

Licensing Section,
 Civic Offices,
 Union Street,
 Chorley,
 Lancashire,
 PR7 1AL

**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 (name(s)) <u>Lee Pemberton</u>	
wish to apply for a premises licence under section 17 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	
Name of Premises I.D.	
Postal address of premises, if any, or if none, ordnance survey map reference or description 72 Market Street Chorley	
Post Town <u>Lancashire</u>	Postcode <u>PR7 2SE</u>
Daytime telephone number (if any) <u>01257 241508</u>	
None-domestic rateable value of club premises £	
Part 2 – Applicant details	
Please state whether you are applying for a premises licence as:-	
Please tick <input checked="" type="checkbox"/> yes	
a) an individual or individuals*	<input checked="" 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)

Appendix A

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		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 <input checked="" type="checkbox"/> yes									
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - a statutory function; or - a function discharged by virtue of Her Majesty's prerogative 		✓									
(A) INDIVIDUAL APPLICANTS											
(Delete as applicable) Mr											
Other title (for example, Rev)											
Surname Pemberton											
First name(s) Lee Scott											
Please tick <input checked="" type="checkbox"/> yes											
I am 18 years old or over	✓	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">Date of birth</td> <td style="width: 5%; border-right: 1px dashed black; text-align: center;">1</td> <td style="width: 5%; border-right: 1px dashed black; text-align: center;">1</td> <td style="width: 5%; border-right: 1px dashed black; text-align: center;">0</td> <td style="width: 5%; border-right: 1px dashed black; text-align: center;">3</td> <td style="width: 5%; border-right: 1px dashed black; text-align: center;">1</td> <td style="width: 5%; border-right: 1px dashed black; text-align: center;">9</td> <td style="width: 5%; border-right: 1px dashed black; text-align: center;">6</td> <td style="width: 5%; text-align: center;">9</td> </tr> </table>	Date of birth	1	1	0	3	1	9	6	9
Date of birth	1	1	0	3	1	9	6	9			
Current postal address, if different from premises address											
175 North Road Preston											
Post town Lancashire		Post code									
Daytime contact telephone number											
07980555562											
Email address (optional)											
Lee.pemco@gmail.com											

SECOND INDIVIDUAL APPLICANT						
(Delete as applicable)		Mr	Mrs	Miss	Ms	
Other title (for example, Rev)						
Surname						
First names						
Please tick <input checked="" type="checkbox"/> yes			Day	Month	Year	
I am 18 years old or over	<input type="checkbox"/>	Date of birth				
Current postal address, if different from premises address						
Post town				Post code		
Daytime contact telephone number						
Email address (optional)						
(B) OTHER APPLICANTS						
Please provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give name and address of each party concerned.						
Name			Name			
Address			Address			
Registered number (where applicable)						
Description of applicant (for example partnership, company, unincorporated association etc.)						
Telephone number (if any)						
Email address (optional)						

Part 3 – Operating Schedule

	Day		Month		Year	
When do you want the premises licences to start?	1	4	1	0	2	0 1 0

	Day		Month		Year	
If you wish the licence to be valid only for a limited period, when do you want it to end?						

Please give a general description of the premises (please read guidance note 1)

Sale by retail of alcohol and provision of regular entertainment, including but not limited to, karaoke and Disco.

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

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

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

Appendix A

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 entertainments (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 for:	
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)	✓
The supply of late night refreshment (if ticking yes, fill in box L)	
The supply of alcohol (if ticking yes, fill in box M)	
✓	
In all cases complete boxes N, O and P	

A

Appendix 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 checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon	10.00	01.00	
Tue	10.00	01.00	
Wed	10.00	01.00	State any seasonal variations for performing plays (please read guidance note 4)
Thur	10.00	01.00	
Fri	10.00	01.00	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	10.00	01.00	
Sun	10.00	01.00	

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 checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon	10.00	01.00	
Tue	10.00	01.00	
Wed	10.00	01.00	State any seasonal variations for the exhibition of films (please read guidance note 4)
Thur	10.00	01.00	
Fri	10.00	01.00	Non-standard timings. Where you intend to use the premises for the exhibition of a films at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat	10.00	01.00	
Sun	10.00	01.00	

C

Appendix A

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details here (please read guidance note 3)
Day	Start	Finish	
Mon	10.00	01.00	
Tue	10.00	01.00	
Wed	10.00	01.00	
Thur	10.00	01.00	State any seasonal variations for indoor sporting events (please read guidance note 4)
Fri	10.00	01.00	
Sat	10.00	01.00	Non-standard timings. Where you intend to use the premises for indoor sporting events at different times from those listed in the column on the left, please list (please read guidance note 5)
Sun	10.00	01.00	

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)
Day	Start	Finish	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon	10.00	01.00	Please give further details here (please read guidance note 3)
Tue	10.00	01.00	
Wed	10.00	01.00	State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)
Thur	10.00	01.00	
Fri	10.00	01.00	Non-standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat	10.00	01.00	
Sun	10.00	01.00	

E

Appendix A

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 checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon	10.00	01.00	
			State any seasonal variations for performance of live music (please read guidance note 4)
Tue	10.00	01.00	
			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)
Wed	10.00	01.00	
Thur	10.00	01.00	
Fri	10.00	01.00	
Sat	10.00	01.00	
Sun	10.00	01.00	

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 checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon	10.00	01.00	
			State any seasonal variations for the playing of recorded music (please read guidance note 4)
Tue	10.00	01.00	
			Non-standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Wed	10.00	01.00	
Thur	10.00	01.00	
Fri	10.00	01.00	
Sat	10.00	01.00	
Sun	10.00	01.00	

G

Appendix A

Performance 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 checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon	10.00	01.00	
Tue	10.00	01.00	State any seasonal variations for performing of dance (please read guidance note 4)
Wed	10.00	01.00	
Thur	10.00	01.00	
Fri	10.00	01.00	
Sat	10.00	01.00	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)
Sun	10.00	01.00	

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 that the club will be providing
Day	Start	Finish	Will the entertainment take place indoors or outdoors or both - please tick ✓ (please read guidance note 2) Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon	10.00	01.00	
Tue	10.00	01.00	Please give further details here (please read guidance note 3)
Wed	10.00	01.00	
Thur	10.00	01.00	
Fri	10.00	01.00	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)
Sat	10.00	01.00	
Sun	10.00	01.00	
			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 from those listed in the column on the left, please list (please read guidance note 5)

Provision of facilities for making music			Please give a description of the facilities for making music you will be providing
Day	Start	Finish	
Standard days and timings (please read guidance note 6)			Will the facilities for making music be indoors or outdoors or both - please tick ✓ (please read guidance note 2) Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon	10.00	01.00	
Please give further details here (please read guidance note 3)			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)
Tue	10.00	01.00	
Wed	10.00	01.00	
Non-standard timings. Where you intend to use the premises for 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)			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)
Thur	10.00	01.00	
Fri	10.00	01.00	
Sat	10.00	01.00	
Sun	10.00	01.00	

J

Provision of facilities for dancing			Please give a description of the type of entertainment that you will be providing
Day	Start	Finish	
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 <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon	10.00	01.00	
Please give further details here (please read guidance note 3)			State any seasonal variations for provision of dancing facilities (please read guidance note 4)
Tue	10.00	01.00	
Wed	10.00	01.00	
Non-standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)			State any seasonal variations for provision of dancing facilities (please read guidance note 4)
Thur	10.00	01.00	
Fri	10.00	01.00	
Sat	10.00	01.00	
Sun	10.00	01.00	

K

Provision of facilities for entertainment of a similar description to that falling with I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment 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 checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon	10.00	01.00	
Tue	10.00	01.00	State any seasonal variations for provision of this entertainment of a similar description to that falling within I or J (please read guidance note 4)
Wed	10.00	01.00	
Thur	10.00	01.00	Non-standard timings. Where you intend to use the premises for 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)
Fri	10.00	01.00	
Sat	10.00	01.00	
Sun	10.00	01.00	

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			State any seasonal variations for provision of late night refreshment (please read guidance note 4)
Wed			
Thur			Non-standard timings. Where you intend to use the for provision of late night refreshment at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

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 7) On the premises <input type="checkbox"/> Off the premises <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations (please read guidance note 4) Non-standard timings. Where you intend to use the supply of alcohol at different times from those listed in the column on the left, please list (please read guidance note 5)
Mon	10.00	01.00	
Tue	10.00	01.00	
Wed	10.00	01.00	
Thur	10.00	01.00	
Fri	10.00	01.00	
Sat	10.00	01.00	
Sun	10.00	01.00	

State the name and details of the individual whom you wish to specify on the licence as premises supervisor	
Name Mrs Eiddwen Ann Gwynedd Wharton	
Address 70a Market Street, Chorley Lancashire	
Post Code PR7 2SE	
Personal Licence number (if known)	PA0962
Issuing licence authority (if known)	Blackpool

N

Appendix A

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the club premises that may give rise to concern in respect of children (please read guidance note 8)

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	9am	2am	Non-standard timings. Where you intend to use 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 5)
Tue	9am	2am	
Wed	9am	2am	
Thur	9am	2am	
Fri	9am	2am	
Sat	9am	2am	
Sun	9am	2am	

P Describe the steps you intend to take to promote the four licensing objectives **Appendix A**

a) General – all four licensing objectives (b, c, d, e) (Please read guidance note 9)
Please see attached sheet
b) The prevention of crime and disorder
Please see attached sheet
c) Public safety
Please see attached sheet
d) The prevention of public nuisance
Please see attached sheet
e) The protection of children from harm
Please see attached sheet

CHECKLIST:	
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 plan to the responsible authorities and others where applicable	✓
I have completed and enclosed the consent form completed by the individual I wish to be 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 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 authorized agent. (Please read guidance note 11) If signing on behalf of the applicant please state in what capacity.

Signature  Date 11/9/2010

Capacity _____

For joint applications signature of 2nd applicant, 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.

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)	

Appendix A

Date 15/09/2010 Time 02:31:04PM
Term 01 Cashier 009

Premises Licence

Reference : 4120/60203
Fund : Misc Income
Audit Num : CHCA01013453
Amount : £ 315.00
Paytype : Cash

>>> THANK YOU FOR YOUR PAYMENT <<<

Please check this receipt and keep it in a
safe place. This is your proof of payment

Chorley Council
Customer Services
PO Box 352
Chorley
PR7 1WX
www.chorley.gov.uk

Consent of individual to being specified as premises supervisor

Appendix A

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

[insert personal licence number, if any]

I [full name of prospective premises supervisor]
Mr / Mrs / Ms / Miss / Other please state Eiddwen Ann Gwynedd Wharton

of [home address of prospective premises supervisor]
70a Market Street, Chorley, Lancashire, PR7 2SE

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

[type of application] Premises License

by [name of applicant] Lee Pemberton

relating to a premises licence

[number of existing licence, if any] and expiry date

for [name and address of premises to which the application relates]
Date ID, 72 Market Street, Chorley Lancashire PR7 2SE
14th September 2010

and any premises licence to be granted or varied in respect of this application made by [name of applicant]
Lee Pemberton

concerning the supply of alcohol at [name and address of premises to which application relates]
ID, 72 Market Street, Chorley Lancashire PR7 2SE

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. Where 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. For example the 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 i.e. 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 people to be able to consume alcohol on the premises please tick 'on the premises', if you wish people to be able to purchase alcohol to consume away from the premises please tick 'off the premises'. 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 or 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, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below. Appendix A

Personal licence number

PA0962

[insert personal licence number, if any]

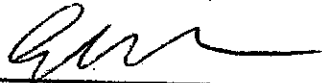
Personal licence issuing authority

Blackpool Council Licensing Service, Rigby Road, Blackpool, FY1 5WY

Telephone : (01253) 477477

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

Signed



Name Please Print

Eiddwen Wharton

Date

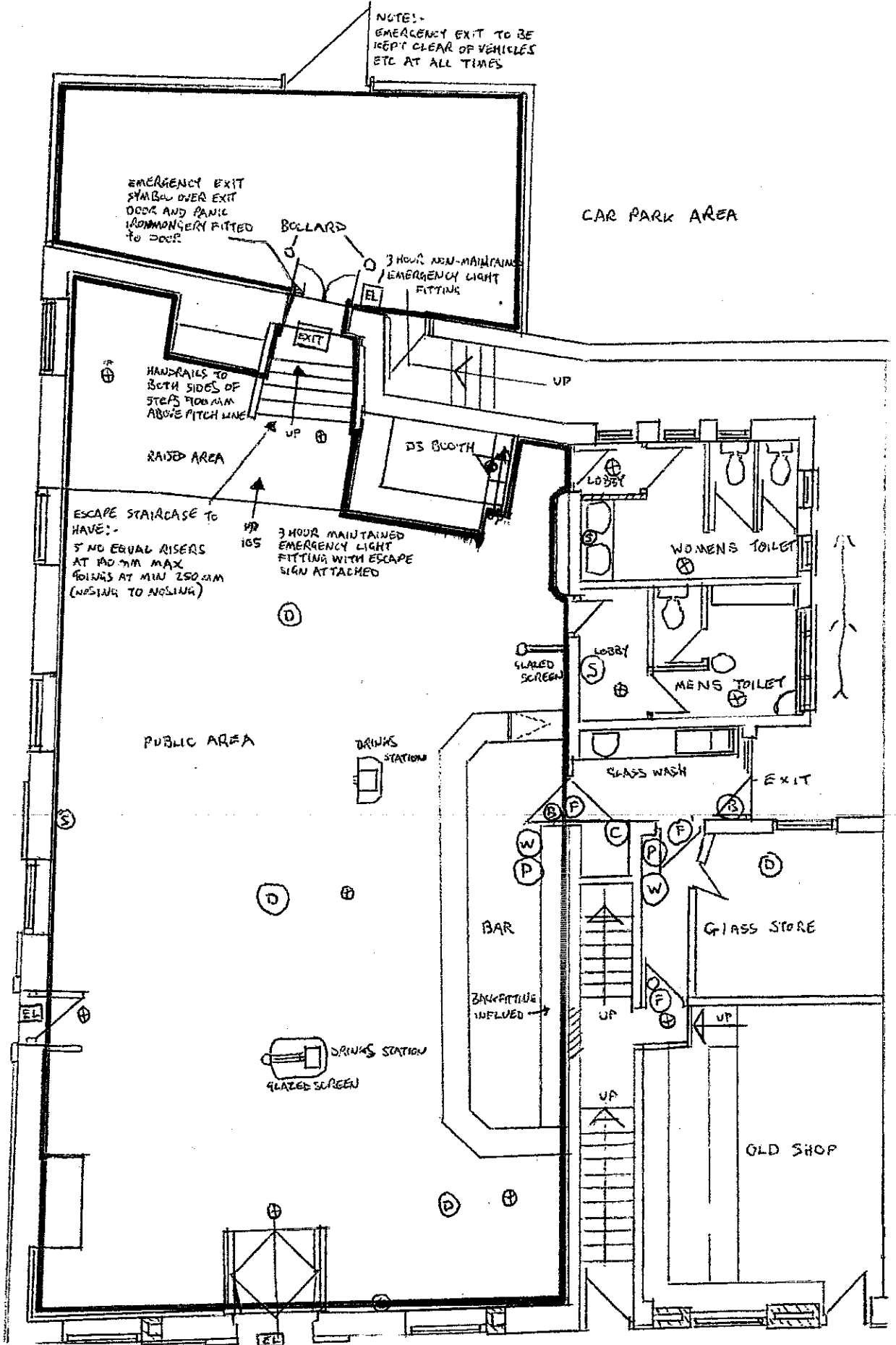
14th September 2010

Appendix A

- (S) FIRE SOUNDER
- (D) SMOKE DETECTOR
- (B) BREAK GLASS
- (E) EMERGENCY LIGHTS

EXTINGUISHERS

- (W) WATER
- (P) POWDER
- (C) CO₂



Appendix A

Jayne Day

From: Gibson, Ben [Ben.Gibson@lancashire.gov.uk]
Sent: 17 September 2010 15:32
To: Licensing
Subject: Chorley Licensing Act 2003, zixencrypt

We have received premise licence application from:

ID
72 Market Street
Chorley
Lancashire
PR7 2SE

We have no objections.

Thanks

Ben Gibson
Systems Operator
Lancashire County Council
Trading Standards
55 Guildhall Street
Preston
PR1 3NU

Telephone Number: 01772 534312

This e-mail contains information intended for the addressee only.

It may be confidential and may be the subject of legal and/or professional privilege.

If you are not the addressee you are not authorised to disseminate, distribute, copy or use this e-mail or any attachment to it

The content may be personal or contain personal opinions and unless specifically stated or followed up in writing, the content cannot be taken to form a contract or to be an expression of the County Council's position.

Lancashire County Council reserves the right to monitor all incoming and outgoing email /

Lancashire County Council has taken reasonable steps to ensure that outgoing communications do not contain malicious software and it is your responsibility to carry out any checks on this email before accepting the email and opening attachments.

Lancashire, a place where everyone matters

17/09/2010

I.D Bar

Steps to promote the licensing objectives:-

The Prevention of Crime and Disorder

- 1. A tamper proof CCTV system will be installed, operated and maintained in liaison with and to the satisfaction of Lancashire Constabulary, the system will record for 24 hrs each and every day.**
- 2. There will be, at all times licensable activity is provided, someone at the premises who can operate and download images from the system and these will be provided to any responsible authority on reasonable request.**
- 3. The use of door supervisors at the premises shall be determined by a risk assessment agreed between the DPS and security provider which will use the ratio of 1 door supervisor per 100 customers.**
- 4. The premises will have a drugs policy to the satisfaction of the police and all staff will have a working knowledge of it.**
- 5. The premises will display notices which are securely fixed and visible to the public stating that drug use will not be tolerated on the premises**
- 6. The premises will be an active member of the local Pubwatch scheme, where one exists, and shall abide by its rules and constitution**
- 7. The DPS will ensure the premises maintains an incident book which will contain a record of all incidents relating to the premises, it's staff and customers, including time, date, nature of incident and outcome to the satisfaction of Lancashire Constabulary and the Local Authority. This record will be available on request to any responsible authority**
- 8. The premises will have and operate a town centre link radio.**

Public Safety

- 1. Door supervisors, when used, will prevent customers leaving the premises with glasses and bottles**
- 2. Staff will make regular checks of internal and external areas to ensure any unused glasses and bottles are collected.**
- 3. All staff will be trained and have knowledge of fire precaution measures, illegal sales of alcohol and a drugs policy.**

Appendix A

4. All staff will be trained and have knowledge of fire precaution measures, illegal sales of alcohol, first aid and the drugs policy.
5. All staff training will be recorded and these records made available for inspection on request by any responsible authority.

Prevention of Public Nuisance

1. When live entertainment is provided a nominated member of staff will make regular checks of the external areas for noise. These checks both positive and negative and any action taken will be recorded in document form and this should be made available for inspection at the request of any responsible authority
2. Signage will be displayed on the premises asking customers to leave the premises quietly

Protection of Children from Harm

1. The Premises will operate a policy that prevents the sale of alcohol to persons under 18 to the satisfaction of the police and local authority. This policy shall state that any person who does not appear to be at least 21 years of age, will not be served unless they can produce a recognised proof of age card accredited under the Proof of Age Standards Scheme (PASS), photocard driving licence or passport