

Blackpool Council

15 NOV 2016

APPLICATION FOR A NEW PREMISES LICENCE

Applicant Name(s):

PATRICK CHRISTOPHER MAHER.

Contact

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

T: (01253) 47 8572 / 8589
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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 PATRICK CHRISTOPHER MAHER
(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

Postal address of premises or club premises if any, or if none the ordinance survey map reference or description.			
Premises Name	BLACKPOOL SPORTS CONNECTIONS Loco club		
Premises Address	BACK OF RIBBLE ROAD.		
	BLACKPOOL, LANCASHIRE		
	Post Code	FY 4	4 AB
Telephone Number of premises (if any)	01253 980411		
E-Mail Address	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
Non-Domestic Rateable Value of Premises	£ 8,700 - 00		

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

If yes please tick

- I am making the application pursuant to a
 - Statutory function



Title:	<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms	
Surname	MAHER			Forenames	PATRICK CHRISTOPHER
I am 18 years old or over	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Birth		
Home					
	BLACKPOOL,			LANCASHIRE	
	Post Code	FY 1			
Telephone Number			Mobile Number		
E-Mail Address					

SECOND INDIVIDUAL APPLICANT IF APPLICABLE

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

(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.

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

Part 3 - Operating Schedule

When do you want the premises licence to start

Day		Month		Year		
A	S	A	P			

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

Day		Month		Year		
N	A					

If 5000 or more people are expected to attend the premises at any one time, please state the number expected to attend

N/A.

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

The premises are situated in a secluded area at the back of Ribble Road, Blackpool. It is a two storey building comprising of, a bar area, bar lounge, locker room, gym, a wet area which includes a saung jacuzzi, and showers. Also male, female and a disabled toilet.

First Floor, there are rest rooms, therapy rooms, male & female toilets.

It is a private members club for over 21's only, for which alcohol would be sold for consumption on these licenced premises only.

Alcohol would only be allowed in the bar area & bar lounge for safety reasons, therefore any member who does not comply with the rules would have their membership revoked.

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)

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			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thurs					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

B

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

C

Indoor sporting events Standard timings (read guidance note 6)			Please give further details here (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thurs			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 (please read guidance note 5)
Fri			
Sat			
Sun			

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			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thurs					
Fri			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)		
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			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thurs					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

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	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	11.00	19.00	<p>Please give further details here (please read guidance note 3) The dance floor is situated in a room in the centre of the building, we would like to play recorded music at a low level during the day, but would be louder in the evening, but not so it would disturb the neighbours.</p> <p>State any seasonal variations for playing recorded music (please read guidance note 4)</p> <p>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 (please read guidance note 5) only Bank holidays Mondays, Christmas Eve & New Years Eve 11.00 - 02.00</p>	Both	<input type="checkbox"/>
		20.00		00.00	
Tue	11.00	19.00			
		20.00		00.00	
Wed	11.00	19.00			
		20.00		00.00	
Thurs	11.00	19.00			
		20.00		00.00	
Fri	11.00	19.00			
		21.00		3.00	
Sat	11.00	19.00			
		21.00		3.00	
Sun	11.00	19.00			
	14.00			00.00	

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	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<p>Please give further details here (please read guidance note 3)</p> <p>State any seasonal variations for the performance of dance (please read guidance note 4)</p> <p>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 (please read guidance note 5)</p>	Both	<input type="checkbox"/>
Tue					
Wed					
Thurs					
Fri					
Sat					
Sun					

H

Entertainment of a similar description to that falling within (e), (f) or (g) Standard timings (read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors, outdoors or both. Please tick. (Read guidance note 2)	Indoors	
Mon				Outdoors	
				Both	
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thu			State any seasonal variations for entertainment (please read guidance note 4)		
Fri					
Sat			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 (please read guidance note 5)		
Sun					

I

Late Night Refreshment Standard timings (read guidance note 6)			Will the provision of late night refreshment take place indoors, outdoors or both? Please tick (Read guidance note 2).	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 3)		
Tue			We would like to provide a buffet on Friday & Saturday evenings.		
Wed					
Thu			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Fri	12:00	11:00			
Sat	12:00	11:00	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 (please read guidance note 5)		
Sun			We would also like to provide a buffet on Christmas Eve & New Years Eve should they fall on a week day.		

J

Supply of alcohol Standard timings (read guidance note 6)			Will the sale of alcohol be for consumption on the premises, off the premises or both? Please tick. (Read guidance note 6)	On the premises	<input checked="" type="checkbox"/>	
Day	Start	Finish		Off the premises	<input type="checkbox"/>	
Mon	11:00	18:00	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	<input type="checkbox"/>	
	20:00	23:00				
Tue	11:00	18:00				
	20:00	23:00				
Wed	11:00	18:00				
	20:00	23:00				
Thurs	11:00	18:00		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 (please read guidance note 5)	Both	<input type="checkbox"/>
	20:00	23:00				
Fri	11:00	18:00		On Bank Holiday Mondays, Christmas Eve & New Year's Eve 11:00 - 02:00	Both	<input type="checkbox"/>
	21:00	02:00				
Sat	11:00	18:00				
	21:00	02:00				
Sun	11:00	18:00				
	14:00	23:00				

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)

We have a sauna, jacuzzi, gym and showers, so there will be nudity at times in that area, which is not part of the licensed area therefore no alcohol would be consumed in that area.

L

Hours premises are open to public Standard timings (read guidance note 6)			State any seasonal variations (please read guidance note 4)	
Day	Start	Finish		
Mon	11.00	19.00		
	20.00	00.00		
Tue	11.00	19.00		
	20.00	00.00		
Wed	11.00	19.00		
	20.00	00.00		
Thurs	11.00	19.00		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 (please read guidance note 5) Bank Holiday Mondays, Christmas Dia & New Years eve. 11.00-02.00
	20.00	00.00		
Fri	11.00	19.00		
	21.00	3.00		
Sat	11.00	19.00		
	21.00	3.00		
Sun	11.00	19.00		
	14.00	00.00		

M

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

Surname	M AHER	Forename(s)	PATRICK CHRISTOPHER			
State any previous names	N/A.					
They are 18 years old or over	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Their Date of Birth	<small>Day</small>	<small>Month</small>	<small>Year</small>
Address	[Redacted] BLACK POOL, LANCASHIRE					
Telephone Number	[Redacted]					
Email Address	[Redacted]					
Personal Licence Number (if known)	PA 2896					
Expiry date of Personal Licence	N/A					
Issuing Licensing Authority (if known)	BLACK POOL					

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)

We have regular staff training to make them aware of the four licensing objectives.
We will not sell alcohol to anyone who we feel is intoxicated and could cause a disturbance.
I would also like to say as the DFS, as I already have this position on another premises (Touchwood Hotel) the bar will be closed as I can only be in one place at once.

b) The prevention of crime and disorder

We have CCTV operating outside and in the Foyer, on the inner double doors there are maglocks so entry will only be when staff are happy.
Our membership is no ID - no membership - no entry, hence only over 21's will be able to enter.
The selling of alcohol will be in plastic glasses for consumption in the bar area only. The sale of alcohol will cease half an hour before closing.
We also sell soft drinks, tea, coffee & water.

c) Public Safety

The fire exits are clearly signed and with instructions for the evacuation process.
We will not be having any alcohol promotions.
Our drugs policy is zero tolerance.
We will have signs asking patrons to leave quietly.
We have a computerized logging in system, so we will know who and how many are in at any given time.
We will also have a designated premises supervisor.

d) The prevention of public nuisance

Noise reduction measures to address the public nuisance objective. Clear signage will be displayed at the exit asking customers to leave quietly.
Deliveries to be made at a reasonable hour as not to disturb the residents.
Any outside lighting to be positioned in a way not to disturb nearby residents.

e) The protection of children from harm

Due to our membership scheme there will be no one under the age of 21 allowed in at any time.

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.**

Signed	<i>PC Maher</i>
Print Name	PATRICK CHRISTOPHER MAHER.
Capacity	APPLICANT.
Date	

Where the premises licence is jointly held signature of 2nd applicant 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.**

Signed	
Print Name	
Capacity	
Date	

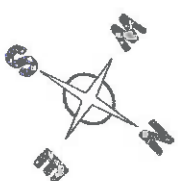
Contact name (where not previously given) and address for correspondence associated with this application. (Please read guidance note 13)										
Title:	Mr	Mrs	Miss	Ms						
Forename(s)					Surname					
Address for Correspondence associated with this application										
						Post Code				
Telephone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

Notes for Guidance

1. 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.
2. Where taking place in the building or other structure please tick as appropriate. Indoors may include a tent.
3. 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.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day, e.g. Christmas Eve.
6. 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.
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 for people to be able to do both please tick both.
8. 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.
9. Please list here the steps you will take to promote all four licensing objectives together.
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 actual authority to do so.
12. Where there is more than one applicant, the applicants or their respective agents must sign the application form.
13. This is the address that we shall use to correspond with you about this application.

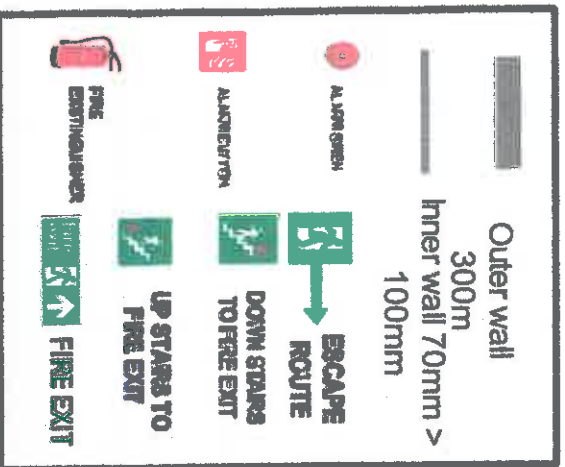
LOCCO CLUB

Back Ribble Road
 Blackpool
 FY4 4AB

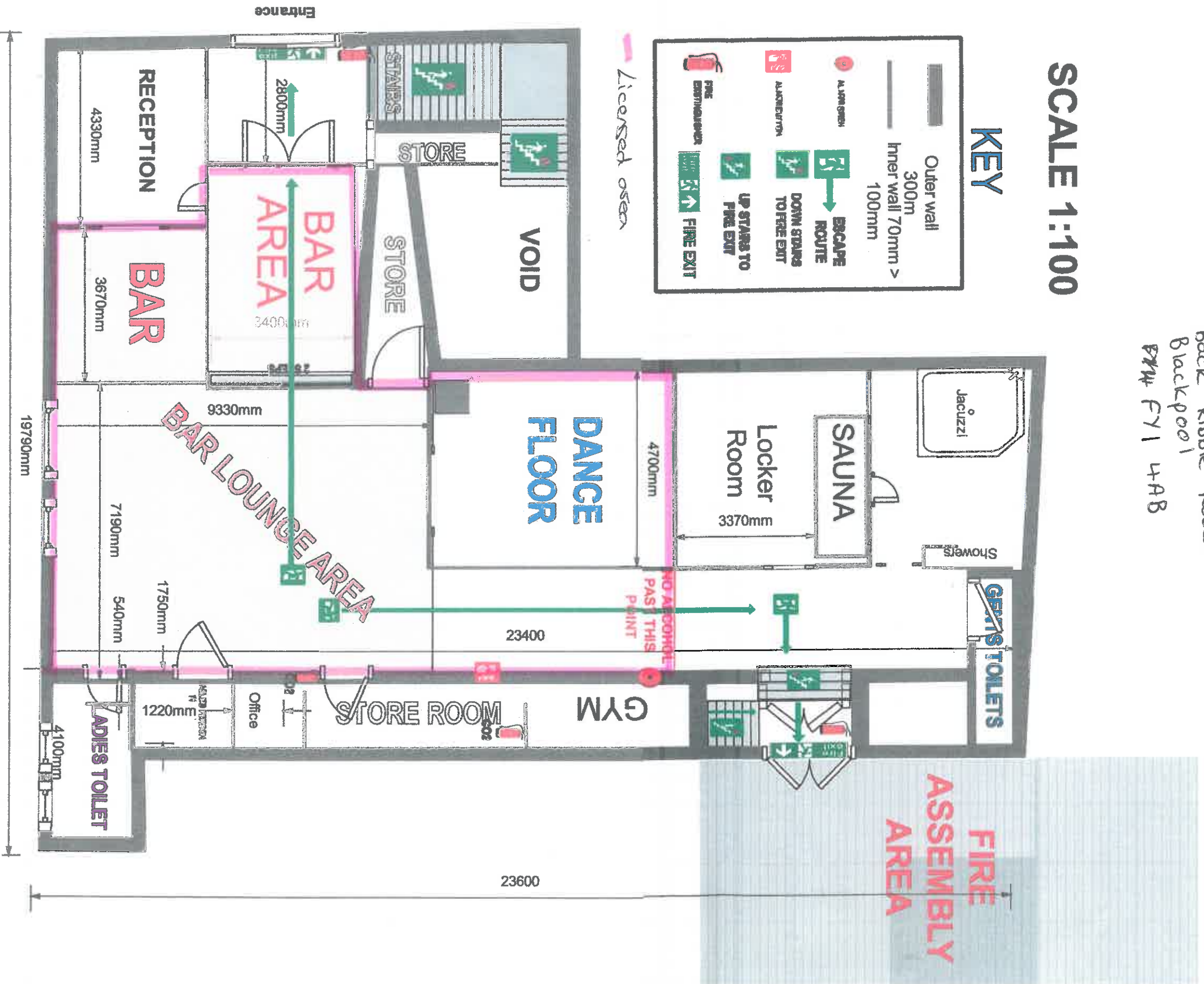


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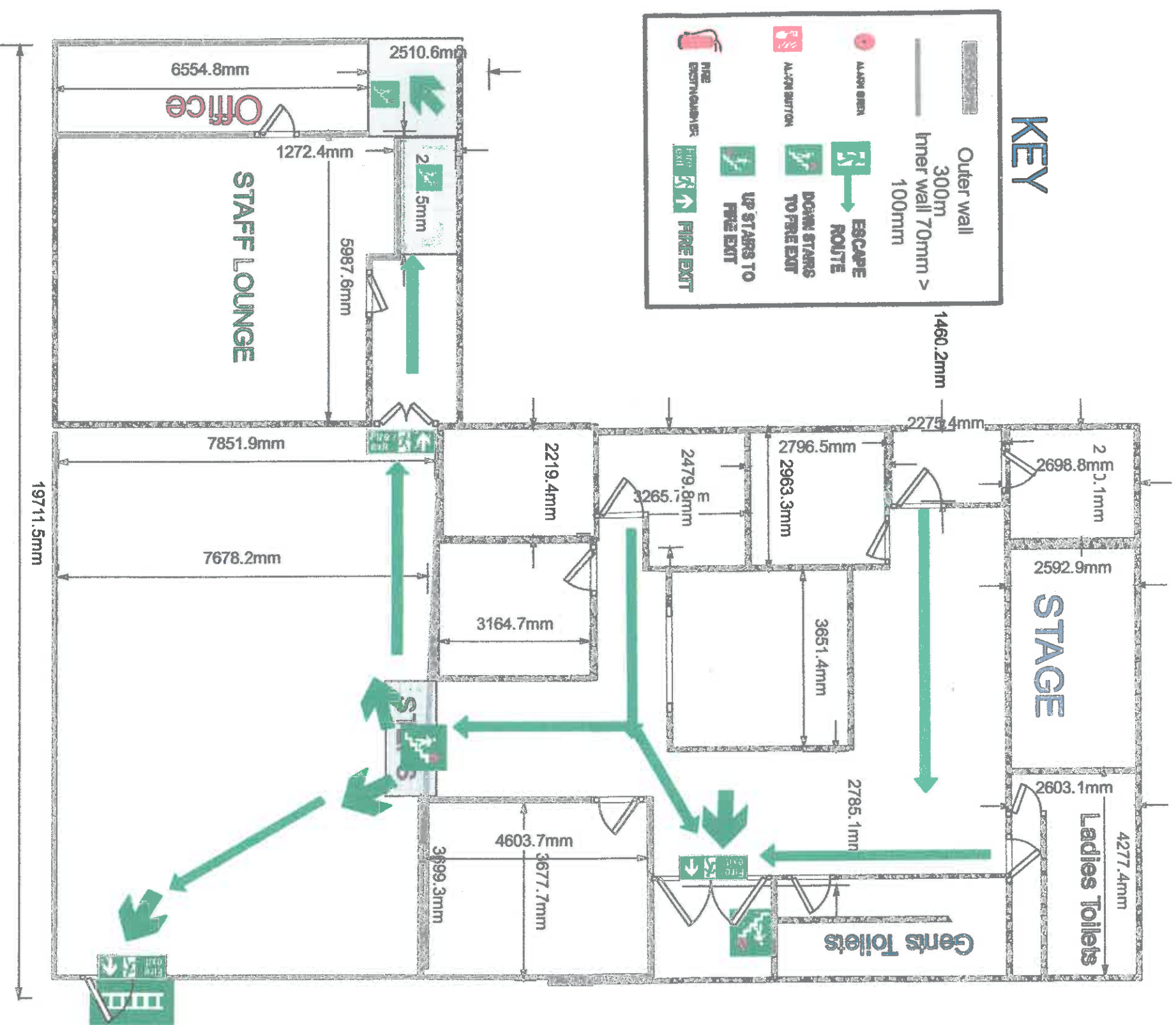


Licensed area



Ground Floor

LOCCO CLUB



First floor