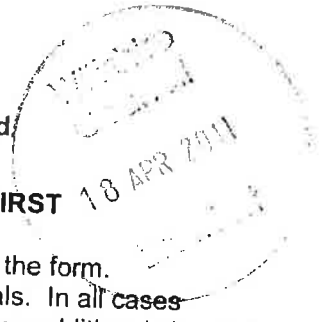


Application for a premises licence to be granted  
under the Licensing Act 2003

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 WILTSHIRE COUNCIL  
(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			
TIDWORTH DEVELOPMENT CENTRE FOR YOUNG PEOPLE ST ANDREWS HALL BULFORD ROAD			
Post town	TIDWORTH	Post code	SP9 7RZ
Telephone number at premises (if any)	01980 842748		
Non-domestic rateable value of premises	£ 2.6 MILLION (WHOLE SITE)		

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 \*
  - i. as a limited company  please complete section (B)
  - ii. as a partnership  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:

- 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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname			First names	
I am 18 years old or over				<input type="checkbox"/> Please tick yes
Current postal address if different from premises address				
Post Town			Postcode	
Daytime contact telephone number				
E-mail address (optional)				

**SECOND INDIVIDUAL APPLICANT** (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname			First names	

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment facility you will be providing</b>  		
Day	Start	Finish	<b>Will the entertainment facility be indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon	8:00	22:00		Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>	
Tue	8:00	22:00	<b>Please give further details here</b> (please read guidance note 3)		
Wed	8:00	22:00			
Thur	8:00	22:00	<b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</b> (please read guidance note 4)		
Fri	8:00	22:00			
Sat	8:00	0:00	<b>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sun	8:00	22:30			

✓

L

Late night refreshment 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 (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	8:00	22:00	<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	8:00	22:00			
Wed	8:00	22:00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur	8:00	22:00			
Fri	8:00	22:00	<b>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</b> (please read guidance note 5)		
Sat	8:00	0:00			
Sun	8:00	22:30			

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>	
				Off the premises	<input type="checkbox"/>	
			Both			<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						
			<b>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</b> (please read guidance note 5)			

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Personal Licence number (if known)</b>	
<b>Issuing licensing authority (if known)</b>	

**N**

**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)**

**O**

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

**P** 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)

The regular discos are supported and staffed by the local police, which promotes all four licensing objectives. Youth work staff also manage the events and there is a high ratio of staff supervising the young people.

**b) The prevention of crime and disorder**

Events are well supervised and supported by local police.

**c) Public safety**

Fire evacuation plan in place and up to date fire risk assessment completed. Emergency exits clearly marked. Maximum capacity is not exceeded and events are supported by local police.

**d) The prevention of public nuisance**

People encouraged to leave quietly at the end of the event and not loiter.  
Supervised and staffed by local police and youth work staff.

**e) The protection of children from harm**

Events are well supervised and supported by local police.

- I have made or enclosed payment of the fee - EXEMPT Please tick yes
- 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 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

**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 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	14/11/11
Capacity	ARCH MANAGER - INTEGRATED YOUTH SERVICE

**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 12). 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 13)

DEBBIE LYMER  
 INTEGRATED YOUTH SERVICE - OPERATIONAL HQ  
 ESTCOURT CRESCENT

Post town	DEVIZES	Post code	SN10 1LR
Telephone number (if any)	01380 735782		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			
debbie.lymer@wiltshire.gov.uk			