

[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 ~~STEPHEN JOHN HOLLINGSWORTH~~ MELBOURNE SPORTING PARTNERSHIP
(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 MELBOURNE SPORTING PARTNERSHIP COCKSHUT LANE			
Post town	MELBOURNE	Postcode	DE73 8DJ
Telephone number at premises (if any)	N/A		
Non-domestic rateable value of premises	£	UNDER CONSTRUCTION	

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)	
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	MELBOURNE SPORTING PARTNERSHIP
Address	BANK CHAMBERS MARKET PLACE MELBOURNE DERBYS DE73 8DS
Registered number (where applicable)	Co No 08078193
Description of applicant (for example, partnership, company, unincorporated association etc.)	Company Limited by Guarantee
Telephone number (if any)	
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
1	5	0	7	2	0	1	6

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

DD		MM		YYYY			

Please give a general description of the premises (please read guidance note 1)
 The facility, currently under construction ,contains 6 sporting changing rooms for football ,rugby and cricket .
 Upstairs there is a kitchen , meeting room, bar, and function room (with two balconies overlooking the rugby and cricket pitches .)
 The function room will have a maximum capacity of 130 persons.

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?

NOTE : ALL ACTIVITIES WILL BE FOR LESS THAN 500 PEOPLE AND BETWEEN 8.00am & 11.00pm

(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)
- 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 late night refreshment (if ticking yes, fill in box J)

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

In all cases complete boxes K, L and M

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 (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon				Both	<input type="checkbox"/>
Tue				<u>Please give further details here</u> (please read guidance note 3)	
Wed					
Thur			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Fri					
Sat			<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> (please read guidance note 5)		
Sun					

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 (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<u>Please give further details here (please read guidance note 3)</u>		
Tue					
Wed			<u>State any seasonal variations for the exhibition of films (please read guidance note 4)</u>		
Thur					
Fri			<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 (please read guidance note 5)</u>		
Sat					
Sun					

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			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed			
Thur			Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

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 (please read guidance note 2)			
			Indoors	<input type="checkbox"/>		
			Outdoors	<input type="checkbox"/>		
			Both	<input type="checkbox"/>		
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed					State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)	
Thur						
Fri						
Sat					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)	
Sun						

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place <u>indoors or outdoors or both</u> - please tick (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon				Please give further details here (please read guidance note 3)	Both
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur					
Pri			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					
Sun					

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 (please read guidance note 2)	Indoors
				Outdoors <input type="checkbox"/>
Day	Start	Finish		Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	
Tue				
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Thur				
Fri			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 (please read guidance note 5)	
Sat				
Sun				

G

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

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both -- please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p>		
Fri					
Sat			<p><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> (please read guidance note 5)</p>		
Sun					

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

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) On Sundays during the cricket season the bar will be required to be open from 12.00 through to 23.00 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) There may be an occasional event during the weekday e/g a Wake , which would require the bar to be open for a maximum of 2 hours during the day. There may be a cricket or rugby match on a bank holiday which would mean the bar be open from 12.00pm to 23.00pm		
Mon	18.00	23.00			
Tue	18.00	23.00			
Wed	18.00	23.00			
Thur	18.00	23.00			
Fri	18.00	23.00			
Sat	12.00	23.00			
Sun	12.00	16.00			
	16.00	23.00			

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

Name STEPHEN JOHN HOLLINGSWORTH	
Address LIMEYARDS STABLES 136 MAIN STREET TICKNALL DERBYS	
Postcode	DE73 7JZ
Personal licence number (if known) BEING APPLIED FOR	
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).

The member clubs of the MSP may hold a 'Gentlemen's Evening' which might include a 'risque comedian' only. Admission will be limited to over 18's
No other adult entertainment will be allowed.

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	18.00	23.00	<p>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)</p> <p>1, May have a cricket match or junior rugby game on a Bank Holiday</p> <p>2, Occasional Wake or Birthday Party during the day</p>
Tue	18.00	23.00	
Wed	18.00	23.00	
Thur	18.00	23.00	
Fri	18.00	23.00	
Sat	10.00	24.00	
Sun	10.00	23.00	

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)

The MSP has a formal Board Structure with a delegated Business and Operations Committee. The Designated Premises Supervisor is on this committee. This committee has a direct accountability for these licensing objectives, which it will achieve through formal operating procedures, the appointment of a Facility Manager and the appropriate training of staff.

b) The prevention of crime and disorder

No sale of alcohol will be made unless the Designated Premises Supervisor or a competent person so appointed is present.

The DPS will complete a drug awareness course and staff will be appropriately trained.

CCTV will be installed.

The DPS will ensure that the supply of alcohol is carried on in accordance with the age verification policy.

c) Public safety

First Aid equipment will be available on the premises.

Adequate external lighting will be in place for the car park.

Where disabled people are present, adequate arrangements exist for their safe evacuation.

d) The prevention of public nuisance

Alcohol will not be allowed outside the premises.

Entertainment will cease at 23.00

External Doors will be closed during live performances

e) The protection of children from harm

Challenge Policy in place re under age drinking.
 Staff will be trained and repeatedly refreshed on underage drinking .
 No child under the age of 14 , unless accompanied by an adult, will be allowed in after 8.00pm

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee. (By cheque) x
- I have enclosed the plan of the premises. (To be supplied by SDDC) x
- I have sent copies of this application and the plan to responsible authorities and others where applicable. (Licencing Dept to pursue) x
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. x
- I understand that I must now advertise my application. x
- I understand that if I do not comply with the above requirements my application will be rejected. x

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	DOUGLAS KEITH
Date	20/04/2016
Capacity	COMPANY 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	STEPHEN HOLLINGSWORTH
Date	20/4/2016
Capacity	OPERATIONS COMMITTEE CHAIRMAN

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13) STEPHEN HOLLINGSWORTH LIMEYARDS STABLES 136 MAIN STREET TICKNALL			
Post town	TICKNALL	Postcode	DE73 7JZ
Telephone number (if any)	01332695158		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) steveholly57@gmail.com			

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.

Recpt No 0063338568065497
£20.00

Consent of individual to being specified as premises supervisor

STEPHEN JOHN HOLLINGSWORTH

[full name of prospective premises supervisor]

of

LIMEYARDS STABLES
136 MAIN STREET
TICKNALL
DERBYS
DE73 7JZ

[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 FOR SALE OF ALCOHOL

[type of application]

by

MELBOURNE SPORTING PARTNERSHIP

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

MELBOURNE SPORTING PARTNERSHIP
COCKSHUT LANE
MELBOURNE
DERBYS
DE73 8DJ

[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

MELBOURNE SPORTING PARTNERSHIP

[name of applicant]

concerning the supply of alcohol at
as above

[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

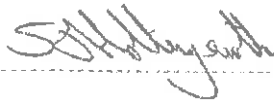
BEING APPLIED FOR

[insert personal licence number, if any]

Personal licence issuing authority

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

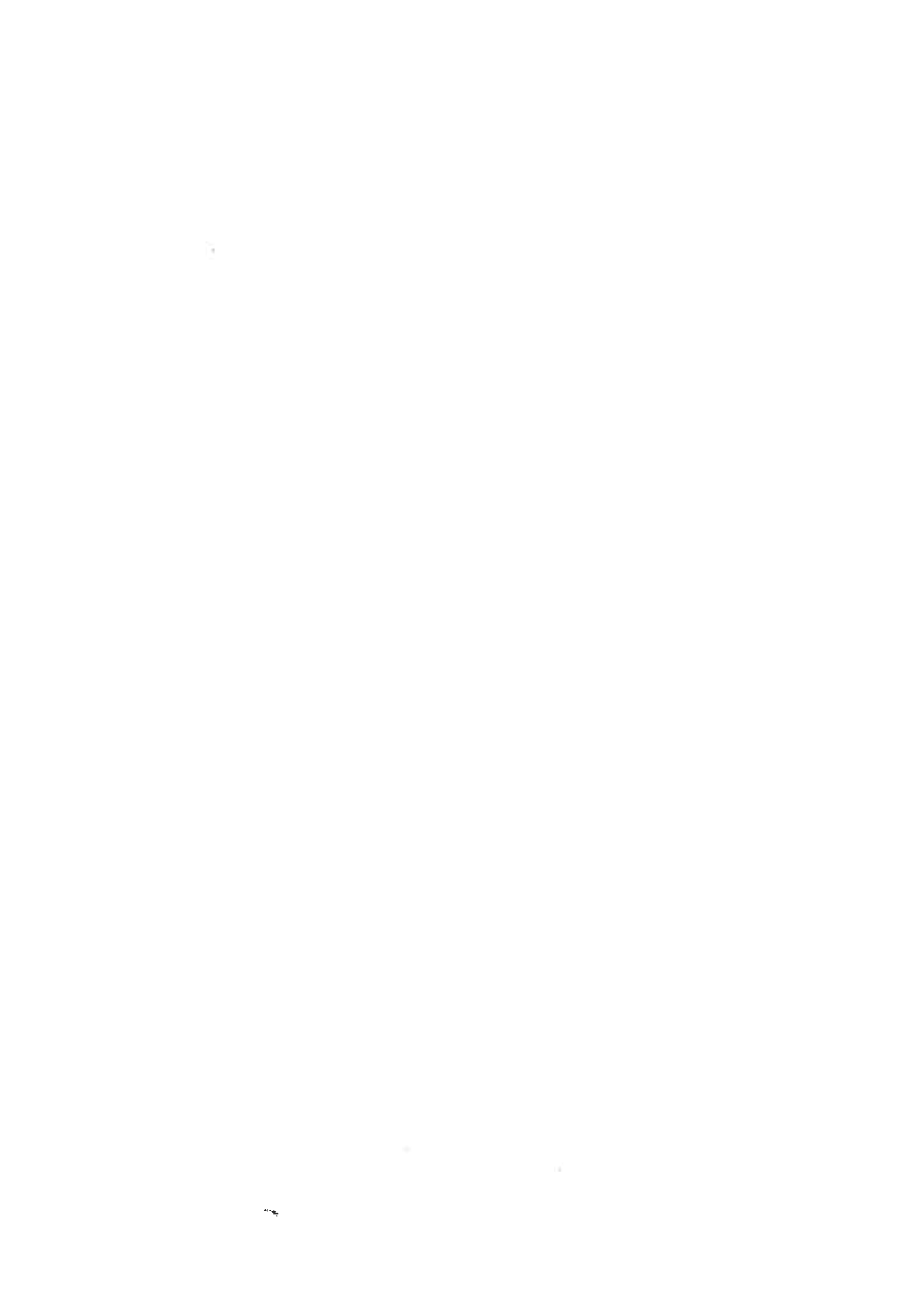


Name (please print)

STEPHEN HOLLINGSWORTH

Date

20/4/2016

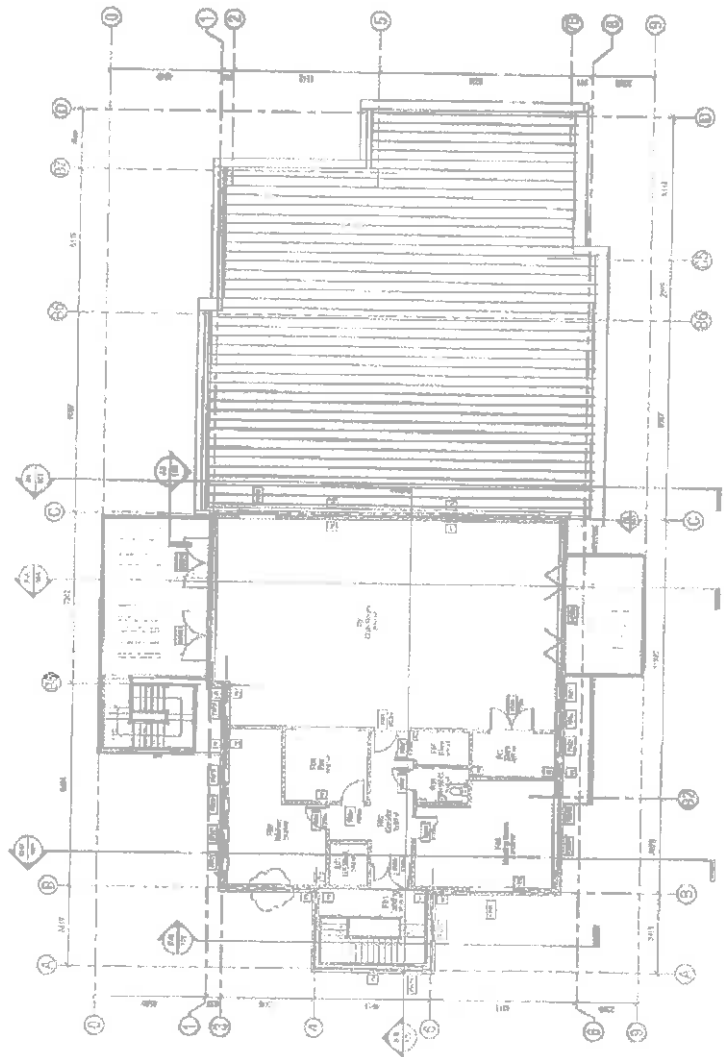


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WALL SECTION

- Medium Density Fibreboard - 1/2" (1/2" x 48" x 96")
- Exterior - 1/2" (1/2" x 48" x 96")
- Interior - 1/2" (1/2" x 48" x 96")
- Acoustic Insulation - 1/2" (1/2" x 48" x 96")
- Plaster - 1/2" (1/2" x 48" x 96")
- Paint - 1/2" (1/2" x 48" x 96")

NOTICE: KNOW YOUR CONTRACTOR'S RESPONSIBILITIES. ALWAYS CHECK THE CONTRACT DOCUMENTS FOR ANY CHANGES TO THE DRAWING.



Item	Description	Quantity	Unit	Notes
1	Concrete Slab	1000	Sq. Ft.	See Schedule
2	Reinforcing Steel	1000	Lbs.	See Schedule
3	Formwork	1000	Sq. Ft.	See Schedule
4	Formwork	1000	Sq. Ft.	See Schedule
5	Formwork	1000	Sq. Ft.	See Schedule
6	Formwork	1000	Sq. Ft.	See Schedule
7	Formwork	1000	Sq. Ft.	See Schedule
8	Formwork	1000	Sq. Ft.	See Schedule
9	Formwork	1000	Sq. Ft.	See Schedule
10	Formwork	1000	Sq. Ft.	See Schedule

FOR CONSTRUCTION

HEATH AVERY
Architect

1000 North Main Street
Portland, ME 04101
Tel: 603-866-1111
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www.heathevery.com

Project: New Community Center - 1000 North Main Street
Date: 08/12/14
Scale: 1/8" = 1'-0"
Sheet: 101

