ON GATES, 24 CCTV INSIDE AND OUTSIDE,
ALARM SYSTEM, LOCKS ON BAR DOORS, DAILY BANKING
SO LESS CASH ON SITE

c) Public safety

HEALTH + SAFETY AUDITS, CHALLENGE 25, FIRE CHECKS,
FIRE EXTINGUISHERS, RISK ASSESSMENTS

d) The prevention of public nuisance

SIGNS SAYING "PLEASE BE QUIET WHEN LEAVING THE PREMISES
AND RESPECTFUL OF ALL NEIGHBOURS"
PLASTIC CUPS

e) The protection of children from harm

HEALTH AND SAFETY CHECKS
RISK ASSESSMENTS

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: 19/06/2018





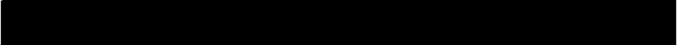
Capacity:

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:

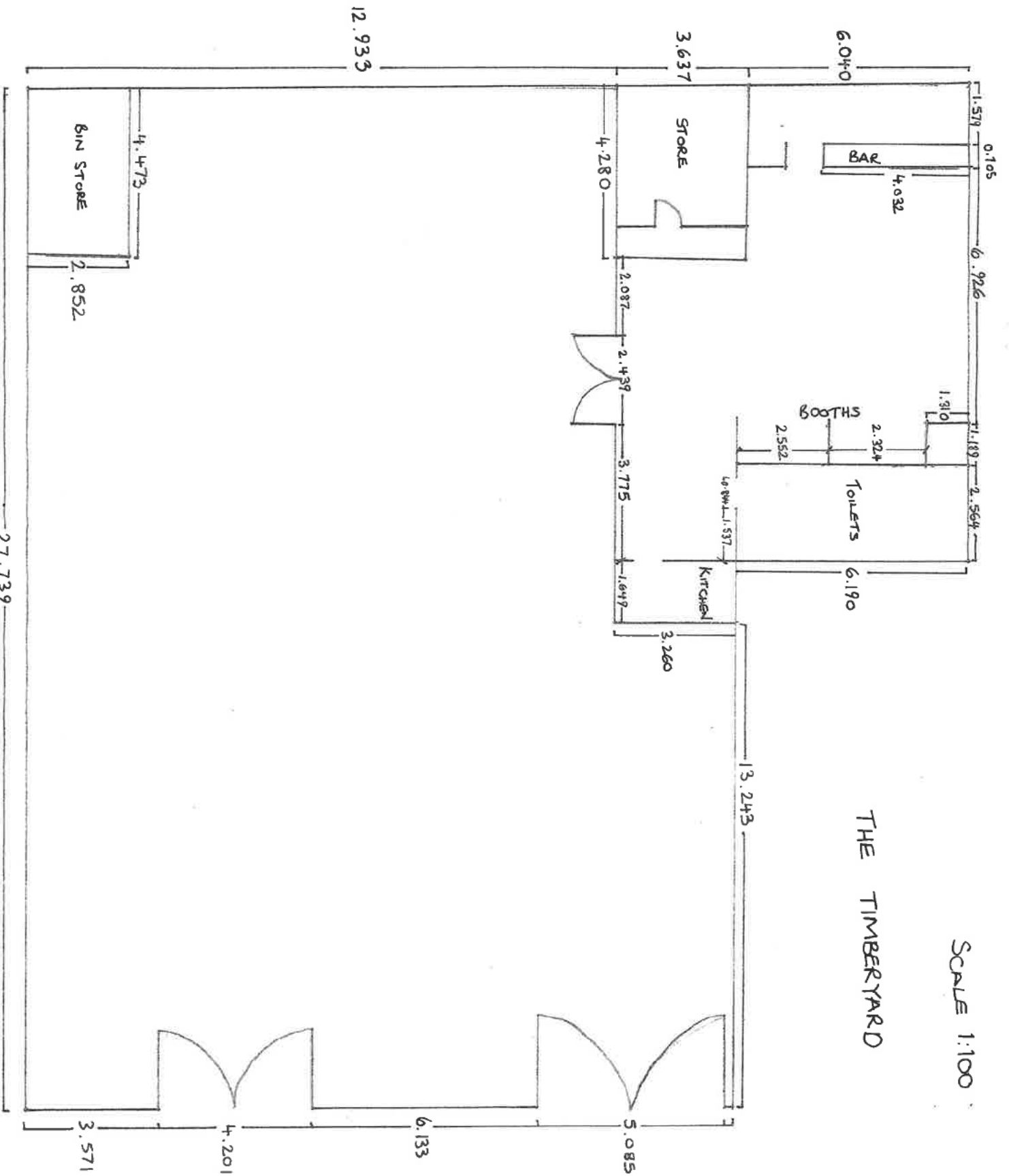
Date:

Capacity:

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13) <u>SEAN PHYSICK</u> 	
Post town 	Post code 
Telephone number 	
If you would prefer us to correspond with you by e-mail your e-mail address (optional) 	

SCALE 1:100

THE TIMBERYARD





West Lancashire Borough Council
Licensing Service

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

Consent of individual to being specified as premises supervisor

I, SEAN PHYSICK
[insert full name of prospective premises supervisor]

of:

[REDACTED]

[REDACTED]

[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:

PREMISES LICENCE
[Type of application]

by:

SEAN PHYSICK
[Insert name of applicant]

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

For:

THE TIMBER YARD, MOORGATE, ORMSKIRK

L39 4R*

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

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

SEAN PHYSICK
[Insert name of applicant]

Concerning a supply of alcohol at:

THE TIMBER YARD, MOORGATE, ORMSKIRK
L39 4R*
[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: [REDACTED]
[Insert personal licence number, if any]

Personal licence issuing Authority:

WEST LANCASHIRE BOROUGH COUNCIL, SKELMERDALE, WN8 8EE
[Insert name and address and telephone number of personal licence issuing authority, if any]

Signed: [REDACTED]

Name (please print): SEAN PHYSICK

Dated: 19/06/2018