



The Licensing Team
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APPLICATION FOR A PROVISIONAL STATEMENT TO BE GRANTED UNDER THE LICENSING ACT 2003

Form Ref: LA03/PL 10

Data Protection

North Devon Council is the Data Controller.

Your personal information will be held and used in accordance with the requirements of the Data Protection Act 1998.

We will use the information you have provided in connection with the administration of Licensing.

We may lawfully disclose information to other public sector agencies to:

- prevent or detect fraud and any other crime;
- support national fraud initiatives;
- protect public funds;
- progress your request for service.

We may also use basic information about you, e.g name and address, in other areas of service provision at North Devon Council if this:

- helps you to access our services more easily;
- promotes the more efficient and cost-effective delivery of services;
- helps us to recover monies that you owe us.

We will not use your personal information in a way that may cause you unwarranted detriment.

If you require this document in an alternative format, please contact us.

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 or typed in black ink.

Use additional sheets if necessary.

You should keep a copy of the completed form for your records.

**APPLICATION FOR A PROVISIONAL STATEMENT TO BE GRANTED UNDER
THE LICENSING ACT 2003**

I/We*

[insert name(s) of applicant(s)]

apply for a provisional statement under section 29 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	
Post Town	Postcode
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	
a) an individual or individuals*	<input type="checkbox"/> please complete section (A)
b) a person other than an individual*	
i. as a limited company	<input type="checkbox"/> please complete section (B)
ii. as a partnership	<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	<input type="checkbox"/> please complete section (B)
d) a charity	<input type="checkbox"/> please complete section (B)
e) the proprietor of an educational establishment	<input type="checkbox"/> please complete section (B)
f) a health service body	<input type="checkbox"/> 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	<input type="checkbox"/> please complete section (B)
h) the chief officer of police of a police force in England and Wales	<input type="checkbox"/> please complete section (B)
* If you are applying as a person described in (a) or (b) please confirm:	
• I am carrying on or proposing to carry on a business	<input type="checkbox"/>
• I am making the application pursuant to a	
▪ statutory function or	<input type="checkbox"/>
▪ a function discharged by virtue of Her Majesty's prerogative	<input type="checkbox"/>

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)	
Surname	
Forenames	
I am 18 years old or over. Please tick v YES <input type="checkbox"/>	
Current postal address if different from premises address	
Post Town	Postcode
Daytime contact telephone number	
E-mail address (optional)	

SECOND INDIVIDUAL APPLICANT (if applicable)

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)	
Surname	
Forenames	
I am 18 years old or over. Please tick v YES <input type="checkbox"/>	
Current postal address if different from premises address	
Post Town	Postcode
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	
Address	
Post Town	Postcode
Registered number (where applicable)	
Description of applicant (for example partnership, company, unincorporated association etc)	
Telephone number (if any)	
E-mail address (optional)	
What is the nature of your interest in the premises?	

A

Plays 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 type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
Tue				
Wed			State any seasonal variations for performing plays (please read guidance note 4)	
Thur				
Fri				
			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				
Sun				

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
Tue				
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)	
Thur				
Fri				
			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				
Sun				

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	State any seasonal variations for indoor sporting events (please read guidance note 4)
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

D

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

E

Live music 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 <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
Tue				
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)	
Thur				
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

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

G

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

H

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

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

J

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

K

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

L

Late night refreshment 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 <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
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 read guidance note 4)		
Thur					
Fri			Non standard timings. Where the you 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					

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 2)	On the premises <input type="checkbox"/>
				Off the premises <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	State any seasonal variations (please read guidance note 3)	
Mon			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)	
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				

N

<p>Please highlight any adult entertainment or 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 read guidance note 8)</p>

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

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
c) Public safety
d) The prevention of public nuisance
e) The protection of children from harm

Checklist	Please tick v
• I have made or enclosed payment of the fee	<input type="checkbox"/>
• I have enclosed the plans of the works to be done at the premises	<input type="checkbox"/>
• I have sent copies of this application and plan to the responsible authorities and others where applicable	<input type="checkbox"/>
• I understand that I must now advertise my application	<input type="checkbox"/>
• I understand that if I do not comply with the above requirements my application will be rejected	<input type="checkbox"/>

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 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:
Date
Capacity
For joint applications 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.
Signature:
Date
Capacity

Part 5 – Contact name (where not previously given)_ and postal address for correspondence associated with this application (please read guidance note 13)			
Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

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. When you are completing Part 4 and 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. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. Please state 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 (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 members and their guests 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 people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises ancillary to the use of the premises which 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 for restricted age groups etc gambling machines etc.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. This is the address which we will use to correspond with you about this application.