



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 DARREN BELL
(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

2 HIGH NEWHAM ROAD
STOCKTON-ON-TEES
TS19 8PD

Post town	STOCKTON-ON-TEES	Postcode	TS19 8PD
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Telephone number at premises (if any)	07395128674
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Non-domestic rateable value of premises	£ 6300
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Part 2 - Applicant details

Please state whether you are applying for a premises licence as appropriate

- | | | | | |
|----|--|-------------------------------------|------|-----------------------------|
| | | Please | tick | as |
| a) | an individual or individuals * | <input checked="" type="checkbox"/> | | please complete section (A) |
| b) | a person other than an individual * | <input type="checkbox"/> | | |
| | i as a limited company/limited liability partnership | <input type="checkbox"/> | | please complete section (B) |
| | ii as a partnership (other than limited liability) | <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 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 (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 <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev) <input type="checkbox"/>
Surname BELL		First names DARREN		
Date of birth		I am 18 years old or over <input checked="" type="checkbox"/>	Please tick yes	
Nationality BRITISH				
Current residential address if different from premises address		30 FINCHLAY COURT		
Post town	MIDDLESBROUGH	Postcode	TS85EL	
Daytime contact telephone number		07395128674		
E-mail address (optional)	thehardwickstockton@hotmail.com			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit "share code" provided to the applicant by that service (please see note 2 for information)				

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		
Date of birth		I am 18 years old or over		<input type="checkbox"/>	Please tick yes
Nationality					
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
<p>Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit "share code" provided to the applicant by that service (please see note 2 for information)</p>					

(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
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?

DD MM YYYY
20/07/2020

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)

THE PREMISES IS SITUATED IN A RESIDENTIAL AREA, CLOSE TO NORTH TEES HOSPITAL, SET BACK OFF HIGH NEWHAM ROAD.

THE PREMISES IS AN OPEN PLAN SINGLE STOREY UNIT, RECTANGULAR IN LAYOUT AND A SMALL ENCLOSED SEATING AREA AT THE FRONT

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 M

A

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

B

Films Standard days and timings (please read guidance note 7)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (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			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)	
Tue				
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	<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 4)			
Mon						
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)			Will the performance of live music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4) DJ'S, AMPLIFIED INTERNALLY LIVE BANDS, AMPLIFIED INTERNALLY		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 5) NO SEASONAL VARIATIONS REQUIRED		
Thur					
Fri	18:00	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 6)		
Sat	18:00	23:00			
Sun					

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both - please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	11:00	23:00	Please give further details here (please read guidance note 4) RECORDED MUSIC PLAYED VIA A JUKEBOX AMPLIFIED VIA INTERNAL SPEAKERS ONLY.		
Tue	11:00	23:00			
Wed	11:00	23:00	State any seasonal variations for the playing of recorded music (please read guidance note 5) NO SEASONAL VARIATIONS REQUIRED.		
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 6)		
Sat	11:00	23:00			
Sun	11:00	23:00			

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
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 performance of dance at different times to those listed in the column 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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
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					

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	11:00	23:00	Please give further details here (please read guidance note 4)		
Tue	11:00	23:00	THE PROVISION OF LATE NIGHT REFRESHMENT WILL TAKE PLACE INSIDE THE PREMISES IN A SMALL ENCLOSED SPACE AT THE FRONT		
Wed	11:00	23:00			
Thur	11:00	23:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Fri	11:00	00:00	NO SEASONAL VARIATIONS REQUIRED.		
Sat	11:00	00:00			
Sun	11:00	23:00			
			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 6)		

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	<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 5)		
Mon	11:00	23:00	NO SEASONAL VARIATIONS REQUIRED.		
Tue	11:00	23:00			
Wed	11:00	23:00			
Thur	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 6)		
Fri	11:00	23:00 00:00			
Sat	11:00	00:00			
Sun	11:00	23:00			

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	PATRICIA ANN BELL
Date of birth	23/1/68
Address	30 FINCHLAY COURT MIDDLESBROUGH TS8 5EL
Postcode	TS8 5EL
Personal licence number (if known)	SBC 131492
Issuing licensing authority (if known)	SBC

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).

NO ADULT ENTERTAINMENT OR SERVICES

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	11:00	23:00	NO SEASONAL VARIATIONS REQUIRED
Tue	11:00	23:00	
Wed	11:00	23:00	
Thur	11:00	23:00	
Fri	11:00	00:00	
Sat	11:00	00:00	
Sun	11:00	23:00	

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)

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 promote all objectives staff will be provided in writing all objectives and required to sign and acknowledge the objectives before they are able to serve. Training will be mandatory and provided. A record will be kept of all staff and training.

b) The prevention of crime and disorder

The premises will have CCTV installed inside & out and fully alarmed, including all emergency exits and access points. All staff will be CCTV trained. Security policies will be in place with all staff trained and regularly reviewed. Incident logs will be

included. Responsible Drinking Promotions & Drunkenness Awareness Training.

c) Public safety

A full and complete risk assessment policy. Staff shall be first aid trained and logs provided. A capacity management policy will be introduced. A full and complete Health, Safety & Fire policy. A zero ~~policy~~ ^{tolerance} policy to drugs & narcotics.

d) The prevention of public nuisance

A noise management policy will be in place to manage sound levels. All doors & windows will be closed during entertainment. Rowdy behaviour will not be tolerated inside & out, staff will be trained to manage persons behaving unruly. Notices will be displayed reminding customers of the nearby residents and to leave quietly. Signs outside to remind customers of the residential area.

e) The protection of children from harm

The admittance of children will be between 11am to 6pm and must be accompanied by an adult. A strict no 10 - no sale policy, Challenge 25. Displayed inside & out. A refusal book will be provided. Staff will be trained on all underage policy points. Age restriction policies on all gaming machines.

All staff will be trained on policies relating to protecting children from harm.

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, or have conducted an online right to work check using the Home Office right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	20-6-20
Capacity	OWNER

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.

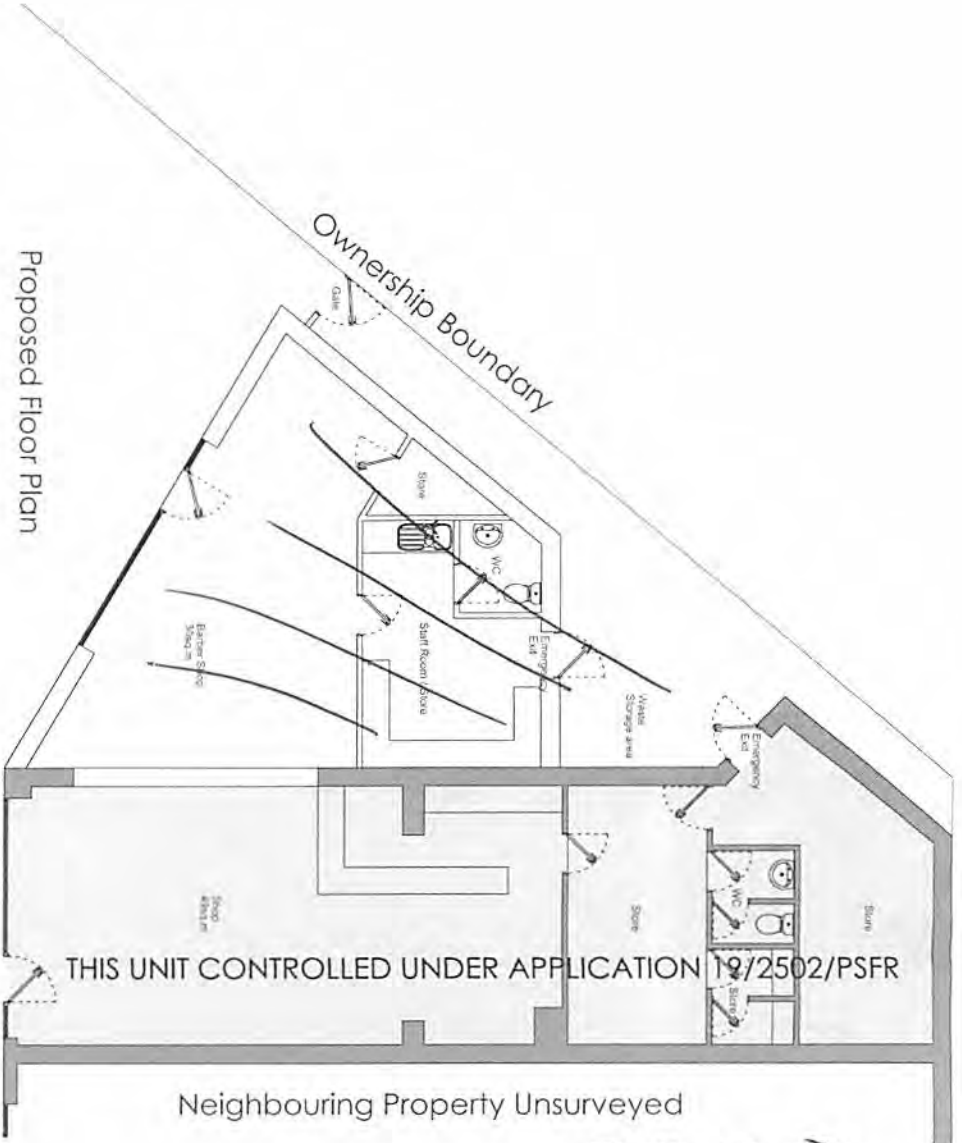
Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

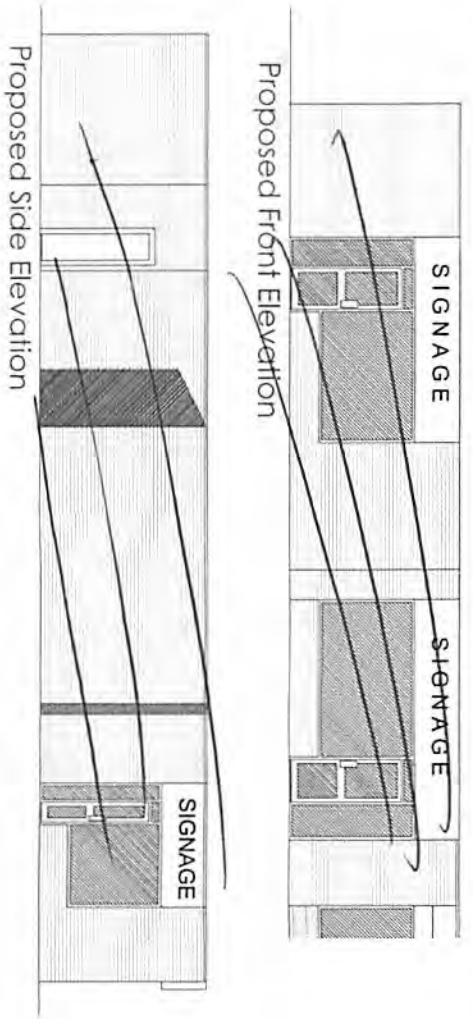
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Notes for Guidance

- 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.
- 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 23.00 on any day, provided that the audience does not exceed 1000.
 - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
 - Live music: no licence permission is required for:
 - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
 - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
 - a performance of amplified live music between 08.00 and 23.00 on any day, in a workplace that is not licensed to sell alcohol on those premises, provided that the audience does not exceed 500.
 - a performance of amplified live music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience



The highlighted plans in grey are the premises plans.



- DO NOT TEAR FROM THE DRAWING SET FOR PLANNING PURPOSES
1. This drawing is for information only.
 2. All drawings to be made for this site to be made in accordance with the relevant planning legislation.
 3. Any drawings to be made for this site to be made in accordance with the relevant planning legislation.
 4. This drawing is for information only.
 5. This drawing is for information only.
 6. This drawing is for information only.
- DATE: 21/11/2019
- SCALE: 1:100
- PROJECT: 19/2502/PSFR
- DRAWING NO: 1019071A-003



DATE: 21/11/2019

SCALE: 1:100

PROJECT: 19/2502/PSFR

DRAWING NO: 1019071A-003

REVISIONS:

DATE: 21/11/2019

BY: [Signature]

FOR: [Signature]

PROJECT: 19/2502/PSFR

DRAWING NO: 1019071A-003

SCALE: 1:100

PROJECT: 19/2502/PSFR

DRAWING NO: 1019071A-003