



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** ..... **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	
Post town	Post code
Telephone number of Premises	

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"/> <b>Please complete Section A</b>
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</li> </ul>	<input type="checkbox"/> <b>Please complete Section B</b> <input type="checkbox"/> <b>Please complete Section B</b> <input type="checkbox"/> <b>Please complete Section B</b> <input type="checkbox"/> <b>Please complete Section B</b>
c) A recognised club	<input type="checkbox"/> <b>Please complete Section B</b>
d) A charity	<input type="checkbox"/> <b>Please complete Section B</b>
e) The proprietor of an educational establishment	<input type="checkbox"/> <b>Please complete Section B</b>
f) A Health Service Body	<input type="checkbox"/> <b>Please complete Section B</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"/> <b>Please complete Section B</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"/> <b>Please complete Section B</b>
h) The Chief Officer of Police of a police force in England and Wales	<input type="checkbox"/> <b>Please complete Section B</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
- I am making the application pursuant to a
  - statutory function or
  - A function discharged by virtue of Her Majesty's prerogative

Please tick ✓ yes

**SECTION A – INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr  Mrs  Miss  Ms  Other title   
(please state)

Surname

First names

I am 18 years old or over  Yes

**Current postal address if different from premises address**

<input type="text"/>	
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

I am 18 years old or over  Yes

**Current postal address if different from premises address**

<input type="text"/>	
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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc)
Telephone number (if any)
E-mail address (optional)

## Part 3 – Operating Schedule

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

Day		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Day		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

### **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 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**)...

Please tick any that apply

**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.

**Sale by retail of alcohol** (if ticking yes, fill in **Box J**).....

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

<b>Box A</b> <b>Plays</b> 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	
					Outdoors	
Day	Start	Finish			Both	
Mon					<u>Please give further details here (read guidance note 3)</u>	
Tue						
Wed			<u>State any seasonal variations for performing plays (read guidance note 4)</u>			
Thur						
Fri			<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 (read guidance note 5)</u>			
Sat						
Sun						

<b>Box B</b> <b>Films</b> 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	
					Outdoors	
Day	Start	Finish			Both	
Mon					<u>Please give further details here (read guidance note 3)</u>	
Tue						
Wed			<u>State any seasonal variations for exhibition of films (read guidance note 4)</u>			
Thur						
Fri			<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 (read guidance note 5)</u>			
Sat						
Sun						



<b>Box C</b> <b>Indoor sporting events</b> Standard days and timings (Please read guidance note 6)			
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 3)  <u>State any seasonal variations for indoor sporting events</u> (read guidance note 4)  <u>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</u> (please read guidance note 5)
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

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

<b>Box E</b> <b>Live music</b> Standard days and timings (Please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick ✓ (Please read guidance note 2)		Indoors					
					Outdoors					
					Both					
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 3)							
Mon										
Tue										
Wed							<u>State any seasonal variations for the performance of live music</u> (read guidance note 4)			
Thur										
Fri										
							<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										
Sun										



<b>Box G</b> <b>Performance of dance</b> Standard days and timings (Please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick ✓ (Please read guidance note 2)		Indoors	
					Outdoors	
					Both	
Day	Start	Finish	<u>Please give further details here (read guidance note 3)</u>  <u>State any seasonal variations for performance of dance (read guidance note 4)</u>  <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 (please read guidance note 5)</u>			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						

<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 6)			<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 <input type="checkbox"/> (Please read guidance note 2)	Indoors				
Mon				Outdoors				
				Both				
			<u>Please give further details here</u> (read guidance note 3)					
Tue			<u>State any seasonal variations for entertainment of a similar description to that falling within e, f or g</u> (read guidance note 4)					
Wed								
Thur								
Fri								
Sat						<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</u> (please read guidance note 5)		
Sun								

<b>Box 1</b> <b>Late night refreshment</b> 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Please read guidance note 2)		Indoors	
					Outdoors	
					Both	
			<u>Please give further details here (read guidance note 3)</u>			
Day	Start	Finish	<u>State any seasonal variations for the provision of late night refreshment (read guidance note 4)</u>			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						
<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 (please read guidance note 5)</u>						





## 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 8)

<b>Box L</b> <b>Hours premises are open to the public</b> Standard days and timings (Please read guidance note 6)			State any seasonal variation (read guidance note 4)
Day	Start	Finish	
Mon			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 5)
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

**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 9)

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

**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.....

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO 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 (the proposed current premises licence holder) 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 .....

Capacity.....

**Where the premises licence is jointly held signature of 2<sup>nd</sup> applicant (the proposed current premises licence holder) or 2<sup>nd</sup> applicant’s solicitor or other duly authorised agent.** (Please read guidance note 12) **If signing on behalf of the applicant please state in what capacity.**

Signature .....

Date .....

Capacity .....

**Contact name** (where not previously given) **and address for correspondence associated with this application** (please read guidance note 13)

Post Town:	Postcode:
<b>Daytime contact telephone number</b> E-mail address (optional)	