



Licensing Team  
 North Norfolk District Council  
 Council Offices  
 Holt Road  
 Cromer  
 Norfolk  
 NR27 9EN

Reference number

(office use only)

**Application for a provisional statement to be granted  
 under the Licensing Act 2003**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance booklet.

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** ..... **apply for a**  
 (Insert name(s) of applicant)  
**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	Post code
Telephone number of Premises	

Non-domestic rateable value of premises

£

(This can be obtained from the Valuation Office website [www.voa.gov.uk](http://www.voa.gov.uk))

## **Part 2 – Applicant Details**

Please state whether you are applying for a premises licence as

Please tick ✓

a) An individual or individuals*	<input type="checkbox"/> <b>Please complete Section A</b>
b) A person other than an individual* <ul style="list-style-type: none"> <li>i. as a limited company</li> <li>ii. as a partnership</li> <li>iii. as an unincorporated association</li> <li>iv. other (for example a statutory corporation)</li> </ul>	<input type="checkbox"/> <b>Please complete Section B</b> <input type="checkbox"/> <b>Please complete Section B</b> <input type="checkbox"/> <b>Please complete Section B</b> <input type="checkbox"/> <b>Please complete Section B</b>
c) A recognised club	<input type="checkbox"/> <b>Please complete Section B</b>
d) A charity	<input type="checkbox"/> <b>Please complete Section B</b>
e) The proprietor of an educational establishment	<input type="checkbox"/> <b>Please complete Section B</b>
f) A Health Service Body	<input type="checkbox"/> <b>Please complete Section B</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"/> <b>Please complete Section B</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	<input type="checkbox"/> <b>Please complete Section B</b>
h) The Chief Officer of Police of a police force in England and Wales	<input type="checkbox"/> <b>Please complete Section B</b>

\* If you are applying as a person described in (a) or (b) please confirm:

Please tick ✓ yes

- 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

**SECTION A – INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr  Mrs  Miss  Ms  Other title   
(please state)

Surname

First names

I am 18 years old or over  Yes

**Current postal address if different from premises address**

Post Town:

Postcode:

Daytime contact telephone number

E-mail address (optional)

**Second individual applicant (if applicable)**

Mr  Mrs  Miss  Ms  Other title   
(please state)

Surname

First names

I am 18 years old or over  Yes

**Current postal address if different from premises address**

Post Town:

Postcode:

Daytime contact telephone number

E-mail address (optional)

## SECTION B – OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (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)

What is the nature of your interest in the premises?

--

Is the premises

Please tick ✓

- About to be constructed
- Being extended or altered

Please give details of the work and please attach plans of the work being done or about to be done at the premises

Please give particulars of the premises to which the application relates  
(please read guidance note 1)

## What licensable activities will the premises be used for?

### Provision of regulated entertainment

Please tick  Yes

- a) plays (if ticking yes, fill in **Box A**).....
- b) films (if ticking yes, fill in **Box B**).....
- c) indoor sporting events (if ticking yes, fill in **Box C**).....
- d) boxing or wrestling entertainment (if ticking yes, fill in **Box D**).....
- e) live music (If ticking yes, fill in **Box E**).....
- f) recorded music (if ticking yes, fill in **Box F**).....
- 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**)...

### Provision of entertainment facilities

Please tick  Yes

- i) making music (if ticking yes, fill in **Box I**).....
- j) dancing (if ticking yes, fill in **Box J**).....
- k) entertainment of a similar description to that falling within i or j.....   
(if ticking yes, fill in **Box K**)

### Provision of late night refreshment (if ticking yes, fill in **Box L**).....

The supply of hot food or hot drink to the public for consumption on or off the premises between 11.00pm and 5.00am.

### Sale by retail of alcohol (if ticking yes, fill in **Box M**).....

**IN ALL CASES PLEASE COMPLETE BOXES N, O AND P (optional)**

### Part 4 – OPTIONAL – you may fill in this section if you choose to

General description of the premises (please read guidance note 1)

<b>Box A</b> <b>Plays</b> 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	
					Outdoors	
					Both	
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 3)			
Mon						
Tue			<u>State any seasonal variations for performing plays</u> (read guidance note 4)			
Wed						
Thur			<u>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</u> (read guidance note 5)			
Fri						
Sat						
Sun						

<b>Box B</b> <b>Films</b> 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	
					Outdoors	
					Both	
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 3)			
Mon						
Tue			<u>State any seasonal variations for exhibition of films</u> (read guidance note 4)			
Wed						
Thur			<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> (read guidance note 5)			
Fri						
Sat						
Sun						

<b>Box C</b> <b>Indoor sporting events</b> Standard days and timings (Please read guidance note 6)			Will the indoor sporting events take place indoors or outdoors or both – please tick ✓ (Please read guidance note 2)		Indoors					
					Outdoors					
					Both					
Day	Start	Finish								
Mon			<u>Please give further details here</u> (read guidance note 3)							
Tue										
Wed							<u>State any seasonal variations for indoor sporting events</u> (read guidance note 4)			
Thur										
Fri										
Sat			<u>Non standard timings. Where you intend to use the premises for the indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5)							
Sun										

<b>Box D Boxing or wrestling entertainment</b> 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					
					Outdoors					
					Both					
Day	Start	Finish								
Mon			<u>Please give further details here</u> (read guidance note 3)							
Tue										
Wed							<u>State any seasonal variations for boxing or wrestling entertainment</u> (read guidance note 4)			
Thur										
Fri										
Sat			<u>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</u> (please read guidance note 5)							
Sun										



<b>Box E</b> <b>Live music</b> 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	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (read guidance note 3)		
Mon					
			State any seasonal variations for the performance of live music (read guidance note 4)		
Tue					
			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 5)		
Wed					
Thur					
Fri					
Sat					
Sun					

<b>Box F</b> <b>Recorded music</b> 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	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (read guidance note 3)		
Mon					
			State any seasonal variations for playing recorded music (read guidance note 4)		
Tue					
			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)		
Wed					
Thur					
Fri					
Sat					
Sun					

<b>Box G</b> <b>Performance of dance</b> 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	
					Outdoors	
					Both	
Day	Start	Finish	<p>Please give further details here (read guidance note 3)</p> <hr/> <p>State any seasonal variations for performance of dance (read guidance note 4)</p> <hr/> <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>			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						

<b>Box H</b> <b>Anything of a similar description to that falling within e, f or g</b> Standard days and timings (Please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u>					
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick ✓ (Please read guidance note 2)	Indoors				
Mon				Outdoors				
				Both				
			<u>Please give further details here</u> (read guidance note 3)					
Tue			<u>State any seasonal variations for entertainment of a similar description to that falling within e, f or g</u> (read guidance note 4)					
Wed								
Thur								
Fri								
Sat						<u>Non standard timings. Where you intend to use the premises for the entertainment of 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> (please read guidance note 5)		
Sun								

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

<b>BOX J Provision of facilities for dancing</b> Standard days and timings (Please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick ✓ (Please read guidance note 2)		Indoors	
					Outdoors	
					Both	
Day	Start	Finish	<p>Please give further details here (read guidance note 3)</p> <hr/> <p><u>State any seasonal variations for providing dancing facilities</u> (read guidance note 4)</p> <hr/> <p><u>Non standard timings. Where you intend to use the premises for the provision of dancing entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)</p>			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						

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

<b>Box L</b> <b>Late night refreshment</b> 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 <input type="checkbox"/> √ (Please read guidance note 2)		Indoors					
					Outdoors					
					Both					
			<u>Please give further details here (read guidance note 3)</u>							
Day	Start	Finish								
Mon			<u>State any seasonal variations for the provision of late night refreshment (read guidance note 4)</u>							
Tue										
Wed										
Thur										
Fri							<u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</u>			
Sat										
Sun										

<b>Box M</b> <b>Supply of alcohol</b> Standard days and timings (Please read guidance note 6)			Will the sale of alcohol be for consumption – please tick <input type="checkbox"/> (Please read guidance note 2)		On premises <input type="checkbox"/>
					Off premises <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol (read guidance note 4)</u>              <u>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 (read guidance note 5)</u>		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

### Box N

**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)**



<b>Box O</b> <b>Hours premises are open to the public</b> Standard days and timings (Please read guidance note 6)			<u>State any seasonal variation (read guidance note 4)</u>	
Day	Start	Finish		
Mon				
Tue				
Wed				
Thur				<u>Non standard timings. Where you intend to use 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)</u>
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  Yes

- I have made or enclosed payment of the fee .....
- I have enclosed a plans of the works to be done at the premises.....
- I have sent copies of this application and the plan to responsible authorities and others where 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.....

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE (£5,000), 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.** (See guidance note 11) **If signing on behalf of the applicant please state in what capacity.**

Signature .....

Date .....

Capacity.....

**For jointl applications signature of 2<sup>nd</sup> or 2<sup>nd</sup> applicant’s solicitor or other duly authorised agent.** (Please read guidance note 12) **If signing on behalf of the applicant please state in what capacity.**

Signature .....

Date .....

Capacity .....

**Contact name** (where not previously given) **and address for correspondence associated with this application** (please read guidance note 13)

Post Town:	Postcode:
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	