



Licensing Act 2003

Application for a Provisional Statement

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.

Once completed, please send your original application to :

- **The Licensing Team**, Environmental Health & Housing , Borough Council of King's Lynn and West Norfolk, King's Court, Chapel Street, King's Lynn, Norfolk, PE30 1EX.

and copies to the following:-

- **Norfolk Constabulary Licensing Team**, Bethel Street Police Station, Bethel Street, Norfolk, NR2 1NN.
- **Fire Safety Office**, Norfolk Fire Service Western Area, Kilhams Way, King's Lynn, PE30 2HY
- **Norfolk Children's Safeguarding Board**, Room 60, Lower Ground, County Hall, Martineau Lane, Norwich, NR1 2DH
- **Consumer Operations Manager, Norfolk County Council Trading Standards**, County Hall, Martineau Lane, Norwich, Norfolk, NR1 2UD
- **Development Services**, Borough Council of King's Lynn and West Norfolk, King's Court, Chapel Street, King's Lynn, Norfolk, PE30 1EX
- **Health & Safety**, Environmental Health & Housing , Borough Council of King's Lynn and West Norfolk, King's Court, Chapel Street, King's Lynn, Norfolk, PE30 1EX
- **Community Safety & Neighbourhood Nuisance**, Environmental Health & Housing , Borough Council of King's Lynn and West Norfolk, King's Court, Chapel Street, King's Lynn, Norfolk, PE30 1EX
- **Public Health Director**, Norfolk County Council, County Hall, Martineau Lane, Norwich, NR1 2DH

I / We
(insert name(s) of applicant(s))

apply for a provision statement under Section 29 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making the application to you as the relevant licensing authority in accordance with Section 12 of the Licensing Act 2003.

Part 1 – Premises Details

Name, postal address of premises or, if none, ordnance survey map reference, or description	
Post town:	Postcode:
Telephone number at premises (if any):	

Non-domestic rateable value of premises:

£

Part 2 – Applicant Details

Please state whether you are applying for a premises licence as:

- Please tick ✓ yes**
- a) an individual or individuals* please complete section (A)
- b) a person other than an individual*
- 1. as a limited company please complete section (B)
 - 2. as a partnership please complete section (B)
 - 3. as an unincorporated association or please complete section (B)
 - 4. 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) 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 in respect of the carrying on of a regulated activity (within the meaning of that part) in an independent hospital in England. please complete section (B)
- h) the chief officer of a 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:

- 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

(A) Individual Applicants (fill in as applicable)

Mr Mrs Miss Ms Other title
(e.g. Rev)

Surname

First names

I am 18 years old or over please tick ✓ yes

Current postal address If different from premises address	<input type="text"/>
--	----------------------

Post Town:	<input type="text"/>	Post Code:	<input type="text"/>
-------------------	----------------------	-------------------	----------------------

Daytime telephone number:	<input type="text"/>
----------------------------------	----------------------

Email address (optional):	<input type="text"/>
----------------------------------	----------------------

Second Individual Applicant (if applicable)

Mr Mrs Miss Ms Other title
(e.g. Rev)

Surname

First names

I am 18 years old or over please tick ✓ yes

Current postal address If different from premises address	<input type="text"/>
--	----------------------

Post Town:	<input type="text"/>	Post Code:	<input type="text"/>
-------------------	----------------------	-------------------	----------------------

Daytime telephone number:	<input type="text"/>
----------------------------------	----------------------

Email address (optional):	<input type="text"/>
----------------------------------	----------------------

Please give details of the work and please attach plans of the work being done or about to be done at the premises

Please give particulars of the premises to which the application relates (please read guidance note 1.)

What licensable activities will the premises be used for?

Provision of regulated entertainment

please tick ✓ yes

- 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) performance 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 refreshments

(if ticking yes, fill in box I)

Sale by retail of alcohol

(if ticking yes, fill in box J)

In all cases complete boxes K, L and M (optional)

Part 4 – OPTIONAL – you may fill in this section if you choose to

General description of the premises (please read guidance note 1.)

A

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

B

Films 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	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 3)		
Tue			Please give further details here (please read guidance note 3)		
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Fri			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 (please read guidance note 5)		
Sat					
Sun			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 (please read guidance note 5)		

C

Indoor sporting events Standard timings (please read guidance note 6)			Please give further details here (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variation (please read guidance note 4)
Tue			
Wed			
Thur			Non standard timings. Where you intend to use the premises at different times to those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

D

A boxing or wrestling entertainment Standard timings (please read guidance note 6)			Will the entertainment take place indoors, outdoors or both – please tick ✓ (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
			Both		
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variation (please read guidance note 4)		
Thur			Non standard timings. Where you intend to use the premises at different times to those listed in the column on the left, please list (please read guidance note 5)		
Fri					
Sat					
Sun					

E

Performance of live music Standard timings (please read guidance note 6)			Will the performance of live music take place indoors, outdoors or both – please tick ✓ (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 3)	Both		
Tue						
Wed				State any seasonal variation (please read guidance note 4)		
Thur						
Fri			Non standard timings. Where you intend to use the premises at different times to those listed in the column on the left, please list (p read guidance note 5)			
Sat						
Sun						

F

Playing of recorded music Standard timings (please read guidance note 6)			Will the playing of recorded music take place indoors, outdoors or both – please tick ✓ (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 3)	Both		
Tue						
Wed				State any seasonal variation (please read guidance note 4)		
Thur						
Fri			Non standard timings. Where you intend to use the premises at different times to those listed in the column on the left, please list (p read guidance note 5)			
Sat						
Sun						

G

Performance of dance Standard timings (please read guidance note 6)			Will the performance of dance take place indoors, outdoors or both – please tick ✓ (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue			State any seasonal variation (please read guidance note 4)		
Wed			Non standard timings. Where you intend to use the premises at different times to those listed in the column on the left, please list (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

H

Entertainment of a similar description to that falling within (e), (f) or (g) Standard timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will the entertainment take place indoors, outdoors or both – please tick ✓ (please read guidance note 2)	Indoor	
Mon				Please give further details here (please read guidance note 3)	Outdoor
			Both		
Tue			State any seasonal variation (please read guidance note 4)		
Wed			Non standard timings. Where you intend to use the premises at different times to those listed in the column on the left, please list (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

I

Late night refreshment Standard timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors, outdoors or both – please tick ✓ (please read guidance note 2)	Indoors				
				Outdoors				
				Both				
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
Tue								
Wed						State any seasonal variation (please read guidance note 4)		
Thur								
Fri						Non standard timings. Where you intend to use the premises at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat								
Sun								

J

Supply of alcohol Standard timings (please read guidance note 6)			Will the sale of alcohol be for consumption – please tick ✓ (please read guidance note 6)	On the premises				
				Off the premises				
				Both				
Day	Start	Finish	State any seasonal variation (please read guidance note 4)					
Mon								
Tue								
Wed								
Thur						Non standard timings. Where you intend to use the premises at different times to those listed in the column on the left, please list (please read guidance note 5)		
Fri								
Sat								
Sun								

K

Please highlight any services, activities, 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)

--

L

Hours premises are open to the public Standard timings (please read guidance note 6)	State any seasonal variation (please read guidance note 4)																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Day</th> <th style="width: 15%;">Start</th> <th style="width: 15%;">Finish</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Mon</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Tue</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Wed</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Thur</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Fri</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Sat</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Sun</td> <td></td> <td></td> </tr> </tbody> </table>	Day	Start	Finish	Mon			Tue			Wed			Thur			Fri			Sat			Sun			Non standard timings. Where you intend to use the premises at different times to those listed in the column on the left, please list (please read guidance note 5)
Day	Start	Finish																							
Mon																									
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**

Part 5 – Signatures (please read guidance note 10)

Checklist

Please tick✓/ yes

- I have made or enclosed payment of the fee
- I have enclosed the original application and two sets of plans of the premises
- I have sent copies of this application and the plan to the 'responsible authorities' (details on front page)
- I will send/I enclose the Certificate of Service
- I understand that I must now advertise my application on the premises and in a local newspaper
- I will send/I enclose the Certificate of Display
- I will send a copy of the advert once it has appeared in the newspaper
- I understand that if I do not comply with the above requirements my application may be rejected

It is an offence, liable to conviction to a fine up to level 5 on the standard scale (£5,000) under section 158 of the Licensing Act 2003 to make a false statement in or in connection with this action.

The council is registered under the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. Any information held by the council will be processed in compliance with the eight principles of the Act. Information you have provided may be shared with other public sector organisations for the prevention of crime and detection of fraud. Further information relating to your rights under the Data Protection Act can be sent to you on request.

Signature of applicant (the 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 2nd applicant (the current premises licence holder) or 2nd applicant's solicitor or other 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)	
Name:	Address:
If you prefer us to correspond with you by e-mail your email address (optional):	

Notes for Guidance

If you are completing this form by hand please write legibly in black ink and stay within the boxes.

1. Describe the premises. For example the type of premises, its general situation and the layout and other information which could be relevant to the licensing objectives. Where the application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure tick indoors. Indoors may include a tent.
3. Please state type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively whether the or not music will be amplified or unamplified
4. For example (but not exclusively), where the activity will go on for an extra hour during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day i.e. Christmas Eve, New Year's Eve etc.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick **on**, if you wish people to be able to purchase alcohol to consume away from the premises please tick **off**. If you wish people to be able to do both please tick **both**.
8. Please give information about anything to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gambling machines.
9. Please list here steps you will take to promote all four licensing objectives.
10. The application must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form
13. This is the address which we shall use to correspond with you about this application.