



**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 Garforth Cricket & Social Club**

(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

Garforth Cricket & Social Club  
Church Lane  
Garforth

**ENTERTAINMENT LICENSING**

22 SEP 2014

Post town **Leeds**

Post code **LS25 1HB**

**RECEIVED**

Telephone number of premises (if any)

0113 286 3926

Non domestic rateable value of premises

£4500

**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  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 Committee

Address

Garforth Cricket & Social Club  
Church Lane  
Garforth  
Leeds  
LS15 0PG

Registered number (where applicable)

Description of applicant (for example, partnership, company, unincorporated association etc.)

Unincorporated association

Telephone number (if any) 0113 286 3926

E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year			
0	1	1	1	2	0	1	4

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)

The premises are a club house consisting of a Lounge Bar with Ladies and Gents toilets, serving area and an adjoined Lounge/Function Room that are located to one corner of a cricket ground. Please see attached photograph and building layout.

The Club has operated under a Club Premises Certificate for approximately 50 years, but due to declining membership which is affecting the viability of the club we want to move to a premise licence. This will allow us to promote the use of the club by having functions and occasional live music which members of the public would then be able to attend.

See enclosed premise plan and property lay out

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

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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

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

# B

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

# C

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

# D

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

# E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)</b>	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here (please read guidance note 3)</b> <b>Amplified and un-amplified music</b>		
Mon	1100	2300			
Tue	1100	2300	<b>State any seasonal variations for the performance of live music (please read guidance note 4)</b>		
Wed	1100	2300			
Thur	1100	2300			
Fri	1100	2300	<b>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)</b>  New Years Eve 2300 to 0030 (New Years Day)		
Sat	1100	2300			
Sun	1100	2300			

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)</b>	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here (please read guidance note 3)</b> <b>PROVISION OF AMPLIFIED DIGITAL JUKE BOX.</b>		
Mon	1100	2300			
Tue	1100	2300	<b>State any seasonal variations for the playing of recorded music (please read guidance note 4)</b>		
Wed	1100	2300			
Thur	1100	2300			
Fri	1100	2300	<b>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)</b>  New Years Eve 1100 to 0030 (New Years Day)		
Sat	1100	2300			
Sun	1100	2300			

# G

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

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment you will be providing</b>		
			<b>Will the entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)</b>	<b>Indoors</b>	<input type="checkbox"/>
				<b>Outdoors</b>	<input type="checkbox"/>
				<b>Both</b>	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here (please read guidance note 3)</b>		
<b>Mon</b>					
<b>Tue</b>			<b>State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</b>		
<b>Wed</b>					
<b>Thur</b>			<b>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)</b>		
<b>Fri</b>					
<b>Sat</b>					
<b>Sun</b>					



I

<b>Late night refreshment</b> 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"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Wed					
Thur			<b>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.</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

J

<b>Supply of alcohol</b> 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 type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	1100	2300			
Tue	1100	2300	<b>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.</b> (please read guidance note 5)		
Wed	1100	2300			
Thur	1100	2300	Easter Saturday 1100 to 2345 Christmas Eve 1100 to 2345 Boxing Day 1100 to 2345 New Years Eve 1100 to 0030 (New Years Day)		
Fri	1100	2300			
Sat	1100	2300			
Sun	1100	2300			

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

**Name** Carolyn Victoria Pallister

**Address** 1 Lyndon Avenue  
Garforth  
Leeds

**Postcode** LS25 1DZ

**Personal licence number (if known)** LEEDS/PERL/00164105

**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)**

Provision of gaming machine

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations (please read guidance note 4)</b>
Day	Start	Finish	
Mon	1100	2330	
Tue	1100	2330	
Wed	1100	2330	
Thur	1100	2330	<b>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.</b> (please read guidance note 5)  Easter Saturday 1100 to 0015 (Easter Sunday) Christmas Eve 1100 to 0015 (Christmas Day) Boxing Day 1100 to 0015 New Years Eve 1100 to 0100 (New Years Day)
Fri	1100	2330	
Sat	1100	2330	
Sun	1100	2330	

# 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)**

The club has held a Club Premises Certificate for approximately 50 years during which time it has adhered to all past and current licensing requirements

**b) The prevention of crime and disorder**

See pro forma assessment

**c) Public safety**

See pro forma assessment

**d) The prevention of public nuisance**

See pro forma assessment

**e) The protection of children from harm**

See pro forma assessment  
We are an English Cricket Board affiliated club and in line with their guidelines have a Child Welfare Officer.

**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>S. Turner</i>	
Date	<i>16<sup>th</sup> Sept 2014</i>	
Capacity	<i>TREASURER</i>	<i>COMMITTEE MEMBER</i>

For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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 10)

*STEVEN TURNER  
GARFORTH CRICKET & SOCIAL CLUB  
CHURCH LANE  
GARFORTH*

Post town	<i>LEEDS</i>	Post code	<i>LS25 1HE</i>
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Telephone number (if any)

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

*NAT AND NATH @ SKY.COM*

## 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.

**PREM2**

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

**Consent of individual to being specified as premises supervisor**

I, CAROLYN VICTORIA PALLISTER of  
*full name of prospective premises supervisor*

[ 1 LYNDON AVENUE GARFORTH LEEDS LS25 1DZ ]  
*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

[ ..... ] by [ THE COMMITTEE ]  
*type of application* *name of applicant*

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

GARFORTH CRICKETS SOCIAL CLUB  
CHURCH LANE GARFORTH LS25 1AB 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

[ THE COMMITTEE ] concerning the supply of alcohol at  
*name of applicant*

[ GARFORTH CRICKETS & SOCIAL CLUB CHURCH LANE  
GARFORTH LEEDS LS25 1AB ] 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/PER/100164105 ]  
*insert personal licence number, if any*

Personal licence issuing authority

[ LEEDS CITY COUNCIL CIVIC HALL LS1 1UR ]  
*insert name and address and telephone number of personal licence issuing authority, if any*

[Signature] signed

CAROLYN VICTORIA PALLISTER name (please print)

05/09/2014 dated