

**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 Knebworth Parish Council

(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 Station Hotel, 1 Station Approach, Knebworth			
Post town	Knebworth	Postcode	SG3 6AT

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£32500

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|---|-------------------------------------|-----------------------------|
| 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 type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input checked="" type="checkbox"/> | 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 Knebworth Parish Council
Address 9 Oakfields Road Knebworth Herts SG3 6NS
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.) Local Government Body
Telephone number (if any) [REDACTED]
E-mail address (optional) [REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
2	5	112019

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)

The Station Hotel, built in 1883, is a brick built, partially rendered building located on the corner of Station Approach and Park Lane, Knebworth opposite the railway station. There is a small car park and garden to the front of the building and to the rear there is a delivery access, a small staff car park and a pub garden.

The Station Hotel has two entrances, one from Station Approach, the second is the main entrance off the car park. The entrances lead to a bar area with a restaurant to the west side of the building. The first floor is used for staff accommodation and storage.

Alcohol will be consumed on the premises, in the enclosed pub garden located to the rear of the building and in the small garden area located to the front of the building

If 5,000 or more people are expected to attend the premises at any one time, please state the 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 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) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | x |
| f) recorded music (if ticking yes, fill in box F) | x |
| g) performances of dance (if ticking yes, fill in box G) | x |
| 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) x

In all cases complete boxes K, L and M

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"/>
Day	Start	Finish		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 performing plays (please read guidance note 4)		
Wed			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 (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

B

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

C

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

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon				<u>Please give further details here</u> (please read guidance note 3)	
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 3) Live music to include karaoke. To include amplified and non amplified music					
Mon	07.00	24.00						
Tue	07.00	24.00						
Wed	07.00	24.00				State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	07.00	24.00						
Fri	07.00	24.00				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)		
Sat	07.00	24.00						
Sun	07.00	23.30						

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 2)	Indoors	x
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	07.00	24.00	Please give further details here (please read guidance note 3)		
Tue	07.00	24.00			
Wed	07.00	24.00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	07.00	24.00			
Fri	07.00	24.00	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 (please read guidance note 5)		
Sat	07.00	24.00			
Sun	07.00	23.30			

G

Performances 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	x
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	07.00	24.00	<u>Please give further details here</u> (please read guidance note 3)		
Tue	07.00	24.00			
Wed	07.00	24.00	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Thur	07.00	24.00			
Fri	07.00	24.00	<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	07.00	24.00			
Sun	07.00	23.30			

H

Anything of a similar description to that falling within (c), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (c), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (c), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun					

I

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

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	
				Off the premises	<input type="checkbox"/>
				Both	X
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	10.00	24.00			
Tue	10.00	24.00			
Wed	10.00	24.00			
Thur	10.00	24.00			
Fri	10.00	24.00			
Sat	10.00	24.00			
Sun	10.00	23.30			
			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 Lloyd Willis	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) [REDACTED]	
Issuing licensing authority (if known) [REDACTED]	

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).

None

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)
Day	Start	Finish	
Mon	07.00	24.00	<p>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 5)</p>
Tue	07.00	24.00	
Wed	07.00	24.00	
Thur	07.00	24.00	
Fri	07.00	24.00	
Sat	07.00	24.00	
Sun	07.00	23.30	

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

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)

The designated premises supervisor or some other responsible person shall manage and uphold all Licencing Objectives, train staff, control tills, and promote safe drinking with no irresponsible drink promotions or activities.

All staff will undertake bar safety and process training and further regular additional sessions, including conflict strategy for requesting ID, challenge 25, stay safe, appropriate response to any conflict etc.

Promoting the licensing objective and due diligence within the Building and Management polices handbook, Health and Safety Risk Assessment, Fire Risk Assessment, Operating Schedule and related signs in appropriate places. E.g. Challenge 25, Licence Certificate prominently displayed, ensuring all Bar Staff training is signed off.
Security lighting in all external areas.

b) The prevention of crime and disorder

Appointed staff will be competent and appropriately trained.

Right to work checks will be made on all staff employed.

Challenge 25 notices will be displayed to remind customers they may be asked to show proof of age.

Promotion of responsible, safe and sensible drinking.

Age challenge and refusal will be recorded on the EPOS till system

c) Public safety

Health & Safety and Fire Risk assessments will be prepared and reviewed regularly.

Staff will undertake fire safety training so they are aware of potential hazards and what to do in emergency.

There will be adequate external lighting to ensure that users can leave the premises safely.

A log book will be kept on the premises containing particulars of inspections made.

All relevant safety certificates will be obtained and kept up to date

d) The prevention of public nuisance

Brewery and catering deliveries trucks and lorries will only be permitted to arrive/ exit the premises during daytime hours. 08.00-22.00 hrs Monday to Saturday and 10.00-20.00hrs on Sunday.

No external refuse disposal (particularly mixed recycling) after 10.00pm

Clear and legible notices shall be displayed at exits and external areas of the premises, requesting patrons to respect the needs of local residents and to keep noise to a minimum

External lighting will be bespoke and will be positioned in such a way so as not to cause disturbance to nearby residents

Licensed taxi firms picking up guests will be requested not to "blow their horns" in the car park.

All windows and external doors to the premises shall be closed at all times after 23.00 during live and recorded music constituting regulated entertainment except for ingress, egress or in the case of an emergency

e) The protection of children from harm

Challenge 25 ID will be adopted for No proof/ No Sale

A 'sensible drinking' approach will help ensure that children are not exposed to incidences of violence or disorder.

Persons under the age of sixteen years of age are accompanied by an adult whilst on the premises

Checklist:

Please tick to indicate agreement

- | | |
|--|---|
| • I have made or enclosed payment of the fee. | X |
| • I have enclosed the plan of the premises. | X |
| • I have sent copies of this application and the plan to responsible authorities and others where applicable. | X |
| • I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. | X |
| • I understand that I must now advertise my application. | X |
| • I understand that if I do not comply with the above requirements my application will be rejected. | X |

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	14.10.19
Capacity	Clerk

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.