

03126/001

SCANNED

Appendix A

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

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

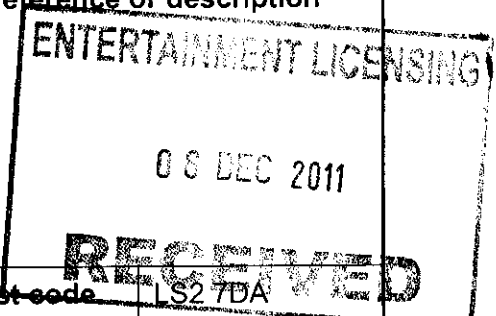
Before completing this form please read the guidance notes at the end of the form.
 If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.
 You may wish to keep a copy of the completed form for your records.

I/We **Brewdog Bars Limited**

(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 BrewDog Unit 2 White Cloth Hall Crown Street | |  |
| Post town | Leeds | |
| Post code | LS2 7DA | |

| | |
|---|----------------------------|
| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | £20000 ✓ <i>JA checked</i> |

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
 Please tick yes

- 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 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
 - o statutory function or
 - o a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

| | | | | | |
|---|------------------------------|-------------------------------|-----------------------------|--------------------------------|--|
| <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms | 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)

| | | | | | |
|-----------------------------|------------------------------|-------------------------------|-----------------------------|--------------------------------|--|
| <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms | 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 Brewdog Bars Limited | <i>✓ JA checked</i> |
| Address 16 Carden Place Aberdeen AB10 1FX | |
| Registered number (where applicable) SC389114 | |
| Description of applicant (for example, partnership, company, unincorporated association etc.) Limited company | |
| Telephone number (if any) 01346 519009 | |
| E-mail address (optional) james@brewdog.com / bruce@brewdog.com | |

Part 3 Operating Schedule

When do you want the premises licence to start?

| | | | | | |
|-----|---|-------|---|------|---|
| Day | | Month | | Year | |
| 0 | 6 | 0 | 1 | 2 | 0 |
| 1 | 2 | 0 | 1 | 2 | |

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 note1)

BrewDog are craft brewers, based in Aberdeen, with bars there, Glasgow and Edinburgh and London.

Started in 2007, Brewdog is now the largest independent brewer in Scotland.

Please see attached brochure for more detail about the company.

The premises at White Cloth Hall will trade on the ground and mezzanine level.

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)

- | <u>Provision of regulated entertainment</u> | Please tick yes |
|---|-------------------------------------|
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input checked="" 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) | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |
| <u>Provision of entertainment facilities:</u> | |
| i) making music (if ticking yes, fill in box I) | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |
| <u>Provision of late night refreshment</u> (if ticking yes, fill in box L) | <input checked="" type="checkbox"/> |
| <u>Supply of alcohol</u> (if ticking yes, fill in box M) | <input checked="" type="checkbox"/> |

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

B

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|---|-------|--------|--|----------|-------------------------------------|
| 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 checked="" type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| Day | Start | Finish | Both <input type="checkbox"/> | | |
| Mon | 12.00 | 00.00 | Please give further details here (please read guidance note 3) | | |
| Tue | 12.00 | 00.00 | | | |
| Wed | 12.00 | 00.00 | State any seasonal variations for the exhibition of films (please read guidance note 4) | | |
| Thur | 12.00 | 00.00 | | | |
| Fri | 12.00 | 01.00 | 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) From the end of permitted hours on New Year's Eve to the start of permitted hours on New Year's Day | | |
| Sat | 12.00 | 01.00 | | | |
| Sun | 12.00 | 00.00 | | | |



C

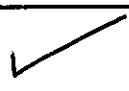
| Indoor sporting events Standard days and timings (please read guidance note 6) | | | <u>Please give further details</u> (please read guidance note 3) |
|---|-------|--------|--|
| Day | Start | Finish | |
| Mon | | | |
| | | | |
| Tue | | | <u>State any seasonal variations for indoor sporting events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

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|--|-------|--------|--|----------|--------------------------|
| 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"/> |
| | | | | 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 | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | <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) | | |
| Fri | | | | | |
| 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 | | | |
| Mon | 12.00 | 00.00 | Please give further details here (please read guidance note 3) | | |
| Tue | 12.00 | 00.00 | | | |
| Wed | 12.00 | 00.00 | State any seasonal variations for the performance of live music (please read guidance note 4) | | |
| Thur | 12.00 | 00.00 | | | |
| Fri | 12.00 | 01.00 | 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) From the end of permitted hours on New Years Eve to the start of permitted hours on New Years Day. | | |
| Sat | 12.00 | 01.00 | | | |
| Sun | 12.00 | 00.00 | | | |



F

| | | | | | |
|--|-------|--------|--|----------|-------------------------------------|
| Recorded music Standard days and timings (please read guidance note 6) | | | <u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input checked="" 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 | 12.00 | 00.00 | | | |
| Tue | 12.00 | 00.00 | | | |
| Wed | 12.00 | 00.00 | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4) | | |
| Thur | 12.00 | 00.00 | | | |
| Fri | 12.00 | 01.00 | <u>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</u> (please read guidance note 5) From the end of permitted hours on New Years Eve to the start of permitted hours on New Years Day. | | |
| Sat | 12.00 | 01.00 | | | |
| Sun | 12.00 | 00.00 | | | |

G

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|---|-------|--------|---|----------|--------------------------|
| Performances of dance Standard days and timings (please read guidance note 6) | | | <u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (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 performance of dance</u> (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | <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 | | | | | |
| Sun | | | | | |

H

| | | | | | |
|---|-------|--------|--|----------|--------------------------|
| <p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p> | | | <p><u>Please give a description of the type of entertainment you will be providing</u></p> | | |
| Day | Start | Finish | <p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p> | Indoors | <input type="checkbox"/> |
| Mon | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | | | <p><u>Please give further details here</u> (please read guidance note 3)</p> | | |
| Wed | | | | | |
| Thur | | | <p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p> | | |
| Fri | | | | | |
| Sat | | | <p><u>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</u> (please read guidance note 5)</p> | | |
| Sun | | | | | |

I

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

J

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

K

| | | | | | |
|--|-------|--------|---|----------|--------------------------|
| Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6) | | | <u>Please give a description of the type of entertainment facility you will be providing</u> | | |
| Day | Start | Finish | <u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| Mon | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| Wed | | | | | |
| Thur | | | | | |
| Fri | | | <u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4) | | |
| Sat | | | <u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| 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) | Indoors | <input checked="" type="checkbox"/> |
|---|-------|--------|---|----------|-------------------------------------|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| Mon | 23.00 | 00.00 | Please give further details here (please read guidance note 3) | Both | <input type="checkbox"/> |
| Tue | 23.00 | 00.00 | | | |
| Wed | 23.00 | 00.00 | State any seasonal variations for the provision of late night refreshment (please read guidance note 4) | | |
| Thur | 23.00 | 00.00 | | | |
| Fri | 23.00 | 01.00 | 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) From the end of permitted hours on New Year's Eve to the start of permitted hours on New Year's Day | | |
| Sat | 23.00 | 01.00 | | | |
| Sun | 23.00 | 00.00 | | | |



M

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| | | | | | |
|---|-------|--------|---|------------------|-------------------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the supply of alcohol be for consumption (Please tick box) (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 for the supply of alcohol (please read guidance note 4) | | |
| Mon | 12.00 | 00.00 | | | |
| Tue | 12.00 | 00.00 | | | |
| Wed | 12.00 | 00.00 | | | |
| Thur | 12.00 | 00.00 | | | |
| Fri | 12.00 | 01.00 | | | |
| Sat | 12.00 | 01.00 | | | |
| Sun | 12.00 | 00.00 | | | |
| | | | 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) | | |
| | | | From the end of permitted hours on New Years Eve to the start of permitted hours on New Years Day. | | |
| | | | ✓ | | |

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

| | |
|---|--|
| Name To be advised | |
| Address | |
| Postcode | |
| Personal Licence number (if known) | |
| Issuing licensing authority (if known) | |

N

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)

Not applicable

O

| | | | |
|---|-------|--------|---|
| <p>Hours premises are open to the public Standard days and timings (please read guidance note 6)</p> | | | <p>State any seasonal variations (please read guidance note 4)</p> |
| Day | Start | Finish | <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) From the end of permitted hours on New Years Eve to the start of permitted hours on New Years Day.</p> |
| Mon | 12.00 | 00.30 | |
| Tue | 12.00 | 00.30 | |
| Wed | 12.00 | 00.30 | |
| Thur | 12.00 | 00.30 | |
| Fri | 12.00 | 01.30 | |
| Sat | 12.00 | 01.30 | |
| Sun | 12.00 | 00.30 | |

✓

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)

Please see Operating Schedule, Policies and plans attached to this application for further details

b) The prevention of crime and disorder

Please see Operating Schedule, Policies and plans attached to this application for further details

c) Public safety

Please see Operating Schedule, Policies and plans attached to this application for further details

d) The prevention of public nuisance

Please see Operating Schedule, Policies and plans attached to this application for further details

e) The protection of children from harm

Please see Operating Schedule, Policies and plans attached to this application for further details

Please tick yes

- 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 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>Kuit Steinart Levy</i> |
| Date | 7 December 2011 |
| Capacity | Solicitor for the applicant and authorised agent |

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)

KUIT STEINART LEVY
3 ST MARY'S PARSONAGE

Post town MANCHESTER **Post code** M3 2RD

Telephone number (if any) 0161 838 7888

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