



**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.

**Donisthorpe Hall 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**

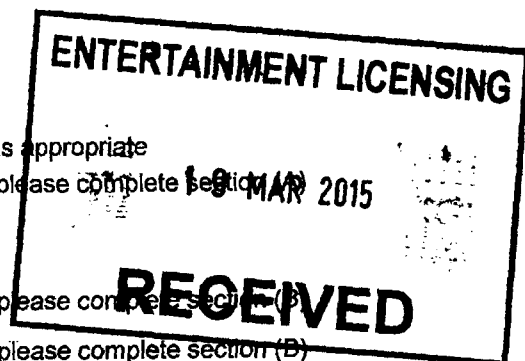
Postal address of premises or, if none, ordnance survey map reference or description Donisthorpe Hall Shadwell Lane Moortown	
Post town Leeds	Post code LS17 6AW

Telephone number of premises (if any)	0113 - 2684248
Non domestic rateable value of premises	£2682.98

**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 Donisthorpe Hall

Address

Donisthorpe Hall  
Shadwell Lane  
Moortown  
Leeds  
LS17 6AW

Registered number (where applicable)  
3847954

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

A company limited by guarantee

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year			
1	6	0	4	2	0	1	5

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 View function room  
 The Jubilee function room  
 Main reception

-being three separate rooms located within Donisthorpe Hall, a 182 bed care home. providing care services for the elderly and infirm

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here (please read guidance note 3)</b>		
Mon					
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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here (please read guidance note 3)</b>  <b>Film shows for our residents screened from time to time in our activity/function suite</b>		
Mon	08.00	23.00			
Tue	08.00	23.00			
Wed	08.00	23.00	<b>State any seasonal variations for the exhibition of films (please read guidance note 4)</b>		
Thur	08.00	23.00			
Fri	08.00	23.00	<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	08.00	23.00			
Sun	08.00	23.00			

### 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	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
Thur			
Fri			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)
Sat			
Sun			

### 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				State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 4)	
Thur					
Fri			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)		
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 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				State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur						
Fri						
Sat				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)		
Sun						

# 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	08.00	23.00	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	08.00	23.00		Background music played within our main reception area (usually terminating at 20.00hrs) and function rooms (up to 23.00hrs when a function is in progress)	
Wed	08.00	23.00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	08.00	23.00			
Fri	08.00	23.00	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	08.00	23.00			
Sun	08.00	23.00			

## 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>	Indoors	<input checked="" 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 performance of dance (please read guidance note 4)</b>		
Thur						
Fri						
Sat				<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>		
Sun						

## 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>			
Day	Start	Finish	<b>Will the entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)</b>	Indoors	<input type="checkbox"/>	
				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 entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</b>		
Thur						
Fri						
Sat				<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>		
Sun						



<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 checked="" 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			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

<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) Alcohol will be supplied within the licenced premises in the following circumstances 1. Within the context of fundraising and social functions 2. Alcohol is also sold to those visiting the residents. This facility operates only on Saturdays and Sundays	On the premises	<input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	19.00	23.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	19.00	23.00			
Wed	19.00	23.00	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)		
Thur	19.00	23.00			
Fri					
Sat	19.00	23.00			
Sun	19.00	23.00			

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

**Name**  
Paul Johnston

**Address**  
36 Highfield Green  
Allerton Bywater  
Castleford

**Postcode**  
WF10 2EN

**Personal licence number (if known)**  
07574/14

**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)**

No entertainment is planned that may give rise to concern in respect of children.

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>  The proposed licenced premises are located within an elderly persons care home, and as such the premises are not open to the public other than in the following circumstances 1. Those visiting residents 2. Other bona fide persons having business with the establishment
Day	Start	Finish	
Mon	08.00	23.00	<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)
Tue	08.00	23.00	
Wed	08.00	23.00	
Thur	08.00	23.00	
Fri	08.00	23.00	
Sat	08.00	23.00	
Sun	08.00	23.00	

# 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)

Please see risk assessment form

b) The prevention of crime and disorder

7PF001, 7PF002, 7PF003, 7PF004, 7PF006, 7PF007, 7PF008, 7PF009, 7PF010, 7PF011, 7PF012, 7PF013, 7PF014, 7PF015, 7PF016, 7PF017, 7PF035, 7PF037, 7PF039, 7PF040, 7PF046, 7PF047, 7PF049

c) Public safety

7PF063, 7PF064, 7PF066, 7PF067, 7PF069, 7PF070, 7PF071, 7PF072, 7PF073, 7PF074, 7PF075, 7PF076, 7PF079,

d) The prevention of public nuisance

7PF083, 7PF084, 7PF085, 7PF086, 7PF087, 7PF088, 7PF089, 7PF090, 7PF091, 7PF093, 7PF096, 7PF097

e) The protection of children from harm

## 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	
Date	19/03/15
Capacity	Agent for the applicant- duly authorised

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	

<b>Contact Name (where not previously given) and address for correspondence associated with this application (please read guidance note 19)</b>	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number (if any)</b>	
<b>If you would prefer us to correspond with you by e-mail, your e-mail address (optional)</b>	