

**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** WEST DIDSBURY & CHORLTON FC 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 WEST DIDSBURY & CHORLTON FC BROOKBURN ROAD			
<b>Post town</b>	MANCHESTER	Postcode	M21 8FF

Telephone number at premises (if any)	
Non-domestic rateable value of premises	<b>5100</b>

**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 checked="" 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>					

**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)	
<b>Surname</b>			<b>First names</b>		

<b>Date of birth</b> over		I am 18 years old or	<input type="checkbox"/> Please tick yes
<b>Nationality</b>			
Current postal address if different from premises address			
Post town		Postcode	
<b>Daytime contact telephone number</b>			
<b>E-mail address (optional)</b>			

**(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	WEST DIDSBURY AND CHORLTON FOOTBALL CLUB LIMITED
Address	Brookburn Rd, Chorlton, Manchester, M21 8FF
Registered number (where applicable)	13856423
Description of applicant (for example, partnership, company, unincorporated association etc.)	Private company limited by guarantee without share capital
Telephone number (if any)	
E-mail address (optional)	

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
15	11	2022

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 club was founded in 1908. In 1996 the club acquired the redundant and overgrown recreation ground at Brookburn Road and began to develop a vision for the community club. The club aims to play at the highest level sustainable possible at all levels of the game including men's, women's and junior football.

The first team play in the North West Counties Football League Premier Division as well as competing nationally in the FA Cup and Vase. The Reserves compete in League One of the Cheshire Football League and the Youth Team have competed for the last three seasons in the North West Youth Alliance and FA Youth Cup.

In addition the club has 30 junior teams from 3/4/5 year old soccer skills to under-17s, there are also 7 girls teams, 5 adult teams 2 of which are women's, with an inclusive-for-all belief throughout the setup. In terms of being part of the community the number of teams speak for themselves.

In 2017/18 West Didsbury & Chorlton Women took to the field for the first time competing in the North West Women's Regional League First Division South and FA Women's Cup.

The club currently operates on a club premises certificate which is outdated and not appropriate for a club who are looking to improve facilities for their members and visiting fans and teams. One of the Manchester City licensing team, on visiting the ground, recommended they apply for a premises licence.

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)                             | <input type="checkbox"/>   |
| b) films (if ticking yes, fill in box B)                             | <input type="checkbox"/>   |
| c) indoor sporting events (if ticking yes, fill in box C)            | <input type="checkbox"/>   |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/>   |
| e) live music (if ticking yes, fill in box E)                        | <input type="checkbox"/>   |
| f) recorded music (if ticking yes, fill in box F)                    | <input type="checkbox"/>   |
| g) performances of dance (if ticking yes, fill in box G)             | <input type="checkbox"/>   |

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**

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

## B

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

C

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



## 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 type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Thur			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
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 6)		
Sat			<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)		
Sun			<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)		

# E

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

**F**

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

# G

Performances of dance Standard days and timings (please read guidance note 7)			Indoors <input type="checkbox"/>
Day	Start	Finish	
Mon			Both <input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 5)
Thur			<b><u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)
Fri			
Sat			
Sun			

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed					
Thur			<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 5)		
Fri					
Sat			<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 6)		
Sun					

# I

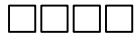
<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Thur			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Fri			<b><u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u></b> (please read guidance note 6)		
Sat					
Sun					

**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)					
Mon	1030	2300						
Tue	1030	2300						
Wed	1030	2300						
Thur	1030	2300				<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)		
Fri	1030	2300						
Sat	1030	2300						
Sun	1030	2300						

**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 ROBERT MADDEN	
Date of birth [REDACTED]	
Address [REDACTED] [REDACTED] [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) 201071	
Issuing licensing authority (if known) MANCHESTER CITY 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).

None

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	
Mon	0800	2300	
Tue	0800	2300	
Wed	0800	2300	
Thur	0800	2300	
Fri	0800	2300	
Sat	0800	2300	
Sun	0800	2300	

**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)



**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)

On first appointment, all staff employed at the premises will receive training on the Licensing Act 2003 including input on preventing underage sales, preventing sales of alcohol to people who are drunk and any other relevant matters. Training shall be regularly refreshed at no less than annual intervals. The training must be recorded and be accessible on the premises and made available for inspection upon request of a Police Officer or an authorised officer of the licensing authority or (in the case of online training) within 48 hours.

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

The club provides stewards on the day of matches.

**c) Public safety**

An incident register will be maintained at the premises and made available to the authorities on request.

**d) The prevention of public nuisance**

A register of refusals of alcohol will be maintained at the premises. The register will be made available for inspection by the Police and other responsible authority. Notices will be displayed at the exit requesting customers to respect the local residents and to leave the area quietly.

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

The premises will adopt a 'Challenge 25' policy. This means that if a customer purchasing alcohol appears to be under the age of 25, they will be asked for proof of their age, to prove that they are 18 years or older.  
 Posters will be on display advising customers of the 'Challenge 25' policy.  
 The only forms of identification that will be accepted will bear their photograph, date of birth and a holographic mark and/or ultraviolet feature. Examples of appropriate identification include a passport, photocard driving licence, military ID, and Home Office approved proof of age ID card bearing the PASS hologram.

**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.
- [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 (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, if appropriate (please see note 15)</li> </ul>
Signature	
Date	17/10/22
Capacity	Authorised Agent

**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.**

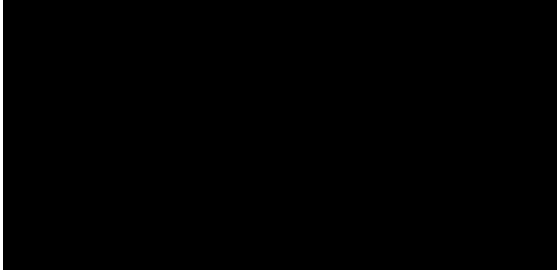
Signature	
Date	
Capacity	

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)			
			

Consent of individual to being specified as premises supervisor

I ROBERT ANTHONY MADDEN

of



Date of birth:



Place of birth:

MANCHESTER

Nationality:

BRITISH

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

PREMISES LICENCE GRANT

by

WEST DIOSBURY & CHORLTON FC LTD

relating to a premises licence

TBA

for

WEST DIOSBURY & CHORLTON FC  
BROOKBURN ROAD  
MANCHESTER  
M21 8FF

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

WEST DIDSBURY & CHORLTON FC LTD  
[name of applicant]

concerning the supply of alcohol at

WEST DIDSBURY & CHORLTON FC  
BROOKBURN ROAD  
MANCHESTER  
M21 8FF

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

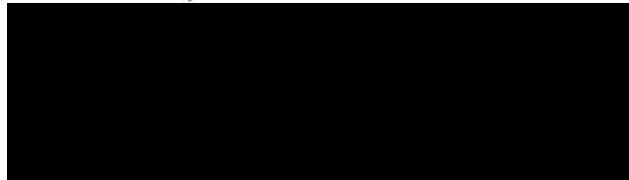
Personal licence number

201071

Personal licence issuing authority

MANCHESTER CITY COUNCIL

Signed



Name (please print)

ROBERT MADDEN

Date

13TH OCTOBER 2022