

# Wiltshire Council

Where everybody matters

## 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 Knighwood Leisure Ltd

*(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			
29 Brown Street (known as "Brown Street")			
Post town	Salisbury	Postcode	SP1 2AS

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 6,600.00

#### 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/limited liability partnership  please complete section (B)
- ii as a partnership (other than limited liability)  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 (by ticking yes to one box below):

- 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>		
<b>Date of birth</b>		I am 18 years old or over <input type="checkbox"/>		Please tick yes	
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

**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		
Date of birth		I am 18 years old or over		<input type="checkbox"/>	Please tick yes
Nationality					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
Current residential 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	Knightwood Leisure Ltd
Address	34 Milford Street Salisbury SP1 2AP
Registered number (where applicable)	3247286

Description of applicant (for example, partnership, company, unincorporated association etc.)

Limited company

Telephone number (if any)



E-mail address (optional)

amanda@knightwoodleisure.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY

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)

Entertainment hall with additional hospitality space outside. To be used for live music, food, cultural events, theatre, shows and private parties (and to be separated from the main nightclub premises fronting 34 Milford Street).

\*Hospitality (food, drinks and background music) only outside with other entertainment to be inside\*

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

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

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all 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 I)

**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 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish	Mainly inside. If outside, then infrequent and to comply with timings allowed.	Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Mon	10 00	23.59	Please give further details here (please read guidance note 4) Fringe performances and amateur creative writing.		
Tue	10 00	23.59			
Wed	10 00	23.59	State any seasonal variations for performing plays (please read guidance note 5)		
Thur	10 00	23.59			
Fri	10 00	23.59	Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat	10 00	23.59			
Sun	10 00	23.59			

**B**

Films Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	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 4) Cinema club and some TV showings.		
Mon	1000	2359			
Tue	1000	2359			
Wed	1000	2359	<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Thur	1000	0300			
Fri	1000	0300	<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 6)		
Sat	1000	0300			
Sun	1000	2359			

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon	1000	2359	
Tue	1000	2359	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed	1000	2359	
Thur	1000	2359	<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 6)
Fri	1000	2359	
Sat	1000	2359	
Sun	1000	2359	



**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input checked="" 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 4)		
Mon	1000	2359			
Tue	1000	2359	<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Wed	1000	2359			
Thur	1000	2359	<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 6)		
Fri	1000	2359			
Sat	1000	2359			
Sun	1000	2359			

**E**

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon	1000	2359			
Tue	1000	2359			
			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)		
Wed	1000	2359			
Thur	1000	0300			
			<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> (please read guidance note 6)		
Fri	1000	0300			
Sat	1000	0300			
Sun	1000	2359			

**F**

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input checked="" type="checkbox"/>
Mon	0800	0200	Please give further details here (please read guidance note 4)  Amplified music inside only - to comply with noise management plan	Both	<input checked="" type="checkbox"/>
Tue	0800	0200			
Wed	0800	0200	State any seasonal variations for the playing of recorded music (please read guidance note 5)  One hour extra on Saturday night moving to British Summer Time		
Thur	0800	0300			
Fri	0800	0300	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 6)  Bank holiday Sunday to 0200 the following day Also New Year's Eve to 0300		
Sat	0800	0300			
Sun	1000	2359			

**G**

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	1000	2359			
Tue	1000	2359			
			State any seasonal variations for the performance of dance (please read guidance note 5)		
Wed	1000	2359			
Thur	1000	0200			
			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 6)		
Fri	1000	0200			
Sat	1000	0200			
Sun	1000	2359			

H

<p><b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing</p> <p>Film shows, sporting screenings, theatre performance, live music, spoken word, karaoke, electronic music, But <u>ALL</u> inside except where able to comply with</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)</p> <p>Indoors <input checked="" type="checkbox"/></p> <p>Outdoors <input type="checkbox"/></p> <p>Both <input checked="" type="checkbox"/></p>	<p>Indoors <input checked="" type="checkbox"/></p> <p>Outdoors <input type="checkbox"/></p> <p>Both <input checked="" type="checkbox"/></p>	<p>comply with noise manage- ment plan</p>
Mon	1000	2359			
Tue	1000	2359	<p><u>Please give further details here</u> (please read guidance note 4)</p> <p>Outside area to be used for food, drinks and background music</p>		
Wed	1000	2359	<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 5)</p> <p>- Bank holiday Sundays to 0200</p> <p>- Saturday before BST to add one extra hour</p>		
Thur	1000	0300	<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 6)</p>		
Fri	1000	0300			
Sat	1000	0300			
Sun	1000	2359			

I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon	2300	0200	Inside to a later time but outside limited to <u>planning</u> timings		
Tue	2300	0200			
Wed	2300	0200	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)		
Thur	2300	0200			
Fri	2300	0200	<b>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</b> (please read guidance note 6)		
Sat	2300	0200	<u>Outside</u> : Friday and Saturday only from 2300 to 2359		
Sun	2300	2359			

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  Saturday before British Summer Time to add one hour extra		
Mon	1000	0230			
Tue	1000	0230			
Wed	1000	0230			
Thur	1000	0300			
Fri	1000	0300			
Sat	1000	0300			
			<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 6)		
Sun	1000	0030	Bank holiday Sunday to 0200		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	Amanda Newbery
Date of birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	PER0687
Issuing licensing authority (if known)	Wiltshire Council

**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 9).

n/a

**L**

**Hours premises are open to the public**  
Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	0800	0230
Tue	0800	0230
Wed	0800	0230
Thur	0800	0300
Fri	0800	0300
Sat	0800	0300
Sun	0800	0030

State any seasonal variations (please read guidance note 5)

Sundays prior to a Bank Holiday until 0300

New Year's Eve to continue until the start of trading hours on New Year's Day

British Summer Time - for an additional hour on the morning of the day that the clocks go forward

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 6)

Outdoor areas to be open to the public (except for access and egress and for smoking of customers) <sup>from and</sup> until:

- 11.00 to 22.00 Monday to Wednesday
- 11.00 to 23.00 Thursday
- 11.00 to 00.00 Friday and Saturday
- 11.00 to 21.00 Sundays and Bank Holidays



## 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 10)

All staff trained in licensing objectives and working to ensure right ethos and environment for a safe and compliant venue.

b) The prevention of crime and disorder

CCTV system in operation, incident book, ~~plus~~ Active membership of Pubwatch scheme and notice will be given to Wiltshire force if any unusual or large events. DPS to be fully trained and appraised in all relevant legislation. Management to be personal licence holders. ~~First~~ and aware of alcohol and drug risk mitigation.

c) Public safety

When the venue is open past 11pm, there will be a SIA door supervisor in attendance and if the crowd is over 100 there will be 2 minimum. Premises will be limited to 150 inside and 100 outside. Risk assessments to take place for event specific operations. The premises licence holder to develop and maintain a detailed management plan including FRA and risk assessments. Full fire equipment in place + first aid kits.

d) The prevention of public nuisance

A proprietary noise limiting device which is preset to the noise management plan levels as agreed to be controlled by the designated premises supervisor. No empty receptacles or litter to be allowed to be discarded outside the venue. People encouraged to leave and enter in a responsible and ~~be~~ courteous way.

e) The protection of children from harm

Full staff training in licensing objectives and challenge 25 Policy in place. First aid and risk assessment training.

**Checklist:**

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee. £190
- 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.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).


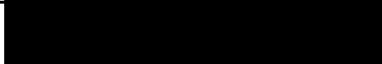
**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

**Part 4 – Signatures** (please read guidance note 11)


**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 12).  
**If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li> <li>• The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office</li> </ul>
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	online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	
Capacity	Director

**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 13). 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 14)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
amanda@kniswoodleisure.co.uk			