



Licensing Team
North Norfolk District Council
Council Offices
Holt Road
Cromer
Norfolk
NR27 9EN

Reference number

(office use only)

Schedule 2

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 booklet.

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 BANNINGHAM & COLBY COMMUNITY HALL apply for a
(Insert name(s) of applicant)

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 <u>BANNINGHAM & COLBY COMMUNITY HALL</u> <u>COLBY ROAD</u> <u>BANNINGHAM</u>	
Post town <u>NORWICH</u>	Post code <u>NR11 7DY</u>
Telephone number of Premises (if any) <u>N/A</u>	

Non-domestic rateable value of premises

(This can be obtained from the Valuation Office
website www.voa.gov.uk)

£ 7,500

Part 2 – Applicant Details

In state whether you are applying for a premises licence as

Please tick ✓

a) An individual or individuals*	<input type="checkbox"/> Please complete Section A
b) A person other than an individual* <ul style="list-style-type: none"> i. as a limited company ii. as a partnership iii. as an unincorporated association iv. other (for example a statutory corporation) 	<input type="checkbox"/> Please complete Section B <input type="checkbox"/> Please complete Section B <input type="checkbox"/> Please complete Section B <input type="checkbox"/> Please complete Section B
c) A recognised club	<input type="checkbox"/> Please complete Section B
d) A charity	<input checked="" type="checkbox"/> Please complete Section B
e) The proprietor of an educational establishment	<input type="checkbox"/> Please complete Section B
f) A Health Service Body	<input type="checkbox"/> Please complete Section B
g) An individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales	<input type="checkbox"/> 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	<input type="checkbox"/> Please complete Section B
h) The Chief Officer of Police of a police force in England and Wales	<input type="checkbox"/> 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

☐
☐
☐

SECTION A – INDIVIDUAL APPLICANTS (fill in as applicable)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other title
(please state)

Surname

First names

Date of Birth

Nationality

I am 18 years old or over

Yes
☐

Current residential address if different from premises address

Post Town:

Postcode:

Daytime contact telephone number

E-mail address (optional)

Second individual applicant (if applicable)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other title
(please state)

Surname

First names

Date of Birth

Nationality

I am 18 years old or over

Yes
☐

Current residential address if different from premises address

Post Town:

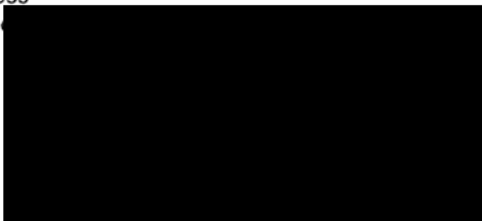

Postcode:

Daytime contact telephone number

E-mail address (optional)

Section B – OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name	BANNINGHAM & COLBY COMMUNITY HALL
Address	
Registered number (where applicable)	1206631
Description of applicant (for example, partnership, company, unincorporated association etc)	Registered Charity
Telephone number (if any)	
E-mail address (optional)	clerk@colby-birmingham-pc.gov.uk

Part 3 – Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
0	1	0	8	2	0	2	5

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

Day		Month		Year			

Please give a general description of premises (please read guidance note 1)

THE PREMISES ARE A COMMUNITY HALL USED AS A VENUE FOR VARIOUS SOCIAL & RECREATIONAL ACTIVITIES, EITHER ORGANISED BY THE HALL OR HIRERS

If 5,000 or more people 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 Schedule 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

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**)..... ☐

The supply of hot food or hot drink to the public for consumption on or off the premises between 11.00pm and 5.00am.

Supply of alcohol (if ticking yes, fill in **Box J**)..... ☒

IN ALL CASES PLEASE COMPLETE BOXES K, L AND M

Box 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	✓
					Outdoors	
					Both	
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 4) There are no plans to stage plays at the moment but it may be an activity which takes place in the future.			
Mon	12.00	23.00				
Tue	12.00	23.00				
Wed	12.00	23.00	<u>State any seasonal variations for performing plays</u> (read guidance note 5) N/A			
Thur	12.00	23.00				
Fri	12.00	23.00				
Sat	12.00	23.00	<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> (read guidance note 6) N/A			
Sun	12.00	23.00				
Box B Films Standard days and timings (Please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick ✓ (Please read guidance note 3)		Indoors	✓
					Outdoors	
					Both	
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 4) There are no plans to show films at the moment but it may be an activity which takes place in the future.			
Mon	12.00	23.00				
Tue	12.00	23.00				
Wed	12.00	23.00	<u>State any seasonal variations for exhibition of films</u> (read guidance note 5) N/A			
Thur	12.00	23.00				
Fri	12.00	23.00				
Sat	12.00	23.00	<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</u> (read guidance note 6) N/A			
Sun	12.00	23.00				

Box C Indoor sporting events Standard days and timings (Please read guidance note 7)				
Day	Start	Finish	Please give further details here (read guidance note 4)	
Mon	12.00	23.00	The venue is occasionally hired by the local table tennis club and bowls club for club activities. Other events may be scheduled in future	
Tue	12.00	23.00		
Wed	12.00	23.00		
Thur	12.00	23.00	State any seasonal variations for indoor sporting events (read guidance note 5)	
Fri	12.00	23.00	N/A	
Sat	12.00	23.00		
Sun	12.00	23.00		
Box D Boxing or wrestling entertainment Standard days and timings (Please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick ✓ (Please read guidance note 3)	
Day	Start	Finish	Indoors	
Mon			Outdoors	
Tue			Both	
Wed			Please give further details here (read guidance note 4)	
Thur			State any seasonal variations for boxing or wrestling entertainment (read guidance note 5)	
Fri				
Sat				
Sun			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 6)	

Box E Live music Standard days and timings (Please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick ✓ (Please read guidance note 3)		Indoors	
					Outdoors	
					Both	✓
Day	Start	Finish	Please give further details here (read guidance note 4) <i>There are no plans to stage live music at the moment but it may be an activity which takes place in the future</i>			
Mon	12.00	23.00				
			State any seasonal variations for the performance of live music (read guidance note 5) <i>N/A</i>			
Tue	12.00	23.00				
			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 6) <i>N/A</i>			
Wed	12.00	23.00				
Thur	12.00	23.00				
Fri	12.00	23.00				
Sat	12.00	23.00				
Sun	12.00	23.00				




Box F Recorded music Standard days and timings (Please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick ✓ (Please read guidance note 3)		Indoors	✓
					Outdoors	
					Both	
Day	Start	Finish	Please give further details here (read guidance note 4) There are not plans for the playing of recorded music but it may be an activity which takes place in the future			
Mon	12.00	23.00				
Tue	12.00	23.00				
Wed	12.00	23.00				
			State any seasonal variations for playing recorded music (read guidance note 5) N/A			
Thur	12.00	23.00				
Fri	12.00	23.00				
Sat	12.00	22.00				
			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) N/A			
Sun	12.00	23.00				
Box G Performance 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	✓
					Outdoors	
					Both	
Day	Start	Finish	Please give further details here (read guidance note 4) There are no plans for the playing staging of dancing but it may be an activity which takes place in the future			
Mon	12.00	23.00				
Tue	12.00	23.00				
Wed	12.00	23.00				
			State any seasonal variations for performance of dance (read guidance note 5) N/A			
Thur	12.00	23.00				
Fri	12.00	23.00				
Sat	12.00	23.00				
			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) N/A			
Sun	12.00	23.00				

Box 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 <i>No plans at the moment but may be a future activity</i>		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick ✓ (Please read guidance note 3)	Indoors	
Mon	12.00	23.00		Outdoors	
				Both	✓
			Please give further details here (read guidance note 4)		
Tue	12.00	23.00		N/A	
Wed	12.00	23.00			
			State any seasonal variations for entertainment of a similar description to that falling within e, f or g (read guidance note 5)		
Thur	12.00	23.00		N/A	
Fri	12.00	23.00			
			Non standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within e, f or g at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat	12.00	23.00		N/A	
Sun	12.00	23.00			

Box I Late night refreshment 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	
				Outdoors	
			Both		
Day	Start	Finish	Please give further details here (read guidance note 4)		
Mon					
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (read guidance note 5)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the provision of late night refreshment entertainment at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat					
Sun					

Box J Supply of alcohol Standard days and timings (Please read guidance note 7)			Will the supply of alcohol be for consumption – please tick ✓ (Please read guidance note 8)	On premises	<input checked="" type="checkbox"/>
				Off premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol (read guidance note 5)</u> We wish to be able to supply alcohol at certain future events but there will be one-off activities (weddings, parties) with no fixed dates or times at the moment.		
Mon	12.00	23.00			
Tue	12.00	23.00			
Wed	12.00	23.00			
Thur	12.00	23.00			
Fri	12.00	23.00			
Sat	12.00	23.00			
Sun	12.00	23.00			
			<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 (read guidance note 6)</u>		

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 DAVID HOLGATE
 Date of Birth 
 Address 
 Postcode 
 Personal Licence number, if known, C03 / 0003
 Issuing licensing authority, if known, NHDC

Box 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

Box L

Hours premises are open to the public

Standard days and timings
(Please read guidance note 7)

Day	Start	Finish
Mon	08.00	23.00
Tue	08.00	23.00
Wed	08.00	23.00
Thur	08.00	23.00
Fri	08.00	23.00
Sat	08.00	23.00
Sun	08.00	23.00

State any seasonal variation (read guidance note 5)

The premises are not open to the public. Occasional events are organised to which local residents are invited. The Hall is also hired out for private functions.

Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 6)

N/A

M Describe the steps you intend to take to promote the four licensing objectives

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 10)

The Venue is not open to the general public. It is used for events put on by the Hall to which local residents are invited, or it is hired for private functions. For Hall-organised activities volunteers will be sufficiently competent to fulfill the terms and conditions of the licence. Hirers are given instructions of use and agree to abide by the terms and conditions.

b) The prevention of crime and disorder

All Hall-organised events will be manned by volunteers competent to identify a crime (eg underage drink) and to take appropriate action, including calling the police. Hirers are instructed not to allow uninvited guests into private functions.

c) Public safety

The Hall has an up-to-date safety audit, fire safety procedures and fire alarm system. Risk assessments are carried out prior to any Hall-organised events. Hirers are given instructions on how to complete a risk assessment for their own events and agree to abide by the terms & conditions. Facilities are in place for the disabled.

d) The prevention of public nuisance

The Hall is situated on the edge of the Village and any disturbance to local residents will be minimal. The Hall will ensure any activities that it holds will not present a public nuisance. Hirers are given instructions and agree to abide by the terms and conditions. Hirers who do create problems will not be allowed to re-hire the Hall in future.

e) The protection of children from harm

All Hall-organised events where children may be present will be manned by competent volunteers to ensure children do not come to harm. Hirers are instructed to ensure that children are supervised at all times and do not enter excluded areas, eg the kitchen.

CHECKLIST

Please tick to indicate agreement

- I have made or enclosed payment of the fee (to be paid by BAAs) ☐
- I have enclosed a 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 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 or my application is not completed correctly, 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 (the proposed current premises licence holder) 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, if appropriate (please see note 15)
--------------------	---

Signature 

Date 10th June 2025

Capacity Clerk, Paper Officer




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

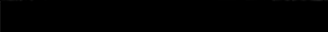
Date

Capacity

Contact name (where not previously given) **and postal address for correspondence associated with this application** (please read guidance note 14)

	
Post Town: 	Postcode: 

Daytime contact telephone number


--

E-mail address (optional)

clerk@colby-birmingham-pe.gov.uk
