

20126000410

[Insert name and address of relevant licensing authority and its reference number (optional)]

**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.

WEALDSTONE SOCIAL CLUB INSTALLED

I/We apply for a premises licence under section 17 of
(Insert name(s) of applicant)

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 WEALDSTONE SOCIAL CLUB INSTALLED 33 RAILWAY APPROACH WEALDSTONE	
Post town HARLOW	Post code H13 5BX

Telephone number at premises (if any)

0244 000

Non-domestic rateable value of premises

£ 190.00

Part 2 – Applicant details

Please state whether you are applying for a premises licence as

Please tick ✓ yes

- | | |
|---|---|
| a) an individual or individuals* | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual* | |
| i. as a limited company | <input type="checkbox"/> please complete section (B) |
| ii. as a partnership | <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) |
| c) a recognised club | <input checked="" type="checkbox"/> please complete section (B) |
| d) a charity | <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 ☐ 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) <input type="checkbox"/>
Surname		First names		
<input type="text"/>		<input type="text"/>		
				Please tick ✓ yes <input type="checkbox"/>
I am 18 years old or over				
<input type="checkbox"/>				
Current postal address if different from premises address	<input type="text"/>			
Post Town	<input type="text"/>	Postcode	<input type="text"/>	
Daytime contact telephone number	<input type="text"/>			
E-mail address (optional)	<input type="text"/>			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other title (for example, Rev) ☐

Surname First names

Please tick
✓ yes ☐

I am 18 years old or over

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	WEALDSTONE SOCIAL CLUB & INSTITUTE LTD
Address	33 RAILWAY APPROACH WEALDSTONE HARROW HA3 5BX
Registered number (where applicable)	IP 111882
Description of applicant (for example partnership, company, unincorporated association etc)	SECRETARY.
Telephone number (if any)	[REDACTED]
E-mail address (optional)	[REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
01	07	2012

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

Day	Month	Year

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

--

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

FUNCTION HALL, CONTAINING BAR, STAGE
LADIES AND GENTS TOILETS, DANCE FLOOR
TABLES & CHAIRS WITH OWN ENTRANCE.
(SEE PLAN ATTACHED).

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick ✓ yes

Provision of regulated entertainment

- 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 entertainment facilities for:

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



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



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



In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon	11 00	00 00	Please give further details here (please read guidance note 3)	Both	
Tue	11 00	00 00			
Wed	11 00	00 00	State any seasonal variations for performing plays (please read guidance note 4)		
Thur	11 00	00 00			
Fri	11 00	00 00	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 5)		
Sat	00 00	01 30			
	11 00	00 00			
Sun	00 00	01 30			
	11 00	00 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 [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon	11 00	00 00	Please give further details here (please read guidance note 3)	Both	
Tue	11 00	00 00			
Wed	11 00	00 00	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur	11 00	00 00			
Fri	11 00	00 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	00 00	01 30			
	11 00	00 00			
Sun	00 00	01 30			
	11 00	00 00			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon	1100	0000	
Tue	1100	0000	State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed	1100	0000	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 5)
Thur	1100	0000	
Fri	1100	0000	
Sat	0000	0130	
	1100	0000	
Sun	0000	0130	
	1100	0000	

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon	1100	0000	Please give further details here (please read guidance note 3)		
Tue	1100	0000	State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Wed	1100	0000	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 (please read guidance note 5)		
Thur	1100	0000			
Fri	1100	0000			
Sat	0000	0130			
	1100	0000			
Sun	0000	0130			
	1100	0000			

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 [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	1100	0000	Please give further details here (please read guidance note 3)	Both	
Tue	1100	0000			
Wed	1100	0000	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	1100	0000			
Fri	1100	0000	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	0000	0130			
	1100	0000			
Sun	0000	0130			
	1100	0000			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	1100	0000	Please give further details here (please read guidance note 3)	Both	
Tue	1100	0000			
Wed	1100	0000	State any seasonal variations for playing recorded music (please read guidance note 4)		
Thur	1100	0000			
Fri	1100	0000	Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat	0000	0130			
	1100	0000			
Sun	0000	0130			
	1100	0000			

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	1100	0000	Please give further details here (please read guidance note 3)	Both	
Tue	1100	0000			
Wed	1100	0000	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	1100	0000			
Fri	1100	0000	Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat	0000	0130			
	1100	0000			
Sun	0000	0130			
	1100	0000			

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	Indoor	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoor	
Mon	1100	0000	Will this entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Both	
Tue	1100	0000			
Wed	1100	0000	Please give further details here (please read guidance note 3)		
Thur	1100	0000			
Fri	1100	0000	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		

Sat	0000	0130	Non standard timings. Where you intend to use the premises for the entertainment of 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 5)
	1100	0000	
Sun	0000	0130	
	1100	0000	

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing	
			Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
			Please give further details here (please read guidance note 3)	
Day	Start	Finish	State any seasonal variations for the provision of facilities for making music (please read guidance note 4)	
Mon	1100	0000		
Tue	1100	0000		
Wed	1100	0000		
Thur	1100	0000	Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)	
Fri	1100	0000		
Sat	0000	0130		
Sun	0000	0130		
	1100	0000		

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick [Y] (see guidance note 2)	
			Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>	
			Please give a description of the facilities for dancing you will be providing	
Day	Start	Finish		

Mon	1100	0000	Please give further details here (please read guidance note 3)
Tue	1100	0000	
Wed	1100	0000	State any seasonal variations for providing dancing facilities (please read guidance note 4)
Thur	1100	0000	
Fri	1100	0000	Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)
Sat	0000	0130	
	1100	0000	
Sun	0000	0130	
	1100	0000	

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor <input checked="" type="checkbox"/>
				Outdoor
Mon	1100	0000		Both
Tue	1100	0000	Please give further details here (please read guidance note 3)	
Wed	1100	0000		
Thur	1100	0000	State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within j or k (please read guidance note 4)	
Fri	1100	0000		
Sat	0000	0130	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 to those listed in the column on the left, please list (please read guidance note 5)	
	1100	0000		
Sun	0000	0130		
	1100	0000		

L

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 [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	2300	0000			
Tue	2300	0000			
Wed	2300	0000	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	2300	0000			
Fri	2300	0000			
Sat	0000	0130	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 5)		
	2300	0000			
Sun	0000	0130			
	2300	0000			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	On the premises	
				Off the premises	
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	1100	0000			
Tue	1100	0000			
Wed	1100	0000	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)		
Thur	1100	0000			
Fri	1100	0000			
Sat	0000	0200			
	1100	0000			

Sun	0000	0200	
	1100	0000	

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name..... DONNA MANNICK
 Address.....

 Postcode.....
 Personal.....
 Issuing licensing authority (if known)..... EALING COUNCIL

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 (please read guidance note 8)

NONE

O

Hours premises are open to the public Standard timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	0000	0100	
	1100	0000	
Tue	0000	0100	
	1100	0000	
Wed	0000	0100	
	1100	0000	
Thur	0000	0100	
	1100	0000	
Fri	0000	0100	
	1100	0000	
Sat	0000	0300	
	1100	0000	
Sun	0000	0300	
	1100	0000	

Non standard timings. Where you intend to use 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 5)

P

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

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

CCTV RECORDINGS FOR 31 DAYS MIN (DIGITAL)
INSIDE AND OUTSIDE

b) The prevention of crime and disorder

CCTV.
UNDER 25 YEARS POLICY (I.D.).

c) Public safety

CCTV.
FIRE FIGHTING STANDARDS (L.F.B.).
FIRE EXIT NOTICES.
SMOKING AREA.

d) The prevention of public nuisance

CCTV.
RESPECT LOCAL RESIDENTS (NOTICES).
UNDER 25 YEARS POLICY (I.D.).
NOISE LIMITER (MUSIC).

e) The protection of children from harm

CCTV.
UNDER 25 YEARS POLICY (I.D.).

Please tick ✓ yes

- 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 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 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 (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

28TH MAY 2012

Capacity

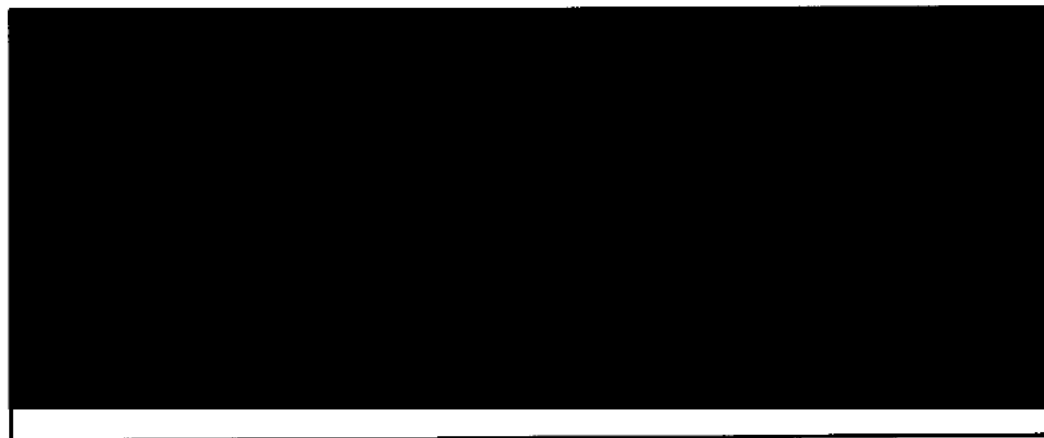
SECRETARY.

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



Consent of individual to being specified as premises supervisor

I DONNA TERESA MANNICK
[full name of prospective premises supervisor]

of..

[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

PREMISES LICENCE [type of application]

by VICTOR ORBELL [name of applicant]

relating to a premises licence [number of existing licence, if any]

for WEALDSTONE SOCIAL CLUB & INSTITUTE LTD.

33, RAILWAY APPROACH, WEALDSTONE,
HARROW, HA3 5BX

[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 VICTOR ORBELL [name of applicant]

concerning the supply of alcohol at WEALDSTONE SOCIAL CLUB
& INSTITUTE LTD.

[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 03447
[insert personal licence number, if any]

Personal licence issuing authority EALING COUNCIL
[insert name and address and telephone number of personal licence issuing authority, if

[redacted]

.....signed

DONNA MANNICK name (please print)

28TH MAY 2012 dated