

[Insert name and address of relevant licensing authority and its reference number (optional).]

WORCESTERSHIRE REGULATORY SERVICES
 17 JUN 2018

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 **BELBROUGHTON BEER FESTIVAL LIMITED**

(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			
RECREATION AREA AND RECREATION CENTRE OFF HARTLE LANE			
Post town	BELBROUGHTON	Postcode	DY9 9TJ

Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	10,750

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 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) 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 Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- 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:

Please tick yes

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)
Surname			First names	
I am 18 years old or over				<input type="checkbox"/> Please tick yes
Current postal address if different from premises address				
Post town			Postcode	
Daytime contact telephone number				
E-mail address (optional)				

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal 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 BELBROUGHTON BEER FESTIVAL LIMITED
Address KINGS CHAMBERS QUEENS CROSS HIGH STREET DUDLEY DY1 1QT
Registered number (where applicable) 08932285
Description of applicant (for example, partnership, company, unincorporated association etc.) PRIVATE LIMITED COMPANY
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
16	07	2016

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)

THIS IS A RECREATIONAL AREA INCLUDING THE RECREATION CENTRE OFF HARTLE LANE. THE AREA IS PRIMARILY USED ANNUALLY FOR THE BELBROUGHTON BEER FESTIVAL. THE LICENSABLE ACTIVITIES ASSOCIATED WITH THE BEER FESTIVAL HAVE PREVIOUSLY BEEN AUTHORISED BY TEMPORARY EVENT NOTICES BUT THE ORGANISERS OF THE FESTIVAL WOULD NOW LIKE TO APPLY FOR A PREMISES LICENCE. THE AREA DESIGNATED WITHIN THE RED LINE ON THE PLAN ENCLOSED WITH THE APPLICATION WILL BE THE AREA COVERED BY THE PREMISES LICENCE (SUBJECT TO GRANT). THIS AREA INCLUDES A DESIGNATED CAR PARK FOR PEOPLE ATTENDING THE EVENTS AND THERE IS ALSO OVERSPILL PARKING AVAILABLE IF THIS IS REQUIRED FOR AN EVENT (WHICH IS ALSO SHOWN ON THE PLAN). WITHIN THE BOUNDARY OF THIS AREA IS THE RECREATION CENTRE WHICH ALSO FORMS PART OF THE APPLICATION WHICH MAY BE USED DURING EVENTS IF REQUIRED.

WITH REGARD TO THE BELBROUGHTON BEER FESTIVAL SPECIFICALLY, THE RECREATIONAL COMMITTEE HAVE GIVEN WRITTEN APPROVAL TO THE ORGANISERS FOR THE FESTIVAL TO TAKE PLACE ON THE LAND. THIS YEAR THE FESTIVAL WILL TAKE PLACE FROM 8TH TO 10TH SEPTEMBER 2016 INCLUSIVE AND THE NUMBER OF VISITORS EXPECTED OVER THESE DAYS WILL BE APPROXIMATELY 3000 BASED ON PREVIOUS FESTIVALS. ENTRY TO THE FESTIVAL IS STRICTLY BY TICKET ONLY WHICH CAN BE PURCHASED IN ADVANCE OR ON THE DAY. VISITORS HAVE TO PURCHASE A FESTIVAL KIT AT THE ENTRANCE GATE IN ORDER TO GAIN ADMISSION. TOKENS ARE PURCHASED AS PART OF THE KIT AND THESE ARE EXCHANGED FOR DRINKS WHICH WILL ONLY BE SERVED IN THE OFFICIAL BEER FESTIVAL GLASSES WHICH ARE SUPPLIED AS PART OF THE KIT. GENERAL ADMISSION WITHOUT THE TOKENS IS ALSO AVAILABLE TO PURCHASE.

THE SALE OF ALCOHOL IS TO BE PERMITTED ON AND OFF THE PREMISE IN ORDER TO ALLOW GIFT PACKS OF BEERS AND CIDERS TO BE PURCHASED AT THE FESTIVAL FOR CUSTOMERS TO TAKE AWAY WITH THEM.

THE DESIGNATED AREA HAS FENCING AROUND THE BOUNDARY AND VISITOR ENTRY AND EXIT IS THROUGH A CONTROL POINT WHICH WILL BE MANNED BY SIA REGISTERED SECURITY STAFF. THE NUMBER OF VISITORS TO THE FESTIVAL WILL BE MONITORED AT THE ENTRY BY WAY OF STEWARDS USING COUNTER CLICKERS TO ENSURE SAFETY AND ALSO THAT THE NUMBERS DO NOT EXCEED THOSE PERMITTED UNDER THE PREMISES LICENCE (4,999 OR LESS).

AS PART OF THE FESTIVAL OTHER PUBLIC HOUSES IN THE VILLAGE OF BELBROUGHTON ARE OFFERED SIA SECURITY REGISTERED DOOR STAFF BY THE FESTIVAL ORGANISERS. THE COST OF THIS IS COVERED BY THE FESTIVAL RATHER THAN THE INDIVIDUAL PREMISES.

AS WELL AS THE BEER FESTIVAL, A VARIETY OF OTHER EVENTS WILL UTILISE THE DESIGNATED AREA INCLUDING THE ANNUAL BELBROUGHTON SCARECROW FESTIVAL. IT IS ENVISAGED THAT SOME OF THE EVENTS WILL TAKE PLACE IN THE OPEN AND SOME UTILISING MARQUEES OR TEMPORARY SHELTERS.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

- | | |
|---|-------------------------------------|
| 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 checked="" type="checkbox"/> |

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 M

A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
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 plays</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and 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					
			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Tue					
			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)		
Wed					
Thur					
Fri					
Sat					
Sun					

C

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

D

Boxing or wrestling entertainments 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	<input type="checkbox"/>																								
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>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>Thur</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			Thur			Fri			Sat			Sun			Outdoors	<input type="checkbox"/>
Day	Start	Finish																											
Mon																													
Tue																													
Wed																													
Thur																													
Fri																													
Sat																													
Sun																													
			Both	<input type="checkbox"/>																									
			Please give further details here (please read guidance note 3)																										
			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)																										
			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)																										

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	<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) THE PROVISION OF LIVE MUSIC FOR VISITORS TO EVENTS HELD IN DESIGNATED AREA 1 (AS PER THE ATTACHED PLAN.)		
Mon	11.00	23.00			
Tue	11.00	23.00	State any seasonal variations for the performance of live music (please read guidance note 4)		
Wed	11.00	23.00			
Thur	11.00	23.00	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)		
Fri	11.00	23.00			
Sat	11.00	23.00			
Sun	11.00	23.00			

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 type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) THE PROVISION OF RECORDED MUSIC FOR VISITORS TO EVENTS HELD IN DESIGNATED AREA 1 (AS PER THE ATTACHED PLAN.)			
Mon	11.00	23.00				
Tue	11.00	23.00				
Wed	11.00	23.00	State any seasonal variations for the playing of recorded music (please read guidance note 4)			
Thur	11.00	23.00				
Fri	11.00	23.00	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)			
Sat	11.00	23.00				
Sun	11.00	23.00				

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed					
			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Thur			<u>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</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing</p> <p>THE PROVISION OF LICENSABLE ACTIVITIES SIMILAR TO LIVE AND RECORDED MUSIC FOR VISITORS TO EVENTS HELD IN DESIGNATED AREA 1 (AS PER THE ATTACHED PLAN.)</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon	11.00	23.00		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	11.00	23.00	<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed	11.00	23.00			
Thur	11.00	23.00	<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p>		
Fri	11.00	23.00			
Sat	11.00	23.00	<p><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 5)</p>		
Sun	11.00	23.00			

I

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	Please give further details here (please read guidance note 3) THE PROVISION OF HOT FOOD AND DRINKS.		
Mon					
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Tue					
			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)		
Wed					
Thur					
Fri					
Sat					
Sun					

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	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	11.00	23.00						
Tue	11.00	23.00						
Wed	11.00	23.00						
Thur	11.00	23.00						
Fri	11.00	23.00						
Sat	11.00	23.00						
Sun	11.00	23.00						
						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 5)		

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

Name RONALD GEOFFREY MORGAN	
Address	
Postcode	
Personal licence number (if known) 13/00755	
Issuing licensing authority (if known) BROMSGROVE DISTRICT COUNCIL	

A Challenge 25 policy will be operated at the premise, acceptable forms of identification are a passport, photocard driving licence and PASS accredited identification card.

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.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	16 TH JUNE 2016
Capacity	DULY AUTHORISED AGENTS

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 postal address for correspondence associated with this application (please read guidance note 13)

SARA CLEMENT
LOCKETT & CO
13 CHURCH STREET

Post town	KIDDERMINSTER	Postcode	DY10 2AH
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Telephone number (if any)	
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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. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

WORCESTERSHIRE REGULATORY SERVICES
17 JUN 2016

Consent of individual to being specified as premises supervisor

I, RONALD GEOFFREY MORGAN
[full name of prospective premises supervisor]

of _____
[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 BELBROUGHTON BEER FESTIVAL LIMITED
[name of applicant]

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

or RECREATION AREA & CENTRE OFF HARTLE LANE, BELBROUGHTON
[name and address of premises to which the application relates]

D499TC

and any premises licence to be granted or varied in respect of this application made by: BELBROUGHTON BEER FESTIVAL LIMITED
[name of applicant]

concerning the supply of alcohol at:

RECREATION AREA & CENTRE OFF HARTLE LANE, BELBROUGHTON
[name and address of premises to which application relates]

D499TC

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: 13/00755 [insert personal licence number, if any]

Personal licence issuing authority: BROMSGRAVE DISTRICT COUNCIL

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

Signed _____

Name (please print) R MORGAN

Dated 3/6/16

Date of Birth 17/3/65

Place of Birth B'HAM

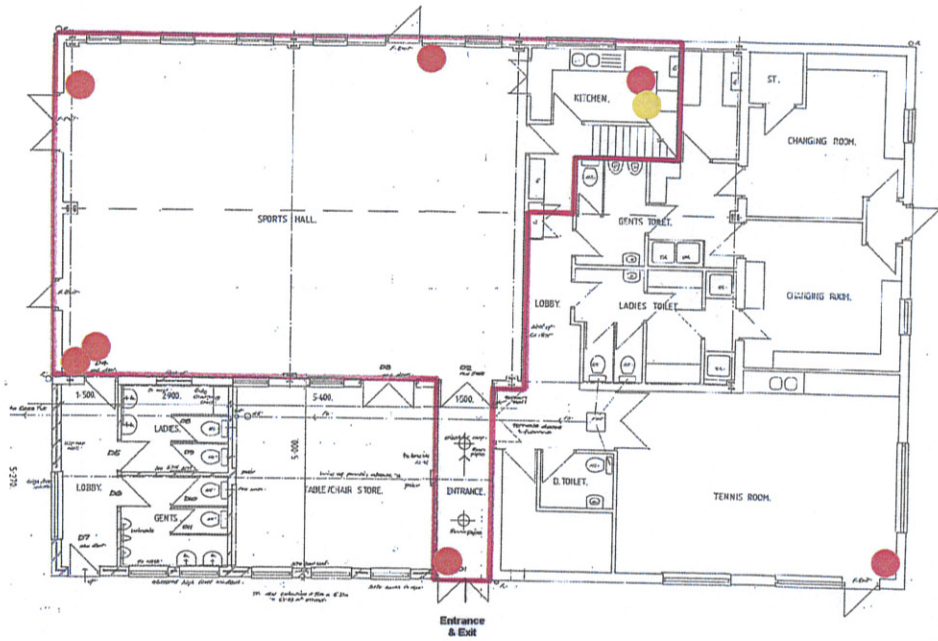
Recreation Centre.

Key:

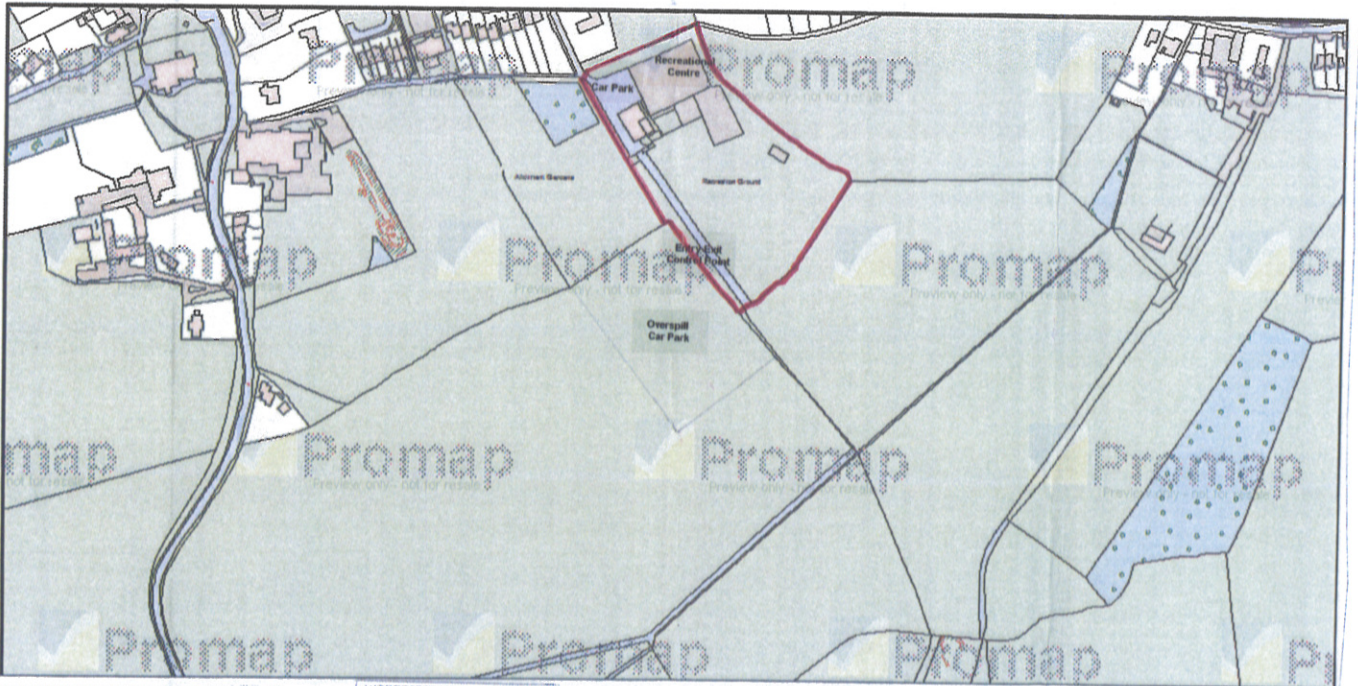
— Area to be licensed for all licensable activities.

● Fire Extinguisher.

● Fire Blanket.



WORCESTERSHIRE REGULATORY SERVICES
 17 JUN 2016



Key:
— Area to be licensed for all licensable activities.

WORCESTERSHIRE REGULATORY SERVICES
17 JUN 2016

Date: June 2016
Scale: 1:1250