

**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 Paul Kennedy

(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 Victoria Park			
Post town	Ashford	Postcode	TN23 4QA

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

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/limited liability partnership | <input checked="" type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability) | <input type="checkbox"/> | 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) please complete section (B)
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
- 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 (by ticking yes to one box below):

- 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		
Date of birth or over		I am 18 years old <input type="checkbox"/> Please tick yes			
Nationality					
Current residential 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		
Date of birth or over		I am 18 years old		<input type="checkbox"/>	Please tick yes
Nationality					
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 Market Square Group Ltd
Address Leys House Elton Road Sibson PE8 6JZ
Registered number (where applicable) Company Reg. No. 6774990

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

Telephone number (if any) **01832 280961**

E-mail address (optional) **info@marketsquaregroup.com**

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	5	06
2	0	19

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

DD	MM	YYYY
1	6	06
2	0	19

Please give a general description of the premises (please read guidance note 1)
The premises will be a designated area within Victoria Park, Ashford. The designated space will contain a music stage and bar with cider festival.

The premises will be a community focused event taking place over two days. In addition to the premises, the event will feature a range of food and craft stalls, activities for children and fairground rides.

The event will be advertised on a local level, primarily aimed at attracting Ashford residents and those within a 40 mile radius of the town

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- 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)

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
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 6)		
Sat					
Sun					

- f) recorded music (if ticking yes, fill in box F)
- g) performances 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)

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

In all cases complete boxes K, L and M

B

Films Standard days and timings (please read guidance note 7)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)</u>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here (please read guidance note 4)</u>		
Mon					
Tue					
			<u>State any seasonal variations for the exhibition of films (please read guidance note 5)</u>		
Wed					
Thur					
			<u>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 6)</u>		
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			
Thur			
Fri			<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 6)
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
Day	Start	Finish		Both <input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)	
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)	
Wed			<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 6)	
Thur				
Fri				
Sat				
Sun				

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) The event will be supported with a line-up of live music. Music will be amplified for certain performances. We do not expect to have music for the full duration of these timings		
Mon					
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)		
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 6)		
Sat	09:00	22:00			
Sun	09:00	22:00			

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<p><u>Please give further details here</u> (please read guidance note 4) Recorded music will only be used as background music ie low volume, when there is no live music.</p> <p><u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)</p> <p><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 6)</p>		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat	09:00	22:00			
Sun	09:00	22:00			

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4) Local dance groups may feature on the entertainment programme.		
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
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 6)		
Sat	09 : 00	22:00			
Sun	09 : 00	22:00			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon			State any seasonal variations for the supply of alcohol (please read guidance note 5) We do not anticipate on-sales early in the morning, but these hours are to cover both the bar and traders with off-sales.		
Tue					
Wed					
Thur			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 6)		
Fri					
Sat	09 : 00	22:00			
Sun	09 : 00	22:00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	Paul Nicholas John Kennedy		
Date of birth	[REDACTED]		
Address	Leys House Elton Road Sibson		
Postcode	PE8 6JZ		
Personal licence number (if known)	08PK-34UD-219		
Issuing licensing authority (if known)	East Northamptonshire 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 9).

N/A

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

This event is being promoted as family friendly, and we will ensure that all activities are managed with this as a primary objective. All licensable activities are designed to offer an inclusive appeal.

b) The prevention of crime and disorder

The licensed premises will be supervised at all times by registered SIA guards.

All consumption of alcohol will be monitored by bar staff under the guidance of DPS. Alcohol will only be served in plastic containers and any session drinking by groups of people will be discouraged.

There will be no special offers on drinking encouraging excess consumption.

There will be focus on quality consumption rather than quantity consumption.

No alco pops will be sold at the event.

c) Public safety

Event stewards will be on patrol at all times to ensure that all visitors are aware of facilities such as toilets, refreshments (eg water), rest areas, medical points are where they are located.

All facilities will be clearly indicated.

A full risk assessment will be conducted detailing emergency evacuation procedures and all other public safety concerns.

d) The prevention of public nuisance

All sound levels will be monitored to ensure that they remain within acceptable levels.

All visitors will be reminded that they should leave the premises quietly and will be monitored by security staff.

e) The protection of children from harm

Challenge 25 scheme will be used to prevent any underage drinking and all appropriate notes to this effect will be displayed. No ID - No service.

All multiple purchases from the bar will be monitored to ensure that they are not being supplied to underage visitors.

All children under the age of 16 within the premises must be supervised by adults. An area for adults with children will be set aside within the designated area.

A lost child policy will be in place.

A designated smoking area will be provided away from the family area.

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon			<p><u>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</u> (please read guidance note 6)</p> <p>The anticipated trading times are 09:00 - 21:00 on Saturday, and 10:00 - 19:00 on Sunday. I have requested longer hours on the license to allow for changes in these times, and also to ensure we are fully covered for trading times.</p>
Tue			
Wed			
Thur			
Fri			
Sat	09 : 00	22:00	
Sun	09 : 00	22:00	

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.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). • The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
Signature	
Date	14 March 2019
Capacity	Managing Director

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). 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 14)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Consent of individual to being specified as premises supervisor

I Paul Nicholas John Kennedy
[full name of prospective premises supervisor]

of Leys House
Elton Road
Sibson
PE8 6JZ

[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 for Ashford Victoria Park, Sausage & Cider Festival 15-16 June 2019

[type of application]

by

Market Square Group Ltd

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for Victoria Park
Ashford
Kent
TN23 4QA

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

Market Square Group Ltd

[name of applicant]

concerning the supply of alcohol at

Victoria Park
Ashford
Kent
TN23 4QA

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

08PK-34UD-219

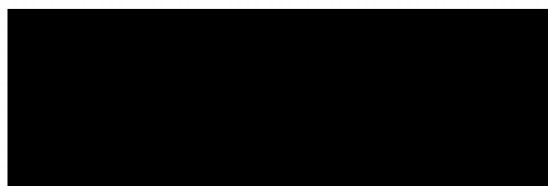
[insert personal licence number, if any]

Personal licence issuing authority

East Northamptonshire Council

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

Signed



Name (please print)

Paul Kennedy

Date

14 March 2019
