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		•		•			
apply desci releva	for a ribed i ant lic	t name(s) of applicant) premises licence under section in Part 1 below (the premises) an ensing authority in accordance	id I/we are ma	ıking t	his applicatio	n to you as the	3
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Iress of premises or, if none, ordna	nce survev ma	p refer	rence or descr	iption	
l .		Shead FARM				•	
L	010	GHORSLEY			. (
	(GRID REFERENCE	E. NZ	171	1946		
Pos	t town	MORPETH	- In American Control of the Control	- 2	Postcode	NEGS	874
Tele	phone	number at premises (if any)					
Non	-dome	estic rateable value of premises	£				
	-	plicant details e whether you are applying for a pr	emises licence	e as	Please tick	cas appropriat	te
a)	an	individual or individuals *			please comp	olete section (A)	
b)	ap	erson other than an individual *	and the second s			errennen grannskriviskri	
:	i	as a limited company/limited liab partnership	ility		please comp	olete section (B))
	li	as a partnership (other than limit	ed liability)	<u> </u>	please comp	olete section (B))
	Iii	as an unincorporated association	or or	į	please comp	olete section (B))
[- ··· · - - ·	iv	other (for example a statutory co	rporation)		please comp	olete section (B)
c)	a re	ecognised club			please comp	olete section (B)

1

d)

e)

f)

a charity

a health service body

the proprietor of an educational establishment

please complete section (B)

please complete section (B)

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	And the second s
Date of bir		am 1	8 years old or over	Please tick	c yes
Nationality			•		
Current res address if d premises ad	lifferent from				
Post town		•		Postcode	1
Daytime co	ntact telep	hone number			
E-mail add (optional)	ress	-		1 . 1	*
Where appl service), the information)	e 'share cod	monstrating a rigi	ht to work via the	Home Office online r t service (please see	ight to work checking note 15 for

Second individual applicant (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)			
Surname		First names					
Date of birth		l ar	I am 18 years old or over		lease tick yes		
Nationalit	у						
Current readdress if premises a	different from						
Post town	(Postcode			
Daytime o	ontact teleph	one number	1				
E-mail add	į.	and Constant Adultural May be a propriet and an extension of the constant and an extension of the c					
Where app service), the information	ne 'share code	onstrating a rig	ght to work via the e applicant by the	e Home Office online at service: (please se	right to work checking se note 15 for		

(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)
(Micro 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

21 08 2025

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

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

The Site is used as a fich your own wildflower latch. Similar to a festival we have a Stretch Marquel and a Converted Shifting Container to act as a bar we oferate from July through to the act as a bar we oferate from July through to the please see the site flam attached for a better idea

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)

Pro	vision 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)	enne (umbellede hallete b. ye. 17				

h)	anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)		
Pro	ovision of late night refreshment (if ticking yes, fill in box I)	!	
Su	pply of alcohol (if ticking yes, fill in box J)	-	***************************************

In all cases complete boxes K, L and M

Plays Standard days and timings (please read		read	Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
guidar	guidance note 7)			Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read gi	uidance note 4)	
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
Thur		1			
Fri			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)		
Sat	V. Carrier of the state of the		, i		
Sun		:			

Films Standard days and timings (please read			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
guidan	ce note 7)			Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read guida	ance note 4)
Tue		-		
Wed	!		State any seasonal variations for the exhibition of guidance note 5)	of films (please read
Thur				
Fri			Non standard timings. Where you intend to use the exhibition of films at different times to those column on the left, please list (please read guidant)	<u>listed in the</u>
Sat				
Sun				

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed			
Thur			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 (please read guidance note 6)
Fri	27 Mars Will delta den den de	4 A 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Sat	p www		
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
				Outdoors
Day	Start	Finish		Both
Mon		<u></u>	Please give further details here (please read guid	ance note 4)
Tue				
Wed			State any seasonal variations for boxing or wres (please read guidance note 5)	tling entertainment
Thur				
Fri			Non standard timings. Where you intend to use boxing or wrestling entertainment at different tir in the column on the left, please list (please read	nes to those listed
Sat				
Sun				

Live music Standard days and timings (please read guidance note 7)		ead	Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors			
)		Outdoors			
Day	Start	Finish		Both			
Mon			Please give further details here (please read guid	dance note 4)			
Tue							
Wed	-		State any seasonal variations for the performance of live music (please read guidance note 5)				
Thur	-						
Fri			Non standard timings. Where you intend to use the performance of live music at different times the column on the left, please list (please read go	on standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in			
Sat			The state of the s	adance note 0)			
Sun							

Recorded music Standard days and timings (please read			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
guidan	ice note 7))		Outdoors	
Day	Start	Finish		Both	
Mon		1	Please give further details here (please read guid	dance note 4)	
Tue		Company of the compan			
Wed			State any seasonal variations for the playing of (please read guidance note 5)	recorded music	
Thur			Angueritano de la companya del companya del companya de la company		
Fri			Non standard timings. Where you intend to use the playing of recorded music at different times the column on the left, please list (please read g	to those listed in	
Sat	~ · 				
Sun					

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
yuluai	ice note /)		The state of the s	Outdoors
Day	Start	Finish		Both
Моп	· · · · · · · · · · · · · · · · · · ·	-	Please give further details here (please read guida	ance note 4)
Tue				
Wed	Wed		State any seasonal variations for the performance read guidance note 5)	e of dance (please
Thur				of the state of th
Fri	Fri		Non standard timings. Where you intend to use the performance of dance at different times to the column on the left, please list (please read guidan	ose listed in the
Sat		With time and the best year and		* The state of the
Sun				

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 entertainm providing	ent you will be
Day	Start	Finish	Will this entertainment take place indoors or	Indoors
Mon			outdoors or both – please tick (please read guidance note 3)	Outdoors
		1		Both
Tue	· 		Please give further details here (please read gui	dance note 4)
Wed				
Thur			State any seasonal variations for entertainment description to that falling within (e), (f) or (g) note 5)	
Fri		1		
Sat			Non standard timings. Where you intend to use the entertainment of a similar description to that (f) or (g) at different times to those listed in the please list (please read guidance note 6)	at falling within (e).
Sun				

Late night refreshment Standard days and timings (please read		nd	Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
guidar	nce note 7)			Outdoors
Day	Day Start Finish			Both
Mon			Please give further details here (please read guida	ance note 4)
Tue		·		
Wed			State any seasonal variations for the provision of refreshment (please read guidance note 5)	f late night
Thur				
Fri			Non standard timings. Where you intend to use to the provision of late night refreshment at different listed in the column on the left, please list (please	t times, to those
Sat	1		note 6)	
Sun				

J

Supply of alcohol Standard days and timings (please read			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	
	ce note 7)	,uu		Off the premises	
Day	Start	Finish		Both	
Mon			State any seasonal variations for the supply of a guidance note 5)	<mark>lcohol</mark> (please ւ	ead
Tue					
Wed	11:00	21'.00			
Thur	; ; ; =		Non standard timings. Where you intend to use the supply of alcohol at different times to those I on the left, please list (please read guidance note 6	isted in the col	
Fri	11.00	21'.00		The second	*** *** **
Sat	11.00	<u> </u>	· · ,	 چين انجيد	 VF
Sun	(1'.00	21:00	,		••

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	•	<u> </u>	esejî i	•			
Date of birth			:		<u>-</u> -		
Address	ı				,		
Postcode Personal licence	e number	(if known)	1			
Issuing licensi	ng authori	ty (if knov	vn)	<u> </u>	···	Andready and the second second	

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).

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	.		
Tue	ta taun hakkika pika nya kapulan dipuka dipuka dipuka nya ya a hake nda - waa waa waa waa k	:	
Wed	00:01	21.30	
Thur		. The data' of the highly and adapt space	Non standard timings. Where you intend the premises to be op to the public at different times from those listed in the column the left, please list (please read guidance note 6)
Fri	[0:00	21:30	
Sat	10:00	21:30	
Sun	10,00	21:30	

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 ENSURE AIL 4 LICENSING OBJECTIVES ARE
b) The prevention of crime and disorder
-STAFF TRAINING ON RESPONSIBLE ALCOHOL
SALES WILL BE UNDERTAKEN
-A FIRM OPERATING SCHEDULE WILL BE
c) Public safety
ENSURING WE DO NOT EXCEED OUR
LIMIT ON SITE
STAFF TRAINING IN EMERGENCY PROCEDULES,
FIRST AID AND OTHER SAPETY RELATED PROCOLS d) The prevention of public nuisance WILL 3E UNDERTAKEN
d) The prevention of public nuisance WILL BE UNDERTAKEN
WE WILL NOT TOLERATE UNRULEY
BEHAVIOUR ANYONE WHO IS GETTING OUT
OF HAND WILL BE REMOVED FROM THE
e) The protection of children from harm
CHILDREN ARE WELCOME ON THE PREMISES
HOWEVER A STRICT CHALLENGE 25 PROTOCOLI
WILL BE IN PLACE. ANYONE ACTING IN
A MANNEL THAT MAY PUT A CHILD IN
HARMS WAY WILL BE ASKED TO LEAVE
20

Checklist:

Please tick to indicate ag	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 or my share code issued by the Home Office online right to work checking service (please reached 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	 [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	- 4
Date	22/7/25

Capacity	Self
For joint applicati agent (please read capacity.	ons, signature of 2 nd applicant or 2 nd applicant's solicitor or other authorised I guidance note 13). I f signing on behalf of the applicant, please state in what
Signature	
Date	
Capacity	
Contact name (wh this application (pl	nere not previously given) and postal address for correspondence associated with lease read guidance note 14)
Post town	Postcode
Telephone number	r (if any)
If you would prefer	us to correspond with you by e-mail, your e-mail address (optional)