

**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 Glossop North End Community Club  
(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			
<b>Glossop North End Community Club</b> <b>Cemetery Road</b> <b>Glossop</b> <b>SK13 7QG</b>			
Post town	Glossop	Postcode	SK13 7QG

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 6,000

**Part 2 - Applicant details**

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

a)	an individual or individuals *		please complete section (A)
b)	a person other than an individual *		
	i	as a limited company/limited liability partnership	please complete section (B)
	ii	as a partnership (other than limited liability)	please complete section (B)
	iii	as an unincorporated association or	please complete section (B)
	iv	other (for example a statutory corporation)	please complete section (B)

c)	a recognised club		please complete section (B)
d)	a charity	x	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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over		Please tick yes	
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
Where applicable (if 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)					

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**Second individual applicant (if applicable)**

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b> or over		I am 18 years old		Please tick yes	
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
Where applicable (if 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)					

**(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.**

<b>Name</b> Glossop North End Community Club Charity Number 1178867
<b>Address</b> Glossop North End Community Club Cemetery Road Glossop SK13 7QG

Registered number (where applicable) 1178867
Description of applicant (for example, partnership, company, unincorporated association etc.) Football club and bar
Telephone number (if any) [REDACTED]
E-mail address (optional) [REDACTED]

**Part 3 Operating Schedule**

When do you want the premises licence to start? ASAP

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"/>

<p>Please give a general description of the premises (please read guidance note 1)</p> <p>This is a Community Club house for Football, Changing rooms, community room and 3G pitch and two smaller pitches at the heart of a large grassroots football club.</p>
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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 type="checkbox"/>
d) boxing or wrestling entertainment (if ticking yes, fill in box D)	<input type="checkbox"/>

e)	live music (if ticking yes, fill in box E)	Y
f)	recorded music (if ticking yes, fill in box F)	Y
g)	performances of dance (if ticking yes, fill in box G)	
h)	anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	Y

<b><u>Provision of late night refreshment</u></b> (if ticking yes, fill in box I)	
<b><u>Supply of alcohol</u></b> (if ticking yes, fill in box J)	Y

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 indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

**B**

Films Standard days and timings (please read guidance note 7)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b>Please give further details</b> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 5)
Wed			
Thur			<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 6)
Fri			
Sat			
Sun			



**D**

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

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	
				Outdoors	
				Both	Y
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)  Christmas Eve or New Years possible until 12 midnight possibly		
Thur					
Fri	1800	00.00	<b>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</b> (please read guidance note 6)		
Sat	18.00	00.00			
Sun	18.00	10.00			

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)	
Day	Start	Finish	Indoors	
			Outdoors	
			Both	Y
Mon			<b>Please give further details here</b> (please read guidance note 4)	
Tue				
Wed			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5) Christmas Eve or New years eve times as stated	
Thur				
Fri	1200	0000	<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 6)	
Sat	1200	0000		
Sun	1200	0000		

**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	
Day				Outdoors	
Start	Finish			Both	
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)		
Thur					
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 6)  Christmas eve and NYE		
Sat					
Sun					

H

<p><b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)</p>	Indoors	
Mon				Outdoors	
				Both	
Tue			<p><b><u>Please give further details here</u></b> (please read guidance note 4)</p>		
Wed					
Thur			<p><b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)</p>		
Fri					
Sat			<p><b><u>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</u></b> (please read guidance note 6)</p>		
Sun					

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 6)		
Sat					
Sun					

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	
				Off the premises	
				Both	Y
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5) Christmas Eve or New Years Eve 1800-2330		
Mon	1800	2130			
Tue	1800	2130			
Wed	1800	2130			
Thur	1800	2130			
Fri	1200 <del>1800</del>	2330			
Sat	1200	2330			
Sun	1200	2330			
			<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 6)		

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		[REDACTED]
Date of birth		[REDACTED]
Address		[REDACTED]
Postcode		[REDACTED]
Personal licence number (if known)		

Issuing licensing authority (if known)

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	
Mon	1800	2130	Christmas eve and NYE 18:00 until 00.00
Tue	1800	2130	
Wed	1800	2130	
Thur	1800	2130	
Fri	1200	<del>2330</del> 00:00	
			<b>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</b> (please read guidance note 6)



Sat	12	<del>2330</del>	00:00
Sun	12	<del>2330</del>	00:00

## 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)**

We have CCTV in place outside and can add internally if required. We will include drinking up time and ensure reminders are in place for noise and respecting neighbours and work hard with the local community to ensure all conditions are met.

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

1. CCTV shall be installed at the Premises in the form of a recordable system, capable of providing clear, good quality, real time, images in all lighting conditions. Cameras shall encompass all entrances and exits to the premises, any external seating or smoking areas, all areas where the sale, supply or consumption of alcohol occurs and all other areas where licensable activity takes place.
2. CCTV Equipment shall be maintained in good working order and checked on a regular basis to ensure it displays the correct time and date. The system shall record in real time and operate whilst the premises are open to the public.
3. CCTV recordings shall be retained for a period of 31 days and made available to any authorised officer on reasonable request for evidential purposes, in accordance with Data Protection Legislation.
4. CCTV Recording equipment shall be kept in a secure environment under the control of the Premises Licence Holder or other responsible named individual.
5. There shall be sufficient members of trained staff available to be able to download or view CCTV evidence with the minimum of delay at the reasonable request of an authorised officer.

**c) Public safety**

All of our first aid equipment and fire and safety will be regularly maintained, we have no smoking on site and a risk assessment in place and health and safety officer on our committee.

**d) The prevention of public nuisance**

We will display the appropriate notices at entrances and exits and ensure we work with the local community to address any issues.

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

1. Full training will be provided to all staff on the law relating to all age-restricted products sold and the systems or procedures that they are expected to follow in the course of dealing with these goods. Refresher training will be provided at regular intervals (at least 6 monthly). Records detailing the training provided will be kept on the premises for production on request to an officer of a Responsible Authority. Records shall be made available for a minimum of 2 years.
2. A Challenge 25 proof of age scheme will be operated at all times. Anyone attempting to purchase alcohol that appears to be under 25 years of age will be asked for proof of age. The only forms of acceptable identification shall be either a valid photographic driving licence, a valid passport, military identification or any other recognised form of photographic identification incorporating the PASS logo. Failure to produce satisfactory proof of age will result in a refused sale.
3. Clear prominent signage informing customers of the age verification policy in operation will be displayed at the premises.
4. A system of recording refused sales at the premises will be operated at all times. The Designated Premises Supervisor (or Deputy authorised in writing) will, at least monthly, examine and endorse the record to say that it is an accurate representation of the premises. They will take and document any action that they consider necessary as a result of this check. The records will be retained for a minimum of two years and made available to an Officer of a Responsible Authority on request.

**Checklist:**

**Please tick to indicate agreement**

<input type="checkbox"/>	I have made or enclosed payment of the fee.	Y
<input type="checkbox"/>	I have enclosed the plan of the premises.	Y
<input type="checkbox"/>	I have sent copies of this application and the plan to responsible authorities and others where applicable.	Y
<input type="checkbox"/>	I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	Y
<input type="checkbox"/>	I understand that I must now advertise my application.	Y
<input type="checkbox"/>	I understand that if I do not comply with the above requirements my application will be rejected.	Y

•	[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 or my share code issued by the Home Office online right to work checking service (please read note 15).
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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.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [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).</li> <li>• 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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)</li> </ul>
Signature	Ben Mills
Date	30092024
Capacity	Club Committee member and trustee

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