

Online application for a provisional statement to be granted under the Licensing Act 2003

Licensing Team, Royal Borough of Kensington and Chelsea - please visit our website www.rbkc.gov.uk for our current postal address or contact us on Telephone: 020 7341 5152 email: licensing@rbkc.gov.uk



THE ROYAL BOROUGH OF
**KENSINGTON
AND CHELSEA**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes attached to the form. Please ensure that your answers are typed in black. Some text boxes may have a limit on the number of characters. Where necessary please use additional sheets and upload them with your form.

ALL FIELDS MARKED IN RED ARE MANDATORY AND MUST BE COMPLETED.

Before submitting your application please save a copy to your desk top. Please ensure that you provide a valid email address.

I/We

(Insert name(s) of applicant)

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 Please tick all that apply

- | | | |
|--|--------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input type="checkbox"/> | 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 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 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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick 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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
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
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association)
Telephone number (if any)
E-mail address (optional)

What is the nature of your interest in the premises? ****Limited characters – use separate sheet if necessary****

Part 3 – Schedule of works

Is the premises

Please tick as appropriate

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 ****Limited characters – use separate sheet if necessary****

Please give particulars of the premises to which the application relates (please read guidance note 1)
****Limited characters – use separate sheet if necessary****

Which licensable activities will the premises be used for?

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- a) plays (optional, fill in box A)
- b) films (optional, fill in box B)
- c) indoor sporting events (optional, fill in box C)
- d) boxing or wrestling entertainment (optional, fill in box D)
- e) live music (optional, fill in box E)
- f) recorded music (optional, fill in box F)
- g) performances of dance (optional, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (optional, fill in box H)

Provision of late night refreshment (optional, fill in box I)

Supply of alcohol (optional, fill in box J)

Complete boxes K, L and M (optional)

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

General description of premises (please read guidance note 1) ****Limited characters – use separate sheet if necessary****

A

Plays Standard days and timings (please read guidance note 7)			<u>Will the performance of a play take place 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	<u>Please give further details here</u> (please read guidance note 4) **Limited characters – use separate sheet if necessary**		
Mon					
Tue			<u>State any seasonal variations for performing plays</u> (please read guidance note 5) **Limited characters – use separate sheet if necessary**		
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> (please read guidance note 6) **Limited characters – use separate sheet if necessary**		
Fri					
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	<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 4) **Limited characters – use separate sheet if necessary**		
Mon					
			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5) **Limited characters – use separate sheet if necessary**		
Tue					
			<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) **Limited characters – use separate sheet if necessary**		
Wed					
Thur					
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4) **Limited characters – use separate sheet if necessary**	
Day	Start	Finish		
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5) **Limited characters – use separate sheet if necessary**	
Tue				
Wed				
Thur				<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 6) **Limited characters – use separate sheet if necessary**
Fri				
Sat				
Sun				

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place 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	<u>Please give further details here</u> (please read guidance note 4) **Limited characters – use separate sheet if necessary**		
Mon					
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5) **Limited characters – use separate sheet if necessary**		
Wed					
Thur			<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 6) **Limited characters – use separate sheet if necessary**		
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music take place 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	<u>Please give further details here</u> (please read guidance note 4) **Limited characters – use separate sheet if necessary**		
Mon					
			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5) **Limited characters – use separate sheet if necessary**		
Tue					
			<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 6) **Limited characters – use separate sheet if necessary**		
Wed					
Thur					
Fri					
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place 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	<u>Please give further details here</u> (please read guidance note 4) **Limited characters – use separate sheet if necessary**		
Mon					
Tue			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) **Limited characters – use separate sheet if necessary**		
Wed					
Thur			<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 6) **Limited characters – use separate sheet if necessary**		
Fri					
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place 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	<u>Please give further details here</u> (please read guidance note 4) **Limited characters – use separate sheet if necessary**		
Mon					
Tue			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5) **Limited characters – use separate sheet if necessary**		
Wed					
Thur			<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 6) **Limited characters – use separate sheet if necessary**		
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 7)			Please give a description of the type of entertainment you will be providing **Limited characters – use separate sheet if necessary**		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4) **Limited characters – use separate sheet if necessary**		
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 5) **Limited characters – use separate sheet if necessary**		
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 6) **Limited characters – use separate sheet if necessary**		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 7)			<u>Will the provision of late night refreshment take place 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	<u>Please give further details here</u> (please read guidance note 4) **Limited characters – use separate sheet if necessary**		
Mon					
Tue			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5) **Limited characters – use separate sheet if necessary**		
Wed					
Thur			<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> (please read guidance note 6) **Limited characters – use separate sheet if necessary**		
Fri					
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 8)	On the premises	<input type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5) **Limited characters – use separate sheet if necessary**					
Mon								
Tue								
Wed								
Thur								
Fri								
Sat								
Sun								
						<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 6) **Limited characters – use separate sheet if necessary**		
Mon								
Tue								
Wed								
Thur								
Fri								
Sat								
Sun								

K

<p>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). **Limited characters – use separate sheet if necessary**</p>

L

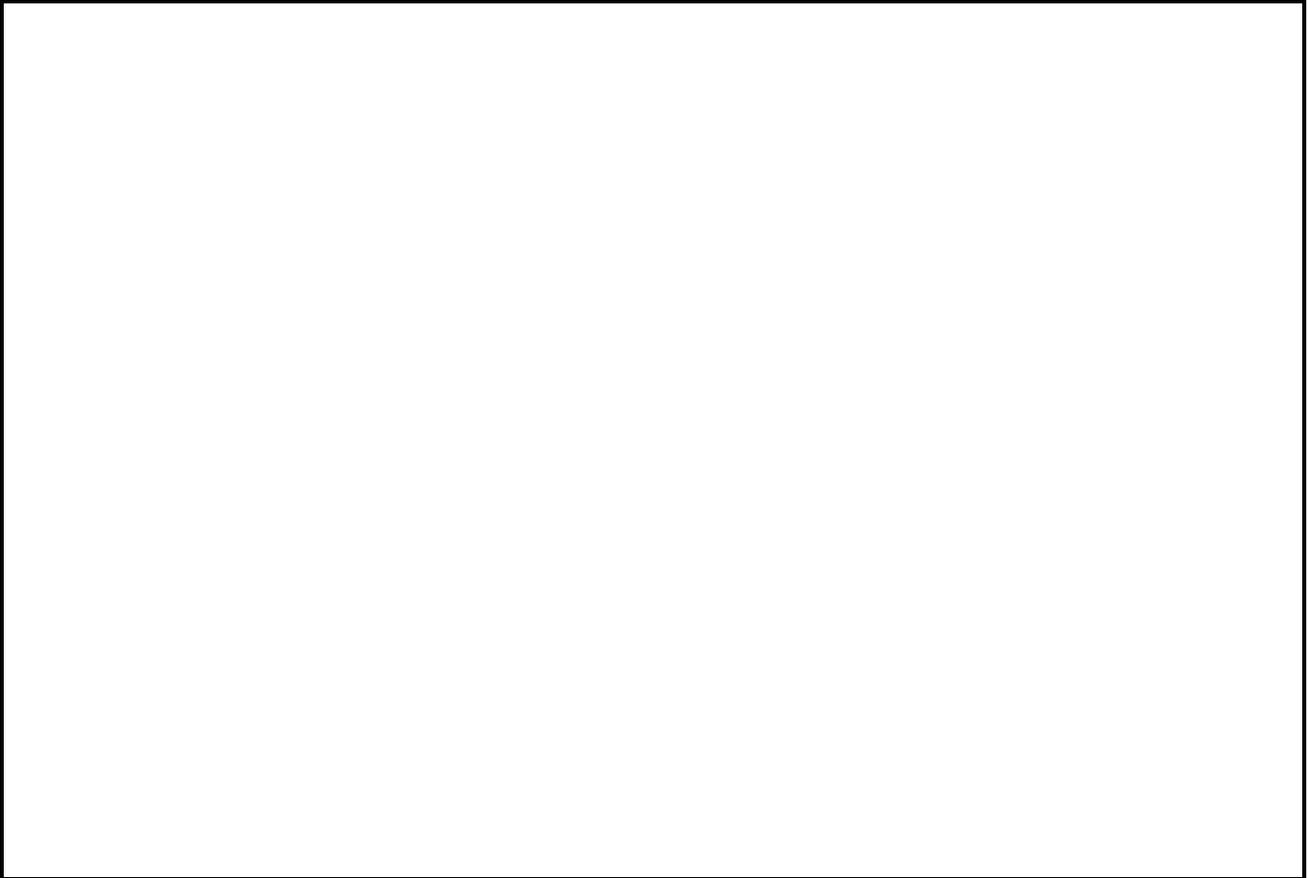
Hours premises are open to the public Standard timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5) **Limited characters – use separate sheet if necessary**	
Day	Start	Finish		
Mon				
Tue				
Wed				
Thur				Non standard timings. Where you intend the premises 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) **Limited characters – use separate sheet if necessary**
Fri				
Sat				
Sun				

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

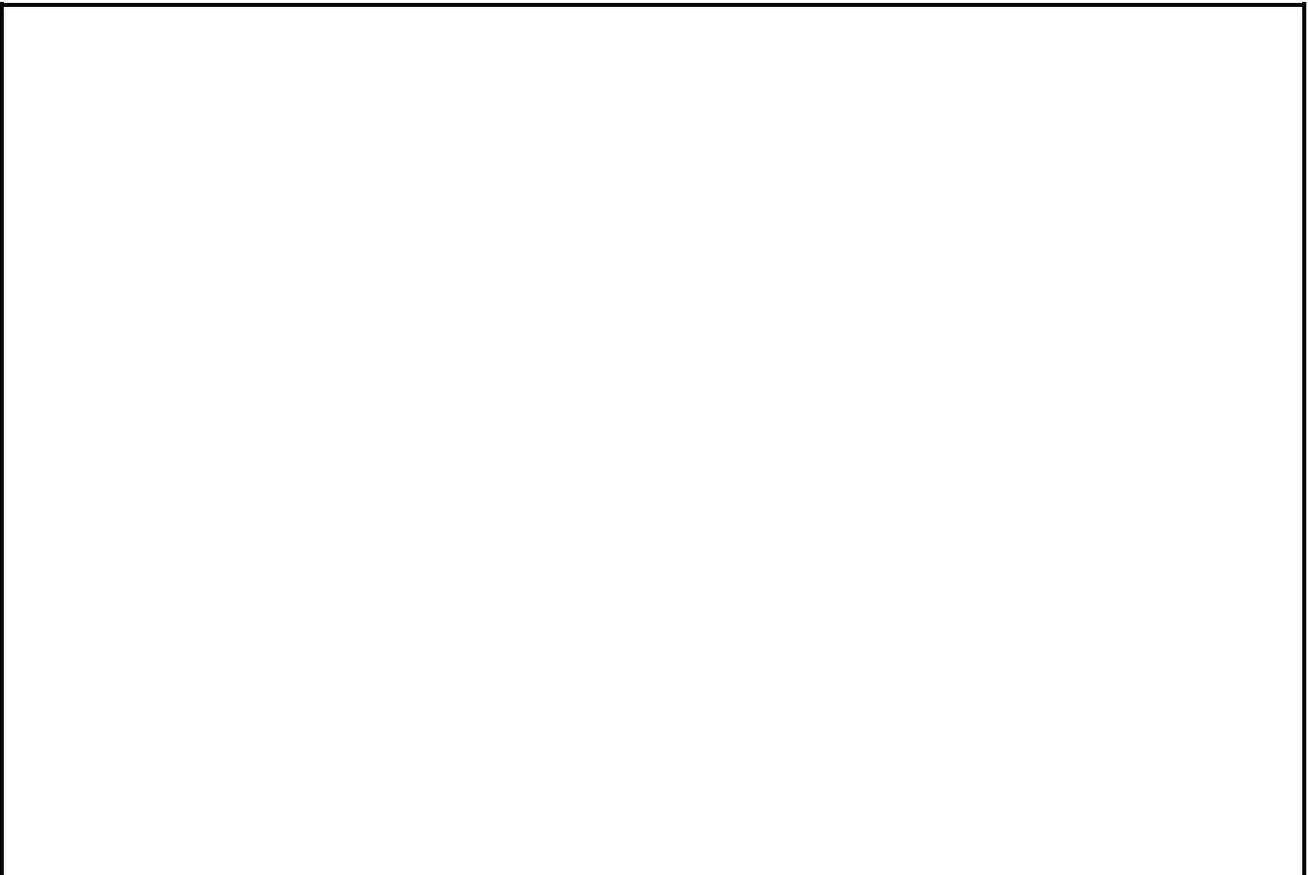
a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10) **Limited characters – use separate sheet if necessary**

b) The prevention of crime and disorder **Limited characters – use separate sheet if necessary**

c) Public safety **Limited characters – use separate sheet if necessary**

A large, empty rectangular box with a black border, intended for handwritten notes or a separate sheet of paper.

d) The prevention of public nuisance **Limited characters – use separate sheet if necessary**

A large, empty rectangular box with a black border, intended for handwritten notes or a separate sheet of paper.

e) The protection of children from harm **Limited characters – use separate sheet if necessary******

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I have enclosed the 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 (postal applications only).
- 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, 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.

Part 5 – 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.**

Signed

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.**

Signed

Date

Capacity

Contact name and address (please read guidance note 14) Mandatory – must be completed			
Post town		Postcode	
Telephone number			
Your email address			

Now save your form and upload here