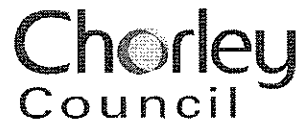


Application for a premises licence to be granted under the Licensing Act 2003



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

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>Glendale Golf Ltd</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 No 19 Duxbury Park, The Clubhouse		
Postal address of premises, if any, or if none, ordnance survey map reference or description No 19 Duxbury Park The Clubhouse Duxbury Park Golf Course Duxbury Hall Road Chorley PR7 4AT		
Post Town Chorley	Postcode PR7 4AT	
Daytime telephone number (if any) 01257 460461		
None-domestic rateable value of club premises £ 100 (A) / not allocated.		
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 type="checkbox"/>	Please complete section (A)
b) a person other than an individual*		
i) as a limited company	<input checked="" type="checkbox"/>	Please complete section (B)
ii) as a partnership	<input type="checkbox"/>	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		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 		<input checked="" type="checkbox"/>
(A) INDIVIDUAL APPLICANTS		
(Delete as applicable)	Mr	Mrs
	Miss	Ms
Other title (for example, Rev)		
Surname		
First name(s)		
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)		

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			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 Glendale Golf Ltd					Name						
Address The Coachhouse Duxbury Hall Road Chorley PR7 4AT					Address						
Registered number (where applicable)											
Description of applicant (for example partnership, company, unincorporated association etc.) Limited Company											
Telephone number (if any) 01257 460461											
Email address (optional)											

Part 3 – Operating Schedule

	Day		Month		Year			
When do you want the premises licences to start?	1	2	0	9	2	0	0	8

	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)

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)

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

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 type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Very keen to promote the Arts & Culture in Chorley and would like to work with a partner or Chorley Council to develop such an event.
Mon	12:00	24:00	
Tue	12:00	24:00	State any seasonal variations for performing plays (please read guidance note 4) This would be during British Summer Time only
Wed	12:00	24:00	
Thur	12:00	24:00	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)
Fri	12:00	24:00	
Sat	12:00	24:00	
Sun	12:00	24:00	

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 type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Very keen to promote the Arts & Culture in Chorley and would like to work with a partner or Chorley Council to develop such an event.
Mon	12:00	24:00	
Tue	12:00	24:00	State any seasonal variations for the exhibition of films (please read guidance note 4) This would be during British Summer Time only
Wed	12:00	24:00	
Thur	12:00	24:00	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)
Fri	12:00	24:00	
Sat	12:00	24:00	
Sun	12:00	24:00	

C

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			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
Thur			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)
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)
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)
Thur			
Fri			
Sat			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)
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 <input checked="" type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) We plan to have live music to improve the atmosphere in the clubhouse, with occasional jazz nights etc.
Mon	12:00	24:00	
Tue	12:00	24:00	State any seasonal variations for performance of live music (please read guidance note 4)
Wed	12:00	24:00	
Thur	12:00	24:00	
Fri	12:00	24:00	
Sat	12:00	24:00	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)
Sun	12:00	24:00	

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 <input checked="" type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) We plan to play recorded music when the premises are open, to provide background music. Music shall stop 30 mins after alcohol is served and 30 mins before the premises close.
Mon	05:00	01:30	
Tue	05:00	01:30	State any seasonal variations for the playing of recorded music (please read guidance note 4) This would be during British Summer Time only, at all other times it would start from 07:00
Wed	05:00	01:30	
Thur	05:00	01:30	
Fri	05:00	01:30	
Sat	05:00	01:30	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)
Sun	05:00	01:30	

G

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 type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Very keen to promote the Arts & Culture in Chorley and would like to work with a partner or Chorley Council to develop such an event.
Mon	12:00	24:00	
Tue	12:00	24:00	State any seasonal variations for performing of dance (please read guidance note 4) This would be during British Summer Time only
Wed	12:00	24:00	
Thur	12:00	24:00	
Fri	12:00	24:00	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)
Sat	12:00	24:00	
Sun	12:00	24:00	

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 type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Mon	12:00	24:00	
Tue	12:00	24:00	Please give further details here (please read guidance note 3) Very keen to promote the Arts & Culture in Chorley and would like to work with a partner or Chorley Council to develop such an event.
Wed	12:00	24:00	
Thur	12:00	24:00	
Fri	12:00	24:00	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)
Sat	12:00	24:00	
Sun	12:00	24:00	
			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 Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing
Day	Start	Finish	Will the facilities for making music be indoors or outdoors or both - please tick ✓ (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			
			Please give further details here (please read guidance note 3)
Tue			
Wed			
			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)
Thur			
Fri			
			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)
Sat			
Sun			

J

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

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		
Day			Start	Finish	Will the entertainment facility 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"/>
Mon					Please give further details here (please read guidance note 3)
Tue					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					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)
Thur					
Fri					
Sat					
Sun					

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)		
Day			Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Mon			23:00	01:00	Please give further details here (please read guidance note 3)
Tue			23:00	01:00	State any seasonal variations for provision of late night refreshment (please read guidance note 4)
Wed			23:00	01:00	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)
Thur			23:00	01:00	
Fri			23:00	01:00	
Sat			23:00	01:00	
Sun			23:00	01:00	

M

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)
Mon	08:00	01:00	
Tue	08:00	01:00	
Wed	08:00	01:00	
Thur	08:00	01:00	
			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)
Fri	08:00	01:00	
Sat	08:00	01:00	
Sun	08:00	01:00	

State the name and details of the individual whom you wish to specify on the licence as premises supervisor	
Name David Prescott	
Address 12 Broadriding Road Shevington Wigan WN6 8EX	
Post Code WN6 8EX	
Personal Licence number (if known)	<i>PL 1785</i>
Issuing licence authority (if known) Wigan	

N

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) This would only be during British Summer Time during all other times it would be from 07:00
Day	Start	Finish	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)
Mon	05:00	02:00	
Tue	05:00	02:00	
Wed	05:00	02:00	
Thur	05:00	02:00	
Fri	05:00	02:00	
Sat	05:00	02:00	
Sun	05:00	02:00	

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 1. Only persons who are 18 years of age and over shall be able to sell or supply alcohol. 2. Customers shall be allowed 30 minutes drinking up time after the last sale of alcohol for consumption on the premises.
c) Public safety 1. An incident book shall be kept and maintained and shall record the time, date and comprehensive details of all incidents of crime and disorder. 2. Adopt any relevant trade codes of practice covering irresponsible drinks promotions, for example BBPAs guidelines on drinks promotions or the Portmans Groups recommendation. 3. All external entertainment providers are required to show Public Liability insurance and PAT documents before operation 4. All appropriate appliances owned by the venue are routinely PAT tested.
d) The prevention of public nuisance 1. Amplified music and speech will not be played at volumes that are likely to disturb persons in the neighbourhood. 2. Ventilation is by artificial means. 3. Loudspeakers will not be sited or directed where they will cause disturbance to neighbouring premises. 5. Staff will be trained so that their behaviour does not disturb residents when they arrive or depart from the premises. 6. Any taxi/mini cab companies collecting customers from the premises will be informed not to cause any excessive noise. 7. Clear legible notices will be displayed within the car park requesting customers respect the needs of residents and to leave the area quietly.
e) The protection of children from harm 1. Children under 18 years shall not be permitted access to cigarette machines 2. No person under the age of 16, unless they are accompanied by a person over 18 years shall be permitted on the premises at any time after 10.00pm if the premises are being used for the sale or supply of alcohol. 3. The premises shall have in place a written check 21 policy. This policy shall be actively promoted and state that any person to which the sale or supply of alcohol is being made, who looks or appears to be under 21 years of age shall be asked to provide identification that they are 18 years of age or over. The following are the only forms of identification acceptable: (a) Passport; (b) Photo driving licence; (c) PASS accredited holographic proof of age card; or (d) Any other form of identification agreed with Chorley Police Licensing Unit.

CHECKLIST:	please tick ✓
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 22/7/08

Capacity Manager

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)	