

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 _____
(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 Southern half of the rugby pitch and adjoining grassed area 120 metres north east of (Coordinate reference 55.04804, 1.73837) Ponteland Leisure Centre Callerton Lane Ponteland Northumberland			
Post town	Ponteland	Postcode	NE20 9EG

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£100 Band A

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/limited liability partnership | please complete section (B) |
| ii | as a partnership (other than limited liability) | 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 | X 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	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
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 15 for information)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over		Please tick yes	
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: (please see note 15 for information)					
Current residential 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	Ponteland Rugby Club Ltd
Registered Address	1 Louisville North Road Ponteland Newcastle upon Tyne NE20 9SH
Registered number (where applicable)	07415407
Description of applicant (for example, partnership, company, unincorporated association etc.)	Ponteland Rugby Club (a 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			
3	1	0	5	2	0	2	4

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD		MM		YYYY			
0	1	0	6	2	0	2	4

Please give a general description of the premises (please read guidance note 1)

The premises are one half of a rugby pitch and an adjoining grassed area located 120 metres north east of Ponteland Leisure Centre.

There will be two marquees, one of which will be where all alcohol will be dispensed from (see attached plan).

The coordinate reference for these premises is 55.04804, 1.73837

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)

X

X

Provision of late night refreshment (if ticking yes, fill in box I)

Supply of alcohol (if ticking yes, fill in box J)

X

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 indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur			State any seasonal variations for performing plays (please read guidance note 5)		
Fri					
Sat					
Sun					
			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 (please read guidance note 6)		

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	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur			State any seasonal variations for the exhibition of films (please read guidance note 5)		

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				
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)		Indoors	
					Outdoors	
					Both	
Day	Start	Finish				
Mon			<u>Please give further details here</u> (please read guidance note 4)			

Tue			
Wed			
Thur			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)
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)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)		Indoors	
					Outdoors	
					Both	
Day	Start	Finish				
Mon			<u>Please give further details here</u> (please read guidance note 4)			
Tue						
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)			
Thur						
Fri	1500	2230	<u>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</u> (please read guidance note 6)			
Sat	1200	2230				
Sun						

F

Recorded music Standard days and	<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u>	Indoors	
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timings (please read guidance note 7)			(please read guidance note 3)	Outdoors	
Day	Start	Finish		Both	
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur					
Fri	1500	2230	<u>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</u> (please read guidance note 6)		
Sat	1200	2230			
Sun					

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue					
			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Wed					
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 6)		
Fri					
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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			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					

I

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	
Day	Start	Finish		Outdoors	
Mon				Both	
			Please give further details here (please read guidance note 4)		

Tue			
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)
Thur			
Fri			<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 6)
Sat			
Sun			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for <u>consumption – please tick</u> (please read guidance note 8)	On the premises	x
Day	Start	Finish		Off the premises	
				Both	
Mon			<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5)		
Tue					
Wed					
Thur			<u>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</u> (please read guidance note 6)		
Fri	1500	2300			
Sat	1200	2300			
Sun					

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	
Date of birth	
Address	
Personal licence number (if known)	
Issuing licensing authority (if known)	

K

<p>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).</p> <p>There is nothing intended to occur that would give rise to concern in respect of children.</p> <p>Children are not permitted in the event area after 6.00pm on each day and, prior to 6.00pm, they must be accompanied by an adult.</p>
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L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	

Mon			
Tue			
Wed			
Thur			<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 6)
Fri	1500	2300	
Sat	1200	2300	
Sun			

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)

Please find attached Event Notification Form for more detail.

The main marquee from where all alcohol will be dispensed will have at least 2 SIA present at all times and a DPS and licence holder with a relevant personal licence will be present to oversee and manage the sale of alcohol on site.

All staff/volunteers working on the bars will be briefed on issues relating to age verification policy, crime and disorder policy, drunkenness policy and zero tolerance drugs policy.

b) The prevention of crime and disorder

There will be at least 2 SIA registered door supervisor on duty at the bar area at all times the bar is open. There will also be SIA registered staff patrolling the area outside the main marquee.

No one will be allowed to access or leave the event area with opened alcoholic beverages.

The event has taken place annually from 2014 (except during Covid-19) under the licence of the old Leisure Centre without incident.

c) Public safety

A robust management plan and staffing structure has been put in place to ensure public safety is managed and any incidents can be dealt with quickly and efficiently with the event control room co-ordinating response, communication and management of any such incidents on site. An event occurrence log will be in use and all relevant personnel will be in contact via mobile phone and hand held radio. Fully trained first aiders will be present at all times. Capacities in conjunction with access to and egress from the site have been assessed and deemed suitable for the number expected. Crowd densities will be constantly monitored to ensure that no area on the site ever becomes over-crowded.

d) The prevention of public nuisance

The timings of the event have been designed to minimise potential nuisance to residents and businesses in the vicinity. In all previous years of the event, the site has been clear of all members of the public within 20 minutes of the finish time. The site will be kept permanently clear of waste by volunteers throughout the duration of the event. Many waste bins will be located in all areas of the event area with all waste being removed from the site by Hodges Recycling.

e) The protection of children from harm

Children are not permitted in the event area after 6.00pm on each day and, prior to 6.00pm, they must be accompanied by an adult. SIA registered staff will be patrolling the event area at all times.

The only children we anticipate being on site will be children of members of the community rock choir who will be performing for one hour on the Saturday afternoon.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. X
- 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. X
- I understand that if I do not comply with the above requirements my application will be rejected. X
- [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 or my share code issued by the Home Office online right to work checking service (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 online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	
Capacity	

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)			