



**Leicester**  
**Application for a premises licence**  
**Licensing Act 2003**

For help contact  
[licensing@leicester.gov.uk](mailto: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

\* VAT number

\* Legal status

If your business is registered, use its registered name.

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



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**

PLEASE NOTE WE HAVE NO POST BOX SO PLEASE SEND ANY CORRESPONDENCE TO OUR CURRENT OFFICE ADDRESS 58 CYPRUS ROAD, LEICESTER, LE2 8QS. THANKS

*UNIT 2, 16 Saffron Way, Leicester, LE2 6UP*

**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...

COMPANY

**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

**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.

Offices and Warehouse. Planning application submitted to change use to offices and studio with provision for audience with bar

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

**Section 7 of 19**

**PROVISION OF FILMS**

Will you be providing films?

- Yes  No

**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**

Will you be providing live music?

- Yes  No

**Section 11 of 19**

**PROVISION OF RECORDED MUSIC**

Will you be providing recorded music?

- Yes  No

**Section 12 of 19**

**PROVISION OF PERFORMANCES OF DANCE**

Will you be providing performances of dance?

- Yes  No

**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

**Standard Days And Timings**



Continued from previous page...

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

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

Give a description of the type of entertainment that will be provided

E-SPORTS (COMPUTER GAMING) COMPETITIONS PLAYED USUALLY 5V5 ON STAGE IN FRONT OF AUDIENCE

Will this entertainment 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.

Live commentary usually played over a PA



Continued from previous page...

State any seasonal variations for entertainment

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

All year round any day of the week / weekend

Non-standard timings. Where the premises will be used for entertainment 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 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

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

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.



Continued from previous page...

FRIDAY

Start 17:00

End 23:00

Start

End

SATURDAY

Start 17:00

End 23:00

Start

End

SUNDAY

Start 17:00

End 23:00

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

LUKE

Family name

BAKER



Continued from previous page...

**Enter the contact's address**

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

United Kingdom

Personal Licence number  
(if known)

Application in process

Issuing licensing authority  
(if known)

Application in process

**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.



Continued from previous page...

TUESDAY

Start  End

Start  End

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

State any seasonal variations

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

NOTE THAT EVENTS ARE GENERALLY AT WEEKENDS BETWEEN THE AFTERNOON AND INTO THE EVENING BUT SPECIFIC TO THE FINALS OF EACH COMPUTER GAME TITLE'S FINALS LEAGUE. TIMES VARY DEPENDING. USUALLY THE PREMISES WILL BE CLOSED TO THE PUBLIC UNLESS AN EVENT IS SPECIFICALLY BEING HELD.

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)



*Continued from previous page...*

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

Full staff training. On-site security, health and safety compliance. Designated Premises Supervisor identified and named

b) The prevention of crime and disorder

Effective and responsible management of premises. Training and supervision of staff. Adoption of best practice guidance. Acceptance of accredited ID proof of age. Provision of CCTV and security lighting in and around the premises. Employment of security staff.

c) Public safety

We are installing a full fire detection and alarm system to comply with requirements. Security will be employed on-site during events to ensure the public remain safe.

d) The prevention of public nuisance

Full staff training to increase their awareness and training so they can assess potential risks and work towards minimising possible disturbances

e) The protection of children from harm

Proactive involvement and sometimes training of licensees, management and staff to ensure that the needs of under 18's are considered and addressed in the day-to-day operation of the premises.

## 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 (£)

190.00

### 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

Christopher Dean

\* Capacity

Operations Manager



Continued from previous page...

\* Date

15 / 01 / 2016  
dd mm yyyy

Full name

James Dean

Capacity

Managing Director

\* Date

15 / 01 / 2016  
dd mm yyyy

Remove this signatory

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.

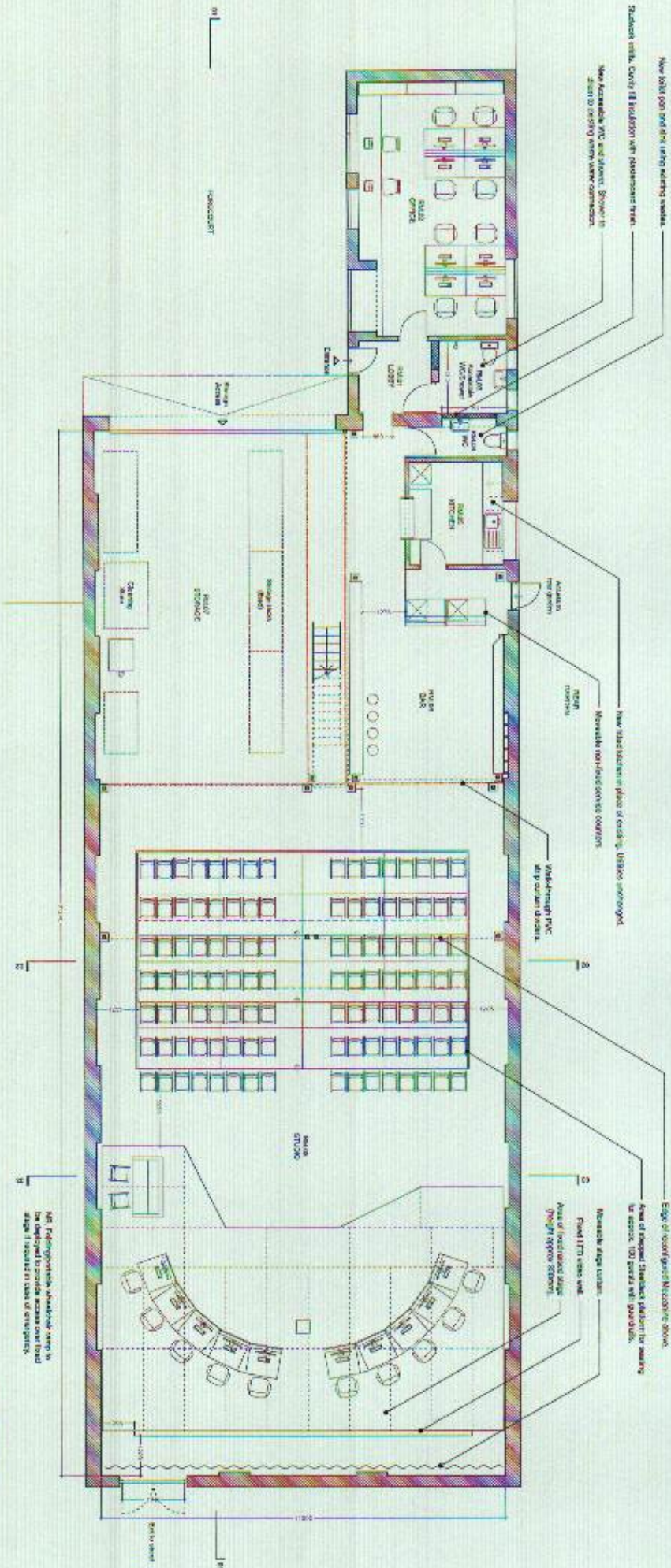
**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**OFFICE USE ONLY**

Applicant reference number	STUDIO 1 ESL UK
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
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 >



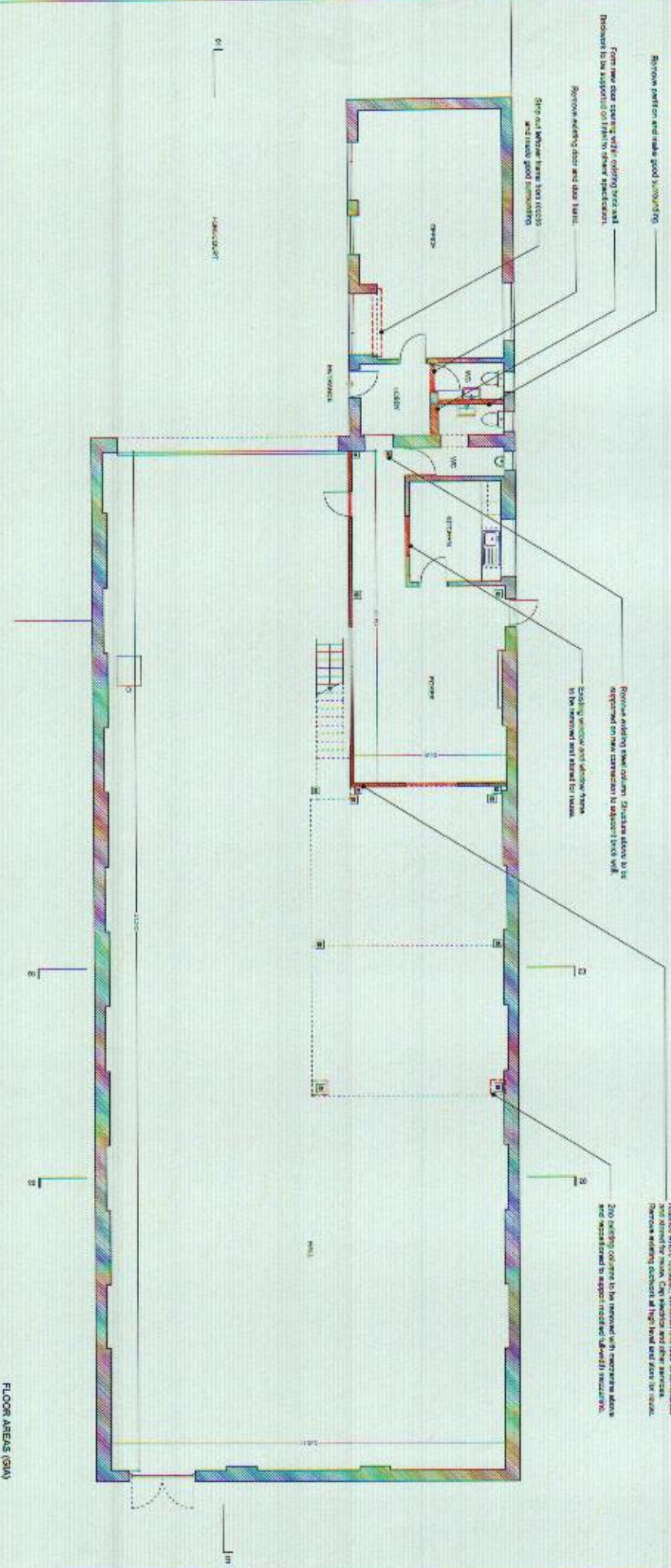


01 PROPOSED GROUND FLOOR PLAN  
1:1000

NOTES	DATE	DESCRIPTION	DRAWING STATUS	PROJECT	DRAWING TITLE	SCALE	DRAWING NO	VERSION
1. This drawing is for information only. It is not intended to be used for construction without the approval of the architect. The architect's consent is required for any alterations to be made to this drawing. The architect's consent is required for any alterations to be made to this drawing. The architect's consent is required for any alterations to be made to this drawing.			DRAFT	EST. UK Studio 1	Proposed Ground Floor Plan (Building Control)	As indicated on drawing	401ES/280	-
For information only. It is not intended to be used for construction without the approval of the architect. The architect's consent is required for any alterations to be made to this drawing. The architect's consent is required for any alterations to be made to this drawing.			FOR INFORMATION ONLY NOT FOR CONSTRUCTION	Site 2, Saffron Way Letchworth, LE2 6UP		10/11/15		



01  
EXISTING GROUND FLOOR PLAN



DEMOLITIONS & ALTERATIONS

FLOOR AREAS (GVA)

Existing:	
Ground Floor	427sqm
Mezzanine	106sqm
Total	533sqm
Proposed:	
Ground Floor	427sqm
Mezzanine	106sqm
Total	533sqm

NO: 105	REVISION DATE	DESCRIPTION
<p>Drawn from the existing. Use floor plan for reference. All dimensions are to be taken from the finished floor level. All dimensions are to be taken from the finished floor level. All dimensions are to be taken from the finished floor level.</p>		
<p>NOT FOR CONSTRUCTION. NOT FOR CONSTRUCTION. NOT FOR CONSTRUCTION.</p>		
DRAWING BY AUB		PROJECT
DRAFT		ESL UK Studio 1
FOR INFORMATION ONLY		UNIT 2, Saffron Way
NOT FOR CONSTRUCTION.		Lanester, LE2 8JZ
DRAWING NO		ISSUE DATE
401ES/100		23/10/15
DRAWING NO		REVISION
401ES/100		-