

# Blackpool Council

16 MAR 2015

## APPLICATION FOR A NEW PREMISES LICENCE

**Applicant Name(s):**

GARY THOMAS HARGREAVES

### Contact

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

T: (01253) 47 8572 / 8589  
F: (01253) 47 8372

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



**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** GARY THOMAS HARGREAVES  
[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.			
<b>Premises Name</b>	VIDELLA HOTEL		
<b>Premises Address</b>	80 - 82 DICKSON ROAD		
	BLACKPOOL		
	LANCS	<b>Post Code</b>	FY1 2BU
<b>Telephone Number of premises (if any)</b>	01253 466664		
<b>E-Mail Address</b>			

Non-Domestic Rateable Value of Premises	£17,500
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~~16/3/15~~

**Part 2 – Applicant details**

In what capacity are you applying for a licence?

Please tick:

- a) An individual \*  Complete Section A
- b) A person other than an individual\*
  - I. As a limited company  Complete Section B
  - II. As a partnership  Complete Section B
  - III. As an unincorporated association  Complete Section B
  - IV. Other (for example a statutory corporation)  Complete Section B
- c) A recognised Club  Complete Section B
- d) A charity  Complete Section B
- e) The proprietor of an educational establishment  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>	<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms	
<b>Surname</b>	HARGREAVES			<b>Forenames</b>	GARY THOMAS
<b>I am 18 years old or over</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<b>Date of Birth</b>		<small>Please tick</small>
<b>Home Address</b>					<small>Day</small>
					<small>Month</small>
<b>Telephone Number</b>					<small>Year</small>
					<b>Post Code</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>	<b>Day</b>	<b>Month</b>	<b>Year</b>	<b>I am 18 years old or over</b>	<small>Please tick</small> <b>Yes</b>	<b>No</b>
<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	9	0	4	2	0	15

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

Day		Month		Year		

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)

The Vidella hotel is a 26 bedroom hotel set over 3 floors, the licence is to cover sales on the ground floor only ie bar area + dining area. Hotel is located amongst a block of hotels and retail shops just north of town centre;

We will be serving alcohol in the designated bar areas to be consumed on premises only. CCTV will cover all aspects of the licensed areas and no children at all will be allowed in the bar area.

The Premises is primarily used as a hotel but will have the option for public to use bar area only.

The dining area lounge area only are to be licensed with all purchases being made from the sole bar in the function room.

**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	
				Outdoors	
Day	Start	Finish		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

<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	
Day	Start	Finish		Outdoors	
<b>Mon</b>				<b>Please give further details here</b> (please read guidance note 3)	Both
<b>Tue</b>					
<b>Wed</b>			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
<b>Thurs</b>					
<b>Fri</b>			<b>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</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>Please give further details here</b> (please read guidance note 3)
Day	Start	Finish	
<b>Mon</b>			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)
<b>Tue</b>			
<b>Wed</b>			
<b>Thurs</b>			<b>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</b> (please read guidance note 5)
<b>Fri</b>			
<b>Sat</b>			
<b>Sun</b>			

## D

<b>Boxing or wrestling entertainment</b> 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

<b>Performance of live music</b> 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)			
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						
Sun						



**F**

<b>Playing of recorded music</b> Standard timings (read guidance note 6)			<b>Will the playing of recorded music take place indoors, outdoors or both? Please tick. (Read guidance note 2)</b>	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	10-00	23-00	<b>Please give further details here</b> (please read guidance note 3) GENERAL BACKGROUND MUSIC		
Tue	10-00	23-00			
Wed	10-00	23-00	<b>State any seasonal variations for playing recorded music</b> (please read guidance note 4)		
Thurs	10-00	23-00			
Fri	10-00	23-00	<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	10-00	23-00			
Sun	12-00	22-30			

**G**

<b>Performance of dance</b> Standard timings (read guidance note 6)			<b>Will the performance of dance take place indoors, outdoors or both? Please tick. (Read guidance note 2)</b>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
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)</b> Standard timings (read guidance note 6)			<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.</b> Please tick. (Read guidance note 2)	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

<b>Late Night Refreshment</b> Standard timings (read guidance note 6)			<b>Will the provision of late night refreshment take place indoors, outdoors or both?</b> Please tick (Read guidance note 2).		Indoors	<input checked="" type="checkbox"/>	
<b>Day</b>	<b>Start</b>	<b>Finish</b>			Outdoors		
<b>Mon</b>	00-01	00-00			Both		
<b>Tue</b>	00-01	00-00					
<b>Wed</b>	00-01	00-00	<b>Please give further details here</b> (please read guidance note 3)				
			FOR HOTEL PATRONS ONLY				
<b>Thu</b>	00-01	00-00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)				
<b>Fri</b>	00-01	00-00					
<b>Sat</b>	00-01	00-00	<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>	00-01	00-00					

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)		
Mon	11-00	23-30	<p>STANDARD TIMES FOR GEN PUBLIC</p> <p>(24 HOURS FOR HOTEL PATRONS ONLY)</p>		
Tue	11-00	23-30			
Wed	11-00	23-30			
Thurs	11-00	23-30			
Fri	11-00	23-30			
Sat	11-00	23-30			
Sun	12-00	22-30			
			<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)		

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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)**

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)
Day	Start	Finish	
Mon	11-00	23-30	
Tue	11-00	23-30	
Wed	11-00	23-30	
Thurs	11-00	23-30	
Fri	11-00	23-30	
Sat	11-00	23-30	
Sun	12-00	22-30	

M

<b>State the name and details of the individual whom you wish to specify on the licence as the designated premises supervisor.</b>							
Surname	LITTLEJOHNS			Forename(s)	DEREK		
State any previous names							
They are 18 years old or over		Yes	No	Their Date of Birth		Please tick Day Month Year	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Address	80-82 DICKSON ROAD						
	VIDELLA HOTEL						
	Post Code		F	3	1	2	B
Telephone Number							
Email Address							
Personal Licence Number (if known)			PA 4239				
Expiry date of Personal Licence			28 NOV 2023				
Issuing Licensing Authority (if known)			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)**

once general opening hours are up and public have left the bar only residents of the hotel with a supplied resident card issued for duration of their stay will be served.

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

CCTV will cover all aspects of the licensed areas of the building. CHAUCER 25 will be a place adhered to. Any one causing a nuisance will be asked to leave the premises.

**c) Public Safety**

all fire points and emergency exits will be clearly marked out and highly visible. Fire + smoke alarms will be fully certified and correct.

**d) The prevention of public nuisance**

Notices will be placed asking public and guests to keep noise to minimum when entering and vacating premises.

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

children will NOT be allowed at all in the lounge area function room only in dining area and must be resident at the hotel.

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>	<i>G Hargreaves</i>
<b>Print Name</b>	GARY HARGREAVES
<b>Capacity</b>	
<b>Date</b>	12 / 03 / 15

**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>	
<b>Capacity</b>	
<b>Date</b>	

Contact name (where not previously given) and address for correspondence associated with this application. (Please read guidance note 13)							
Title:	<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms	<input type="radio"/>		
Forename(s)	GARY THOMAS			Surname	HARGREAVES		
Address for Correspondence associated with this application					Post Code	FY1	
Telephone Number				Mobile Number			
E-Mail Address							

### 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.