



7 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 SPECIAL ALE SERVICES LTD

(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			
THE RED LION 196 BLACKBURN ROAD WHEELTON CHORLEY			
Post town	CHORLEY	Postcode	PR6 8UE

Telephone number at premises (if any)	01254 830241
Non-domestic rateable value of premises	£ 3049.20

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

(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 SPECIAL ALE SERVICE LTD
Address NORWOOD CHPTHURST LANE WHITTLE LE WOODS CHORLEY PR6 8LR
Registered number (where applicable) 05278903
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY
Telephone number (if any) 01257 263376
E-mail address (optional) PHILIPENTWISTLE@BTINTERNET.COM

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
2	1	0 6 2 0 1 3

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)
 THIS PREMISES IS A PUBLIC HOUSE, SUITATED IN A SMALL VILLAGE
 LOCATION

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

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

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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			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)		
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			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			<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)
Thur			
Fri			
Sat			
Sun			

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)	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 boxing or wrestling entertainment (please read guidance note 4)		
Wed					
Thur			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 (please read guidance note 5)		
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	0900	0100	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	0900	0100			
Wed	0900	0100	State any seasonal variations for the performance of live music (please read guidance note 4) N/a		
Thur	0900	0100			
Fri	0900	0100	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) AS WE HAVE JUST TAKEN OVER THE PREMISES WE HAVE NOT DECIDED WHAT NIGHTS WE WILL HAVE LIVE MUSIC AS OF YET, MOST LIKELY A THURS OR FRI NIGHT		
Sat	0900	0100			
Sun	0900	0100			

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	<u>Please give further details here</u> (please read guidance note 3)		
Mon	0900	0100			
Tue	0900	0100	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Wed	0900	0100			
Thur	0900	0100	<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)		
Fri	0900	0100			
Sat	0900	0100			
Sun	0900	0100			

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

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing comedy standup</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input checked="" type="checkbox"/>
Mon	0900	0100		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	0900	0100	<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed	0900	0100			
Thur	0900	0100	<p><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)</p>		
Fri	0900	0100			
Sat	0900	0100	<p><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)</p>		
Sun	0900	0100			

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	0900	0100	<u>Please give further details here</u> (please read guidance note 3) ON QUIZ NIGHT WE USUALLY SERVE REFRESHMENTS		
Tue	0900	0100			
Wed	0900	0100	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) N/a		
Thur	0900	0100			
Fri	0900	0100	<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 5) QUIZ NIGHT WILL PROBABLY BE WEDNESDAY NIGHTS		
Sat	0900	0100			
Sun	0900	0100			

J

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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) N/a		
Mon	0900	0100			
Tue	0900	0100			
Wed	0900	0100			
Thur	0900	0100			
Fri	0900	0100			
Sat	0900	0100			
Sun	0900	0100	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 (please read guidance note 5)		

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

Name MOHAMMAD FAZIL HASHEMY	
Address 12 Hibernia Street Bolton BL3 5PG	
Postcode	BL3 5PG
Personal licence number (if known) PA1549	
Issuing licensing authority (if known) BOLTON	

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

L

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) N/a
Day	Start	Finish	<u>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</u> (please read guidance note 5) N/a
Mon	0900	0100	
Tue	0900	0100	
Wed	0900	0100	
Thur	0900	0100	
Fri	0900	0100	
Sat	0900	0100	
Sun	0900	0100	

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)

STAFF WILL BE TRAINED ON THE REQUIREMENTS OF THE LICENSING ACT 2003 WHEN THEY ARE RECRUITED AND GIVEN TRAINING IN DRUGS AWARENESS AS PART OF THEIR INDUCTION

b) The prevention of crime and disorder

Providing a 30 minute extension of opening hours after the end of the sale of alcohol will promote this objective as the last drink will be consumed less quickly, with access to the pubs toilet facilities. A staggered departure from the premises of the customers will reduce noise and conducive problems

c) Public safety

Fire extinguisher/blanket certificate renewed annually, gas and electricity certificate. Accident book, first aid kit, health and safety poster in place. A daily incident log book will be kept to detail all incidents of note at the premises or in the vicinity.

d) The prevention of public nuisance

Live music will end at 23.00 except on New Years Eve and New Years Day. All windows and doors will be kept closed when and where necessary to reduce noise levels. A notice will be placed prominently at the exits asking customers to leave quietly, staff will be vigilant and monitor this. The garden will be closed at or before 2300

e) The protection of children from harm

The restrictions set out in the Licensing Act 2003 will apply. Photographic proof of age will be required to be shown by anyone seeking to purchase alcohol who appears to be under 20 years of age. Children will only be allowed on the premises if accompanied by a responsible adult.

Checklist:

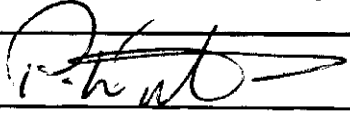
Please tick to indicate agreement

- 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.

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	
Date	18-06-2013
Capacity	DIRECTOR

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	
Date	
Capacity	

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)			

Notes for Guidance

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 e.g. 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor

I [full name of prospective premises supervisor]
 Mr / Mrs / Ms / Miss / Other please state MOHAMMAD FAZIL HASHEMI

of [home address of prospective premises supervisor]
12 HIBERNIA STREET
BOLTON
BL3 5PG

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

[type of application] DESIGNATED PREMISES SUPERVISOR

by

[name of applicant] MOHAMMAD FAZIL HASHEMI

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]
THE RED LION
196 BLACKBURN ROAD
WHEELTON
CHORLEY PR6 8EU

and any premises licence to be granted or varied in respect of this application made by

[name of applicant] SPECIAL ALE SERVICES LTD

concerning the supply of alcohol at

[name and address of premises to which application relates]
THE RED LION
196 BLACKBURN ROAD
WHEELTON
CHORLEY PR6 8EU

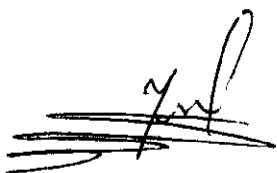
I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number
[insert personal licence number, if any] PA1549

Personal licence issuing authority
Bolton Council
THE LICENSING TEAM
VICTORIA SQUARE
BOLTON
BL1 1RU

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

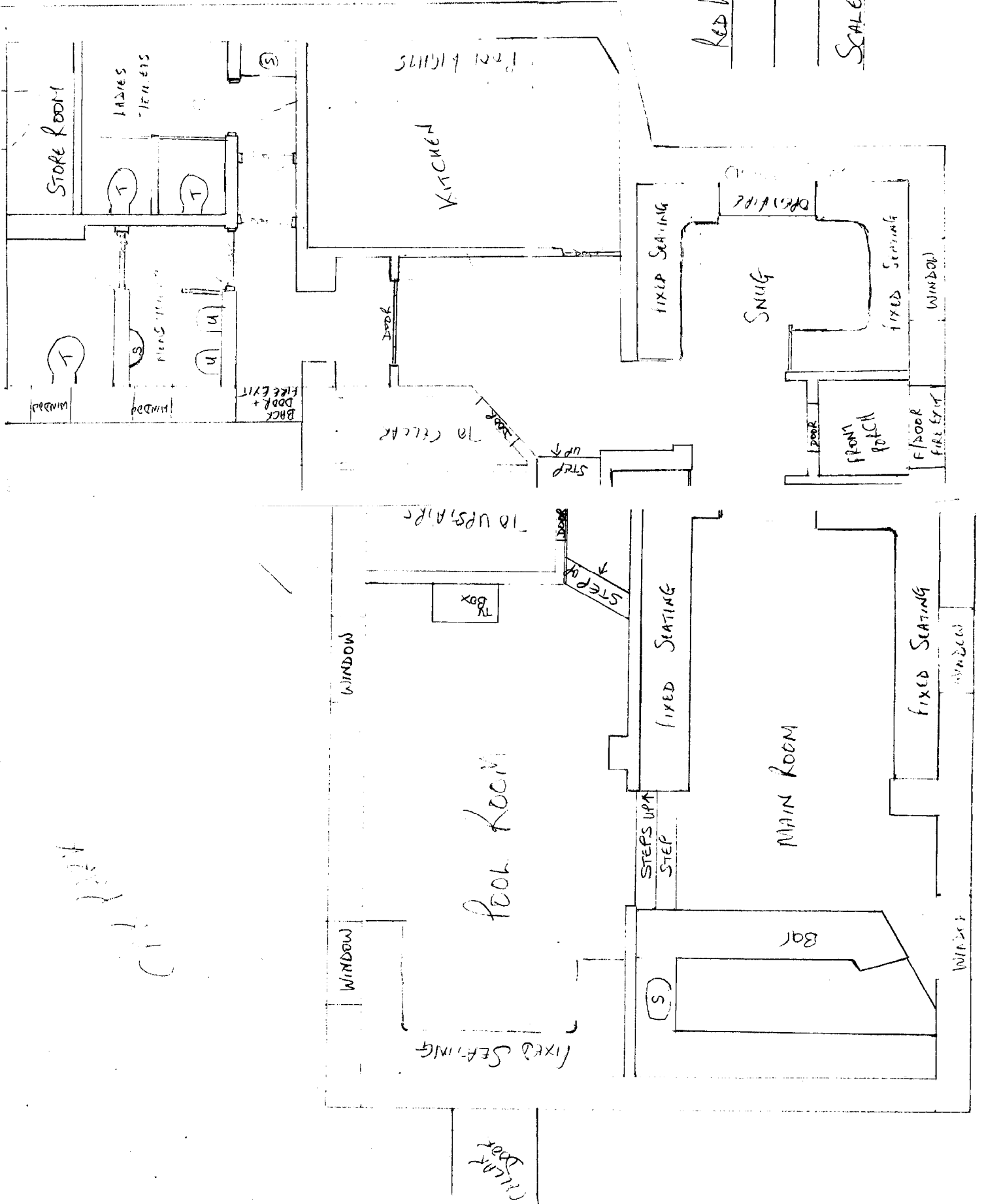
Signed



Name (please print) TOGHANNAZ FAZIL HASHEMY

Date 21.06.13

S = SINKS.
 T = TOILETS
 U = URINALS



Red Lion Public House

SCALE 1:50

CO. 11

Chorley Council
Official Receipt

Date 25/06/2013 Time 04:37:58PM
Term 01 Cashier 025

Premises Licence

Reference : 4120/60203
Fund : Misc Income
Audit Num : CHCA01030383
Amount : £ 100.00
Paytype : Cheque

>>> 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