



**Application for a provisional statement to be granted
under the Licensing Act 2003**

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
(Insert name(s) of applicant)

apply for a provisional statement under section 29 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 | | | |
|--|--|----------|--|
| Name of premises | | | |
| Postal address of premises or, if none, ordnance survey map reference or 'what3words' reference or description | | | |
| | | | |
| Post town | | Postcode | |
| Phone number at premises (if any) | | | |
| Email address of premises (if any) | | | |

| | |
|---|---|
| Non-domestic rateable value of premises | £ |
|---|---|

Part 2 - applicant details

Please state whether you are applying for a premises licence as

| | | |
|----|---|-----------------------------|
| a) | an individual or individuals * | please complete section (A) |
| b) | a person other than an individual * | |
| | i as a limited company/limited liability partnership | please complete section (B) |
| | ii as a partnership (other than limited liability) | please complete section (B) |
| | iii as an unincorporated association | 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) |
| h) | 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) |
| i) | 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 APPLICANT *(complete as applicable)*

| | | | |
|---|------|-----------|-------|
| Mr Mrs Miss Ms Other <i>(please state)</i> | | | |
| Surname: | | | |
| Forenames: | | | |
| Your date of birth | Day: | Month: | Year: |
| Nationality: | | | |
| 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 <i>(see note 6 for information)</i> | | | |
| Current residential address <i>(if different from premises address)</i> | | | |
| | | | |
| Post town: | | Postcode: | |
| Phone number: | | | |
| Email address: | | | |

SECOND INDIVIDUAL APPLICANT *(if applicable)*

| | | | |
|---|------|-----------|-------|
| Mr Mrs Miss Ms Other <i>(please state)</i> | | | |
| Surname: | | | |
| Forenames: | | | |
| Your date of birth | Day: | Month: | Year: |
| Nationality: | | | |
| 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 <i>(see note 6 for information)</i> | | | |
| Current residential address <i>(if different from premises address)</i> | | | |
| | | | |
| Post town: | | Postcode: | |
| Phone number: | | | |
| Email address: | | | |

(B) NON-INDIVIDUAL 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.

| |
|--|
| Company or organisation name |
| |
| Company or organisation registered address* |
| |
| Registered number <i>(where applicable)</i> |
| |
| Description of applicant <i>(e.g. partnership, company, unincorporated association etc.)</i> |
| |
| Company or organisation phone number <i>(if any)</i> |
| |
| Company or organisation email address <i>(if any)</i> |
| |

* the registered address will be used to send annual fee reminder letters – if this is not an operational address please give alternative details below for us to set up as the correspondence address.

| |
|--|
| Correspondence address for the company or organisation |
| |

What is the nature of your interest in the premises? *e.g. owner, provisional tenant*

Part 3 – schedule of works

Please tick as appropriate:

- The premises is about to be constructed
- The premises is being extended or altered

Please give details of the work and please attach plans of the work being done, or about to be done, at the premises.

General description of premises to which the application relates (*see note 1*)

Which licensable activities will the premises be used for?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick all that apply

- a) **plays** – if yes, complete box A
- b) **films** – if yes, complete box B
- c) **indoor sporting events** – if yes, complete box C
- d) **boxing or wrestling entertainments** – if yes, complete box D
- e) **live music** – if yes, complete box E
- f) **recorded music** – if yes, complete box F
- g) **performances of dance** – if yes, complete box G
- h) anything of a similar description to that falling within (e), (f) or (g) – if yes, complete box H

Provision of entertainment facilities

- i) making music (if yes, complete box I)
- j) dancing (if yes, complete box J)
- k) entertainment of a similar description to that falling within (i) or (j) – if yes, complete box K

Provision of late night refreshment – if yes, complete box L

Sale by retail of alcohol – if yes, complete box M

In all cases complete boxes N, O and P

A

| Plays Standard days and timings (see note 6) | | | <u>Will the performance of a play take place indoors or outdoors or both - please tick</u> (see note 2) | Indoors | |
|--|-------|--------|--|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | <u>Please give further details here</u> (see note 3) | Both | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for performing plays</u> (see note 4) | | |
| Thur | | | | | |
| Fri | | | <u>Non-standard timings - where you intend to use the premises for the performance of a play at different times from those listed in the column on the left, please list</u> (see note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

B

| Films Standard days and timings (see note 6) | | | <u>Will the exhibition of films take place indoors or outdoors or both - please tick</u> (see note 2) | Indoors | |
|--|-------|--------|--|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | <u>Please give further details here</u> (see note 3) | Both | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for the exhibition of films</u> (see note 4) | | |
| Thur | | | | | |
| Fri | | | <u>Non-standard timings - where you intend to use the premises for the exhibition of films at different times from those listed in the column on the left, please list</u> (see note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

C

| Indoor sporting events Standard days and timings (see note 6) | | | <u>Please give further details here</u> (see note 3) |
|--|-------|--------|---|
| Day | Start | Finish | |
| Mon | | | |
| | | | |
| Tue | | | <u>State any seasonal variations for indoor sporting events</u> (see note 4) |
| | | | |
| Wed | | | |
| | | | |
| Thur | | | <u>Non-standard timings - where you intend to use the premises for indoor sporting events at different times from those listed in the column on the left, please list</u> (see note 5) |
| | | | |
| Fri | | | |
| | | | |
| Sat | | | |
| | | | |
| Sun | | | |
| | | | |

D

| Boxing or wrestling entertainment Standard days and timings (see note 6) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick</u> (see note 2) | Indoors | |
|--|-------|--------|--|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | <u>Please give further details here</u> (see note 3) | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (see note 4) | | |
| Thur | | | | | |
| Fri | | | <u>Non-standard timings - where you intend to use the premises for boxing or wrestling entertainment at different times from those listed in the column on the left, please list</u> (see note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

E

| Live music Standard days and timings (see note 6) | | | <u>Will the performance of live music take place indoors or outdoors or both - please tick</u> (see note 2) | Indoors | |
|---|-------|--------|--|----------|--|
| Day | Start | Finish | | Outdoors | |
| | | | | Both | |
| Mon | | | <u>Please give further details here</u> (see note 3) | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for the performance of live music</u> (see note 4) | | |
| Thur | | | | | |
| Fri | | | <u>Non-standard timings - where you intend to use the premises for the performance of live music at different times from those listed in the column on the left, please list</u> (see note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

F

| Recorded music Standard days and timings (see note 6) | | | <u>Will the playing of recorded music take place indoors or outdoors or both - please tick</u> (see note 2) | Indoors | |
|---|-------|--------|--|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | <u>Please give further details here</u> (see note 3) | Both | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for the playing of recorded music</u> (see note 4) | | |
| Thur | | | | | |
| Fri | | | <u>Non-standard timings - where you intend to use the premises for the playing of recorded music at different times from those listed in the column on the left, please list</u> (see note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

G

| Performance of dance Standard days and timings (see note 6) | | | <u>Will the performance of dance take place indoors or outdoors or both - please tick</u> (see note 2) | Indoors | |
|---|-------|--------|---|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | <u>Please give further details here</u> (see note 3) | Both | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for the performance of dance</u> (see note 4) | | |
| Thur | | | | | |
| Fri | | | <u>Non-standard timings - where you intend to use the premises for the performance of dance at different times from those listed in the column on the left, please list</u> (see note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

H

| | | | | | |
|---|-------|--------|--|----------|--|
| Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (see note 6) | | | 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> (see note 2) | Indoors | |
| Mon | | | | Outdoors | |
| | | | | Both | |
| Tue | | | <u>Please give further details here</u> (see note 3) | | |
| Wed | | | | | |
| Thur | | | | | |
| Fri | | | <u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (see note 4) | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | <u>Non-standard timings - where you intend to use the premises for the of a similar description to that falling within (e), (f) or (g) at different times from those listed in the column on the left, please list</u> (see note 5) | | |

I

| | | | | | |
|--|-------|--------|--|----------|--|
| Provision of facilities for making music Standard days and timings <i>(see note 6)</i> | | | Please give a description of the facilities for making music you will be providing | | |
| Day | Start | Finish | <u>Will the facilities for making music take place indoors or outdoors or both - please tick</u> <i>(see note 2)</i> | Indoors | |
| Mon | | | | Outdoors | |
| | | | | Both | |
| Tue | | | <u>Please give further details here</u> <i>(see note 3)</i> | | |
| Wed | | | | | |
| Thur | | | <u>State any seasonal variations for the provision of facilities for making music</u> <i>(see note 4)</i> | | |
| Fri | | | | | |
| Sat | | | <u>Non-standard timings - where you intend to use the premises for the provision of facilities for making music at different times from those listed in the column on the left, please list</u> <i>(see note 5)</i> | | |
| Sun | | | | | |
| | | | | | |

J

| | | | | | |
|---|-------|--------|---|----------|--|
| Provision of facilities for dancing Standard days and timings <i>(see note 6)</i> | | | Please give a description of the facilities for dancing you will be providing | | |
| Day | Start | Finish | <u>Will the facilities for dancing be indoors or outdoors or both - please tick</u> <i>(see note 2)</i> | Indoors | |
| Mon | | | | Outdoors | |
| | | | | Both | |
| Tue | | | <u>Please give further details here</u> <i>(see note 3)</i> | | |
| Wed | | | | | |
| Thur | | | | | |
| Fri | | | <u>State any seasonal variations for providing dancing facilities</u> <i>(see note 4)</i> | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | <u>Non-standard timings - where you intend to use the premises for the provision of facilities for dancing at different times from those listed in the column on the left, please list</u> <i>(see note 5)</i> | | |

K

| | | | | | |
|---|-------|--------|---|----------|--|
| Provision of facilities for entertainment of a similar description to that falling within (i) or (j) Standard days and timings (see note 6) | | | Please give a description of the type of entertainment facility you will be providing | | |
| Day | Start | Finish | <u>Will the entertainment facility be indoors or outdoors or both - please tick</u> (see note 2) | Indoors | |
| Mon | | | | Outdoors | |
| | | | | Both | |
| Tue | | | <u>Please give further details here</u> (see note 3) | | |
| Wed | | | | | |
| Thur | | | | | |
| Fri | | | <u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within (i) or (j)</u> (see note 4) | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | <u>Non-standard timings - where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within (i) or (j) at different times from those listed in the column on the left, please list</u> (see note 5) | | |

L

| Late night refreshment Standard days and timings (see note 6) | | | <u>Will the provision of late night refreshment take place indoors or outdoors or both - please tick</u> (see note 2) | Indoors | |
|---|-------|--------|--|----------|--|
| Day | Start | Finish | | Outdoors | |
| | | | | Both | |
| Mon | | | <u>Please give further details here</u> (see note 3) | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for the provision of late night refreshment</u> (see note 4) | | |
| Thur | | | | | |
| Fri | | | <u>Non-standard timings - where you intend to use the premises for the provision of late night refreshment at different times from those listed in the column on the left, please list</u> (see note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

M

| Supply of alcohol Standard days and timings (see note 6) | | | <u>Will the supply of alcohol be for consumption - please tick</u> (see note 7) | On the premises | | |
|--|-------|--------|---|---|--|--|
| | | | | Off the premises | | |
| Day | Start | Finish | | Both | | |
| Mon | | | <u>State any seasonal variations for the supply of alcohol</u> (see note 4) | | | |
| Tue | | | | | | |
| Wed | | | | | | |
| Thur | | | | <u>Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list</u> (see note 5) | | |
| Fri | | | | | | |
| Sat | | | | | | |
| Sun | | | | | | |

N

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 (see note 8).

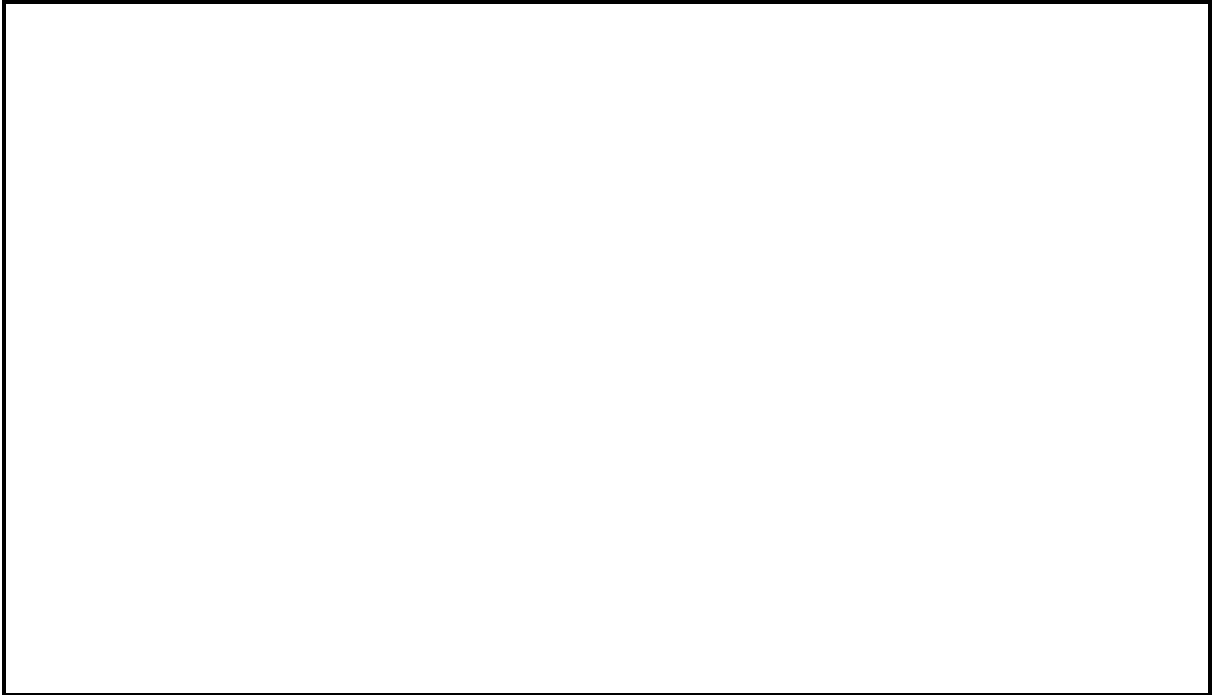
O

| Hours premises is open to the public Standard days and timings (see note 6) | | | <u>State any seasonal variations</u> (see note 4) <u>Non-standard timings - when you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u> (see note 5) |
|---|-------|--------|---|
| Day | Start | Finish | |
| Mon | | | |
| Tue | | | |
| Wed | | | |
| Thur | | | |
| Fri | | | |
| Sat | | | |
| Sun | | | |


P

Describe the steps you intend to take to promote the four licensing objectives:

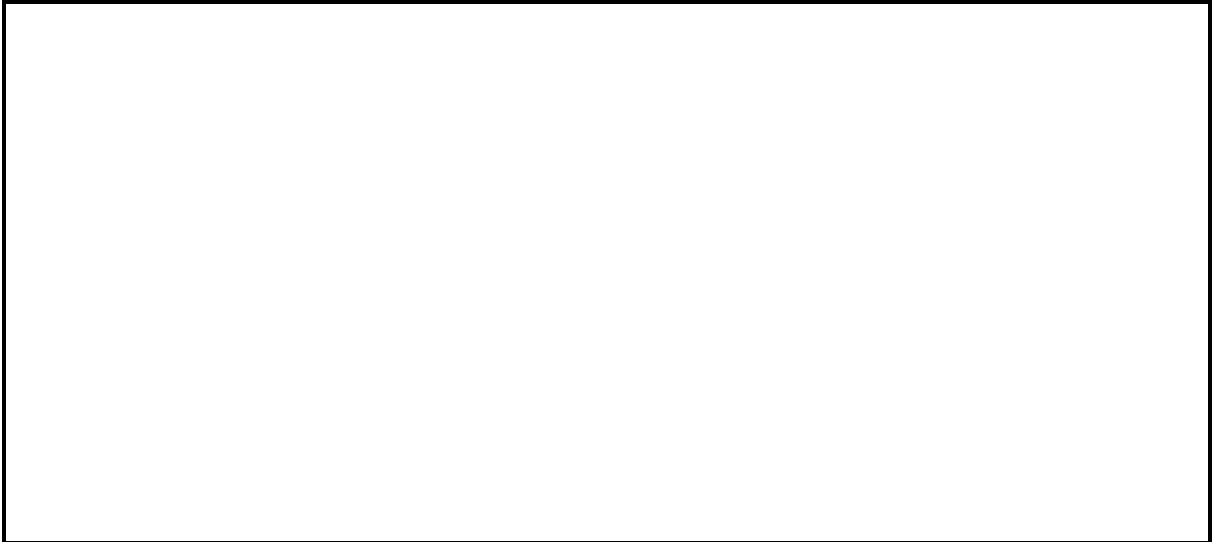
a) General – all four licensing objectives (b, c, d and e) *(see note 9)*



b) The prevention of crime and disorder



c) Public safety



d) The prevention of public nuisance



e) The protection of children from harm



Checklist:

Please tick to confirm

- I have made or enclose payment of the fee *(see page 25)*
- I have enclosed the plans of the works to be done at the premises
- I am sending copies of this application and the plan to responsible authorities today - **only applicable if submitting a paper form**
- 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 *(see note 10)*

Signature of applicant or applicant’s solicitor or other duly authorised agent *(see note 12)*. If signing on behalf of the applicant please state in what capacity.

| | | | |
|-----------|--|---|--|
| Signature | | If unable to provide a digital signature please type name to the right: | |
| Date | | | |
| Capacity | | | |

For joint applicants - signature of second applicant, second applicant’s solicitor or other authorised agent *(see note 13)*. If signing on behalf of the applicant please state in what capacity.

| | | | |
|-----------|--|---|--|
| Signature | | If unable to provide a digital signature please type name to the right: | |
| Date | | | |
| Capacity | | | |

Contact name and address for **correspondence** associated with this application
(see note 13)

| | | | |
|----------------|--|----------|--|
| | | | |
| Post town | | Postcode | |
| Phone number: | | | |
| Mobile number: | | | |
| Email address: | | | |

Information on the Licensing Act 2003 is available on www.legislation.gov.uk or from West Lindsey District Council via licensing@west-lindsey.gov.uk or 01427 676676

Please return this form with the fee of £195* to:

licensing@west-lindsey.gov.uk

*Payment can be made by credit/debit card over the phone with customer services (01427 676676, option 6) or in person at our Gainsborough office. If paying by cheque please make it payable to 'WLDC'. To pay by bank transfer please use the below details:

Account name: West Lindsey District Council

Sort code: 30-00-02

Account number: 04066818

Ref: LIC + name of premises

Amount: £195

For office use: payment code 6007-40101-41162

If submitting your application by post, copies of this form and accompanying plan must be sent to all Responsible Authorities listed in section 8 of our guidance document - see <https://www.west-lindsey.gov.uk/my-business/licensing/business-licences/premises-licence/>

Privacy Notice: We will use the information you give us to (a) do the tasks we need to do for the job shown in the title of this form (b) carry out any of our official business (c) stop fraud or crime. To find out more about why we need your information, what we do with it and how to contact us if you have any concerns or questions please read our privacy notice. This can be viewed using the following link: www.west-lindsey.gov.uk/licensing-privacy/

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see www.west-lindsey.gov.uk/fairprocessingnotice or contact the finance department on, 01427 676560 or email FinanceTeam@west-lindsey.gov.uk

Notes

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 applicants 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.