

Pinner Pantomime Committee  
21 Bridge Street  
Middlesex  
HA5 3HX

Licensing Team  
Harrow Council  
Civic Centre  
Station Road  
Harrow  
HA1 2UT



28<sup>th</sup> September 2017

Dear Sirs,

**Re: Pinner Pantomime Evening 30<sup>th</sup> November 2017**

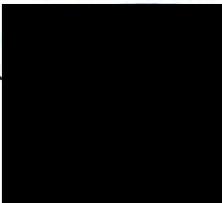
I enclose herewith an Application for a Premises Licence in respect of the above event together with our cheque in the sum of £100.

Please could our application be open ended and to last as long as the Pinner Pantomime Committee is in existence. We have left the expiry date blank in the application.

We would then only be liable to pay an annual licence fee of £70.00

Please acknowledge receipt.

You



Ian H Archer  
Chairman

[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.

I/We PINNER PANTOMIME COMMITTEE

*(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 <b>HIGH STREET PINNER AND PARTS OF BRIDGE STREET AND LOVE LANE PINNER AS SHOWN EDGED RED ON THE ATTACHED PLANS TOGETHER WITH PART OF THE MEMORIAL PARK ADJOINING THE PUBLIC CAR PARK SHOWN ON THE ATTACHED PLAN</b>			
Post town	PINNER MIDDX	Postcode	

Telephone number at premises (if any)	
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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over <input type="checkbox"/> Please tick yes					
Current postal address if different from premises address					
Post town		Postcode			
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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.**

<b>Name</b> PINNER PANTOMIME COMMITTEE
<b>Address</b> 21 BRIDGE STREET PINNER MIDDX HA5 3HX
<b>Registered number (where applicable)</b>
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b> UNINCORPORATED ASSOCIATION
<b>Telephone number (if any)</b> 0208-866-2144
<b>E-mail address (optional)</b> [REDACTED]

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
3	0	1 1 2017

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

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PLEASE REFER TO THE ATTACHED PLANS SHOWING THE PREMISES EDGED RED IN ADDITION PART OF THE MEMORIAL PARK WILL BE USED FOR THE FIREWORK DISPLAY

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

5000
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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) X
- f) recorded music (if ticking yes, fill in box F) X
- g) performances of dance (if ticking yes, fill in box G) X
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) X

**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**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Wed			<b><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></b> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

## B

Films Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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></b> (please read guidance note 5)		
Sat					
Sun					

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			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)	
Tue				
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 5)
Fri				
Sat				
Sun				

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Wed			<b><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></b> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<p><b><u>LIVE MUSIC WILL BE PERFORMED AND MUSIC MAY ACCOMPANY DANCING. PLEASE SEE ATTACHED SCHEDULE OF PROPOSED EVENTS</u></b></p> <p><b><u>IT MAY BE AMPLIFIED OR UNAMPLIFIED</u></b></p> <p><b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 4)</p> <p>N/A</p> <p><b><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></b> (please read guidance note 5)</p> <p>N/A</p>		
Mon					
Tue					
Wed					
Thur	5.00	8.00			
Fri					
Sat					
Sun					

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	X <input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3) RECORDED MUSIC MAY ACCOMPANY DANCING		
Mon					
Tue			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4) N/A		
Wed					
Thur	5.00	8.00	<b>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</b> (please read guidance note 5) N/A		
Fri					
Sat					
Sun					

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3) PLEASE SEE SCHEDULE ATTACHED HERETO		
Mon					
Tue			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4) N/A		
Wed					
Thur	5.00	8.00			
Fri			<b><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></b> (please read guidance note 5) N/A		
Sat					
Sun					

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing FAIRGROUND RIDES BROUGHT IN BY MR D BRIXTON . FIREWORK DISPLAY IN MEMORIAL PARK.		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	X <input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3) SEE PLAN FOR LOCATION OF RIDES ,FIREWORKS TO TAKE PLACE IN THE PARK ALL AS APPROVED BY THE LOCAL AUTHORITY.		
Wed					
Thur	5.00	9.00	<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri					
Sat			<b><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></b> (please read guidance note 5)		
Sun					

**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Wed					
Thur			<b><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></b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b><u>Will the supply of alcohol be for consumption – please tick</u></b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			<b><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></b> (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	
Address	
Postcode	
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).**

N/A

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b><u>State any seasonal variations</u></b> (please read guidance note 4)
Day	Start	Finish	
Mon			<b><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></b> (please read guidance note 5)
Tue			
Wed			
Thur			
Fri			
Sat			
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 9)**

POLICE ARE NOTIFIED OF THE EVENT  
STEWARDS ON PATROL  
BARRIERS ( SUPPLIED BY MR BRIXTON WHO BRINGS THE FAIRGROUND RIDES ) IN THE  
STREETS TO SEPARATE PERFORMERS FROM THE AUDIENCE AND IN THE MEMORIAL  
PARK FOR THE FIREWORKS

**b) The prevention of crime and disorder**

DITTO

**c) Public safety**

DITTO

**d) The prevention of public nuisance**

DITTO AND PREMISES SUPERVISOR TO MONITOR NOISE AND TO REPORT IF THERE IS  
EXCESSIVE NOISE AND TAKE STEPS TO PREVENT SAME.

TO ENSURE THAT AMPLIFIED SOUND AND /OR THE MUSIC DOES NOT CAUSE A PUBLIC  
NUISANCE.

**e) The protection of children from harm**

DITTO

**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	IAN H ARCHER
Date	<i>28th</i> SEPTEMBER 2017
Capacity	CHAIRMAN OF PINNER PANTOMIME COMMITTEE

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)

IAN H ARCHER  
21 BRIDGE STREET  
PINNERS  
MIDDX

Post town	PINNER	Postcode	HAS 3HX
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Telephone number (if any)	0208 866 2144
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

[REDACTED]

### 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.

Organisation	Time (pm)	Location
Xmas Tree Switch-on.. Mayor of Harrow .....	5.00	David Charles, High St.
Pinner Wood School Choir.....	5.00	David Charles, High St.
Buckingham College Prep. School Instrumental Ensemble... ..	5.00	Rawlinson Gold, Bridge St.
Pinner Park Infants & Nursery School Choir.....	5.30	David Charles, High St.
Heathfield Junior School Choir.....	5.30	Rawlinson Gold, Bridge St.
Heathfield Senior School Choir.....	5.50	Rawlinson Gold, Bridge St.
West Lodge Primary School Dance and Choir.....	6.00	David Charles, High St.
Reddiford School Choir.....	6.30	Rawlinson Gold, Bridge St.
Nower Hill High School Soul Band.....	6.30	David Charles, High St.
Nower Hill High School Soul Orchestra.....	6.50	David Charles, High St.
Wembley & Watford Eclipse Majorettes.....	7.00	Rawlinson Gold, Bridge St.
London Soul Academy.....	7.10	David Charles, High St.
Morris Dancing.....	7.30	High St.
Pinner Theatre Dance.....	7.30	Rawlinson Gold, Bridge St.
Grimsdyke Brass.....	7.50	Gibbs Gillespie, Chapel Lane
Morris Dancing.....	8.00	Bridge St.
Bell Ringing.....	8.00	Pinner Parish Church, High St.
Children's Fairground Rides.....	All evening	Bridge St. & High St.
Santa's Grotto.....	All evening	TBA
Face Painting.....	All evening	TBA
Shop window-dressing competition.....	All evening	
Best dressed trader competition.....	All day	
Christmas Street lights .....	All evening	
(Sponsored by the Pinner Association)	All over Christmas	

**\*\*GRAND FINALE -- FIREWORK DISPLAY 8.15pm IN PINNER MEMORIAL PARK\*\***

**St John's Ambulance** - will be on duty all evening at St. Luke's Centre Love Lane  
**Parking** - High St. closed from 4pm. Yellow lines in force. Chapel Lane car park free after 4.30pm.  
 Other car parks free after 6.30pm.  
**Lost children** - will be taken to Pinner Police Station at the top of Bridge St.