

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 LEYLAND WARRIORS RUGBY 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			
MOSS SIDE PLATING FIELDS, MOSS SIDE WAY			
Post town	LEYLAND	Postcode	PR26 7XU
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 6,200	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i as a limited company please complete section (B)
 - ii as a partnership 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 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:

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

Part 3 Operating Schedule

When do you want the premises licence to start?
 DD MM YYYY
 01 07 2020

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

Please give a general description of the premises (please read guidance note 1)
 CASINO WITH BAR/KITCHEN IN ENCLOSED COMPOUND AT THE CLUB.

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

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

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

Provision of regulated entertainment Please tick any that apply

- 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 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) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr	<input checked="" type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other Title (for example, Rev)	
Surname ENGLISH				First names IAN					
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes					
Current postal address if different from premises address				55, DUKES MEADOW, INGOL					
Post town			PRESTON		Postcode		PR2 7AT		
Daytime contact telephone number						07726190763			
E-mail address (optional)		IANENGLISH1966@HOTMAIL.COM							

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr	<input checked="" type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other Title (for example, Rev)	
Surname HOGAN-FARWORTH				First names CRAIG					
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes					
Current postal address if different from premises address				10, WALFORD ST SWINLEY					
Post town			WIGAN		Postcode		WN1 2EQ		
Daytime contact telephone number						07986 635344			
E-mail address (optional)		CRAIGHOGAN13@GMAIL.COM							

(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	LEYLAND WARRIORS RUGBY CLUB.
Address	MOSS SIDE PLAYING FIELDS, MOSS SIDE WAY, LEYLAND, PR26 7XU
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	RUGBY CLUB.
Telephone number (if any)	
E-mail address (optional)	jim.bentham@blueyonder.co.uk.

A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>	
Day	Start	Finish		Outdoors	<input type="checkbox"/>	
				Both	<input type="checkbox"/>	
Mon			<u>Please give further details here</u> (please read guidance note 3)			
Tues						
Wed				<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur						
Fri			<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> (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"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
Tues			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Wed			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 5)		
Thur					
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tues			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			
Fri			<u>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</u> (please read guidance note 5)
Sat			
Sun			

D

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

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"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon			<p><u>Please give further details here</u> (please read guidance note 3)</p> <p>OCCASIONAL LIVE MUSIC EVENTS AT CLUB EVENTS/MATCHES .</p> <p>AMPLIFIED MUSIC FOR SMALL VENUE .</p>		
Tues					
Wed			<p><u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)</p> <p>N/A</p>		
Thur					
Fri			<p><u>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</u> (please read guidance note 5)</p> <p>N/A .</p>		
Sat	10:00	22:00			
Sun	10:00	22:00			

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"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3) RECORDED MUSIC AT CLUB EVENTS / MATCHES .		
Tues					
Wed				<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4) N/A	
Thur					
Fri			<u>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</u> (please read guidance note 5) N/A		
Sat	10:00	22:00			
Sun	10:00	22:00			

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Tues					
			<u>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</u> (please read guidance note 5)		
Wed					
Thur					
Fri					
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		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tues			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<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> (please read guidance note 5)		
Sun					

I

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"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon			Please give further details here (please read guidance note 3) SNACKS/DRINKS AT CLUB EVENTS/MATCHES		
Tues					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4) N/A		
Thur					
Fri			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 5) N/A		
Sat	10:00	22:00			
Sun	10:00	22:00			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for <u>consumption – please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon			<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) DRINKS MAY BE CONSUMED ON PREMISES OR AT THE PITCH SIDE – NOT SOLD TO BE TAKEN AWAY .		
Tues					
Wed	17:00	22:00			
Thur	17:00	22:00	<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</u> (please read guidance note 5)		
Fri	17:00	22:00			
Sat	10:00	22:00			
Sun	10:00	22:00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

Name	[REDACTED] LYNN E LANCASTER
Address	[REDACTED] 295 ORRELL ROAD, ORRELL, WIGAN
Postcode	[REDACTED] WN5 8QU
Personal licence number (if known)	PL3275
Issuing licensing authority (if known)	WIGAN COUNCIL

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).

N/A. - OUR CLUB SAFEGUARDING POLICY IS IN PLACE TO SAFEGUARD THE WELFARE OF EVERY CHILD/YOUNG PERSON.

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon			<u>Non standard timings. Where you intend the premises to be open to the public at different times to those listed in the column on the left, please list</u> (please read guidance note 5)
Tues			
Wed			
Thur			
Fri			
Sat			
Sun			

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 9)

THE CLUB OPERATES TO A HIGH STANDARD ALREADY, AND WILL CONTINUE TO DO SO SHOULD THIS LICENCE BE GRANTED. ALL STAFF WILL BE TRAINED IN THEIR RESPONSIBILITIES WITH REGARD TO SALES OF ALCOHOL. THE PREMISES WILL CLOSE PROMPTLY AFTER THE LICENSING ACTIVITIES HAVE CEASED TO ALLOW MEMBERS TO FINISH THEIR DRINKS AND LEAVE IN A QUIET AND ORDERLY MANNER.

b) The prevention of crime and disorder

- CCTV IS IN OPERATION AT THE CLUB
- BOTTLES AND GLASSES - DRINKS WILL BE SERVED IN PLASTIC GLASSES, GLASS BOTTLES WILL BE DECANTED INTO PLASTIC BEFORE SERVING
- PROOF OF AGE WILL BE REQUESTED IF REQUIRED.
- FACILITIES ARE IN AN ENCLOSED COMPOUND AT THE CLUB.

c) Public safety

- FIRST AID - POLICY IN PLACE WITH TRAINED PERSONNEL & ADEQUATE EQUIPMENT ON SITE inc. DEFIBRILLATOR.
- FIRE SAFETY - EXIT DOORS EASILY ACCESSIBLE WITH EXTINGUISHERS ON-SITE.
- NO SMOKING POLICY ON PREMISES IS IN PLACE
- A "HOTLINE" TO LOCAL TAXI FIRMS IS AVAILABLE

d) The prevention of public nuisance

- NOISE FROM THE PREMISES WILL BE MAINTAINED AT A LEVEL THAT WILL NOT BE AUDIBLE TO ANY NEIGHBOURING NOISE SENSITIVE PREMISES
- PLAYING OF LIVE/RECORDED MUSIC IS NOT PERMITTED AFTER 22:00
- WASTE MANAGEMENT WILL BE HANDLED IN ACCORDANCE WITH EXISTANT PROCEDURES

e) The protection of children from harm

- THE CLUB HAS A SAFEGUARDING POLICY IN PLACE
- PROOF OF AGE WILL BE REQUESTED IF REQUIRED - ANYONE WHO APPEARS TO BE UNDER AGE OF 25 IS CHALLENGED TO PROVIDE ID.
- CHILDREN ON THE PREMISES WILL BE SUPERVISED/ACCOMPANIED BY AN ADULT AFTER 21:00 IN THE BAR AREA.

* THE CLUB WILL ALSO HOLD A "REFUSAL LOG" TO

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	JF GC		
Date	31st MAY 2023		
Capacity	CLUB VICE CHAIRMAN		
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	C Megaformelt		
Date	31 MAY 2023		
Capacity	CLUB COMMITTEE MEMBER		
Contact name (where not previously given) and postal 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)			

Consent of individual to being specified as premises supervisor

LYNN E. LANCASTER

I

Lynn E Lancaster

of

295 Orrell Road
Orrell
Wigan
WN5 8QU

[home address of prospective premises supervisor]

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

Ian English

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

Leyland Warriors Rugby Club
Moss Side Playing Fields
Moss Side Way
PR26 7XU

[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

Ian English

[name of applicant]

concerning the supply of alcohol at

Leyland Warriors Rugby Club
Moss Side Playing Fields
Moss Side Way
PR26 7XU

[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

PL3275

[insert personal licence number, if any]

Personal licence issuing authority

Wigan Council, Trading Standards & Licencing Section, PO Box 100, Wigan,
WN1 3DS

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

A handwritten signature in black ink, appearing to be "Lynn E Lancaster", written over a dashed line.

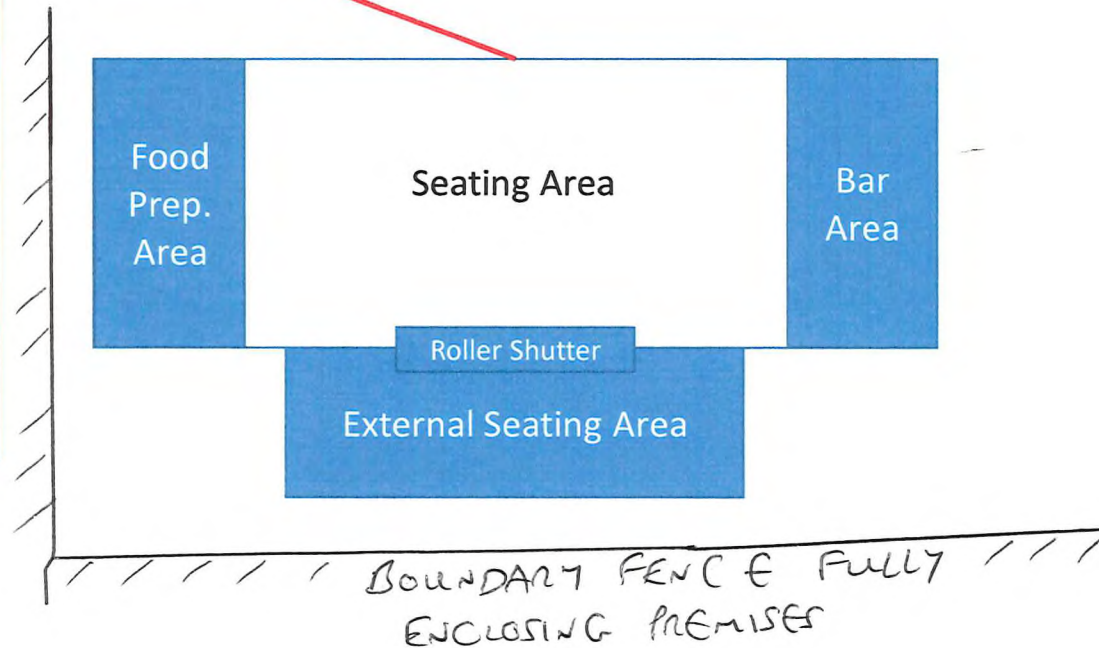
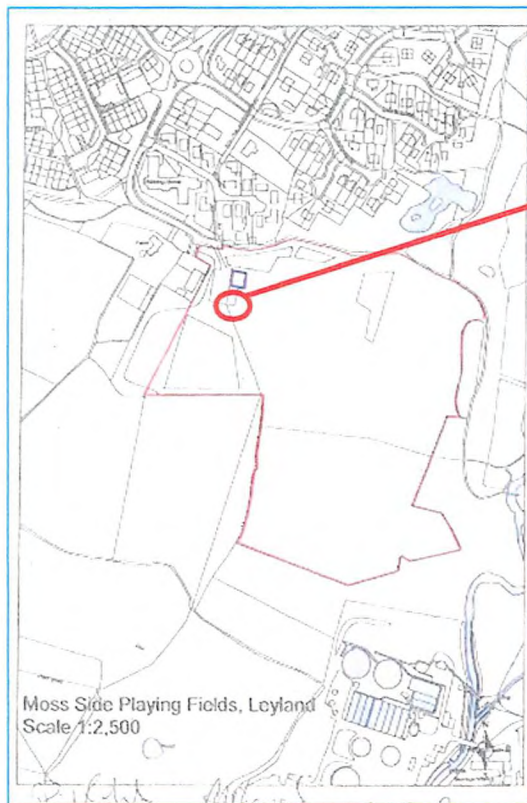
Name (please print)

Lynn E Lancaster

Date

03/06/2023

Leyland Warriors Rugby Club – Premises Licence Application Plans – June 2023



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

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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.