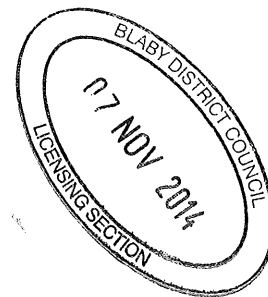


APPENDIX A



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 ~~THURCLAY INVESTMENTS~~ THURLASTON COUNTRY PARK 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	
THURLASTON COUNTRY PARK LTD THE HAYBARN EARL SHILTON ROAD THURLASTON	
Post town	LEICESTER
Postcode	LE9 7TG

Telephone number at premises (if any)	07966 258619 APRIL / 07583 856451 TRACEY
Non-domestic rateable value of premises	£0-4,300.00 A

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | |
|--|---|
| 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 checked="" 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) ☐ 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

☒ *AB*

☐

☐

(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	THURLASTON COUNTRY PARK LTD
Address	ARMSTRONGS CHARTERED ACCOUNTANT 23-25 HOLLYBUSH HOUSE AND NUNEATON WARWICKSHIRE CV11 4AR
Registered number (where applicable)	8696713
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	02476 010083
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			

ASAP

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)

THIS IS AN EVENTS COMPANY OPERATING PRIMARILY FROM THE PERMANENT MARQUEE ERECTED. HOWEVER THE PLANNING PERMISSION (28 DAYS PER CALENDAR YEAR) ALLOWS US TO KEEP UP THE MARQUEE BUT ALSO OPERATE ANYWHERE WITHIN THE RED LINED AREA. FOR EXAMPLE IF THE CLIENT DOES NOT LIKE OUR MARQUEE OR POSITION WE CAN HIRE A DIFFERENT ONE TO SUIT THEM AND ERECT WITHIN THE RED LINE.

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 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 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 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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	0900	0030			
Tue	0900	0030			
Wed	0900	0030	State any seasonal variations for performing plays (please read guidance note 4)		
Thur	0900	0030			
Fri	0900	0030			
Sat	0900	0030	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 5)		
Sun	0900	0030			

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"/>
					Outdoors	<input type="checkbox"/>
					Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon	0900	0030				
Tue	0900	0030				
Wed	0900	0030	State any seasonal variations for the exhibition of films (please read guidance note 4)			
Thur	0900	0030				
Fri	0900	0030				
Sat	0900	0030	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)			
Sun	0900	0030				

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon	0900	0030	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue	0900	0030	
Wed	0900	0030	
Thur	0900	0030	<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5)
Fri	0900	0030	
Sat	0900	0030	
Sun	0900	0030	

licensable activity withdrawn by applicant.

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	0900	0030	<u>Please give further details here</u> (please read guidance note 3)		
Tue	0900	0030			
Wed	0900	0030	<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur	0900	0030			
Fri	0900	0030	<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> (please read guidance note 5)		
Sat	0900	0030			
Sun	0900	0030			

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish			Both <input checked="" type="checkbox"/>
Mon	0900	0030	<u>Please give further details here</u> (please read guidance note 3)		
Tue	0900	0030			
Wed	0900	0030	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Thur	0900	0030			
Fri	0900	0030	<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 5)		
Sat	0900	0030			
Sun	0900	0030			

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	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input checked="" type="checkbox"/>
Day	Start	Finish		
Mon	0900	0030	Please give further details here (please read guidance note 3)	
Tue	0900	0030		
Wed	0900	0030	State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Thur	0900	0030		
Fri	0900	0030	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	0900	0030		
Sun	0900	0030		

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</u> (please read guidance note 2)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)	
Mon	0900	0030		
Tue	0900	0030		
Wed	0900	0030	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)	
Thur	0900	0030		
Fri	0900	0030		
Sat	0900	0030	<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> (please read guidance note 5)	
Sun	0900	0030		

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing <i>FIRE PERFORMER, MAGICIAN, STILT WALKER, CONJURER, JUGGLER, ACROBAT, DANCER</i>		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	<i>0900</i>	<i>0030</i>		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	<i>0900</i>	<i>0030</i>	<u>Please give further details here</u> (please read guidance note 3)		
Wed	<i>0900</i>	<i>0030</i>			
Thur	<i>0900</i>	<i>0030</i>	<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)		
Fri	<i>0900</i>	<i>0030</i>			
Sat	<i>0900</i>	<i>0030</i>	<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)		
Sun	<i>0900</i>	<i>0030</i>			

I

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"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	0900 2300	0100	<u>Please give further details here</u> (please read guidance note 3)		
Tue	0900 2300	0100			
Wed	0900 2300	0100	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur	0900 2300	0100			
Fri	0900 2300	0100	<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> (please read guidance note 5)		
Sat	0900 2300	0100			
Sun	0900 2300	0100			

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)			
Mon	0900	0030				
Tue	0900	0030				
Wed	0900	0030				
Thur	0900	0030				
Fri	0900	0030				
Sat	0900	0030				
Sun	0900	0030	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)			

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

Name	MRS APRIL JOYE BENBOW
Address	NORMANTON PARK FARM CROFT ROAD THURCASTON LEICESTERSHIRE
Postcode	LE9 7TB
Personal licence number (if known)	BLP 0843
Issuing licensing authority (if known)	BLABY

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).

IT IS DOUBTFUL THAT ADULT ENTERTAINMENT OR MOVIES WOULD BE SHOWN. I WOULD TAKE RESPONSIBILITY THAT THIS WOULD BE TAKEN INTO CONSIDERATION IF THERE WERE CHILDREN PRESENT.

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	0900	0100	
Tue	0900	0100	
Wed	0900	0100	
Thur	0900	0100	
Fri	0900	0100	
Sat	0900	0100	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)
Sun	0900	0100	

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)

RUN THE BUSINESS TO COMPLY WITH THE LICENSING LAWS.
TRAIN ALL STAFF OF RULES - LOG STAFF TRAINING.
CHALLENGE 21 - ENSURE ALL STAFF ADHERE TO THIS.
HEALTH AND SAFETY IN PLACE AT ALL TIMES.

b) The prevention of crime and disorder

TO HAVE MANAGEMENT AND STAFF AWARE AT ALL TIMES OF THE
CUSTOMER'S BEHAVIOUR. IE BE AWARE OF THE AMOUNT OF
ALCOHOL CONSUMED.
~~DATA~~

c) Public safety

EXTERNAL LIGHTING
~~REASON~~

d) The prevention of public nuisance

NOISE REDUCTION MEASURES IN PLACE. IE SOUND SYSTEM
DISPERSAL POLICIES IE NOTICES TO ADVISE OF CONSIDERATION
TO NEIGHBOURS/VILLAGERS ETC

e) The protection of children from harm

CHALLENGE 21 - IE CHECK THE AGE OF THE PERSON PURCHASING
ALCOHOL OR THE AGE OF THE PERSON THAT THE ALCOHOL IS BEING
BOUGHT FOR.
CONTROL OVER ADMISSION OF CHILDREN.
STAFF TRAINING.
LOG BOOK OF REFUSED SALES

--

Checklist:

Please tick to indicate agreement

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

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 11). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	6/11/14
Capacity	DIRECTOR OF THURLASTON COUNTRY PARK LTD

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	
Date	
Capacity	

and any premises licence to be granted or varied in respect of this application made by

THURLASTON COUNTRY PARK LTD
[name of applicant]

concerning the supply of alcohol at

THURLASTON COUNTRY PARK LTD
EARL SHILTON ROAD
THURLASTON
LE9 7TG

[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

BLP 0843
[insert personal licence number, if any]

Personal licence issuing authority

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

Signed

Name (please print)

APRIL BENBOW

Date

6/11/14

The Licensing Authority, Blaby District Council,
Council Offices, Desford Road, Narborough,
Leicestershire LE19 2EP

Consent of individual to being specified as premises supervisor

I APRIL JOYE BENBOW
[full name of prospective premises supervisor]

of NORMANTON PARK FARM
CROFT ROAD
THURLASTON
LE9 7TB

.....
[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
[type of application]

by

THURLASTON COUNTRY PARK LTD
[name of applicant]

relating to a premises licence
[number of existing licence, if any]

for THURLASTON COUNTRY PARK LTD
EARL SHILTON ROAD
THURLASTON
LE9 7TG

.....
[name and address of premises to which the application relates]

