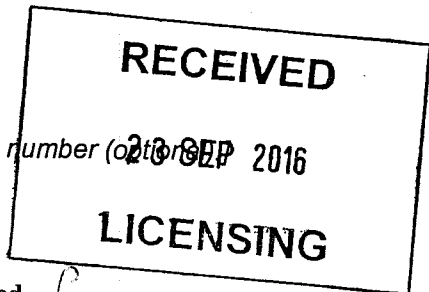


APPENDIX 1



[Insert name and address of relevant licensing authority and its reference number (020 922 2016)]

Application for a premises licence to be granted under the Licensing Act 2003 £100 CHEQUE

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 Craig Botham
(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 Brampton Rovers Newbold Back Lane Newbold			
Post town	Chesterfield	Postcode	S40 4RW

Telephone number at premises (if any)	07831292055
Non-domestic rateable value of premises	£

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 Brampton Rovers Holdings Limited
Address 17 Bank Wood Close Newbold Chesterfield S41 8XQ
Registered number (where applicable) 9727953
Description of applicant (for example, partnership, company, unincorporated association etc.) Private Limited Company
Telephone number (if any) 07973105556
E-mail address (optional) Craigbotham@sky.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
0	3	1 0 2 0 1 6

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)

A purpose built single storey to be used by Brampton Rovers junior Football Club. Building consists of two changing rooms, two referee rooms, nine toilets and a kitchen with a function room attached. Adjacent to the premises are five football pitches to the side and in front of the clubhouse. There is netting around the club house to protect those attending the building or sitting outside on the patio area from danger of flying footballs.

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)
- 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 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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	08:00	24:00		<u>Please give further details here</u> (please read guidance note 3)	
Tue	08:00	24:00			
Wed	08:00	24:00	<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur	08:00	24:00			
Fri	08:00	24:00	<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	08:00	24:00			
Sun	08:00	24:00			

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	08:00	24:00			
Tue	08:00	24:00			
Wed	08:00	24:00			
			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur	08:00	24:00			
Fri	08:00	24:00			
			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	08:00	24:00			
Sun	08:00	24:00			

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	08:00	24:00	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue	08:00	24:00	
Wed	08:00	24:00	
Thur	08:00	24:00	
Fri	08:00	24:00	
Sat	08:00	24:00	
Sun	08:00	24:00	

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment 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 boxing or wrestling entertainment</u> (please read guidance note 4)		
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 5)		
Sat					
Sun					

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	08:00	24:00			
Tue	08:00	24:00			
Wed	08:00	24:00	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	08:00	24:00			
Fri	08:00	24:00	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	08:00	24:00			
Sun	08:00	24:00			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	08:00	24:00		Please give further details here (please read guidance note 3)	
Tue	08:00	24:00			
Wed	08:00	24:00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	08:00	24:00			
Fri	08:00	24:00	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	08:00	24:00			
Sun	08:00	24:00			

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 checked="" 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	08:00	24:00						
Tue	08:00	24:00						
Wed	08:00	24:00				<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Thur	08:00	24:00						
Fri	08:00	24:00	<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)					
Sat	08:00	24:00						
Sun	08:00	24:00						

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance 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> (please read guidance note 2)	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 3)		
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 4)		
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 5)		
Sun					

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	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
Tue			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)			
Wed						
Thur			<u>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</u> (please read guidance note 5)			
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	10:00	24:00						
Tue	10:00	24:00						
Wed	10:00	24:00						
Thur	10:00	24:00						
Fri	10:00	24:00						
Sat	10:00	24:00						
Sun	10:00	24:00						
						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 Sean Newton	
Address 14 Halesworth Close Walton Chesterfield Derbyshire	
Postcode	S40 3LW
Personal licence number (if known)	
Issuing licensing authority (if known)	

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).

If films are exhibited, admission of children will be restricted in accordance with recommendations given by the film classification body designed under section 4 of the Video Recordings Act 1984 specified in the license by the licensing authority.

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon	08:00	00:30	<p><u>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</u> (please read guidance note 5)</p>
Tue	08:00	00:30	
Wed	08:00	00:30	
Thur	08:00	00:30	
Fri	08:00	00:30	
Sat	08:00	00:30	
Sun	08:00	00:30	

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 9)

1. To ensure that staff have a thorough understanding of the licensing laws
2. Ensure any incidents are logged and available for inspection as is necessary
3. Become a member of the local pub/club watch scheme
4. Demonstrate use of Challenge 25 scheme
5. Zero tolerance on drugs
6. A log of any incidents of refusal to serve alcohol
7. An accident book

b) The prevention of crime and disorder

A record will be kept detailing any incidents or occasions when alcohol sale is refused for any reason. Details will include the date and time of the occurrence, the product that was refused, a brief description of the person attempting to purchase and the name or other uniquely identifying number or initial of the member of staff involved in the refusal. The incidents and refusal records shall be made immediately available upon request of the police or any other authorised person acting on behalf of a responsible authority as detailed within section 13 of the Licensing Act 2003.

c) Public safety

1. A staff training procedure will be adopted to ensure that all staff are given regular training highlighting procedures regarding the sale of age restricted products, particularly the social and legal responsibilities of selling and supplying alcohol. Specific licensing offences regarding the sale of alcohol should be outlined and all staff should be made aware of their own personal responsibilities with regard to these offences.
2. Where it is known by the person dispensing the drinks that they will be taken outdoors, they may only be served in plastic and/or paper containers to prevent the risk of serious injury.

d) The prevention of public nuisance

Notices will be displayed prominently in site reminding clubhouse users to arrive and leave in a quiet and orderly manner.
Assist in the provision of taxis/travel arrangements where it is applicable and have contact details for taxi services displayed around the venue.
We have a noise management plan which we have compiled along with the Environmental Health Protection Team.

e) The protection of children from harm

1. Full training is provided to staff on commencement of employment/volunteers on the law relating to all age-restricted products sold and any system or procedures that they are expected to follow in the course of dealing with these goods. Refresher training will be provided at regular intervals.

Records detailing the training provided will be kept on the premises for production, on request, to an officer of a responsible authority. Records shall be retained on the premises for a minimum of two years.

2. The age verification policy applying to the premises is 'Challenge 25'; that means that anyone attempting to purchase alcohol (or other minimum age 18 restricted product) that appears under the age of 25 will be asked to prove their age. Acceptable forms of identification will be a PASS-accredited proof of age card, photo driving license or passport. Failure to produce satisfactory proof of age will result in refused sale.

Clear, prominent signage informing customers of age verification policy in operation and the age restriction on products, will be clearly displayed at:

- All entry points to the premises
- Adjacent to the products, where displayed
- All points of sale

3. A system of recording sales refused under the age verification policy will be operated at all times.

At least weekly, the Designated Premises Supervisor (or deputy, authorised in writing) will:

- Examine the record and compare it against the normal operating pattern of the premises
- Indicate any action required following that examination
- Sign off/endorse the record to indicate the above points have been carried out

The refusal record will be kept on the premises for production, on request, to an officer of a Responsible Authority. Records shall be retained on the premises for a minimum of two years.

All of the football managers at the club (most of which are likely to use the clubhouse) have passed the safeguarding course as per the FA.

Checklist:

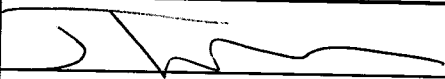
Please tick to indicate agreement

- 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	07/09/16
Capacity	John Wilford - Solicitor

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)			
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

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.

Consent of individual to being specified as premises supervisor

Sean Newton

I

[full name of prospective premises supervisor]

of

14 Halesworth Close
Walton
Chesterfield
Derbyshire
S40 3LW

[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

A premises license under the Licensing Act 2003

[type of application]

by

Brampton Rovers Holding Limited

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

Brampton Rovers
Newbold Back Lane
Newbold
Chesterfield
S40 4RW

[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

Brampton Rovers Holdings Limited

[name of applicant]

concerning the supply of alcohol at

Brampton Rovers
Newbold Back Lane
Newbold
Chesterfield
S40 4RW

[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

[insert personal licence number, if any]

Personal licence issuing authority

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

Signed



Name (please print)

Sean Newton

Date