

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.

We KIDS PALACE 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 KIDS PALACE LTD PART OF OLD PRIMARY SCHOOL 6 KEYMER STREET OFF CAMBRIAN STREET BESWICK			
Post town	MANCHESTER	Postcode	M11 3FY

Telephone number at premises (if any)	0161 278 8944
Non-domestic rateable value of premises	£7700

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 a limited company/limited liability partnership | <input checked="" type="checkbox"/> please complete section (B) |
| ii a partnership (other than limited liability) | <input type="checkbox"/> please complete section (B) |
| iii a sole trader or unincorporated association or | <input type="checkbox"/> please complete section (B) |
| iv other (for example a statutory corporation) | <input 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 (c 14) 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)	
Surname			First names		
Date of birth		I am 18 years old or over <input type="checkbox"/>		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
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 KIDS PALACE LTD
Address REG ADRS: APT 3952, CHYNOWETH HOUSE TRURO TR4 8UN
Registered number (where applicable) 09243176
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY

Telenhonenummer(ifany) <div style="background-color: black; width: 100px; height: 15px;"></div>
E-mailaddress(optional) <div style="background-color: black; width: 250px; height: 15px;"></div>

Part3OperatingSchedule

Whendoyouwantthepremiseslicencetostart?

DD		MM		YYYY			
0	5	0	3	2	0	1	9

Ifyouwishthelicensetobevalidonlyforalimitedperiod,whendoyouw
antittoend?

DD		MM		YYYY			

Pleasegiveageneraldescriptionofthepremises(pleasereadguidancenote1)

THIS BUILDING WILL BE UED AS COMMUNITY CENTER WHERE PEOPLEFROM OUR
COMMUNITY WILL BE GATHERING. WE WILL BE SELLING ALCOHOL TO THEM.

WE ALREADY HAVE A SUPPLEMENTARY SCHOOL FOR THE CHILDREN OF OUR
COMMUNITY.

If5,000ormorepeopleareexpectedtoattendthepremisesatanyonetime,pleasesta
tethenumberexpectedtoattend.

Whatlicensableactivitiesdoyouintendtocarryonfromthepremises?

(pleaseseesections1and14andSchedules1and2totheLicensingAct2003)

Provisionofregulatedentertainment (please read guidance note 2)

Pleasetickallthatapp
ly

- | | |
|--|-------------------------------------|
| a) plays(iftickingyes,fillinboxA) | <input type="checkbox"/> |
| b) films(iftickingyes,fillinboxB) | <input type="checkbox"/> |
| c) indoorsportingevents(iftickingyes,fillinboxC) | <input type="checkbox"/> |
| d) boxingorwrestlingentertainment(iftickingyes,fillinboxD) | <input type="checkbox"/> |
| e) livemusic(iftickingyes,fillinboxE) | <input type="checkbox"/> |
| f) recordedmusic(iftickingyes,fillinboxF) | <input checked="" type="checkbox"/> |
| g) performancesofdance(iftickingyes,fillinboxG) | <input checked="" type="checkbox"/> |
| h) anythingofasimilardescriptiontothatfallingwithin(e),(f)or(g)
(iftickingyes,fillinboxH) | <input checked="" type="checkbox"/> |

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

B

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

C

Indoorsporting 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			
Tue			<u>State any seasonal variations for indoorsporting events</u> (please read guidance note 5)
Wed			
Thur			
Fri			<u>Nonstandard timings. Where you intend to use the premises for indoorsporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 6)
Sat			
Sun			

D

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

E

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

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further detail here</u> (please read guidance note 4) WE WILL PLAY RECORDED MUSIC DURING THE SOCIAL GATHERINGS, BIRTHDAY PARTIES AND BBQS; WHICH WILL USUALLY START FROM 3PM.		
Mon					
Tue					
			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Wed					
Thur					
			<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> (please read guidance note 6)		
Fri					
	15:00 pm	05:00 am			
Sat					
	15:00 pm	05:00 am			
Sun					
	15:00 pm	05:00 am			

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further detail here</u> (please read guidance note 4) WE WILL INVITE PEOPLE TO PERFORM DANSE DURING THE SOCIAL GATHERING		
Mon					
Tue					
			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5) AS PER BOOKING		
Wed					
Thur					
Fri			<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 6)		
	15:00 pm	05:00 am			
Sat					
	15:00 pm	05:00 am			
Sun					
	15:00 pm	05:00 am			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing WE WILL HIRE THE CENTER /HALL TO COMMUNITY PEOPLE FOR BIRTHDAY PARTIES, SOCIAL GATHERING/BBQs AND MEETING		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue			<u>Please give further detail here</u> (please read guidance note 4) WE WILL PLAY RECORDED MUSIC DURING THE EVENTS FOR PEOPLE WILL BOOK FOR.		
Wed					
Thur			<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)		
Fri					
	15:00 pm	05:00 am			
Sat			<u>Nonstandard 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)		
	15:00 pm	05:00 am			
Sun	10:00 am	05:00 am			


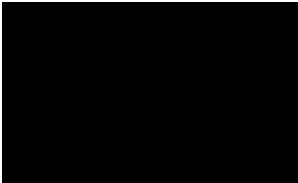

I

Latenightrefreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish			Both <input checked="" type="checkbox"/>
Mon			<u>Please give further detail here</u> (please read guidance note 4) WE INTEND TO SERVE AND SELL ALCOHOL DURING OUR EVENTS, SOCIAL GATHERINGS I.E. BIRTHDAYS PARTIES, BBQs		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment (please read guidance note 5)</u>		
Thur					
Fri			<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 6)		
	11:00 pm	05:00 am			
Sat					
	11:00 pm	05:00 am			
Sun					
	11:00 pm	05:00 am			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption – please tick</u> (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	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5)			
Mon						
Tue						
Wed						
Thur						<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 6) AS PER BOOKING; DURING EVENTS.
Fri						
	15:00 pm	05:00 am				
Sat						
	15:00 pm	05:00 am				
Sun						
	15:00 pm	05:00 am				

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	DJOUENI EDWIGE STEPHANIE KOULAOUINHI
Date of birth	
Address	
Postcode	
Personal licence number (if known)	PA2551
Issuing licensing authority (if known)	ROCHDALE BOROUGH COUNCIL

K

Please highlight any adult entertainment services, activities, other entertainment 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)			State any seasonal variations (please read guidance note 5) WE OPEN THE CENTER FROM 10:00AM TO 14:30 MON-FRIDAY (BUT NOT ALL THE TIME, IT VARIES)
Day	Start	Finish	Nonstandard 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) WE PROVIDE SUPPLEMENTARY SCHOOL TO CHILDREN OF OUR COMMUNITY FROM 10:00AM TO 14:30. WE WOULD LIKE TO HIRE THE CENTER FROM FRIDAY EVENINGS AND WOULD LIKE TO SERVE LATE NIGHT REFRESHMENT TO THE PEOPLE OF OUR COMMUNITY.
Mon	10:00 am		
		14:30 pm	
Tue	10:00 am		
		14:30 pm	
Wed	10:00 am		
		14:30 pm	
Thur	10:00 am		
		14:30 pm	
Fri	10:00 am	05:00 am	
Sat	10:00 am	05:00 am	
Sun	10:00 am	05:00 am	

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)

Prevention of crime and disorder
Public safety
Prevention of public nuisance
Protection of children from harm

b) The prevention of crime and disorder

We have security and CCTV in place. We will report anything suspicious to the police. We will advise, those who are drunk, to go home via taxi or via a person legible to drive that is not drunk. Any anti social behaviour will also be reported to the police

c) Public safety

We will make sure the place is not packed. We will go through the fire procedure with the guests. Report any concern to the fire services. Medical attention will seek in case of someone injure themselves.

d) The prevention of public nuisance

The place is isolated from any direct neighbour. We will make sure the place and Streets around are free of any litter. All rubbish will be removed. Premises are non-smoking.

e) The protection of children from harm

Parents who visit the center will be asked to look after their children during the parties but where alcohol is sold or served children will not be allowed. They will be allocated to a room. They will be supervised by adults at all times. We will involve the local authorities in case of allegation of abuse.

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 or my share code issued by the Home Office online right to work checking service (please read note 15). ☒

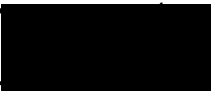
IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

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)

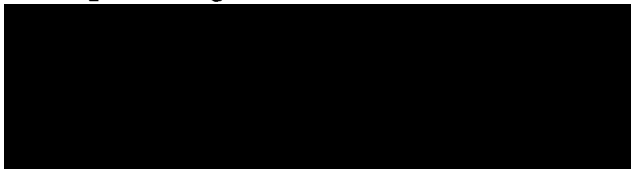

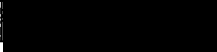
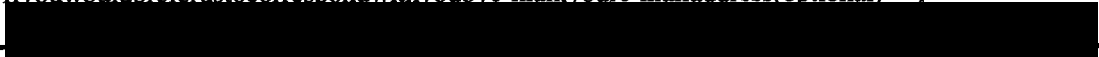
Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Declaration	<ul style="list-style-type: none">• [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).• 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 online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	see attached form.
Capacity	<i>Director</i>

For joint applications, signature of 2nd applicant or 2nd 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 to correspond with you by e-mail, your e-mail address (optional)			
			

Notes for Guidance