

## Blackburn with Darwen Borough Council

**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** CTCC 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			
<b>459 Preston Old Road</b>			
<b>Post town</b>	Blackburn	<b>Postcode</b>	<b>BB2 5ND</b>
Telephone number at premises (if any)		<b>01254 202582</b>	
Non-domestic rateable value of premises		<b>£</b>	

**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                         | <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  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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town			Postcode		
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal address if different from premises address					
Post town		Postcode			
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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 CTCC Limited
Address 459 Preston Old Road Blackburn BB2 5ND
Registered number (where applicable) 10362171
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) 01254 202582 or 07531 976663
E-mail address (optional) Ianrobertson2013@gmail.com

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
01		2017

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

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

Cherry Tree Cricket Club is a member's club predominantly aimed at sporting activities, principally cricket. The club can also be used for private functions.

The function room is mainly booked out by members but due to the use of the function room for private parties, funerals and christenings by non members we are applying for this premises licence.

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 any that apply

- |   |                                     |
|---|-------------------------------------|
| a) plays (if ticking yes, fill in box A)  | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> |

**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**

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	1900	2300	<b><u>Please give further details here</u></b> (please read guidance note 3) We may invite theatre groups to put on murder mystery evenings or local theatre groups to practice and put on a performance.		
Tue	1900	2300			
Wed	1900	2300	<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Thur	1900	2300			
Fri	1900	2300	<b><u>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</u></b> (please read guidance note 5)		
Sat	1900	2300			
Sun	1900	2300			

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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</u></b> (please read guidance note 5)		
Sat					
Sun					

## C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3) We may have company days with darts, pool dominoes etc. We may also hold bridge (cards) evenings as well as bar games such as skittles, jenga etc.
Day	Start	Finish	
Mon	1900	2300	
Tue	1900	2300	<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed	1900	2300	
Thur	1900	2300	<b><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></b> (please read guidance note 5)
Fri	1900	2300	
Sat	1900	2300	
Sun	1900	2300	

## D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon				Both	<input type="checkbox"/>
Tue				<b><u>Please give further details here</u></b> (please read guidance note 3)	
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Thur			<b><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></b> (please read guidance note 5)		
Fri					
Sat					
Sun					



**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</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3) We will have live singers and bands at weekends and on special occasions		
Mon					
Tue			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Wed					
Thur	1900	0030	<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</b> (please read guidance note 5) On special days such as Christmas eve, boxing day, new years eve and public holidays we may have live music until 1am. We may do similar on the day before public holidays (eg Thursday before Easter Friday).		
Fri	1900	0030			
Sat	1900	0030			
Sun	1900	0000			

## F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day				Outdoors	<input type="checkbox"/>
Start	Finish			Both	<input type="checkbox"/>
Mon	1900	000	<b>Please give further details here</b> (please read guidance note 3) Background music from TVs and computer.  Disco music during functions and to support live music.		
Tue	1900	0000			
Wed	1900	0000	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur	1900	0000			
Fri	1900	0000	<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</b> (please read guidance note 5) On special days such as Christmas eve, boxing day, new years eve and public holidays we may have recorded music until 1am. We may do similar on the day before public holidays (eg Thursday before Easter Friday).		
Sat	1400	0100			
Sun	1400	0000			

## G

Performances of dance Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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></b> (please read guidance note 5)		
Sat					
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)			Please give a description of the type of entertainment you will be providing We will organise Bingo evenings, poker evenings and other such evenings.  We will put on sportsman's dinners and charity nights with guest speakers and entertainment. We will also provide for christenings, weddings and birthday parties and other such special events. We will also hold beer festivals over the weekend.		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	1900	0000		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	1900	0000	<b><u>Please give further details here</u></b> (please read guidance note 3) Some events will have guest speakers and/or recorded music and/or live entertainment. There may also be one off performances in comedy.		
Wed	1900	0000			
Thur	1900	0000	<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri	1900	0100			
Sat	1900	0100	<b><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></b> (please read guidance note 5) On special days such as Christmas eve, boxing day, new years eve and public holidays we may have events until 1am. We may do similar on the day before public holidays (eg Thursday before Easter Friday).		
Sun	1900	0000			

## I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 5)		
Sat					
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b><u>Will the supply of alcohol be for consumption – please tick</u></b> (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><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 4)		
Mon	1200	0000			
Tue	1200	0000			
Wed	1200	0000			
Thur	1200	0000			
Fri	1200	0130			
Sat	1200	0130			
Sun	1200	0100	<b><u>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</u></b> (please read guidance note 5) We may hold beer festivals over the weekend although they should be covered by the timings in the main application.		

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

Name John Charles Robertson	
Address 4 Kayfold Lodge Blackburn	
Postcode	BB1 8NG
Personal licence number (if known) PER0711	
Issuing licensing authority (if known) Ribble Valley Borough 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).

We will have gaming machines on the premises which will not be accessible by children.

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b><u>State any seasonal variations</u></b> (please read guidance note 4)
Day	Start	Finish	
Mon	1100	0030	
Tue	1100	0030	
Wed	1100	0030	
Thur	1100	0030	
Fri	1100	0200	
Sat	1100	0200	
Sun	1100	0130	

**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)  
On special days such as Christmas eve, boxing day, new years eve and public holidays we may be open until 2am. We may do similar on the day before public holidays (eg Thursday before Easter Friday).

**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 9)**

Weekly staff meetings to exchange views, ideas and training up to date.  
Challenge 25 adopted and visually promoted.

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

Installation of extensive CCTV system both internally and externally.  
Regular meetings with PCSO and request visits on busy nights and weekends.  
Members are issued with a code of conduct which states there is a zero tolerance of bad behaviour, violence, drunkenness and use of drugs. Membership will be immediately withdrawn and the offender barred from the premises.

**c) Public safety**

Clear signage regarding smoking and wet floors.  
Staff training on escape routes and other safety measures.  
Adoption of CTCC Health and Safety Policy.  
Fire extinguishers in accordance with Fire Officers recommendation.

**d) The prevention of public nuisance**

Smoking will be allowed at the rear of building rather than the front.  
Standards of Behaviour when leaving the premises is written into the code of conduct with a threat of membership withdrawn if not adhered to.  
Curtains and blinds will be closed during live entertainment.  
Zero tolerance on drugs and drunkenness

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



All staff to be made aware of anyone on the premises under the age of 18 and to ensure they are supervised by a parent/guardian.  
Challenge 25 implemented and made visual.

**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 SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	Ian Robertson (John Charles)
Date	10 <sup>th</sup> January 2017
Capacity	Director

**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 postal address for correspondence associated with this application (please read guidance note 13) Ian Robertson (John Charles)			
Post town	<b>Blackburn</b>	Postcode	<b>BB1 8NG</b>
Telephone number (if any)	07531 976663		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

### 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. 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 to 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.