

**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** ORWELL PARISH COUNCIL  
(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  ORWELL SPORTS PAVILION AND RECREATION GROUND  TOWN GREEN ROAD  ORWELL			
Post town	ROYSTON	Post code	SG8 5QL
Telephone number at premises (if any)		NONE	
Non-domestic rateable value of premises		£ 2,375 (2013/14)	

**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 checked="" 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 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 checked="" 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	ORWELL PARISH COUNCIL
Address	MRS J E DAMANT (CLERK) PARISH OFFICE SHELTERED HOUSING SCHEME ELIN WAY MELDRETH SG8 6LT
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	PARISH COUNCIL
Telephone number (if any)	01763 269928
E-mail address (optional)	PARISHCLERK@ORWELL@DSL.PIPEX.COM

### Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
01	06	2014

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)

SPORTS PAVILION CONTAINING : KITCHEN  
ENTERTAINING SPACE  
CHANGING ROOMS  
PUBLIC TOILETS  
RECREATION GROUND INCLUDING : MULTI-USE GAMES AREA  
CHILDRENS' PLAY AREA  
FOOTBALL PITCH

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) ☐
- 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:**

- 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**

<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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
Sun					

# B

<b>Films</b> 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"/>
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 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**

<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			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			
Thur			<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)
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"/>
				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			
Mon	1100	2200	<b>Please give further details here</b> (please read guidance note 3) PERFORMANCE OF LIVE MUSIC MAY TAKE PLACE IN THE OPEN AIR, IN A MARQUEE OR IN THE ENTERTAINING ROOM OF THE SPORTS PAVILION. LIKELY TO BE AMPLIFIED.		
Tue	1100	2200			
Wed	1100	2200	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4) LIKELY TO BE A SLIGHT INCREASE IN FREQUENCY IN SUMMER MONTHS.		
Thur	1100	2200			
Fri	1100	2200	<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) VILLAGE SHOW (AUGUST) 0000 FINISH		
Sat	1100	2200			
Sun	1100	2200			

**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) PERFORMANCE OF RECORDED MUSIC MAY TAKE PLACE IN THE OPEN AIR, IN A MARQUEE OR IN THE ENTERTAINING ROOM OF THE SPORTS PAVILION.		
Mon	1100	2200			
Tue	1100	2200	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4) LIKELY TO BE A SLIGHT INCREASE IN FREQUENCY IN SUMMER MONTHS		
Wed	1100	2200			
Thur	1100	2200	<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) VILLAGE SHOW (AUGUST) 0000 FINISH		
Fri	1100	2200			
Sat	1100	2200			
Sun	1100	2200			

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	1100	2200	<b>Please give further details here</b> (please read guidance note 3)  MEMBERS OF THE PUBLIC ARE LIKELY TO WISH TO DANCE TO LIVE OR RECORDED MUSIC.  PROFESSIONAL DANCE PERFORMANCES <u>NOT</u> PLANNED		
Tue	1100	2200			
Wed	1100	2200	<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)  LIKELY TO BE A SLIGHT INCREASE IN FREQUENCY IN SUMMER MONTHS.		
Thur	1100	2200			
Fri	1100	2200	<b>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</b> (please read guidance note 5)  VILLAGE SHOW (AUGUST) 0000 FINISH		
Sat	1100	2200			
Sun	1100	2200			

# 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> HIRERS OF FACILITIES <u>MAY</u> WISH TO PROVIDE THEIR OWN ENTERTAINMENT AS PART OF THE HIRE - E.G. A MAGICIAN OR BOUNCY CASTLE.	
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	1100	2200		Outdoors <input type="checkbox"/>
				Both <input checked="" type="checkbox"/>
Tue	1100	2200	<b><u>Please give further details here</u></b> (please read guidance note 3) SEE ABOVE	
Wed	1100	2200		
			<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) LIKELY TO BE A SLIGHT INCREASE IN FREQUENCY IN SUMMER MONTHS.	
Thur	1100	2200		
Fri	1100	2200	<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)	
Sat	1100	2200		
Sun	1100	2200	VILLAGE SHOW (AUGUST) 0000 FINISH	

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the facilities for making music you will be providing</b>  ONLY FACILITIES THAT WILL BE PROVIDED WILL BE THE PAVILION OR A MARQUEE IN RESPECT OF INDOOR PERFORMANCES OR THE RECREATION GROUND ITSELF IN RESPECT OF OUTDOOR	
			<b>Will the facilities for making music be indoors or outdoors or both – please tick</b> (please read guidance note 2)	
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>	
Mon	1100	2200	<b>Please give further details here</b> (please read guidance note 3)  SEE ABOVE NOT APPLICABLE	
Tue	1100	2200		
Wed	1100	2200	<b>State any seasonal variations for the provision of facilities for making music</b> (please read guidance note 4)  N/A	
Thur	1100	2200		
Fri	1100	2200	<b>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</b> (please read guidance note 5)  VILLAGE SHOW (AUGUST) 0000 FINISH	
Sat	1100	2200		
Sun	1100	2200		

J

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b><u>Will the facilities for dancing be indoors or outdoors or both – please tick</u></b> (see guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input checked="" type="checkbox"/>
			<b><u>Please give a description of the facilities for dancing you will be providing</u></b>			
			ONLY FACILITIES THAT WILL BE PROVIDED WILL BE THE PAVILION OR A MARQUEE (WITH A TEMPORARY FLOOR) IN RESPECT OF INDOOR PERFORMANCES OR THE RECREATION GROUND ITSELF IN RESPECT OF OUTDOOR PERFORMANCES.			
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)			
Mon	1100	2200	SEE ABOVE			
Tue	1100	2200				
Wed	1100	2200	<b><u>State any seasonal variations for providing dancing facilities</u></b> (please read guidance note 4)			
			N/A			
Thur	1100	2200				
Fri	1100	2200				
			<b><u>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</u></b> (please read guidance note 5)			
Sat	1100	2200	VILLAGE SHOW (AUGUST) 0000 FINISH			
Sun	1100	2200				

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>  POSSIBLE TEMPORARY STAGING FOR VILLAGE EVENTS (E.G. VILLAGE SHOW).	
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	1100	2200		Outdoors <input checked="" type="checkbox"/>
				Both <input type="checkbox"/>
Tue	1100	2200	<b><u>Please give further details here</u></b> (please read guidance note 3)  SEE ABOVE	
Wed	1100	2200		
Thur	1100	2200	<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)  LIKELY TO BE A SLIGHT INCREASE IN FREQUENCY IN SUMMER MONTHS.	
Fri	1100	2200		
Sat	1100	2200	<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	1100	2200	VILLAGE SHOW (AUGUST) 0000 FINISH	



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 (please read guidance note 2)</b>	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			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Wed			<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)		
Thur					
Fri					
Sat					
Sun					

# M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for <u>consumption (Please tick box)</u> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	1100	2200	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)		
Tue	1100	2200			
Wed	1100	2200			
Thur	1100	2200	<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 5)		
Fri	1100	2200			
Sat	1100	2200	VILLAGE SHOW (AUGUST) 0000 FINISH.		
Sun	1100	2200			

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

Name	PAUL ANTHONY SQUIRES		
Address	21, FISHERS LANE ORWELL ROYSTON		
Postcode	SG8 5QX		
Personal Licence number (if known)	1003292587		
Issuing licensing authority (if known)	SCDC		

**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)**

O

**State any seasonal variations** (please read guidance note 4)

RECREATION GROUND IS AN OPEN SPACE  
AND IS ACCESSIBLE TO THE PUBLIC  
24 HOURS A DAY.

SPORTS PAVILION IS A SECURED BUILDING  
AVAILABLE FOR HIRE BY CLUBS, SOCIETIES AND  
INDIVIDUALS.

**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 (please read guidance note 5)

$$Z/A$$

**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)**

SALE AND CONSUMPTION OF ALCOHOL WILL TAKE PLACE ONLY IN CONNECTION WITH A BOOKING OF THE FACILITY AND HIRERS WILL BE REQUIRED TO COMMIT TO THESE OBJECTIVES WHEN MAKING A BOOKING. CONTACT DETAILS OF DESIGNATED PREMISES SUPERVISOR WILL BE ON DISPLAY AT ALL TIMES.

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

A RESPONSIBLE ADULT WILL BE REQUIRED TO BE IN ATTENDANCE AT ALL LICENSEABLE EVENTS.

CONTACT DETAILS OF DESIGNATED PREMISES SUPERVISOR WILL BE ON DISPLAY AT ALL TIMES

**c) Public safety**

RECREATION GROUND IS AN OPEN SPACE WITH NUMEROUS ENTRANCE AND EXIT POINTS.

PAVILION HAS FIRST AID FACILITIES, FIRE EXTINGUISHER AND ALTERNATE MEANS OF EXIT.

**d) The prevention of public nuisance**

PUBLIC NOTICES IN AND AROUND THE PAVILION WILL REQUEST THAT PATRONS LEAVE QUIETLY.

A RESPONSIBLE ADULT WILL BE IN ATTENDANCE AT ALL LICENSEABLE EVENTS

CONTACT DETAILS OF DESIGNATED PREMISES SUPERVISOR WILL BE ON DISPLAY AT ALL TIMES.

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

A RESPONSIBLE ADULT WILL BE IN ATTENDANCE AT ALL  
LICENSEABLE EVENTS.

Please tick yes

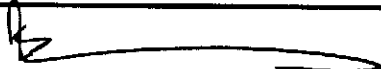
- I have made or enclosed payment of the fee ☒
- I have enclosed the plan of the premises ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable ☒
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if 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 ☒

(ALREADY  
SUBMITTED TO:  
SCDC - 20/03/14)

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	27/03/14
Capacity	ORWELL PARISH COUNCILLOR.

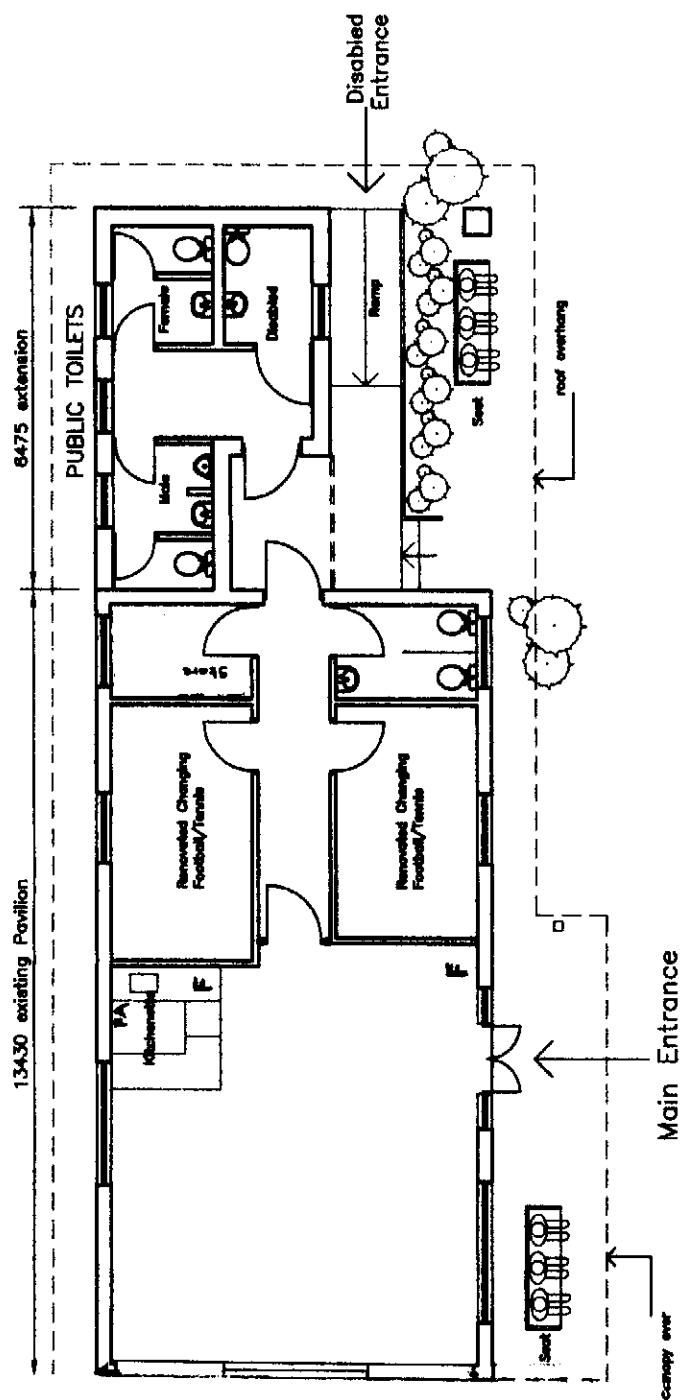
**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent.** (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b> CLLR A. D. PULHAM 15, BROOKSIDE ORWELL			
<b>Post town</b>	ROYSTON	<b>Post code</b>	SG8 5TA.
<b>Telephone number (if any)</b>	(0) 01279 502030		
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b> APBARKWAY@YAHOO.CO.UK			

### 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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



# PAVILION 1:125

KEY: F = Fire extinguisher  
FA = First aid kit

