



## SCHEDULE 2

Regulation 10

## 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~~ DISEWORTH VILLAGE HALL MANAGEMENT COMMITTEE..... apply for a premises licence under  
*(insert name(s) of applicant)*  
 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>DISEWORTH VILLAGE HALL</u> <u>HALL GATE</u> <u>DISEWORTH</u>	
Post town <u>DERBY</u>	Post code <u>DE74 2QJ</u>

Telephone number at premises (if any)

N/A

Non-domestic rateable value of premises

£ 1600

## 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  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  Mrs  Miss  Ms  Other title (eg Rev)

Surname	First names
---------	-------------

I am 18 years old or over  Please tick ✓ YES

Current postal address if different from premises address	
Post town	Post code
Daytime contact telephone number	E-mail address (optional)

**SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)**

Mr  Mrs  Miss  Ms  Other title (eg Rev)

Surname	First names
---------	-------------

I am 18 years old or over  Please tick ✓ YES

Current postal address if different from premises address	
Post town	Post code
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 DISEWORTH VILLAGE HALL MANAGEMENT COMMITTEE
Address DISEWORTH VILLAGE HALL HALL GATE DISEWORTH DERBY DE74 2QT
Registered number (where applicable)
Description of applicant (for example partnership, company, unincorporated association) MANAGEMENT COMMITTEE.
Telephone number, (if any)
E mail address (optional)

**Part 3 - Operating Schedule**

When do you want the premises licence to start?

Please tick ✓ YES

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

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

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

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

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

VILLAGE HALL CONSISTING OF:-

- MAIN HALL WITH STAGE AREA
- SEPARATE MEETING ROOM.
- FULLY FITTED KITCHEN.
- LADIES, GENTS + DISABLED TOILETS.

Which 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)

Please tick ✓ .YES

**Provision of regulated entertainment:**

- |     |                                                                                                          |                                     |
|-----|----------------------------------------------------------------------------------------------------------|-------------------------------------|
| (a) | plays (if ticking yes, fill in box A)                                                                    | <input checked="" type="checkbox"/> |
| (b) | films (if ticking yes, fill in box B)                                                                    | <input checked="" type="checkbox"/> |
| (c) | indoor sporting events (if ticking yes, fill in box C)                                                   | <input checked="" type="checkbox"/> |
| (d) | boxing or wrestling entertainments (if ticking yes, fill in box D)                                       | <input type="checkbox"/>            |
| (e) | live music (if ticking yes, fill in box E)                                                               | <input checked="" type="checkbox"/> |
| (f) | recorded music (if ticking yes, fill in box F)                                                           | <input checked="" type="checkbox"/> |
| (g) | performances of dance (if ticking yes, fill in box G)                                                    | <input checked="" type="checkbox"/> |
| (h) | anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input checked="" type="checkbox"/> |

**Provision of entertainment facilities for:**

- (i) making music (optional, fill in box I)
- (j) dancing (optional, fill in box J)
- (k) entertainment of a similar description to that falling within (i) or (j) (optional, fill in box K)

**Provision of late night refreshment (optional, fill in box L)**

**Supply of alcohol (optional, fill in box M)**

**In all cases complete boxes N, O and P (optional)**

**A**

<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 <input checked="" type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon	08:00	01:00		
Tue	08:00	01:00		
Wed	08:00	01:00	State any seasonal variations for performing plays (please read guidance note 4)	
Thur	08:00	01:00		
Fri	08:00	01:00	Non standard timings. Where you intend to use the premises for the performance of plays at different times from those listed in the column on the left, please list (please read guidance note 5)	
Sat	08:00	01:00		
Sun	08:00	01:00		

**B**

<b>Films</b> Standard days and timings (please read guidance note 1)			Will the exhibition of films take place indoors or outdoors or both – please tick ✓ (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	08:00	01:00			
Tue	08:00	01:00			
Wed	08:00	01:00	State any seasonal variations for exhibition of films (please read guidance note 4)		
Thur	08:00	01:00			
Fri	08:00	01:00	Non standard timings. Where you intend to use the premises for the exhibition of films at different times from those listed in the column on the left, please list (please read guidance note 5)		
Sat	08:00	01:00			
Sun	08:00	01:00			

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			Please give further details here (please read guidance note 3)		
Day	Start	Finish			
Mon	08:00	01:00			
Tue	08:00	01:00	State any seasonal variations for indoor sporting events (please read guidance note 4)		
Wed	08:00	01:00			
Thur	08:00	01:00	Non standard timings. Where you intend to use the premises for indoor sporting events at different times from those listed in the column on the left, please list (please read guidance note 5)		
Fri	08:00	01:00			
Sat	08:00	01:00			
Sun	08:00	01:00			

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 1)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick ✓ (please read guidance note 2).	Indoors	
				Outdoors	
				Both	
			Please give further details here (please read guidance note 3)		
Day	Start	Finish			
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
			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)		

**E**

<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	
			Please give further details here (please read guidance note 3)		
Day	Start	Finish			
Mon	08:00	01:00			
Tue	08:00	01:00			
Wed	08:00	01:00			
Thur	08:00	01:00			
Fri	08:00	01:00			
Sat	08:00	01:00			
Sun	08:00	01:00	State any seasonal variations for the performance of live music (please read guidance note 4)		
			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 5)		

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick ✓ (please read guidance note 2)	Indoors <input checked="" type="checkbox"/>	
				Outdoors <input type="checkbox"/>	
				Both <input type="checkbox"/>	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	08:00	01:00			
Tue	08:00	01:00			
Wed	08:00	01:00			
Thur	08:00	01:00	State any seasonal variations for playing recorded music (please read guidance note 4)		
Fri	08:00	01:00	Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5).		
Sat	08:00	01:00			
Sun	08:00	01:00			

**G**

<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 <input checked="" type="checkbox"/>	
				Outdoors <input type="checkbox"/>	
				Both <input type="checkbox"/>	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	08:00	01:00			
Tue	08:00	01:00			
Wed	08:00	01:00			
Thur	08:00	01:00	State any seasonal variations for the performance of dance (please read guidance note 4)		
Fri	08:00	01:00	Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5).		
Sat	08:00	01:00			
Sun	08:00	01:00			



**H**

<b>Anything of a similar description to that falling within (e), (f), or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment that you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick ✓ (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Please give further details here (please read guidance note 3)					
Mon	08:00	01:00			
Tue	08:00	01:00			
Wed	08:00	01:00			
State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)					
Thur	08:00	01:00			
Fri	08:00	01:00			
Sat	08:00	01:00			
Non standard timings. Where you intend to use the premises for entertainment of a similar description to that falling within (e), (f) or (g) at different times from those listed in the column on the left, please list (please read guidance note 5)					
Sun	08:00	01:00			

**I**

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music that you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick ✓ (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Please give further details here (please read guidance note 3)					
Mon	08:00	01:00			
Tue	08:00	01:00			
Wed	08:00	01:00			
State any seasonal variations for the provision of facilities for making music (please read guidance note 4)					
Thur	08:00	01:00			
Fri	08:00	01:00			
Sat	08:00	01:00			
Non standard timings. Where you intend to use the premises for the provision of facilities for making music entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)					
Sun	08:00	01:00			

J

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick ✓ (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give a description of the type of facilities for dancing that you will be providing.		
Mon	08:00	01:00			
Tue	08:00	01:00			
Wed	08:00	01:00	State any seasonal variations for providing dancing facilities (please read guidance note 4)		
Thur	08:00	01:00			
Fri	08:00	01:00	Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat	08:00	01:00			
Sun	08:00	01:00			

K

<b>Provision of facilities for entertainment of a similar description to that falling within J or K</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing		
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick ✓ (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
			Please give further details here (please read guidance note 3)		
Mon	08:00	01:00			
Tue	08:00	01:00			
Wed	08:00	01:00	State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within (j) or (k) (please read guidance note 4)		
Thur	08:00	01:00			
Fri	08:00	01:00	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 (j) or (k) at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat	08:00	01:00			
Sun	08:00	01:00			

**L**

<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 ✓ (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 variations for the provision of late night refreshment (please see guidance note 4)		
Thur					
Fri					
Sat			Non standard timings. Where you intend to use the premises for the provision of late night entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sun					

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption please tick box ✓ (please read guidance note 7)	On the premises	
				Off the premises	
				Both	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur					
Fri			Non standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

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

Name .....

Address .....

Postcode .....

Personal Licence number (if known) .....

Issuing Licensing Authority (if known) .....

**N**

Please highlight any adult entertainment services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please see guidance note 8)

N/A.

**O**

Hours premises are open to the public Standard timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	08:00	01:00	Non standard timings. Where you intend to use 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 5)
Tue	08:00	01:00	
Wed	08:00	01:00	
Thur	08:00	01:00	
Fri	08:00	01:00	
Sat	08:00	01:00	
Sun	08:00	01:00	

**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)

- (b) The prevention of crime and disorder

NOT CONSIDERED A PROBLEM.

- (c) Public safety

REGULAR CHECKS OF EMERGENCY LIGHTING + FIRE EXTINGUISHERS  
CARRIED OUT IN ACCORDANCE WITH RECOMMENDED GUIDELINES,  
WHERE APPLICABLE, RISK ASSESSMENTS WILL BE CARRIED OUT.

- (d) The prevention of public nuisance

- (e) The protection of children from harm

RESPONSIBLE ADULT(S) WILL BE IN ATTENDANCE AT ALL TIMES  
WHEN CHILDREN ARE PRESENT.

Please tick ✓ YES

- 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 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 OF 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 ..... *J. W. Hurley* .....

Date ..... *7/7/2008* .....

Capacity ..... *CHAIRMAN, DISWORTH VILLAGE HALL MANAGEMENT COMMITTEE* .....

**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 .....

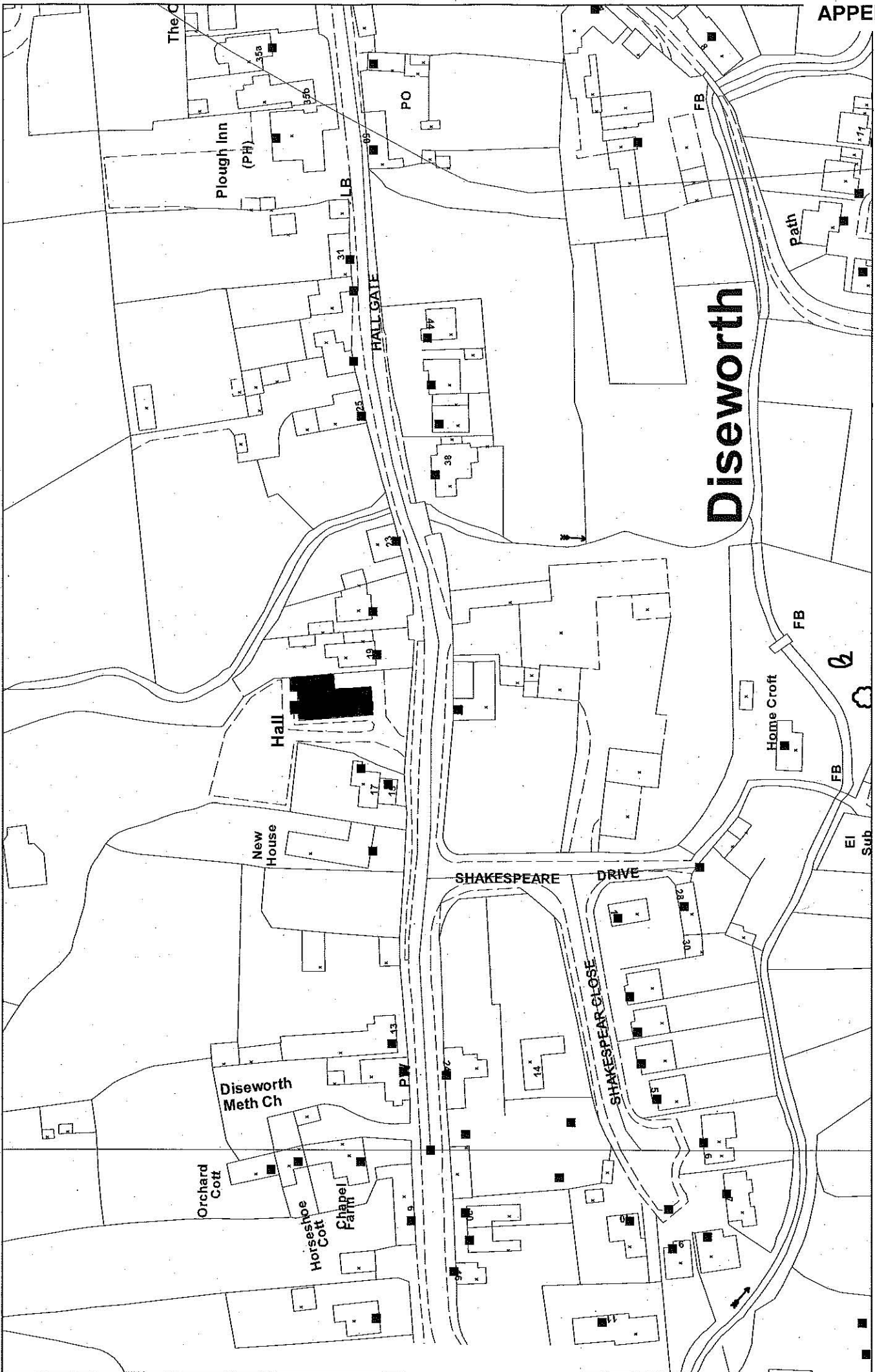
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

*J. W. HURLEY  
14 THE WOODCROFT  
DISWORTH*

Post town *DERBY* Post code *DE14 2GT*

Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)



Date: 13 August 2008  
 SLA: Not Set  
 Scale: 1:1250

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NORTH WEST LEICESTERSHIRE LICENSING AUTHORITY  
Licensing Act 2003

APPENDIX 3

REPLY FROM RESPONSIBLE AUTHORITY-

Responsible Authority -: Environmental Protection

Your Name	Leigh Oliver
Job Title	Environmental Health Officer
Postal and email address	Council Offices Coalville Leicestershire  (leigh.oliver@nwleicestershire.gov.uk)
Contact telephone number	01530 454577

Name of the premises you are making a representation about	Diseworth Village Hall
Address of the premises you are making a representation about	Hallgate, Diseworth, Derby, DE74 2QJ

On the grounds of preventing public nuisance,

The Environmental Protection Section would like to see a condition on the premise license that prevents windows and doors from being opened after 11:00pm at night during regulated entertainment events.

Signed:



Date:

22/7/08

Please return this form along with any additional sheets to: North West Leicestershire Licensing Authority, Council Offices, Coalville, Leicestershire, LE67 3FJ, or email to [licensing@nwleicestershire.gov.uk](mailto:licensing@nwleicestershire.gov.uk).  
**This form must be returned within the Statutory Period. For more details please check with the Licensing Office on 01530 454529, 454838 or 454844.**