



Leicester
Application for a premises licence
Licensing Act 2003

For help contact
licensing@leicester.gov.uk
 Telephone: +44 116 454 3040

* required information

Section 1 of 19

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference This is the unique reference for this application generated by the system.

Your reference You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

* Family name

* E-mail

Main telephone number

Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

Applying as a business or organisation, including as a sole trader
 Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

* Is your business registered in the UK with Companies House? Yes No

* Registration number

* Business name

If your business is registered, use its registered name.

* VAT number

Put "none" if you are not registered for VAT.

* Legal status

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Section 2 of 19

PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

Address OS map reference Description

Address Description

Further Details

Telephone number

Non-domestic rateable value of premises (£)

Section 3 of 19**APPLICATION DETAILS**

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales
- Other (for example a statutory corporation)

Confirm The Following

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- I am making the application pursuant to a statutory function
- I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

Section 4 of 19**NON INDIVIDUAL APPLICANTS**

Provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), give the name and address of each party concerned.

Non Individual Applicant's Name

Name

Details

Registered number (where applicable)

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

Continued from previous page...

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Contact Details

E-mail

Telephone number

Other telephone number

Add another applicant

Section 5 of 19

OPERATING SCHEDULE

When do you want the premises licence to start? / /
dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end / /
dd mm yyyy

Provide a general description of 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.

St Martins House is a conference and events venue. The Cathedral hold fund raising receptions and dinners where alcohol may be served. The Cathedral Gardens will be used mainly in the summer months for wedding arrival drinks and other receptions where alcohol may be served.

If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend

Continued from previous page...

Section 6 of 19

PROVISION OF PLAYS

Will you be providing plays?

Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

End

Start

End

WEDNESDAY

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THURSDAY

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FRIDAY

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SATURDAY

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SUNDAY

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End

Start

End

Will the performance of a play take place indoors or outdoors or both?

Indoors Outdoors Both

Where taking place in a building or other
structure tick as appropriate. Indoors may
include a tent.

State 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.

Special events mainly in the summer months.

Continued from previous page...

State any seasonal variations for performing plays

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non standard timings. Where the premises will be used for the performance of a play at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

Section 7 of 19

PROVISION OF FILMS

Will you be providing films?

Yes

No

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

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WEDNESDAY

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THURSDAY

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End

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End

FRIDAY

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End

Continued from previous page...

SATURDAY

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End

SUNDAY

Start

End

Start

End

Will the exhibition of films take place indoors or outdoors or both?

Indoors Outdoors Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

State 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.

Outdoors events will only take place in the summer months

State any seasonal variations for the exhibition of film

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non standard timings. Where the premises will be used for the exhibition of film at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

Section 8 of 19

PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

Yes No

Section 9 of 19

PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

Yes No

Section 10 of 19

PROVISION OF LIVE MUSIC

Continued from previous page...

Will you be providing live music?

Yes

No

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

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WEDNESDAY

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THURSDAY

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FRIDAY

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SATURDAY

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SUNDAY

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End

Will the performance of live music take place indoors or outdoors or both?

Indoors

Outdoors

Both

Where taking place in a building or other
structure tick as appropriate. Indoors may
include a tent.

State 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.

Outdoor Music will only be played from midday to 10pm Mon, Fri, Sat and Sun at special events

State any seasonal variations for the performance of live music

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Continued from previous page...

Non-standard timings. Where the premises will be used for the performance of live music at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

Section 11 of 19

PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

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WEDNESDAY

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THURSDAY

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FRIDAY

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SATURDAY

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Start

End

Continued from previous page...

SUNDAY

Start

End

Start

End

Will the playing of recorded music take place indoors or outdoors or both?

Indoors Outdoors Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

State 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.

As Live Music

State any seasonal variations for playing recorded music

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the playing of recorded music at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

Section 12 of 19

PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

End

Start

End

Continued from previous page...

WEDNESDAY

Start End
Start End

THURSDAY

Start End
Start End

FRIDAY

Start End
Start End

SATURDAY

Start End
Start End

SUNDAY

Start End
Start End

Will the performance of dance take place indoors or outdoors or both?

Indoors Outdoors Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

State 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.

As Live Music

State any seasonal variations for the performance of dance

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the performance of dance at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

Continued from previous page...

Section 13 of 19

PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

Will you be providing anything similar to live music, recorded music or performances of dance?

Yes No

Section 14 of 19

LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

Yes No

Section 15 of 19

SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

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THURSDAY

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End

Start

End

FRIDAY

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SATURDAY

Start

End

Start

End

Continued from previous page...

SUNDAY

Start

End

Start

End

Will the sale of alcohol be for consumption:

- On the premises Off the premises Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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

Name

First name

Family name

Enter the contact's address

Building number or name
Street
District
City or town
County or administrative area
Postcode
Country

Continued from previous page...

Personal Licence number
(if known)

RW1/0053

Issuing licensing authority
(if known)

Rutland County Council

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- Electronically, by the proposed designated premises supervisor
 As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

Section 16 of 19

ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

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 etc gambling machines etc.

Section 17 of 19

HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

Continued from previous page...

THURSDAY

Start End

Start End

FRIDAY

Start End

Start End

SATURDAY

Start End

Start End

SUNDAY

Start End

Start End

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

Section 18 of 19

LICENSING OBJECTIVES

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

a) General – all four licensing objectives (b,c,d,e)

List here steps you will take to promote all four licensing objectives together.

Ensure all staff are trained to understand their responsibilities under the 2003 licensing law.
An Over 21s policy scheme is in place

b) The prevention of crime and disorder

Premises have security alarms, external lighting and CCTV. Cellar and bar areas are kept locked out of hours

Continued from previous page...

c) Public safety

A Risk Assessment for the building has been carried out and is updated accordingly on a regular basis
Fire Protection system is in place

d) The prevention of public nuisance

Guests, visitors are encouraged and reminded to keep noise levels to a minimum when entering and leaving the premises late at night
Door security is provided at all events

e) The protection of children from harm

The Company operates a Child Protection Policy and has a safeguarding officer in line with the the Leicester Diocese Policy.

Section 19 of 19

PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card. Fees are dependent on the business rate band of the premises. Further information is provided at the link below:

<http://www.leicester.gov.uk/your-council-services/cl/licensing/licensing-act/fees/>

* Fee amount (£)

180.00

DECLARATION

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

Nicholas John Quinn

* Capacity

Manager

* Date

09 / 12 / 2014
dd mm yyyy

Add another signatory

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/leicester/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

Continued from previous page...

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

OFFICE USE ONLY

Applicant reference number	<input type="text"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>

< Previous 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 Next >



Leicester
City Council

Consent of individual to being specified as premises supervisor

I Nicholas John Quinn
[full name of prospective premises supervisor]

of



[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 Licence
[type of application]

by

N. Quinn
[name of applicant]

relating to a premises licence Application Ref: leicester-163276
[number of existing licence, if any]

for St Martins House, 7 Peacock Lane, LE1 5PZ
+ Leicester Cathedral
+ Cathedral Gardens

[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

Nick Quinn

[name of applicant]

concerning the supply of alcohol at

as before

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

RW1 / 0053

[insert personal licence number, if any]

Personal licence issuing authority

Rotand County Council

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

Signed



Name (please print)

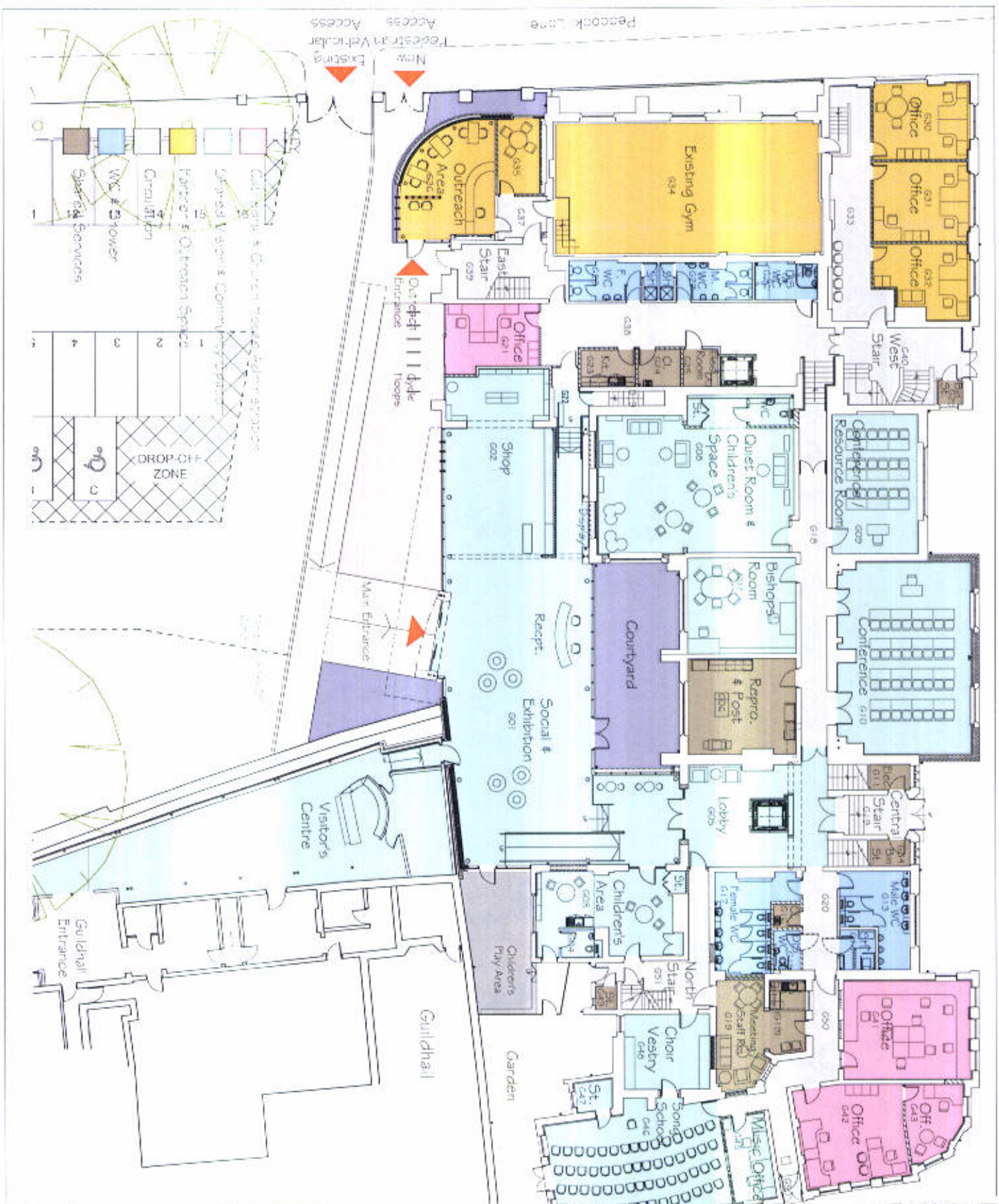
NICHOLAS JOHN QUINN

Date

17-12-14

NO DIMENSIONS TO BE STAILO FROM THIS DRAWING

This drawing is issued for the sole and exclusive use of the named recipient. Disruption to any third party is on the strict understanding that no liability is accepted by Pick Everard for any discrepancies, errors or omissions that may be present, and no guarantee is offered as to the accuracy of information shown.



NO.	REVISION	DATE
1	Issue for tender	11/10/2011
2	Issue for construction	11/10/2011
3	As issued	11/10/2011

PICK EVERARD

Architects

15, The Quadrant, Colchester, Essex CO1 1QD

0206 316100

www.pick-everard.co.uk

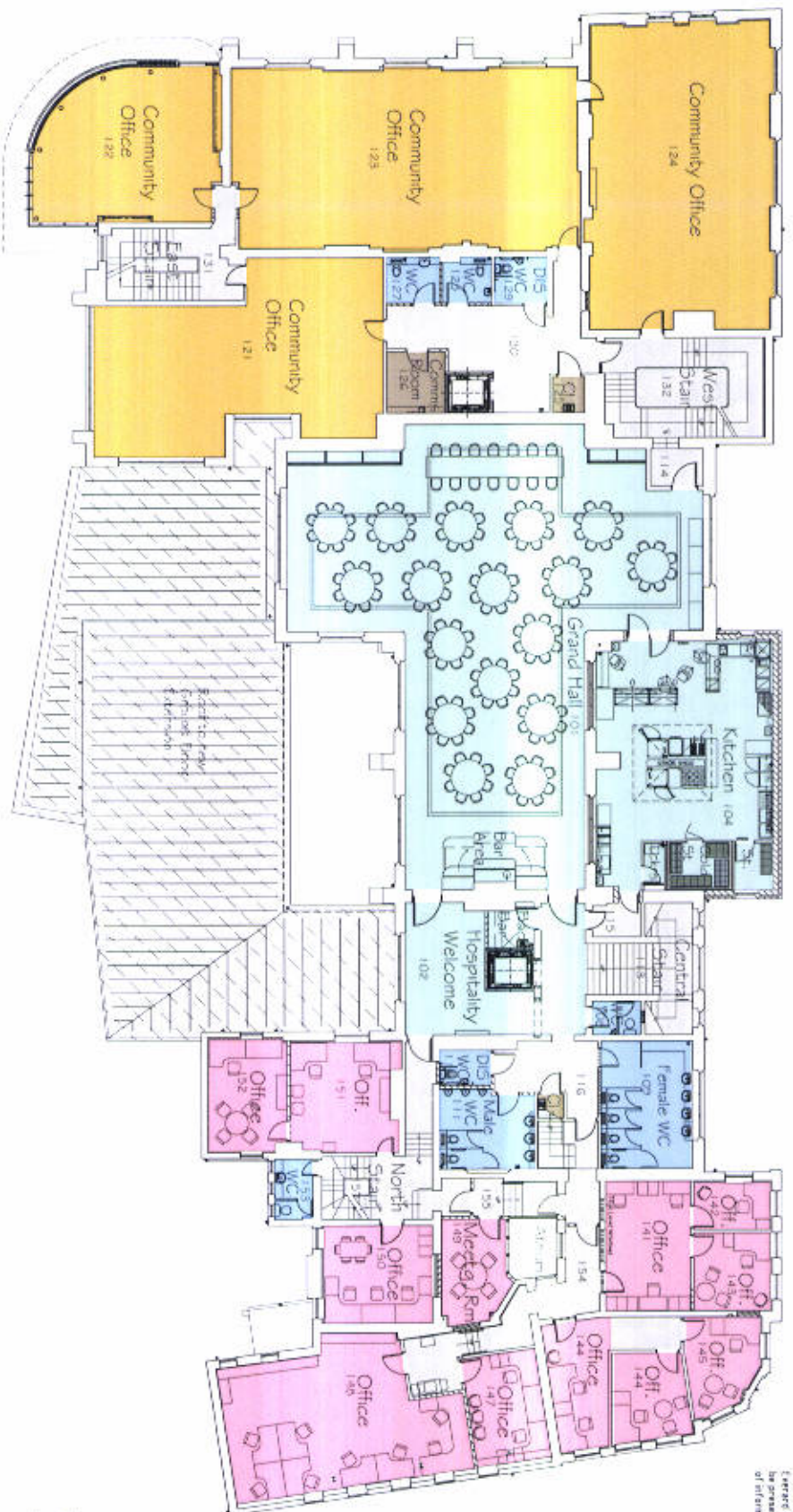
ST MARTIN'S COLLEGE

SMCP LTD.

CONSTRUCTION

0800 377 1105

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KEY

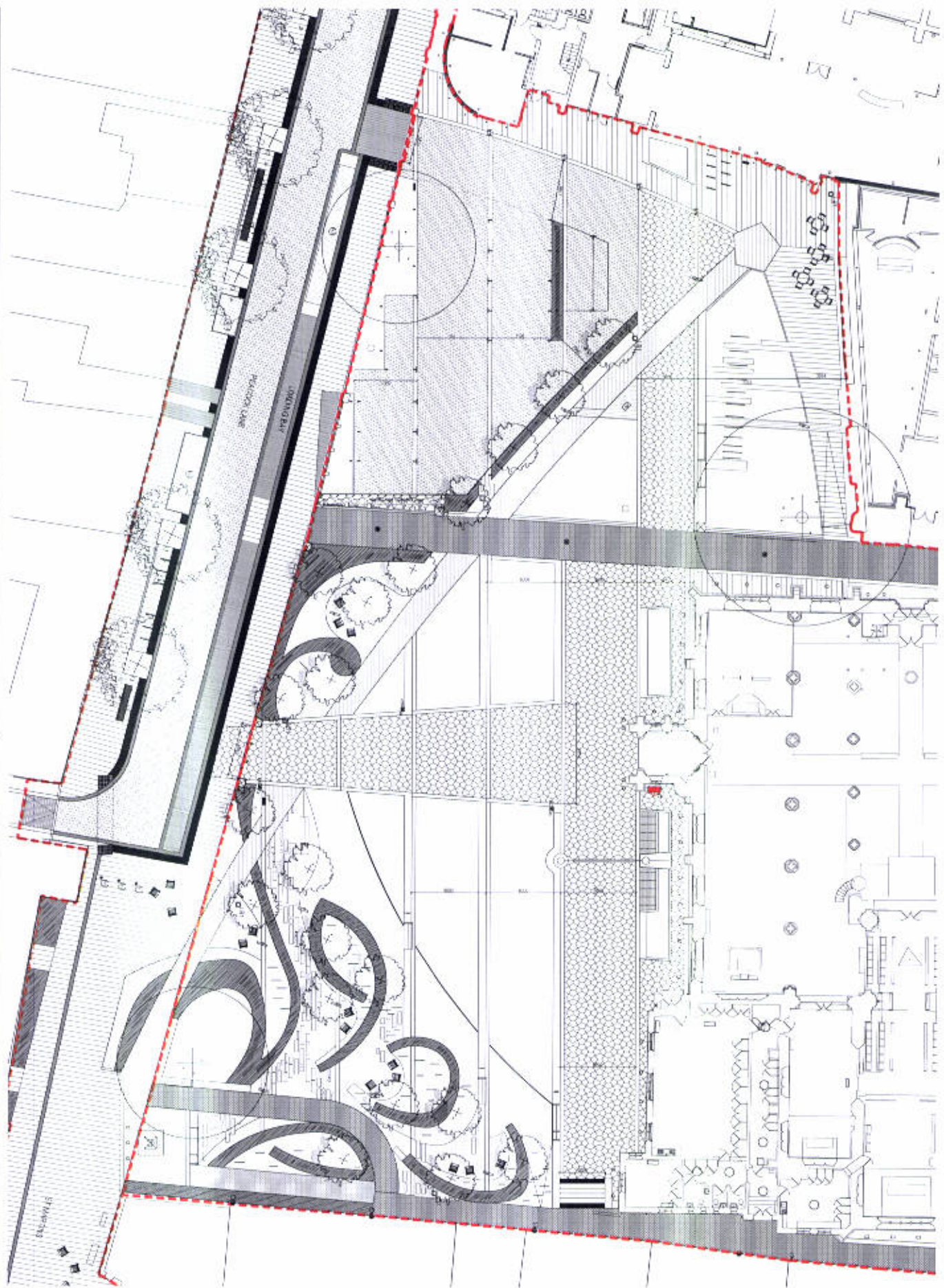
- Corridors & General circulation spaces
- Shared Vision & Community Spaces
- Partner & Outreach Space
- Circulation
- WC & Shower
- Shared Services
- Areas of new roof



Project Name	21 Mount's House
Client	SMCF Ltd.
Architect	PICK EVERARD
Structural Engineer	CONSTRUCTION
Contract No.	080387/A/104
Date	11/01/2015
Scale	1:100
Drawn by	...
Checked by	...
Approved by	...

PICK EVERARD
 11th Floor, 100 Broad Street, Birmingham, B4 7DQ
 Tel: 0121 633 1000
 Fax: 0121 633 1001
 www.pick-everard.co.uk

CONSTRUCTION
 11th Floor, 100 Broad Street, Birmingham, B4 7DQ
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 Fax: 0121 633 1001
 www.construction.co.uk



DRAFT
25.02.14

No.	Description	Scale	Date

NAME

1. The Client's Name (if applicable)
 2. The name of the project
 3. The name of the architect
 4. The name of the site
 5. The name of the drawing
 6. The name of the sheet



Project Name

Client Name

Project Location

Project Start

Project End

Project Status

Project Manager

Project Designer

Project Architect

Project Engineer

Project Contractor

Project Consultant

Project Specialist

Project Support

Project Assistant

Project Secretary

Project Receptionist

Project Cleaner

Project Gardener

Project Handyman

Project Painter

Project Electrician

Project Plumber

Project Carpenter

Project Mason

Project Bricklayer

Project Tiler

Project Joiner

Project Fitter

Project Welder

Project Turner

Project Blacksmith

Project Smith

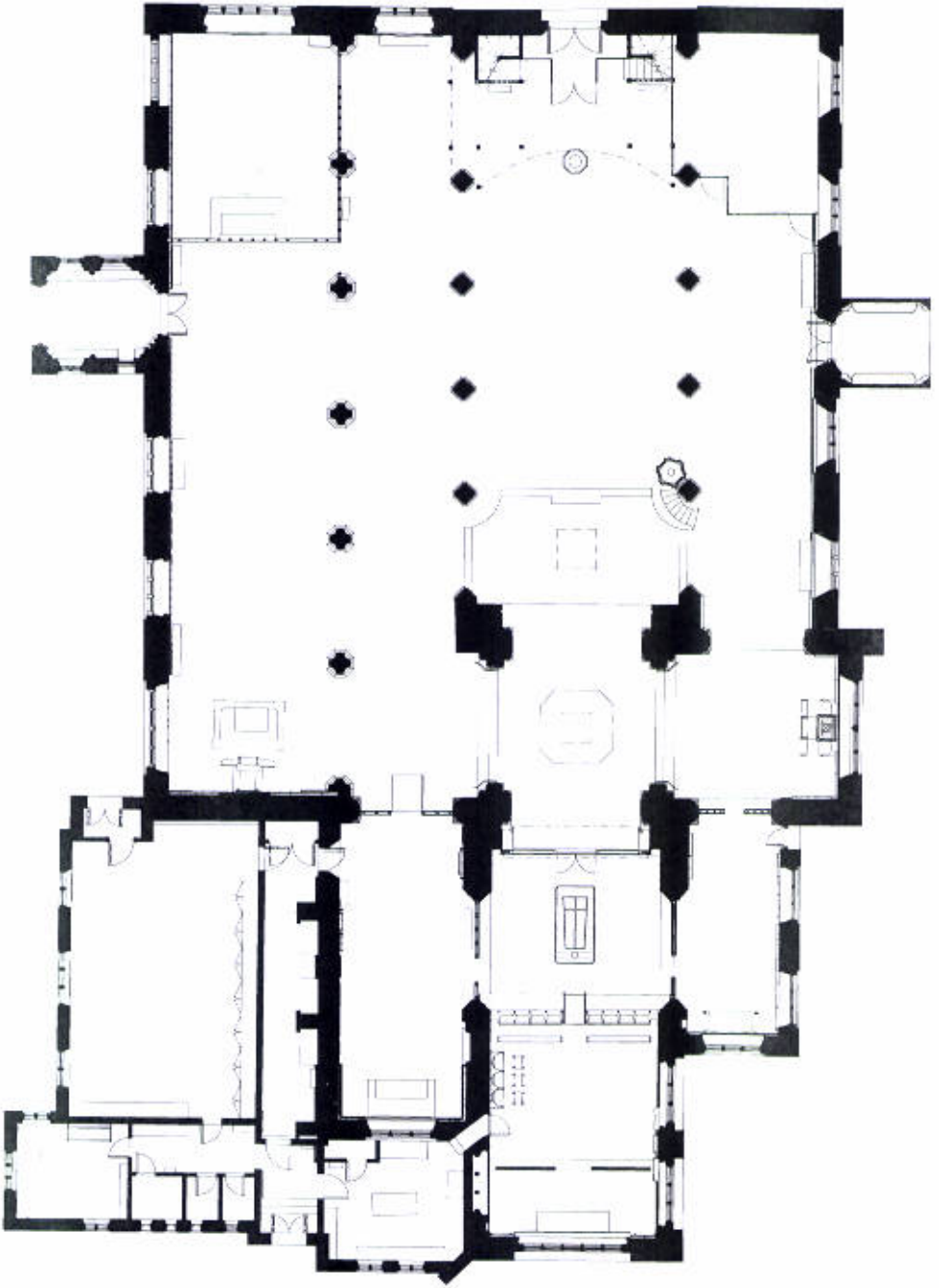
Project Blacksmith

Project Smith

Project Blacksmith

Project Smith





NOT: Elements of existing original flooring shown in-dash-dot-dot



Revision	Description	Author	Date
1	Initial		
2	Revised		
3	Revised		
4	Revised		
5	Revised		
6	Revised		
7	Revised		
8	Revised		
9	Revised		
10	Revised		

Client	University of California
Project Name	Design for 511
Location	San Francisco, CA
Architect	vhv

511-SK-143 A
 vhh
 ARCHITECTS
 100 CALIFORNIA STREET, SUITE 1000, SAN FRANCISCO, CA 94111
 TEL: 415.774.2200 FAX: 415.774.2201 WWW.VHV.COM