

**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 Broomhouse Investments 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 Brooklands Brewery Pop Up 20-24 The Calls			
Post town	Leeds	Post code	LS2 7EW

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£19750

Part 2 - Applicant Details

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

- | | |
|---|---|
| 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 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 ☐ 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 Broomhouse Investments Limited
Address UNIT 1 GROVE MILLS ELLAND LANE ELLAND WEST YORKSHIRE HX5 9DZ
Registered number (where applicable) 01156457
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year

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)

Temporary Arts and Cultural Space for the purpose of Marketing

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 yes

- | | |
|---|-------------------------------------|
| 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) | <input 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"/> |

Provision of entertainment facilities:

- | | |
|---|--------------------------|
| 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"/> |

Provision of late night refreshment (if ticking yes, fill in box L)

☒

Supply of alcohol (if ticking yes, fill in box M)

☒

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					
			State any seasonal variations for performing plays (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 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 (please read guidance note 3)</u>
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events (please</u> <u>read guidance note 4)</u>
Wed			
Thur			
Fri			<u>Non standard timings. Where you intend to use the premises</u> <u>for indoor sporting events at different times to those listed in</u> <u>the column on the left, please list (please read guidance note 5)</u>
Sat			
Sun			

D

Boxing or wrestling entertainments 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"/>
				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 boxing or wrestling entertainment (please read guidance note 4)		
Wed					
Thur					
			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)		
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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur					
Fri			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					
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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) PLAYING OF LOW LEVEL BACKGROUND MUSIC.		
Mon	00.00	01.00			
Tue					
Wed	16.00	00.00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	00.00	01.00			
	16.00	00.00			
Fri	00.00	01.00	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)		
	16.00	00.00			
Sat	00.00	01.00			
	12.00	00.00			
Sun	00.00	01.00			
	16.00	00.00			

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri			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)		
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)			<u>Please give a description of the type of entertainment you will be providing</u>	
Day	Start	Finish	<u>Will this entertainment take place 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			<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)	
Fri				
Sat			<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)	
Sun				

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing	
			Will the facilities for making music be indoors or outdoors or both – please tick (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	
Tue				
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)	
Thur				
Fri			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 (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 (see guidance note 2)</u>		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				
Mon			<u>Please give further details here (please read guidance note 3)</u>			
Tue						
Wed			<u>State any seasonal variations for providing dancing facilities (please read guidance note 4)</u>			
Thur						
Fri			<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 (please read guidance note 5)</u>			
Sat						
Sun						

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			<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)	
Fri				
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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	00.00	00.30			
Tue					
Wed	23.00	00.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	00.00	00.30			
	23.00	00.00			
Fri	00.00	00.30	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)		
	23.00	00.00			
Sat	00.00	00.30			
	23.00	00.00			
Sun	00.00	00.30			
	23.00	00.00			

M

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	00.00	00.30			
Tue					
Wed	16.00	00.00			
Thur	00.00	00.30			
	16.00	00.00			
Fri	00.00	00.30			
	16.00	00.00			
Sat	00.00	00.30	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)		
	12.00	00.00			
Sun	00.00	00.30			
	16.00	00.00			

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

Name Michael David Watson	
Address 3 Rialto Court Rodley Leeds	
Postcode	LS13 1QD
Personal Licence number (if known) LEEDS/PERL/031866/06	
Issuing licensing authority (if known) Leeds	

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)
NONE

O

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	00.00	01.00	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)
Tue			
Wed	16.00	00.00	
Thur	00.00	01.00	
	16.00	00.00	
Fri	00.00	01.00	
	16.00	00.00	
Sat	00.00	01.00	
	12.00	00.00	
Sun	00.00	01.00	
	16.00	00.00	

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)

THE DESIGNATED PREMISES SUPERVISOR WILL FULLY CO-OPERATE WITH ALL RELEVANT AUTHORITIES TO ENSURE THE SMOOTH RUNNING OF THE PREMISES, ANY INCIDENTS WILL BE FULLY RECORDED IN A BOOK MARKED 'INCIDENT RECORD'.

THE PREMISES ARE FITTED WITH CCTV, THE SYSTEM WILL RECORD AND THE RECORDINGS WILL BE AVAILABLE TO THE RELEVANT AUTHORITIES AS REQUIRED, AND WILL BE KEPT FOR 30 DAYS.

WE WILL OPERATE A STRICT DRUGS FREE POLICY AND SIGNS WILL BE DISPLAYED TO THIS EFFECT, ANY SUSPECTED INCIDENTS INVOLVING DRUGS WILL BE RECORDED AND REPORTED TO THE POLICE.

SIA REGISTERED DOOR STAFF SHALL BE EMPLOYED FROM 21.00 HOURS WHENEVER THE VENUE IS OPEN

WE WILL OPERATE A 21 AGE PROOF SCHEME WHEREBY DRINKS WILL NOT BE SERVED TO ANYONE WHO APPEARS UNDER 21 WITHOUT PROOF OF AGE.

NO ONE WILL BE SERVED WHO APPEARS TO BE UNDER THE INFLUENCE OF DRUGS.

NO ONE WILL BE SERVED WHO APPEARS TO BE DRUNK.

ALL EMPTY GLASS BOTTLES AND CONTAINERS WILL BE COLLECTED REGULARLY.

ALL FIRE EXITS ARE CLEARLY MARKED.

EMERGENCY LIGHTING IS WORKING AND IS REGULARLY CHECKED.

THE PREMISES WILL OPERATE A FULL FIRE RISK POLICY.

FIRE EXTINGUISHES ARE PLACED IN STRATEGIC POSITIONS.

THE FIRE ALARM IS TESTED AND IN GOOD WORKING ORDER.

EXITS WILL BE KEPT FREE OF OBSTRUCTION AND CLEARLY MARKED.

ALL STAFF WILL BE TRAINED TO DEAL WITH EMERGENCY ISSUES VIA AN INDUCTION AND REVIEW TRAINING POLICY

A FIRST AID CERTIFICATE HOLDER SHALL BE ON DUTY DURING ALL PERIODS OF LICENSABLE ACTIVITY.

ANY SPILLAGES ARE CLEARED IMMEDIATELY

MUSIC WILL NOT BE HEARD AT THE NEAREST NOISE SENSITIVE PLACE.

SIGNS ARE DISPLAYED ASKING CUSTOMERS TO LEAVE IN A QUIET AND ORDERLY MANNER.

A LOCAL TAXI FIRM HAS BEEN APPOINTED TO COLLECT CUSTOMERS AND THERE IS A TAXI RANK WITHIN THE VICINITY.

BINS AND BOTTLE BINS WILL NOT BE EMPTIED AND DISPOSED OF BETWEEN THE HOURS OF 23.00 AND 07.00

CHILDREN UNDER THE AGE OF 18 SHALL NOT BE ALLOWED INTO THE PREMISES

b) The prevention of crime and disorder

THE DESIGNATED PREMISES SUPERVISOR WILL FULLY CO-OPERATE WITH ALL RELEVANT AUTHORITIES TO ENSURE THE SMOOTH RUNNING OF THE PREMISES, ANY INCIDENTS WILL BE FULLY RECORDED IN A BOOK MARKED 'INCIDENT RECORD'.

THE PREMISES ARE FITTED WITH CCTV, THE SYSTEM WILL RECORD AND THE RECORDINGS WILL BE AVAILABLE TO THE RELEVANT AUTHORITIES AS REQUIRED, AND WILL BE KEPT FOR 30 DAYS.

WE WILL OPERATE A STRICT DRUGS FREE POLICY AND SIGNS WILL BE DISPLAYED TO THIS EFFECT, ANY SUSPECTED INCIDENTS INVOLVING DRUGS WILL BE RECORDED AND REPORTED TO THE POLICE

SIA REGISTERED DOOR STAFF SHALL BE EMPLOYED FROM 21.00 HOURS WHENEVER THE VENUE IS OPEN.

WE WILL OPERATE A 21 AGE PROOF SCHEME WHEREBY DRINKS WILL NOT BE SERVED TO ANYONE WHO APPEARS UNDER 21 WITHOUT PROOF OF AGE.

NO ONE WILL BE SERVED WHO APPEARS TO BE UNDER THE INFLUENCE OF DRUGS.

NO ONE WILL BE SERVED WHO APPEARS TO BE DRUNK.

c) Public safety

ALL EMPTY GLASS BOTTLES AND CONTAINERS WILL BE COLLECTED REGULARLY.

ALL FIRE EXITS ARE CLEARLY MARKED.

EMERGENCY LIGHTING IS WORKING AND IS REGULARLY CHECKED

THE PREMISES WILL OPERATE A FULL FIRE RISK POLICY

FIRE EXTINGUISHES ARE PLACED IN STRATEGIC POSITIONS.

THE FIRE ALARM IS TESTED AND IN GOOD WORKING ORDER.

EXITS WILL BE KEPT FREE OF OBSTRUCTION AND CLEARLY MARKED.

ALL STAFF WILL BE TRAINED TO DEAL WITH EMERGENCY ISSUES VIA AN INDUCTION AND REVIEW TRAINING POLICY

A FIRST AID CERTIFICATE HOLDER SHALL BE ON DUTY DURING ALL PERIODS OF LICENSABLE ACTIVITY.

ANY SPILLAGES ARE CLEARED IMMEDIATELY

d) The prevention of public nuisance

MUSIC WILL NOT BE HEARD AT THE NEAREST NOISE SENSITIVE PLACE.

SIGNS ARE DISPLAYED ASKING CUSTOMERS TO LEAVE IN A QUIET AND ORDERLY MANNER.

A LOCAL TAXI FIRM HAS BEEN APPOINTED TO COLLECT CUSTOMERS AND THERE IS A TAXI RANK WITHIN THE VICINITY.

BINS AND BOTTLE BINS WILL NOT BE EMPTIED OR DISPOSED OF BETWEEN THE HOURS OF 23.00 AND 07.00

e) The protection of children from harm

CHILDREN UNDER THE AGE OF 18 SHALL NOT BE ALLOWED INTO THE PREMISES

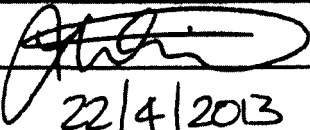
Please tick yes

- 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 168 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	22/4/2013
Capacity	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) John White MIL LICENCE TRADE CONSULTANTS UPPER FLOOR RECEPTION BUILDINGS WATERLOO MILLS WATERLOO ROAD PUDSEY			
Post town	LEEDS	Post code	LS28 8DQ
Telephone number (if any)	0113 290 9691		
If you would prefer us to correspond with you by e-mail your e-mail address (optional) info@licencetradeconsultants.co.uk			

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. 18:00) 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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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.