

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 MEL MBI HOWES
(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 <u>34 MAIN ST.</u>			
Post town	<u>KIMBERLEY</u>	Postcode	<u>NG16 2LL</u>

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£

Part 2 - Applicant details

Please state whether you are applying for a premises licence as appropriate **Please tick as**

a)	an individual or individuals *	<input checked="" type="checkbox"/>	please complete section (A)
b)	a person other than an individual *	<input type="checkbox"/>	
i	as a limited company/limited liability partnership	<input type="checkbox"/>	please complete section (B)
ii	as a partnership (other than limited liability)	<input type="checkbox"/>	please complete section (B)
iii	as an unincorporated association or	<input type="checkbox"/>	please complete section (B)
iv	other (for example a statutory corporation)	<input type="checkbox"/>	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 (by ticking yes to one box below):

- 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 (for example, Rev)	
Surname		Huang		First names	
		MEI MEI			
Date of birth		[REDACTED]		I am 18 years old or over	
				Please tick yes ✓	
Nationality		BRITISH			
Current residential address if different from premises address		34 MAIN ST			
Post town		KIMBERLEY		Postcode	
				NG16 2LL	
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)		[REDACTED]			
Where applicable (in demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <i>HUANG</i>			First names <i>MEI MEI</i>		
Date of birth [REDACTED]		I am 18 years old or over		<input checked="" type="checkbox"/> Please tick yes	
Nationality <i>BRITISH</i>					
Current postal address if different from premises address		<i>34 main Street Kimberley</i>			
Post town				Postcode	<i>NG16 2LL</i>
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)		[REDACTED]			

(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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

sale and consumption of alcohol at ground floor and first floor
sporting, music, recorded music, dance at.

ground floor and 1st floor.

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

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- | | |
|---|-------------------------------------|
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input checked="" type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input checked="" 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 type="checkbox"/> |

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

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon	10:00	23:30	
Tue	10:00	23:30	
Wed	10:00	23:30	State any seasonal variations for indoor sporting events (please read guidance note 5)
Thur	10:00	00:30	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 6)
Fri	10:00	02:30	
Sat	10:00	02:30	
Sun	10:00	23:30	

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon				
Tue				
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)	
Thur			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 6)	
Fri				
Sat				
Sun				

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	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 4) <i>music will be amplified</i>		
Mon	10:00	23:30			
Tue	10:00	23:30	State any seasonal variations for the performance of live music (please read guidance note 5)		
Wed	10:00	23:30			
Thur	10:00	00:30	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 6)		
Fri	10:00	02:30			
Sat	10:00	02:30			
Sun	10:00	23:30			

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	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 4) <i>music will be amplified.</i>		
Mon	10:00	23:30			
Tue	10:00	23:30	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Wed	10:00	23:30			
Thur	10:00	00:30	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 6)		
Fri	10:00	02:30			
Sat	10:00	02:30			
Sun	10:00	23:30			

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)		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 4)			
Mon	10:00	23:30	music will be amplified.			
Tue	10:00	23:30				
Wed	10:00	23:30	State any seasonal variations for the performance of dance (please read guidance note 5)			
Thur	10:00	00:30				
Fri	10:00	02:30	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 6)			
Sat	10:00	02:30				
Sun	10:00	23:30				

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Mon	23:00	00:00		Outdoors	<input type="checkbox"/>
		00:00		Both	<input type="checkbox"/>
Tue	23:00	00:00	Please give further details here (please read guidance note 4)		
Wed	23:00	00:00	N / D		
Thur	23:00	01:00			
Fri	23:00	02:30	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Sat	23:00	02:30			
Sun	23:00	00:00	Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 6)		

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	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 4)		
Mon	23:00	00:00			
Tue	23:00	00:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Wed	23:00	00:00			
Thur	23:00	01:00	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 6)		
Fri	23:00	02:30			
Sat	23:00	02:30			
Sun	23:00	00:00			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	10:00	00:00			
Tue	10:00	00:00	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 6)		
Wed	10:00	00:00			
Thur	10:00	01:00			
Fri	10:00	02:30			
Sat	10:00	02:30			
Sun	10:00	00:00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	JON ANTHONY DOGGAN.	
Date of birth	[REDACTED]	
Address	[REDACTED]	
Postcode	[REDACTED]	
Personal licence number (if known)	047174	
Issuing licensing authority (if known)	NOTTINGHAM CITY.	

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 9).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	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 (please read guidance note 6)
Mon	10:00	00:30	
Tue	10:00	00:30	
Wed	10:00	00:30	
Thur	10:00	00:30	
Fri	10:00	02:30	
Sat	10:00	02:30	
Sun	10:00	00:30	

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

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

three are sufficient competent staff on duty at the premises
all staff will undertake training in their responsibilities
in relation to the sale of alcohol

b) The prevention of crime and disorder

door supervisor will be hired if local authority requires
Plastic glasses to be used in 21:00 to close of the premise on Friday and Saturday
A CCTV system has been installed and is working, recording.
ACCTV camera will be in operation at the front,
Secur door men if needed.

c) Public safety

all Exit doors are easily operable without the use of a key, card
Exit doors are regularly checked to ensure they function satisfactorily
Fire resistant doors to service shafts, ducts and cupboards are kept locked shut
adequate and appropriate. First Aid equipment and materials are
available on the Premises.

d) The prevention of public nuisance

doors and windows will be kept closed when regulated entertainment
is taking place.
the playing of live music in garden or outside seating areas of the premises
is not permitted
all ventilation and extract systems are designed and maintained
so as to prevent noxious smells causing a nuisance to

e) The protection of children from harm

Alcohol is not available on the Premises when only
under 18's are permitted

Checklist:

Please tick to indicate agreement

- 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 designated 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. ☐
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15). ☐

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Declaration	<ul style="list-style-type: none">• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).• The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
Signature	
Date	
Capacity	

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	[Redacted]
Date	1.4.22
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

Mei Mei Huang
34 Main Street.

Post town	Kimberley	Postcode	NG16 2LL
Telephone number (if any)	[Redacted]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) [Redacted]			

PRIVACY NOTICE

This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also, and on occasions will be required to, share this information with other bodies responsible for auditing or administering public funds for these purposes.

Broxtowe Borough Council collects personal information when you contact us for any services we provide. We will use this information to provide these services. We may need to share your information with service providers and other departments within Broxtowe Borough Council to ensure that you receive the best possible service. If so, this will be made clear in our privacy notice. We will not share your information with third parties for marketing purposes or any other reason unless required to do so by law.

For more information explaining how we protect and use your information please see our privacy policy at <https://www.broxtowe.gov.uk/about-the-council/communications-web-social-media/legal-privacy/>

Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which 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 will be and its proximity to the premises.
2. In terms of specific regulated entertainments please note that:
 - Plays: no licence is required for performances between 08:00 and 23:00 on any day, provided that the audience does not exceed 500.
 - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
 - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
 - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial



Broxtowe Borough COUNCIL

Broxtowe Borough Council
Licensing Section
Public Protection Division
Council Offices, Foster Avenue,
Beeston, Nottingham, NG9 1AB
Phone: 0115 917 3241
Fax: 0115 917 3683
Email: licensing@broxtowe.gov.uk

Consent of individual to being specified as Premises Supervisor

I Sean Anthony DUGGAN
Full name of prospective premises supervisor

of

Hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

Premises licence type of application

by Sean A Duggan name of applicant

relating to premises licence N/A number of existing licence, if any

for The Queens head, 34 Main St, Kimberley, NG16 2LL
name and address of premises to which the application relates

and any premises licence to be granted or varied in respect of this application made by

Sean A Duggan name of applicant

concerning the supply of alcohol at

The Queens head, 34 Main St, Kimberley, NG16 2LL
Name and address of premises to which application relates

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal Licence Number 047174
Insert personal licence number, if any

Personal licence issuing authority NOTTINGHAM CITY
Insert name of authority and telephone no of authority

Signed:

Name: Sean DUGGAN
Please print name

Date: 20 MARCH 2022