

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.

We Overstrand Sports Club 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>Overstrand Sports Club</u> <u>High Street</u> <u>Overstrand</u> <u>NORFOLK</u>	
Post town <u>OVERSTRAND</u>	Post code <u>NR27 0SP</u>
Telephone number of Premises (if any) 	

Non-domestic rateable value of premises

£

(This can be obtained from the Valuation Office website [www.voa.gov.uk](http://www.voa.gov.uk))

## 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"> <li>i. as a limited company</li> <li>ii. as a partnership</li> <li>iii. as an unincorporated association</li> <li>iv. other (for example a statutory corporation)</li> </ul>	<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 checked="" type="checkbox"/> Please complete Section B
d) A charity	<input 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:

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or Please tick  √ yes
- 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	Overstrand Sports Club
Address	High Street Overstrand Cromer NR27 0BP.
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc)	Committee
Telephone number (if any)	
E-mail address (optional)	

**Part 3 – Operating Schedule**

When do you want the premises licence to start? .....

Day	Month	Year
2	2	05
2	0	26

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)

Community Sports Centre.

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

4919

**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**).....

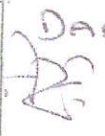
**IN ALL CASES PLEASE COMPLETE BOXES K, L AND M**

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	Please give further details here (read guidance note 4)		
Mon	10.00	23.00			
Tue	10.00	23.00			
Wed	10.00	23.00			
			State any seasonal variations for performing plays (read guidance note 5)		
Thur	10.00	23.00			
Fri	10.00	23.00			
			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 (read guidance note 6)		
Sat	10.00	23.00			
Sun	10.00	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	Please give further details here (read guidance note 4)		
Mon	10.00	23.00			
Tue	10.00	23.00			
Wed	10.00	23.00			
			State any seasonal variations for exhibition of films (read guidance note 5)		
Thur	10.00	23.00			
Fri	10.00	23.00			
			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 (read guidance note 6)		
Sat	10.00	23.00			
Sun	10.00	23.00			

**Box C**  
**Indoor sporting events**  
 Standard days and timings  
 (Please read guidance note 7)

Day	Start	Finish
Mon	10.00	00.00
Tue	10.00	00.00
Wed	10.00	00.00
Thur	10.00	00.00
Fri	10.00	00.00
Sat	10.00	00.00
Sun	10.00	00.00

Please give further details here (read guidance note 4)

DARTS  


State any seasonal variations for indoor sporting events (read guidance note 5)

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

**Box D Boxing or wrestling entertainment**  
 Standard days and timings  
 Please read guidance note 7)

Day	Start	Finish
Mon		
Tue		
Wed		
Thur		
Fri		
Sat		
Sun		

Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick ✓ (Please read guidance note 3)	Indoors	
	Outdoors	
	Both	

Please give further details here (read guidance note 4)

State any seasonal variations for boxing or wrestling entertainment (read guidance note 5)

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	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (read guidance note 4)		
Mon	10.00	00.00			
Tue	10.00	00.00			
Wed	10.00	00.00			
Thur	10.00	00.00			
Fri	10.00	00.00			
Sat	10.00	00.00			
Sun	10.00	00.00	State any seasonal variations for the performance of live music (read guidance note 5)		
			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)		

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	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (read guidance note 4)		
Mon	10.00	08.00			
Tue	10.00	08.00			
Wed	10.00	08.00	State any seasonal variations for playing recorded music (read guidance note 5)		
Thur	10.00	08.00			
Fri	10.00	08.00	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)		
Sat	10.00	08.00			
Sun	10.00	08.00			
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	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (read guidance note 4)		
Mon	10.00	08.00			
Tue	10.00	08.00			
Wed	10.00	08.00	State any seasonal variations for performance of dance (read guidance note 5)		
Thur	10.00	08.00			
Fri	10.00	08.00	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)		
Sat	10.00	08.00			
Sun	10.00	08.00			


<b>Box H</b> <b>Anything of a similar description to that falling within e, f or g</b> Standard days and timings (Please read guidance note 7)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick ✓ (Please read guidance note 3)	Indoors	
Mon	10.00	00.00		Outdoors	
				Both	<input checked="" type="checkbox"/>
Tue	10.00	00.00	<u>Please give further details here (read guidance note 4)</u> RF		
Wed	10.00	00.00	<u>State any seasonal variations for entertainment of a similar description to that falling within e, f or g (read guidance note 5)</u>		
Thur	10.00	00.00			
Fri	10.00	00.00	<u>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)</u>		
Sat	10.00	00.00			
Sun	10.00	00.00			

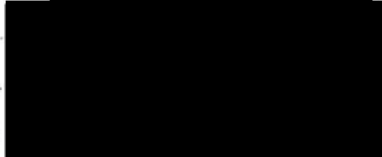
<b>Box 1</b> <b>Late night refreshment</b> Standard days and timings (Please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (Please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 4)		
Mon	23.00	00.00	<u>State any seasonal variations for the provision of late night refreshment</u> (read guidance note 5)		
Tue	23.00	00.00			
Wed	23.00	00.00			
Thur	23.00	00.00			
Fri	23.00	00.00			
Sat	23.00	00.00			
Sun	23.00	00.00			
			<u>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</u> (please read guidance note 6)		

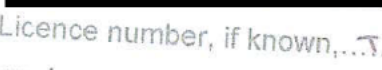
Box J Supply of alcohol Standard days and timings (Please read guidance note 7)			Will the supply of alcohol be for consumption - please tick ✓ (Please read guidance note 8)	On premises
Day	Start	Finish		Off premises
				Both
Mon	10.00	01.00	State any seasonal variations for the supply of alcohol (read guidance note 5)  <i>outside sales will finish at 00.00 - Any sales after will be internal only.</i>	✓
Tue	10.00	01.00		
Wed	10.00	01.00		
Thur	10.00	01.00		
Fri	10.00	01.00		
Sat	10.00	01.00		
Sun	10.00	01.00		
			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)	

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 ... *M.R. William Knights* .....

Date of Birth  .....

Address  .....

Postcode  .....

Personal Licence number, if known, *TBC* .....

Issuing licensing authority, if known .....

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)



Box L

Hours premises are open to the public

Standard days and timings

State any seasonal variation (read guidance note 5)

Day	Start	Finish
Mon	08.30	01.30
Tue	08.30	01.30
Wed	08.30	01.30
Thur	08.30	01.30
Fri	08.30	01.30
Sat	08.30	01.30
Sun	08.30	01.30

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)

**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)

Sufficient number of staff, to cover busy periods when entertainment is provided.  
Regular training for staff.

b) The prevention of crime and disorder

for Rockstock, plastic cups & bottles only.  
Sufficient security on site on big events.

c) Public safety

challenge 25 policy

d) The prevention of public nuisance

on Rockstock, all speakers outside face away from residential areas.  
Persons monitor ground area regarding nuisance.

e) The protection of children from harm

challenge 25 policy.  
For Rockstock (main event) no children under 16 without an adult.

## CHECKLIST

Please tick to indicate agreement

- I have made or enclosed payment of the fee .....
- 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.

<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>
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Signature .

Date

25<sup>th</sup> April 2026

Capacity

Trustee Overston Sports Club

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:

Daytime contact telephone number

E-mail address (optional)