



PREM1

Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR

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 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 KEITH JOHN VARLEY (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 <u>GARFORTH WORKING MENS CLUB</u> <u>BARLEYHILL ROAD</u> <u>GARFORTH</u>	
Post town <u>LEEDS</u>	Post code <u>LS 25 1AU</u>

Telephone number of premises (if any) 0113 286 0117

Non domestic rateable value of premises £ 13,750

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 checked="" 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 type="checkbox"/> please complete section (B) |
| c) a recognised club | <input checked="" type="checkbox"/> please complete section (B) |
| d) a charity | <input type="checkbox"/> 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 Mrs Miss Ms Other title (for example, Rev)

Surname First names

Please tick yes

I am 18 years old or over

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

Email address (optional)

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr

Mrs

Miss

Ms

Other title
(for example, Rev)

Surname

First names

Please tick yes

I am 18 years old or over

Current postal address
if different from
premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name	GARFORTH WORKING MENS CLUB Ltd	
Address	BARNBYHILL ROAD GARFORTH LEEDS LS 25 1AU	
Registered number (where applicable)	31319R	1P031319
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY	
Telephone number (if any)	0113 286 0117	
E-mail address (optional)	gwmsecretary@talktalk.net	

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
01		2014

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

Day	Month	Year

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

GWMC IS A LONG ESTABLISHED WORKING MENS CLUB, THAT PROVIDES FOR ITS MEMBERS, THE MEANS OF SOCIAL INTERCOURSE, MUTUAL HELPFULNESS, MENTAL & MORAL IMPROVEMENT, AND RATIONAL RECREATION

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)

Please tick yes

Provision of regulated entertainment

- 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) performance 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)

Sale by retail 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)			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 type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for performing play (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of a 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)			Please give further details (please read guidance note 3)
Day	Start	Finish	State any seasonal variations for indoor sporting events (please read guidance note 4)
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			
			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. (please read guidance note 5)

D

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

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	20:00	24:00	Please give further details here (please read guidance note 3) <i>LIVE ENTERTAINMENT BY PROFESSIONAL ARTISTS ON STAGE IN ESTABLISHED CONCERT ROOM GENERALLY SAT & SUN NIGHTS</i>	Both	<input type="checkbox"/>
Tue	20:00	24:00			
Wed	20:00	24:00		State any seasonal variations for the performance of live music (please read guidance note 4) <i>OCCASSIONALLY FOR SPECIAL EVENTS OR COMMUNITY USE CONCERTS MAY BE STAGED SOME NIGHTS MON TO FRIDAY (NOT ALL)</i>	
Thur	20:00	24:00			
Fri	20:00	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	20:00	24:00		<i>CHRISTMAS EVE AND NEW YEARS EVE UP TO 00:30 HRS.</i>	
Sun	20:00	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 (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	12:00	24:00	Please give further details here (please read guidance note 3) <i>MUSIC IS GENERALLY RESTRICTED TO EVENINGS IN THE CONCERT ROOM. MAINLY SAT & SUN EVENINGS BACKGROUND MUSIC ONLY TO GAMING ROOM THROUGH DAY</i>	Both	<input type="checkbox"/>
Tue	12:00	24:00			
Wed	12:00	24:00		State any seasonal variations for the playing of recorded music (please read guidance note 4) <i>OCCASSIONALLY FOR SPECIAL EVENTS OR COMMUNITY USE THE MUSIC MAY BE PLAYED SOME NIGHTS MON TO FRI (NOT ALL)</i>	
Thur	12:00	24:00			
Fri	12:00	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	12:00	24:00		<i>CHRISTMAS EVE & NEW YEARS EVE UP TO 00:30 HRS</i>	
Sun	12:00	24:00			

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 type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the performance of dance (please read guidance note 4)		
Wed					
Thur			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. (please read guidance note 5)		
Fri					
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
			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 type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Wed					
Thur			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. (please read guidance note 5)		
Fri					
Sat					
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	Please give further details here (please read guidance note 3)					
Mon								
Tue								
Wed						State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur								
Fri						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. (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 on or off the premises or both – please tick (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	11:00	12:00						
Tue	11:00	12:00						
Wed	11:00	12:00						
Thur	11:00	12:00				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)		
Fri	11:00	12:00						
Sat	11:00	12:00						
Sun	11:00	12:00						

CHRISTMAS & NEW YEARS EVE
UP TO 00:30

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

Name KEITH JOHN VARLEY
Address 62 LOWTHER GROVE
GARFORTH
LEEDS
Postcode LS 25 1EN
Personal licence number (if known) LEEDS/PERL/07535/14
Issuing licensing authority (if known) LEEDS CITY COUNCIL

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)

WE HAVE TWO GAMING MACHINES, BOTH LOCKABLE & COVERED BY CCTV. SIGNAGE IS DISPLAYED THAT NO PERSON UNDER 18 ALLOWED TO USE MACHINES, AREA SUPERVISED TO ENSURE NO PERSONS UNDER 18 ALLOWED TO PLAY

NO ADULT ENTERTAINMENT UNDERTAKEN

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	11:00	01:00	<p>GENERALLY SALE OF ALCOHOL UP TO 23:30 BUT AT SPECIAL EVENTS UP TO 24:00.</p> <p>THE ADDITIONAL OPENING HOUR IS TO ALLOW FOR DRINKING UP TIME & TO ALLOW STAFF TO CLEAR THE PREMISES</p>
Tue	11:00	01:00	
Wed	11:00	01:00	
Thur	11:00	01:00	<p>Non standard timings. Where you intend to open 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> <p>CHRISTMAS EVE & NEW YEARS EVE TO 01:30</p>
Fri	11:00	01:00	
Sat	11:00	01:00	
Sun	11:00	01:00	

M

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)

GWMC IS MANAGED BY A DULY ELECTED COMMITTEE, IN ACCORDANCE WITH THE RULES OF THE CLUB. ONLY MEMBERS & BONA FIDE GUESTS ALLOWED TO USE CLUB FACILITIES. WE HAVE AN AGREED DISCIPLINARY PROCEDURE AS LAID DOWN BY CLUB RULES. THE CLUB ACTS IN GOOD FAITH. ACTIVE MEMBERS OF GARFORTH PUB WATCH SCHEME

b) The prevention of crime and disorder

ONLY MEMBERS & BONA FIDE GUESTS ALLOWED TO USE CLUB FACILITIES. GWMC DISCIPLINARY PROCEDURE AS SET OUT IN CLUB RULES IS ADMINISTERED BY DULY ELECTED MANAGEMENT COMMITTEE. ACTIVE MEMBERS & SUPPORTERS OF GARFORTH PUB WATCH SCHEME

c) Public safety

AS ABOVE.

d) The prevention of public nuisance

NOISE IS CAREFULLY MONITORED TO ENSURE IT DOES NOT AFFECT OUR NEIGHBOURS. LIVE MUSIC IS THROUGH A CUT-OUT SYSTEM IF PRESET LEVELS ARE EXCEEDED. SIGNAGE DISPLAYED FOR MEMBERS TO LEAVE CLUB QUIETLY & TO RESPECT OUR MEMBERS

e) The protection of children from harm

NO UNACCOMPANIED UNDER 16'S ALLOWED ON CLUB PREMISES AT ANY TIME. PARENTS/GUARDIANS MUST ENSURE THEY HAVE THEIR CHILDREN UNDER CONTROL AT ALL TIMES. NO UNACCOMPANIED CHILDREN TO USE TOILETS. NO UNDER 18'S ALLOWED AT BAR.

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 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 authorised agent. (See guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature	<i>B. Darby</i>
Date	<i>18 AUGUST 2014</i>
Capacity	<i>CLUB SECRETARY</i>

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 address for correspondence associated with this application (please read guidance note 19)

*WILTH VALLEY (SECRETARY)
GARFORTH WMC
BARLEYHILL ROAD
GARFORTH*

Post town	<i>LEEDS</i>	Post code	<i>LS 25 1AV</i>
Telephone number (if any)	<i>0797 4859184</i>		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
<i>gwmcsecretary@talktalk.net</i>			

Notes for guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which would 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 is 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 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.

Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR.

Consent of individual to being specified as premises supervisor

I [KEITH JOHN VARLEY] of
full name of prospective premises supervisor

[62 LOUTHER GROVE, GARFORTH, LS25 1EN]
home address of prospective premises supervisor

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

PREMISES
[LICENSE] by [GARFORTH WORKING MENS CLUB LTD]
type of application name of applicant

relating to a premises licence [.....] for
number of existing licence, if any

[GARFORTH WMC, BARLEYHILL ROAD, GARFORTH, LS25 1AU] and any
name and address of premises to which the application relates
premises licence to be granted or varied in respect of this application made by

[GARFORTH WORKING MENS CLUB LTD] concerning the supply of alcohol at
name of applicant

[GARFORTH WMC, BARLEYHILL ROAD, GARFORTH, LS25 1AU]. I also
name and address of premises to which application relates
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 [LEEDS/PERL/07535/14]
insert personal licence number, if any

Personal licence issuing authority

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

B. Varley signed
KEITH VARLEY name (please print)
18 AUGUST 2014 dated



