

**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.

I/We KEYSTONE ENTERTAINMENT LIMITED

(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 18 HIGH STREET			
Post town	AMESBURY	Postcode	SP4 7DN

Telephone number at premises (if any)	██████████
Non-domestic rateable value of premises	£18,750

Part 2 - Applicant details

Please state whether you are applying for a premises licence as Please tick as appropriate

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i as a limited company/limited liability partnership please complete section (B)
 - ii as a partnership (other than limited liability) please complete section (B)
 - iii as an unincorporated association or please complete section (B)
 - iv 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) a 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 (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)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	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)					

SECOND INDIVIDUAL APPLICANT (if applicable)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	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)			

(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 NATHAN MUIRHEAD
Address KEYSTONE ENTERTAINMENT LIMITED 51 POTTERS WAY SALISBURY WILTSHIRE SP1 1PX
Registered number (where applicable) 11012334
Description of applicant (for example, partnership, company, unincorporated association etc.) PRIVATE LIMITED COMPANY
Telephone number (if any) [REDACTED]
[REDACTED] optional) [REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
0	1	0 4 2 0 1 8

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

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)
THE PREMISE IS A PURPOSE-BUILT BANK THAT WAS PREVIOUSLY OCCUPIED BY HSBC. THE PROPERTY IS OF BRICK BUILD, IS DETACHED AND IS COMPRISED OF FOUR FLOORS IN TOTAL. THE GROUND FLOOR AND SECOND FLOOR FORM THE AREA WHERE MEMBERS OF THE PUBLIC WILL FREQUENT. THE LOWER GROUND WILL BE USED AS A STORAGE AREA AND THE SECOND FLOOR WILL BE KEPT AS ANCILLARY SPACE.

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

Provision of regulated entertainment (please read guidance note 2)

Please tick all 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)

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</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	0900	0000	<u>Please give further details here</u> (please read guidance note 4) PERFORMANCES WILL TAKE PLACE ON THE GROUND FLOOR OF THE PREMISE ON A PURPOSE BUILT STAGE WITH PROFESSIONAL LIGHTING AND SOUND INSTALLED		
Tue	0900	0000			
Wed	0900	0000	<u>State any seasonal variations for performing plays</u> (please read guidance note 5) NONE		
Thur	0900	0000			
Fri	0900	0000	<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> (please read guidance note 6) NONE		
Sat	0900	0000			
Sun	0900	0000			

B

Films Standard days and timings (please read guidance note 7)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	0900	0000	<u>Please give further details here</u> (please read guidance note 4) PERFORMANCES WILL TAKE PLACE ON THE GROUND FLOOR OF THE PREMISE USING A PROFESSIONAL SCREEN AND SOUND		
Tue	0900	0000			
Wed	0900	0000	<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5) NONE		
Thur	0900	0000			
Fri	0900	0000	<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> (please read guidance note 6) NONE		
Sat	0900	0000			
Sun	0900	0000			

C

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

D

Boxing or wrestling entertainments 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</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon				<u>Please give further details here</u> (please read guidance note 4)	
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
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</u> (please read guidance note 6)		
Sat					
Sun					

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	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	0800	0000	Please give further details here (please read guidance note 4) TICKETED LIVE MUSIC EVENTS WILL BE PLAYED ON THE GROUND FLOOR OF THE PREMISE. NON-TICKETED EVENTS WILL BE RESTRICTED TO THU-SUN INCLUSIVE AS SUPPLEMENTARY ENTERTAINMENT WITHIN THE COCKTAIL BAR ON THE GROUND FLOOR		
Tue	0800	0000			
Wed	0800	0000	State any seasonal variations for the performance of live music (please read guidance note 5) NONE		
Thur	0800	0100			
Fri	0800	0100	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) NONE		
Sat	0800	0100			
Sun	0800	0000			

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	0800	0000	<u>Please give further details here</u> (please read guidance note 4) RECORDED MUSIC WILL BE PLAYED AS BACKGROUND ENTERTAINMENT PRIOR TO AND FOLLOWING EVENTS. BACKGROUND MUSIC WILL ALSO BE PLAYED DURING THE COCKTAIL BAR HOURS OF OPERATION. DANCING MUSIC WILL BE PLAYED THU-SAT INCLUSIVE		
Tue	0800	0000			
Wed	0800	0000	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) NONE		
Thur	0800	0100			
Fri	0800	0200	<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) NONE		
Sat	0800	0200			
Sun	0800	0000			

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	0900	0000	<u>Please give further details here</u> (please read guidance note 4) PERFORMANCES WILL TAKE PLACE ON THE GROUND FLOOR OF THE PREMISE USING A PROFESSIONAL SCREEN AND SOUND		
Tue	0900	0000			
Wed	0900	0000	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5) NONE		
Thur	0900	0000			
Fri	0900	0000	<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) NONE		
Sat	0900	0000			
Sun	0900	0000			

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		
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 type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4)		
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					
Sat			<u>Non standard 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)		
Sun					

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

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) BANK HOLIDAYS 0800-0200 CHRISTMAS EVE 0800-0200 NEW YEARS EVE 0800 TO START OF BUSINESS THE FOLLOWING DAY		
Mon	0800	0000	<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) NONE		
Tue	0800	0000			
Wed	0800	0000			
Thur	0800	0100			
Fri	0800	0200			
Sat	0800	0200			
Sun	0800	0000			

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 NATHAN MUIRHEAD	
Date of birth [REDACTED]	
Address [REDACTED] [REDACTED] [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known)	
Issuing licensing authority (if known)	

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).

SOME ENTERTAINMENT INCLUDING PLAYS, CONCERTS AND FILMS MAY BE INAPPROPRIATE TO CERTAIN AGE GROUPS. CONTROLLED ACCESS TO THE PREMISE WOULD BE APPLIED.

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) BANK HOLIDAYS 0800-0200 CHRISTMAS EVE 0800-0200 NEW YEARS EVE 0800 TO START OF BUSINESS THE FOLLOWING DAY
Day	Start	Finish	
Mon	0800	0000	
Tue	0800	0000	
Wed	0800	0000	
Thur	0800	0100	
Fri	0800	0200	
Sat	0800	0200	
Sun	0800	0000	
Non standard 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) NONE			

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)

WE ARE COMMITTED TO ENSURING THAT THE PREMISE OPERATES WITH ALL FOUR OBJECTIVES IN MIND. WE WILL WORK WITH LOCAL BUSINESSES AND RESIDENTS TO ENSURE THAT THE PREMISE DOES NOT CAUSE NUISANCE AND WORK WITH AUTHORITIES TO SEEK CONTINUOUS IMPROVEMENT THAT MAY LEAD TO REDUCED RISK OF PUBLIC SAFETY, NUISANCE OR CRIME AND DISORDER. WE WILL ENSURE THAT THERE IS SUFFICIENT DOOR SUPERVISION APPROPRIATE TO THE SIZE OF EVENTS TO ENSURE CONTROL OF THE AUDIENCE.

b) The prevention of crime and disorder

- DOOR SUPERVISORS WILL BE EMPLOYED WHEN THE HOURS OF OPERATION EXCEEDS MIDNIGHT, OR AN EVENT TAKES PLACE THAT EXCEEDS AN AGREED THRESHOLD OF ATTENDANCE.
- THERE WILL BE A MINIMUM OF 4 EMPLOYED ON FRIDAY AND SATURDAY
- WE WILL BECOME A MEMBER OF LOCAL PUBWATCH SCHEME
- WE WILL ENSURE REGULAR DIALOGUE WITH LOCAL POLICE AUTHORITY
- RADIO MICROPHONES BETWEEN DOOR SUPERVISORS AND STAFF WILL BE IN PLACE
- WE WILL INSTALL AN IDENTIFICATION MACHINE TO SCAN ALL IDENTITY

c) Public safety

- DOOR SUPERVISORS WILL BE EMPLOYED WHEN THE HOURS OF OPERATION EXCEEDS MIDNIGHT, OR AN EVENT TAKES PLACE THAT EXCEEDS AN AGREED THRESHOLD OF ATTENDANCE.
- THERE WILL BE A MINIMUM OF 4 EMPLOYED ON FRIDAY AND SATURDAY
- WE WILL BECOME A MEMBER OF LOCAL PUBWATCH SCHEME
- WE WILL ENSURE REGULAR DIALOGUE WITH LOCAL POLICE AUTHORITY
- RADIO MICROPHONES BETWEEN DOOR SUPERVISORS AND STAFF WILL BE IN PLACE
- WE WILL MONITOR AND CONTROL NOISE LEVELS TO AN AGREED LEVEL
- WE WILL INSTALL AN IDENTIFICATION MACHINE TO SCAN ALL IDENTITY

d) The prevention of public nuisance

- SOUND RESTRICTIONS WILL BE PUT IN PLACE TO ENSURE THAT MUSIC IS NOT AUDIBLE MORE THAN A RECOMMENDED DISTANCE FROM THE PREMISE
- AMPLIFIED SOUND WILL BE REDUCED IN THE MAIN PUB FROM 0000HRS
- DOOR SUPERVISORS WILL BE EMPLOYED WHEN THE HOURS OF OPERATION EXCEEDS MIDNIGHT, OR AN EVENT TAKES PLACE THAT EXCEEDS AN AGREED THRESHOLD OF ATTENDANCE.
- THERE WILL BE A MINIMUM OF 4 EMPLOYED ON FRIDAY AND SATURDAY
- WE WILL BECOME A MEMBER OF LOCAL PUBWATCH SCHEME
- WE WILL ENSURE REGULAR DIALOGUE WITH LOCAL POLICE AUTHORITY
- RADIO MICROPHONES BETWEEN DOOR SUPERVISORS AND STAFF WILL BE IN PLACE
- WE WILL RELOCATE THE ENTRANCE OF THE BUILDING TO THE SIDE DOOR ON A FRIDAY AND SATURDAY NIGHT, AND FOR MAJOR EVENTS
- WE WILL WORK WITH LOCAL TAXI COMPANIES TO BE ON HAND TO SUPPORT THE EXIT OF CUSTOMERS FROM SITE SWIFTLY
- WE WILL INSTALL AN IDENTIFICATION MACHINE TO SCAN ALL IDENTITY

e) The protection of children from harm

- ALL STAFF WILL UNDERTAKE A DISCLOSURE AND BARRING SERVICE CHECK
- ALL SECURITY STAFF WILL UNDERTAKE A DISCLOSURE AND BARRING SERVICE CHECK
- INDIVIDUALS UNDER THE AGE OF 18 WILL NOT BE PERMITTED ON SITE ON A FRIDAY OR SATURDAY NIGHT.
- WE WILL EMPLOY DOOR SUPERVISORS TO UNDERTAKE 100% IDENTIFICATION AND ALL BAR STAFF WILL CARRY OUT IDENTIFICATION CHECKS WHERE THEY BELIEVE AN INDIVIDUAL LOOKS UNDER THE AGE OF 25.
- CHILDREN UNDER THE AGE OF 13 MUST BE ACCOMPANIED BY AN ADULT
- NO MEMBERS OF THE PUBLIC OVER THE AGE OF 18 WILL BE ALLOWED ON THE PREMISE WHEN EVENTS EXCLUSIVELY FOR 13-17 YEAR OLDS TAKE PLACE

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 (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, if appropriate (please see note 15)
Signature	
Date	19 DEC 17
Capacity	DIRECTOR

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 us to correspond with you by e-mail, your e-mail address (optional)			

Notes for Guidance