

# Blackpool Council

25 FEB 2016

## APPLICATION FOR A NEW PREMISES LICENCE

**Applicant Name(s):**

JASON BALL

**Contact**

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

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[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



# 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. You may wish to keep a copy of the completed form for your records.

I/We JASON BALL

[insert name of applicant/s]

apply for a premises licence under Schedule 17 of the Licensing Act 2003 for the premises described under Part 1 below 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

<b>Postal address of premises or club premises if any, or if none the ordinance survey map reference or description.</b>			
<b>Premises Name</b>	LAWSONS ROAD SHOW GROUND (LAWSONS FIELD)		
<b>Premises Address</b>	LAWSON ROAD, MARLTON, BLACKPOOL		
	<b>Post Code</b>	FY3 9TD	
<b>Telephone Number of premises (if any)</b>	N/A		
<b>E-Mail Address</b>	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>		
<b>Non-Domestic Rateable Value of Premises</b>	£ <del>1000.00</del> Band A - zero Rate		

### Part 2 – Applicant details

In what capacity are you applying for a licence?

Please tick:

- |   |                                     |                    |
|---|-------------------------------------|--------------------|
| a) An individual *                                | <input checked="" type="checkbox"/> | Complete Section A |
| b) A person other than an individual*             |                                     |                    |
| I. As a limited company                           | <input type="checkbox"/>            | Complete Section B |
| II. As a partnership                              | <input type="checkbox"/>            | Complete Section B |
| III. As an unincorporated association             | <input type="checkbox"/>            | Complete Section B |
| IV. Other (for example a statutory corporation)   | <input type="checkbox"/>            | Complete Section B |
| c) A recognised Club                              | <input type="checkbox"/>            | Complete Section B |
| d) A charity                                      | <input type="checkbox"/>            | Complete Section B |
| e) The proprietor of an educational establishment | <input type="checkbox"/>            | Complete Section B |

- f) Health Service Body  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  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.  Complete Section B
- h) The Chief Officer of Police of a police force in England and Wales  Complete Section B

**\*If you are applying as a person described in (a) or (b) please confirm:**

- I am carrying on or propose to carry on business that involves the use of the premises for licensable activities; or If yes please tick
- 
- I am making the application pursuant to a
    - Statutory function
    - A function discharged by virtue of Her Majesty's prerogative

**(A) Individual Applicants (fill in as applicable)**

<b>Title:</b>	Mr	Mrs	Miss	Ms	MR
<b>Surname</b>	BARR			<b>Forenames</b>	JASON
<b>I am 18 years old or over</b>	Yes	No	<b>Date of Birth</b>		<small>Please tick</small>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Day
<b>Home Address</b>					
	BLACKPOOL				
	LANCS			<b>Post Code</b>	
<b>Telephone Number</b>				<b>Mobile Number</b>	
<b>E-Mail Address</b>					

**SECOND INDIVIDUAL APPLICANT IF APPLICABLE**

<b>Title:</b>	Mr	Mrs	Miss	Ms		
<b>Surname</b>				<b>Forenames</b>		
<b>Date of Birth</b>	Day	Month	Year	<b>I am 18 years old or over</b>	Please tick	
					Yes	No
<b>Home address</b>						
				<b>Post Code</b>		
<b>Telephone Number</b>				<b>Mobile Number</b>		
<b>E-Mail Address</b>						

**(B) OTHER APPLICANTS**

Please provide name and registered address of the 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.

<b>Name</b>					
<b>Address</b>					
				<b>Post Code</b>	
<b>Telephone Number</b>					
<b>E-Mail Address</b>					
<b>Registered number (where applicable)</b>					
<b>Description of applicant (e.g. partnership, company, unincorporated association)</b>					

### Part 3 - Operating Schedule

When do you want the premises licence to start

Day		Month		Year			
0	<del>1</del>	0	7	2	0	1	6

2

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

Day		Month		Year			
0	<del>4</del>	0	7	2	0	1	6

3

If 5000 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 see guidance note 1)

A FULLY CONTAINED BOUTIQUE FESTIVAL TO TAKE PLACE ON LAWSON FIELD SHOWGROUND. ENTERTAINMENT WILL BE WITHIN CIRCUS STYLE MARQUEES, WITH A POSSIBLE OUT DOOR STAGE (WEATHER PERMITTING)

AT PRESENT 1 DAY SATURDAY 2ND OF JULY 2016 FOR THE CLASSICS BASED EVENT, BUT POSSIBLY WITH A SECOND DAY ADDED ON THE 3RD TO HOST A FAMILY RUN EVENT.

THE EVENT ON SATURDAY IS STRICTLY OVER 18'S WITH THE SALE OF ALCOHOL.

**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:**

If yes please tick

- a) A performance of a play (if ticking yes, fill in box A)
- b) An exhibition of a film (if ticking yes, fill in box B)
- c) An indoor sporting event (if ticking yes, fill in box C)
- d) Boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) A performance of live music (if ticking yes, fill in box E)
- f) Any playing of recorded music (if ticking yes, fill in box F)
- g) A performance of dance (if ticking yes, fill in box G)
- h) Entertainment 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)

N/A

**Supply of alcohol** (if ticking yes, fill in box J)

**In all cases complete boxes K, L and M**

**A**

Performance of a play Standard timings (read guidance note 6)			Will the performance of a play take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thurs					
Fri			<b>Non-standard timings. Where you intend to use the premises for the performance of a play at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

## B

<b>Exhibition of film</b> Standard timings (read guidance note 6)			<b>Will the exhibition of films take place indoors, outdoors or both? Please tick. (Read guidance note 2)</b>	Indoors	
<b>Day</b>	<b>Start</b>	<b>Finish</b>		Outdoors	
				Both	
<b>Mon</b>			<b><u>Please give further details here</u></b> (please read guidance note 3)		
<b>Tue</b>					
<b>Wed</b>			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
<b>Thurs</b>					
<b>Fri</b>			<b><u>Non-standard timings. Where you intend to use the premises for the exhibitions of film at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
<b>Sat</b>					
<b>Sun</b>					

## C

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

## D

Boxing or wrestling entertainment Standard timings (read guidance note 6)			Will the boxing or wrestling entertainment take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
Thurs					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

## E

Performance of live music Standard timings (read guidance note 6)			Will the performance of live music take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	
				Outdoors	✓
Day	Start	Finish		Both	
Mon			<b>Please give further details here</b> (please read guidance note 3) NOT FULLY LIVE ALL DAY AS THIS EVENT IS PREDOMINANTLY DJ TALENT, BUT WE DO HAVE 2 OR 3 LIVE ACTS THROUGHOUT THE DAY		
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thurs					
Fri			<b>Non-standard timings. Where you intend to use the premises for the performance of live music at different times from those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat	12:00	22:00			
Sun	12:00	21:00			



# F

Playing of recorded music Standard timings (read guidance note 6)			Will the playing of recorded music take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	<input checked="" type="checkbox"/>
				Both	
Mon			<b>Please give further details here</b> (please read guidance note 3) MUSIC OUTDOOR, BUT WITHIN ENCLOSED MARQUEES SOUND OUTPUT TO BE CONSTANTLY MONITORED		
Tue					
Wed			<b>State any seasonal variations for playing recorded music</b> (please read guidance note 4)		
Thurs					
Fri			<b>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</b> (please read guidance note 5)		
Sat	12:00	22:00			
Sun	12:00	21:00			

# G

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

H

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

I - N/A

<b>Late Night Refreshment Standard timings (read guidance note 6)</b>			<b>Will the provision of late night refreshment take place indoors, outdoors or both? Please tick (Read guidance note 2).</b>	
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Indoors	
<b>Mon</b>			Outdoors	<input checked="" type="checkbox"/>
			Both	
<b>Tue</b>			<b>Please give further details here</b> (please read guidance note 3)	
<b>Wed</b>			ALCOHOL SALE AT BARS DESIGNATED WITHIN THE BOUNDARY OF THE FESTIVAL SITE. NO ALCOHOL TO BE TAKEN / CONSUMED OUTSIDE OF THE FESTIVAL GATED PREMISES.	
<b>Thu</b>			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)	
<b>Fri</b>				
<b>Sat</b>	12:00	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)	
<b>Sun</b>	12:00	21:00		

**J**

<b>Supply of alcohol</b> Standard timings (read guidance note 6)			<b>Will the sale of alcohol be for consumption on the premises, off the premises or both? Please tick. (Read guidance note 6)</b>	On the premises	<input checked="" 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)  <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)		
Mon					
Tue					
Wed					
Thurs					
Fri					
Sat	12:00	22:00			
Sun	12:00	21:00			

**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)**

NONE, HOWEVER THIS EVENT IS STRICTLY OVER 18'S

**L**

<b>Hours premises are open to public</b> Standard timings (read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
<b>Day</b>	<b>Start</b>	<b>Finish</b>	
Mon			
Tue			
Wed			
Thurs			
Fri			
Sat	12:00	22:00	<b>Non-standard timings. Where you intend the premises to be open to the public at different times to those listed in the column on the left, please list</b> (please read guidance note 5)
Sun	12:00	21:00	

**M**

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

<b>Surname</b>	HERDMAN	<b>Forename(s)</b>	DOMINIC
<b>State any previous names</b>			
<b>They are 18 years old or over</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<b>Their Date of Birth</b>
		Please tick	
		Day	Month
		Year	
<b>Address</b>	BLACKPOOL LANCS		<b>Post Code</b>
<b>Telephone Number</b>			
<b>Email Address</b>			
<b>Personal Licence Number (if known)</b>	PA 1527		
<b>Expiry date of Personal Licence</b>	N/A		
<b>Issuing Licensing Authority (if known)</b>	BLACKPOOL COUNCIL		

## Describe the steps you intend to take to promote the four licensing objectives:

### a) General – all four licensing objectives (b,c,d,e) (See guidance note 9)

AS WELL AS THE 4 MAIN LICENSING OBJECTIVES WE WILL ALSO WORK VERY CLOSELY WITH THE LOCAL POLICE, LICENSING AUTHORITY ROAD SAFETY SERVICES AND OUR CHOSEN SIA APPROVED SECURITY COMPANY TO ENSURE A SAFE AND SECURE EVENT AND ENSURE THAT OUR EVENT MANAGEMENT PLAN IS DONE TO THE LETTER. ANYONE WHO IS VIOLENT, INTOXICATED OR UNDER THE INFLUENCE OF DRUGS WILL BE EJECTED OR REFUSED ENTRY. WE DO NOT CONDONE DRUG USE OR BINGE DRINKING SO WILL BE CONSTANTLY VIGILANT WITH ANYONE EJECTED AND ANY DRUGS HANDED OVER TO AUTHORITIES

### b) The prevention of crime and disorder

AN ADEQUATE NUMBER OF TRAINED AND SIA APPROVED SECURITY PERSONNEL, A RATIO OF 1 PER 100 AS PER NATIONAL GUIDELINES. SITE FULLY POLY CARBONATE, NO GLASS. CCTV 'HEAD CAMS' ON ENTRANCE. RANDOM SEARCHES AND EVERY CUSTOMER BE SUBJECTED TO A METAL DETECTOR ARCH OR WAND. LOCAL BASED SECURITY FIRM SO WE ARE AWARE OF ANY PROBLEMS ON A PUBWATCH BANNING ORDER.

### c) Public Safety

HARD SELL TICKET EVENT WITH A MAXIMUM OCCUPANCY OF 5000 PEOPLE SO CHECKERS TO MONITOR NUMBERS ON ENTRY / EXIT. ST JOHN'S AMBULANCE ON SITE WITH A SAFETY CHIEF STATION. EMERGENCY EVACUATION PROCEDURE WITHIN OUR EVENT MANAGEMENT PLAN. CRASH / CRUSH BARRIERS WITH MONITORS ON EACH STAGE AREA. INCIDENT ROOM WITH MONITORS OVER ALL AREAS EVENT SAFETY OFFICER.

### d) The prevention of public nuisance

NOISE LEVEL MONITORING THROUGHOUT THE ENTIRE DAY AND NIGHT IN ALL AREAS. USE OF CARDIOD SPEAKER ARRAY OR SIMILAR SYSTEM TO CONTROL THE DIRECTION OF NOISANCE FREQUENCIES AND TO FACE SPEAKERS AWAY FROM DIRECTION OF RESIDENTS. BINS TO BE PLACED ALONG THE ENTRY AND EXIT ROUTES DISPERSAL POLICY WITHIN THE EVENT MANAGEMENT PLAN.

### e) The protection of children from harm

EVENT STRICTLY OVER 18 AND AIMED AT AN OVER 30'S DEMOGRAPHY. SECURITY TO DO STRINGENT ID CHECKS TO CHALLENGE 25 STANDARD ONLY RECOGNISED PROOF OF AGE IS ACCEPTED (DRIVING LICENCE OR PASSPORT) ALL BAR STAFF TRAINED IN LICENSING / CHALLENGE 25 POLICY.


If yes please tick

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application, including the plan and consent by the proposed supervisor form (if applicable), to the responsible authorities
- 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. *(You may be asked to prove this, it is therefore in your best interests to provide a copy of the advert to the Licensing Department).*
- I understand that if I do not comply with the above requirements my application will be rejected

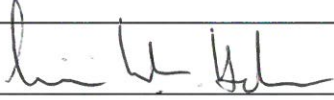
**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**Part 5 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant's solicitor or other duly authorised agent.** (please read guidance note 11) **If signing on the behalf of the applicant please state in what capacity.**

<b>Signed</b>	
<b>Print Name</b>	JASON BARR
<b>Capacity</b>	EVENT DIRECTOR
<b>Date</b>	22/02/2016

**Where the premises licence is jointly held 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.**

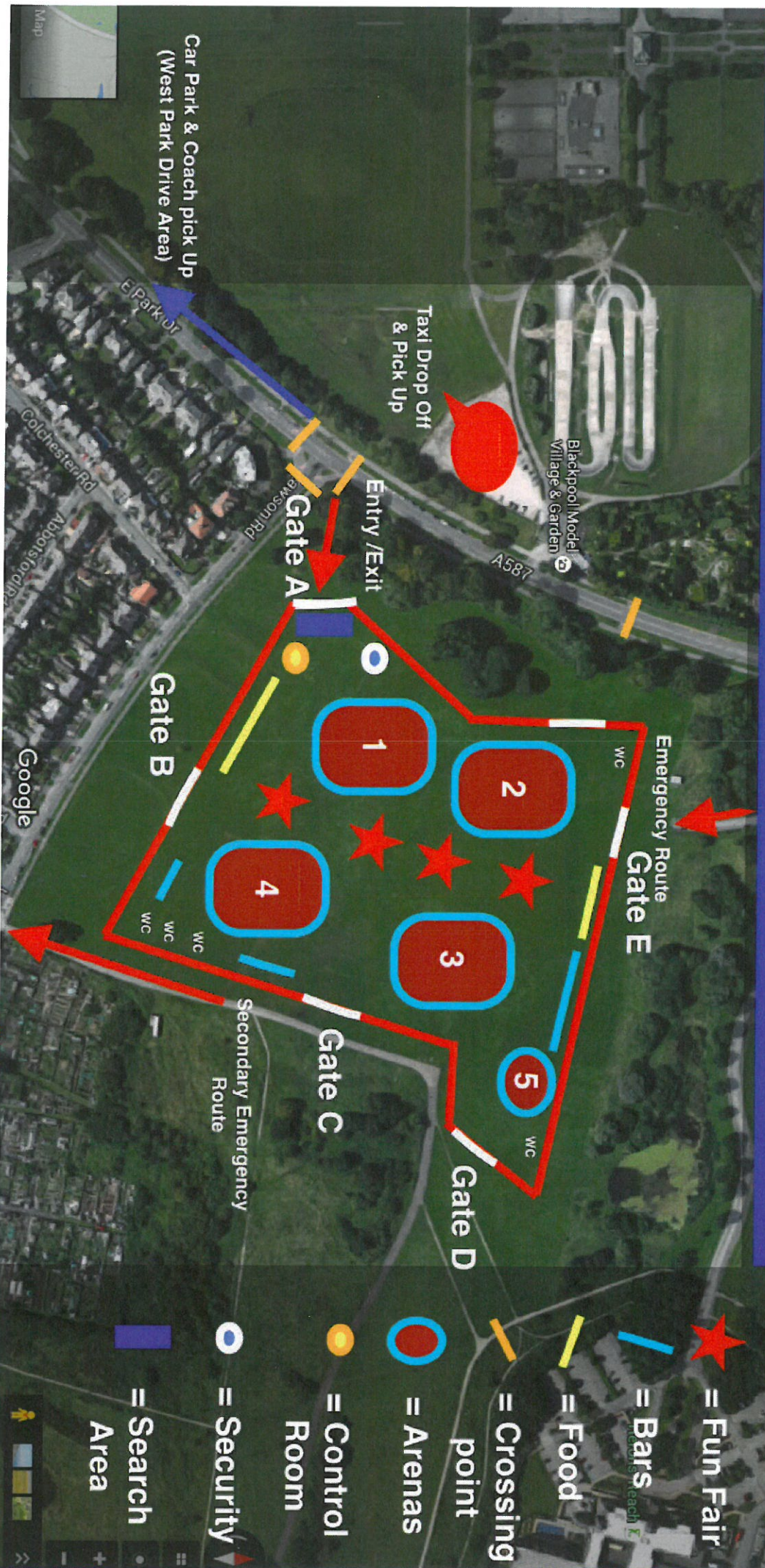
<b>Signed</b>	
<b>Print Name</b>	DOMINIC HERDMAN
<b>Capacity</b>	D.P.S.
<b>Date</b>	22/02/2016

Contact name (where not previously given) and address for correspondence associated with this application. (Please read guidance note 13)									
<b>Title:</b>	Mr	Mrs	Miss	Ms					
<b>Forename(s )</b>					<b>Surname</b>				
<b>Address for Correspondence associated with this application</b>									
						<b>Post Code</b>			
<b>Telephone Number</b>					<b>Mobile Number</b>				
<b>E-Mail Address</b>									

## Notes for Guidance

- Describe the premises. For example the type of premises, it's general situation and layout and any other information that could be relevant to the licensing objectives. Where your 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 is and its proximity to the premises.
- Where taking place in the building or other structure please tick as appropriate. Indoors may include a tent.
- For example state the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
- For example (but not exclusively), where the activity will occur on additional days during the summer months.
- For example (but not exclusively), where you wish the activity to go on longer on a particular day, e.g. Christmas Eve.
- Please give timings in 24-hour clock format (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.
- 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 for people to be able to do both please tick both.
- Please give information about anything intended to occur at the premises or ancillary to the use of the premises that may give rise to concern in respect of children regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi nudity, films of restricted age groups, the presence of gaming machines.
- Please list here the steps you will take to promote all four licensing objectives together.
- The application must be signed.
- An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- Where there is more than one applicant, the applicants or their respective agents must sign the application form.
- This is the address that we shall use to correspond with you about this application.

# Back To The Old Pool Festival - Lawson Field Site Plan



1  
2  
3  
4  
5