

ANNEX 1

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 EVENTIST GROUP 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			
TROJANS CLUB STONEHAM LANE,			
Post town	EASTLEIGH	Postcode	S050 9HT

Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	£ BAND B

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input checked="" 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) |

- 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 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 residential 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		
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)					

(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	EVENTIST GROUP LIMITED
Address	THE DOWNS FARM, REIGATE ROAD, EWELL, SURREY, KT17 3BX
Registered number (where applicable)	03209530
Description of applicant (for example, partnership, company, unincorporated association etc.)	PRIVATE LIMITED COMPANY
Telephone number (if any)	0844 499 4040
E-mail address (optional)	hayley@bestpartiesever.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
21	11	2017

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)

WE SEEK A LICENCE TO ALLOW A PERIOD OF 21ST NOV-23RD DECEMBER EACH YEAR TO HOST CHRISTMAS PARTIES.

EXISTING PREMISES IS A LARGE OPEN SPACE. WE WOULD SEEK TO ERECT A SUBSTANTIAL MARQUEE UPON THIS GRASSED AREA TO CONDUCT PRIVATE + CORPORATE CHRISTMAS PARTIES FOR UP TO 18 NIGHTS, FOR A MAXIMUM OF 1200 GUESTS.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

N/A

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)			<u>Will the performance of a play 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			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
			State any seasonal variations for the exhibition of films (please read guidance note 5)	
			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 6)	
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			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			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 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 indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	18:00	23:00	Please give further details here (please read guidance note 4) LIVE BAND - SLIGHT AMPLIFICATION USED. THE MUSIC WILL RUN THROUGH THE INSTALLED SOUND LIMITED	Both	<input type="checkbox"/>
Tue	18:00	23:00			
Wed	18:00	23:00	State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	18:00	23:00			
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	18:00	23:00			

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	Please give further details here (please read guidance note 4) DJ- AMPLIFIED MUSIC THROUGH A SOUND LIMITER.		
Mon	18:00	01:00			
Tue	18:00	01:00	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Wed	18:00	01:00			
Thur	18:00	01:00	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)		
Fri	18:00	01:00			
Sat	18:00	01:00			
Sun	18:00	01:00			

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	18:00		Please give further details here (please read guidance note 4) DANCERS & ACROBATS	Both	<input type="checkbox"/>
Tue	18:00				
Wed	18:00		State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur	18:00				
Fri	18:00		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 (please read guidance note 6)		
Sat	18:00				
Sun	18:00				

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 <p style="text-align: center; font-size: 1.2em;">PROVISIONS OF DANCING</p>		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Mon	21:30	01:00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	21:30	01:00	Please give further details here (please read guidance note 4) <p style="text-align: center; font-size: 1.2em;">DANCEFLOOR INFRONT OF DJ.</p>		
Wed	21:30	01:00			
Thur	21:30	01:00	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri	21:30	01:00			
Sat	21:30	01:00	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 (please read guidance note 6)		
Sun	21:30	01:00			

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) TEA AND COFFEE, HOT SAUSAGE AND BACON ROLLS.		
Mon	23:00	01:00			
Tue	23:00	01:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Wed	23:00	01:00			
Thur	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 6)		
Fri	23:00	01:00			
Sat	23:00	01:00			
Sun	23:00	01:00			

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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	18:00	01:00			
Tue	18:00	01:00			
Wed	18:00	01:00			
Thur	18:00	01:00			
Fri	18:00	01:00			
Sat	18:00	01:00			
Sun	18:00	01:00			
			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)		

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	HAYLEY STURT

||||||

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).

N/A

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	18:00	01:30	<p>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)</p>
Tue	18:00	01:30	
Wed	18:00	01:30	
Thur	18:00	01:30	
Fri	18:00	01:30	
Sat	18:00	01:30	
Sun	18:00	01:30	

a) General – all four Licensing objectives (b, c, d, e)

The Best Parties Ever Group have been producing Themed Christmas Parties since 1999, this year we will be operating at 21 venues around the United Kingdom.

Our comprehensive Event Management Plan will collate all the relevant documentation, procedures and training for the Events that will be taking place at Trojans Rugby Club, Eastleigh. This will be available to be viewed upon request.

b) The prevention of Crime and Disorder

Each year we review the ways in which we can help prevent Crime and Disorder within our Themed Christmas Parties. The following measures will be put in place.

Prior to any events and as part of the event planning process the licence holder shall liaise with all emergency services including the Police and act on advice given

c) Public Safety

We produce a full and comprehensive Event Management Plan, which has detailed sections relating to Fire Safety, Emergency planning, Crowd Management, First Aid, Health and Hygiene, Food safety, Risk Assessments and Method statements.

Each of these sections are available to view on request by any of the responsible authorities.

d) The prevention of public nuisance

As a company, we take a great deal of care to ensure no nuisance to the local residents is created.

Sound Limiters during the Party will be used to ensure our disco equipment is set at levels that will not cause nuisance.

All residents will be provided with a mobile phone number of a member of the management team to use in the event that noise problems are experienced.

Licence holder will carry out pre event sound checks using appropriate Sound Pressure Equipment to set noise Levels so as not to cause a nuisance.

No amplified music will be provided to the Dodgems or other outdoor attractions

Any portable generators will be of the diesel type, and will be fitted with silencers or otherwise acoustically screened.

This security company is carefully briefed to ensure that their employees realise they have a responsibility both within our venue and outside our venue as our guests are departing, to ensure no crime or disorder occurs.

e) The protection of Children from harm

Our Themed Christmas Parties are strictly Over 18's, it is a condition on our previous licence which we will be accepting on the new licence if granted.

In addition to this our SIA Security team on the front entrance will be fully briefed to ask guests proof of age if they appear under the age of 21, this will need to be a passport, Drivers Licence or other proof of age such as a Citizencard.

All bar staff will also will also be trained to ask for proof of age whenever they have doubt that the person may be under the age of 21, if there is still doubt they will be trained to politely refuse service and record this in the register of refusal book.

All staff trained in the above will be asked to then sign the training form stating that they have been made aware of their legal obligations with regard to selling alcohol to those under the age of 18 and they understand how to deal with the situation if it were to arise.