

Chief Environmental  
Health Office

17 NOV 2011

South Cambridgeshire  
District CouncilApplication 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~~ ST MARY'S COMMUNITY HALL MANAGEMENT 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 ST MARY'S COMMUNITY HALL (FORMERLY CHURCH HALL) CHURCH LANE SAWSTON	
Post town	CAMBRIDGE
Post code	CB22 3JR

Telephone number at premises (if any)	01223 837 298
Non-domestic rateable value of premises	£ NOT KNOWN

## 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 checked="" 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 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)	
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	ST MARY'S COMMUNITY HALL MANAGEMENT COMMITTEE
Address	c/o ELEANOR CLAPP TREASURER 41 PRINCE WILLIAM WAY SAWSTON CAMBRIDGE CB22 3S Z
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	UNINCORPORATED ASSOCIATION. WE ARE A SUBCOMMITTEE OF THE PAROCHIAL CHURCH COUNCIL OF ST MARY'S CHURCH, SAWSTON
Telephone number (if any)	01223 837 387
E-mail address (optional)	web@stmaryshall sawston.org.uk

### Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year

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

Day	Month	Year

Please give a general description of the premises (please read guidance note1)

IT IS A COMMUNITY HALL AVAILABLE FOR LOCAL PEOPLE TO USE FOR GROUPS, PARTIES ETC.

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

N/A

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 yes**

- |   |                                     |
|---|-------------------------------------|
| a) plays (if ticking yes, fill in box A)  | <input checked="" type="checkbox"/> |
| b) films (if ticking yes, fill in box B)  | <input checked="" type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input checked="" type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/>            |
| e) live music (if ticking yes, fill in box E)   | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input checked="" type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input checked="" type="checkbox"/> |

**Provision of entertainment facilities:**

- |   |                                     |
|---|-------------------------------------|
| i) making music (if ticking yes, fill in box I)   | <input checked="" type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)  | <input checked="" type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input checked="" type="checkbox"/> |

**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

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	09:00	22:00			
Tue	"	"			
Wed	"	"	<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur	"	"			
Fri	09:00	23:00			
Sat	"	"	<b>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</b> (please read guidance note 5)		
Sun	09:00	22:00			

# B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	09:00	22:00			
Tue	11	11			
Wed	11	11	<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur	11	11			
Fri	09:00	23:00			
Sat	11	11	<b>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</b> (please read guidance note 5)		
Sun	09:00	22:00			

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon	09:00	22:00	
Tue	11	11	<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed	11	11	
Thur	11	11	
Fri	09:00	23:00	<b><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></b> (please read guidance note 5)
Sat	09:00	23:00	
Sun	09:00	22:00	

# 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"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish			Both <input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Thur					
Fri			<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)		
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 type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	09:00	22:00			
Tue	“	“			
Wed	“	“	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur	“	“			
Fri	09:00	23:00			
Sat	“	“	<b>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</b> (please read guidance note 5)		
Sun	09:00	22:00			

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music 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 checked="" type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon	09:00	22:00			
Tue	"	"			
Wed	"	"	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)		
Thur	"	"			
Fri	09:00	23:00			
Sat	"	"	<b><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></b> (please read guidance note 5)		
Sun	09:00	22:00			

# 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 type="checkbox"/>
Day	Start	Finish			Both <input checked="" type="checkbox"/>
Mon	09:00	22:00	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue	11	11			
Wed	11	11	<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Thur	11	11			
Fri	09:00	23:00	<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)		
Sat	11	11			
Sun	09:00	22:00			

# 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)			<b><u>Please give a description of the type of entertainment you will be providing</u></b>		
Day	Start	Finish	<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	09:00	22:00		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	11	11	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed	11	11			
Thur	11	11	<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	09:00	23:00			
Sat	11	11	<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	09:00	22:00			

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the facilities for making music you will be providing</u></b>	
			<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input checked="" type="checkbox"/>
Mon	09:00	22:00	<b><u>Please give further details here</u></b> (please read guidance note 3)	
Tue	11	11		
			<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)	
Wed	11	11		
Thur	11	11	<b><u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)	
Fri	09:00	23:00		
Sat	11	11		
Sun	09:00	22:00		

**J**

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick</b> (see guidance note 2)	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
			<b>Please give a description of the facilities for dancing you will be providing</b>	
Day	Start	Finish		
Mon	09:00	22:00	<b>Please give further details here</b> (please read guidance note 3)	
Tue	“	“		
Wed	“	“	<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)	
Thur	“	“		
Fri	09:00	23:00	<b>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</b> (please read guidance note 5)	
Sat	“	“		
Sun	09:00	22:00		

K

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>		
Day	Start	Finish	<b><u>Will the entertainment facility be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	09:00	22:00		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	"	"	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed	"	"			
Thur	"	"	<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u></b> (please read guidance note 4)		
Fri	09:00	23:00			
Sat	"	"	<b><u>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</u></b> (please read guidance note 5)		
Sun	09:00	22:00			

L

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

# M

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur			<b>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</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

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

<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Personal Licence number (if known)</b>	
<b>Issuing licensing authority (if known)</b>	

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. ANY FILMS SHOWN ARE OF GENERAL INTEREST AND DANCE WILL BE SUITABLE FOR FAMILY ENTERTAINMENT.

O

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	08:30	23:00	<b>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</b> (please read guidance note 5)
Tue	"	"	
Wed	"	"	
Thur	"	"	
Fri	08:30	00:00	
Sat	"	"	
Sun	08:30	23:00	

**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)**

ALL HIRERS ARE GIVEN A COPY OF OUR TERMS & CONDITIONS (COPY ATTACHED). THIS REQUIRES THEM TO ENSURE FIRE EXITS ARE KEPT UNLOCKED AND UNOBSTRUCTED. THE NUMBERS USING THE HALL ARE LIMITED TO 100. AND THE SALE OF ALCOHOL IS PROHIBITED.

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

THE HALL HAS A SENSOR CONTROLLED LIGHT OUTSIDE TO PREVENT DARK AREAS.

ALCOHOL IS NOT PERMITTED TO BE SOLD ON THE PREMISES.

**c) Public safety**

WE HAVE CARRIED OUT FIRE INSPECTIONS AND CHECK ALL EQUIPMENT IS SAFE.

EXIT SIGNS ARE LIT UP AND FIRE EXTINGUISHERS ARE AVAILABLE.

WE CARRY OUT RISK ASSESSMENTS OF THE PREMISES AT REGULAR INTERVALS.

**d) The prevention of public nuisance**

WE LIMIT THE HOURS OF USE SO THERE ARE NO VERY LATE NIGHT EVENTS. AS THE HALL IS CLOSE TO HOUSES WE SPECIFY THAT AMPLIFIED SOUND IS KEPT TO A REASONABLE LEVEL.

THE COMMITTEE WILL ENSURE HIRERS KNOW TO KEEP WINDOWS AND DOORS SHUT WHEN AMPLIFIED MUSIC IS BEING PLAYED.

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

NO ALCOHOL IS TO BE SOLD ON THE PREMISES. A SAFETY GATE IS FITTED ON THE KITCHEN DOORWAY. RESPONSIBILITY FOR CHILDREN ON THE PREMISES UNDER 16 LIES WITH THEIR PARENT OR CARER.

Please tick yes

- I have made or enclosed payment of the fee *N/A* ☒
- 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 *N/A* ☒
- 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	<i>Eleanor Clapp</i>
Date	<i>14 NOVEMBER 2011</i>
Capacity	<i>TREASURER</i>

**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)

*ELEANOR CLAPP  
41 PRINCE WILLIAM WAY  
SAWSTON  
CAMBRIDGE*

Post town	<i>CAMBRIDGE</i>	Post code	<i>CB22 3SZ</i>
Telephone number (if any)	<i>01223 837 387</i>		
If you would prefer us to correspond with you by e-mail your e-mail address (optional) <i>web@stmaryshall.sawston.org.uk</i>			

# **ST. MARY THE VIRGIN, SAWSTON**

## **TERMS AND CONDITIONS OF HIRE FOR ST MARY'S COMMUNITY HALL**

1. The appropriate hiring fee must be paid in advance, or by arrangement. Hirers must provide a second, duplicate cheque which will be held until after the relevant function. This cheque will only be cashed if the Hall is damaged in any way during the function. Cheques should be made payable to 'St Mary's Community Hall'.
2. Persons under the age of 18 years cannot make bookings. Proper supervision is required in the case of parties for children and young persons under the age of 18 years and a responsible adult must remain on the premises at all times.
3. The Hirer shall be responsible for :
  - (a) The proper and orderly use of the Hall
  - (b) Any damage done to the Hall or contents, or any breakage or loss
  - (c) The full cost of repair/replacement of anything damaged
4. Any damage, breakage, or loss must be reported to  
Roger Mansfield      48 Church Lane, Sawston      ☎ 01223 563380  
or Jane Moloney      31 St Mary's Road, Sawston      ☎ 01223 833974
5. The Community Hall Management Committee cannot be held responsible for any loss or damage to the Hirer's property. The Hirer uses the Hall at their own risk. The Hirer is to take out their own insurance to cover any damage to property or personal injury if it would be deemed to be reasonable and prudent to do so.
6. The Hall Management Committee retains the right to refuse any application for the hire of the Hall. No subletting is allowed. Alcohol can be served but not sold. Stiletto heels should be avoided. Nothing is to be stuck to the walls, ceiling or any other surface.
7. The premises must be vacated by 11pm on Sun-Thurs and by 12pm on Fri – Sat. All music and amplified sound at the Hall must be kept to a reasonable level and must cease by 10pm on Sun - Thurs and by 11pm on Fri – Sat. Hirers of the Hall are to keep noise to a level so as not to be audible in neighbouring properties after these hours.
8. The Hall Management Committee reserves the right of entry by its authorised representative(s) at all times and a right to refuse entry or to remove from the premises any persons, without stating a reason.
9. The hirer shall be responsible for ensuring that a Steward is provided at every public function. The Steward shall be clearly identifiable to members of the public using the premises. The Steward shall note the instructions with regard to the method and use of fire extinguishers and the methods of entrance and exit by both the normal and emergency doors.

## **FIRE REGULATIONS**

- **SMOKING AND CANDLES ARE NOT ALLOWED IN ANY PART OF THE BUILDING**
- Exits must not be obstructed whilst the building is in use and exit doors must remain unlocked
- The maximum number of people permitted in the Hall is 100
- All electrical equipment brought into the premises must conform with current regulations

## **ON LEAVING THE HALL**

- **USERS ARE RESPONSIBLE FOR LEAVING THE HALL CLEAN AND TIDY**
- All rooms must be left in the condition they were found in and any damage reported
- All furniture must be replaced in its correct position
- Chairs and tables must not be dragged across the floor
- All rubbish must be removed from the premises



# ST MARY THE VIRGIN, SAWSTON

PLEASE TREAT THIS FORM AS AN INVOICE

Please confirm your booking by completing both copies of this form.  
Return one to Sarah Jelliman, at the address below, and retain the other for your records.

## APPLICATION TO HIRE ST MARY'S COMMUNITY HALL

1. Name and Address of Hirer:.....

E-mail:.....Tel:.....

2. Date required:.....Hours:.....

3. Function: ..... 4. Organisation: (if applicable) .....

4. Rooms required: .....5. Fee Agreed: .....

NB The Church reserves the right to use the Hall on some occasions (e.g. for Annual General Meeting) and in such cases will give prior notice to the Hirer.

Name and Address of Steward (necessary for public functions):  
.....

## PLEASE TREAT THE HALL WITH RESPECT

- Do not drag furniture across the new floor (we now have a chair carrier)
- Avoid wearing stiletto heels
- Do not stick anything to the walls, ceiling or any other surface
- Take your rubbish home with you

## USERS ARE RESPONSIBLE FOR LEAVING THE HALL CLEAN AND TIDY

- All rooms must be left in the condition they were found in and any damage reported
- All furniture must be replaced in its correct position
- The First Aid Box is on the kitchen windowsill
- Fire procedures are on the notice-board in the Lobby

## ALL BOOKINGS MUST BE MADE THROUGH THE BOOKING SECRETARY

MRS. SARAH JELLIMAN: 46 Church Lane, Sawston ☎ 01223 729464  
sarah.jelliman @ntlworld.com

Fee/deposit payment and key collection/return should also be arranged via Mrs. Jelliman.

I make application for the use of the accommodation and facilities stated. I am over 18 years of age and have read and understood the terms and conditions of hire (above and overleaf). In particular I note that smoking and candles are not permitted and that alcohol can be served but not sold.

Signed:.....Date: .....

