



Leicester
City 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 Leicestershire County Cricket Club Ltd.

(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			
County Ground Grace Rd			
Post town	Leicester	Postcode	LE2 8AD

Telephone number at premises (if any)	0116 283 2128
Non-domestic rateable value of premises	£49000

Part 2 - Applicant Details

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

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i. as a limited company please complete section (B)
 - ii. as a partnership 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) 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)	
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 Leicestershire County Cricket Club Ltd.
Address County Ground Grace Rd Leicester LE2 8AD
Registered number (where applicable) IP 29653 R
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) 0116 283 2128
E-mail address (optional) [REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1 1	0 6	2 0 1 6

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

DD	MM	YYYY
1 1	0 7	2 0 1 6

Please give a general description of the premises (please read guidance note 1)
 The venue for the concert is Leicestershire County Cricket Club, situated a short distance from Leicester city centre.
 The concert is to take place on one day between 11th June and 11th July
 It consists of a large grass arena with grandstand style seating around the periphery. This will be supplemented by additional seating on the grass.

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

17,500

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 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) | X |
| f) recorded music (if ticking yes, fill in box F) | X |
| 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 late night refreshment (if ticking yes, fill in box I)

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

X

In all cases complete boxes K, L and M

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			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
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 5)		
Sat					
Sun					

B

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

D

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

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	X
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Thur					
Fri					
Sat	16:30	23:00	<u>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</u> (please read guidance note 5)		
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	X
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Thur					
Fri					
Sat	16:30	23:00	<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 5)		
Sun					

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Thur					
Fri			<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> (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)			Please give a description of the type of entertainment you will be providing		
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					

1

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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur					
Fri			<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> (please read guidance note 5)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol! (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat	16:30	22:30			
Sun					
			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)		

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

Name Phillip Atkinson	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) LN 00 000 3656	
Issuing licensing authority (if known) SELBY DISTRICT 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).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
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 5)</p>
Tue			
Wed			
Thur			
Fri			
Sat	16:30	23:30	
Sun			

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)

A site management team and an Event Safety Officer and deputy will be in place for this event.

We will take all reasonable measures to protect the health, safety and welfare of all persons present. The event will be produced in accordance with guidelines stated in the 'Guide to Health, Safety and Welfare at Pop Concerts and Similar Events' and the 'Guide to Safety at Sports Grounds' (fifth edition).

Our representatives will attend a minimum of three Safety Advisory Group meetings in order to address all relevant issues prior to the event.

b) The prevention of crime and disorder

Registered Security Industry Authority (SIA) staff will be appointed through a nationally known company who will have provided staff for many similar events around the UK. A plan will be produced in order to ensure that we have an appropriate number of stewards in relation to the amount of people attending the show.

No member of the public under the influence of drugs or alcohol will be admitted to the event.

No bottles, cans, containers or alcohol will be allowed into the event.

All alcohol and soft drinks will be served in plastic containers.

There will be a written policy in order to prevent the sale or supply of alcohol to persons under 18 years of age.

c) Public safety

An Event Safety Management Plan will be formulated specifically for this event. The Event Safety Officer and his deputy will enforce it.

Comprehensive risk assessments will be carried out prior to the event with steps being taken to reduce all risks to health and safety as far as is reasonably practicable.

We will ensure that there sufficient egress capacity and that all exits are kept clear throughout the event.

An inspection will be carried out in order to ensure that the premises are safe to use. Further checks and inspections will take place throughout the event.

The Event Safety Officer will assume control in the event of a fire and any outbreak of fire will be reported to the fire service immediately.

Clear and unobstructed access around the premises will be available for use by the emergency services and their vehicles at all times.

There will be an appropriate number of medical and first aid staff on site throughout the event.

Lighting will be in place to assist in the egress from the premises after the show.

All temporary electrical installations will be installed by suitably qualified and competent personnel.

Additional sanitary accommodation will be provided in line within the guidelines provided by the 'Guide to Health, Safety and Welfare at Pop Concerts and Similar Events'.

A suitable and sufficient number of security and stewards will be provided.

Fire fighting equipment will be provided throughout the premises at suitable locations.

Structural calculations and relevant health and safety information together with method statements in relation to all temporary structures will be provided to Building Control.

d) The prevention of public nuisance

We will endeavour to ensure that noise disturbance will be kept within agreed guidelines.

We will appoint an acoustic consultant in order to assess noise pollution issues. The consultant will then produce a Noise Management Plan.

A suitable and relevant dispersal policy will be formulated and be considered when developing the traffic management plan.

e) The protection of children from harm

No person under the age of 18 will be served alcohol.

No person under the age of 12 years will be admitted to the event unless they are accompanied by a person over 18 years.

There will be no children taking part in the performance.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. X
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. X
- I understand that I must now advertise my application. X
- I understand that if I do not comply with the above requirements my application will be rejected. X

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	[REDACTED]
Date	27.01.2016
Capacity	OPERATIONS & COMPLIANCE MAMAGER

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)

**PHIL ATKINSON
LEICESTERSHIRE COUNTY CRICKET CLUB
COUNTY GROUND
GRACE ROAD**

Post town	LEICESTER	Postcode	LE2 8AD
Telephone number (if any)	0116 245 2401		

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

[REDACTED]

Notes for Guidance



Leicester
City Council

Consent of individual to being specified as premises supervisor

I Phillip Atkinson

[full name of prospective premises supervisor]

of
[REDACTED]

[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
Leicestershire County Cricket Club Ltd.

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for
Leicestershire County Cricket Club
County Ground
Grace Road
Leicester
LE2 8AD

[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

—— Leicestershire County Cricket Club

[name of applicant]

concerning the supply of alcohol at

—— Leicestershire County Cricket Club
County Ground
Grace Road
Leicester
LE2 8AD

[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

—— LN 000003656

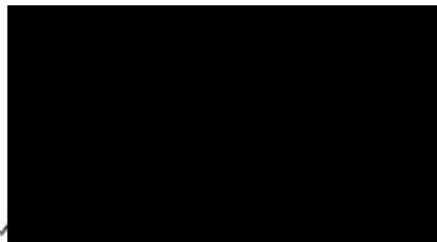
[insert personal licence number, if any]

Personal licence issuing authority

—— Selby District Council
Civic Centre, Portholme Road, Selby, North Yorkshire. YO8 4SB
Telephone: 01757 705101

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

Signed

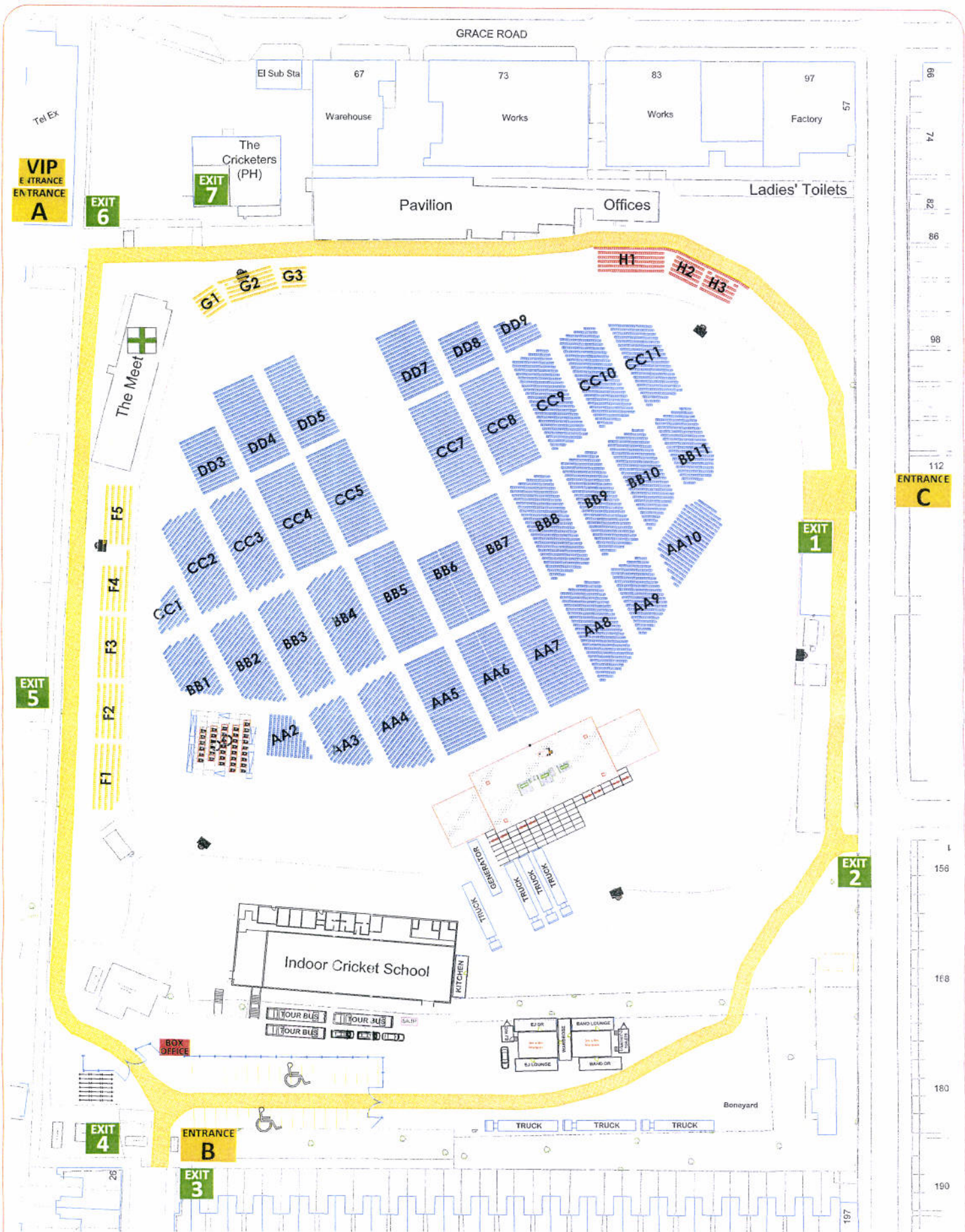


Name (please print)

—— Phil Atkinson

Date

—— 27.01.2016



ELTON JOHN
LEICESTERSHIRE COUNTY CRICKET CLUB
 Saturday 11th June 2016

Project
 Elton John 2016
 Client
 Marshall Arts
 Drawing
 Site layout

Drawing No.
 EJ-110616
 Scale
 NTS
 Date
 10-12-15
 Drawn by
 MS
 Rev.
 0
 Checked

Notes:
 Do not scale, use written dimensions only. All dimensions to be verified on site.
PRELIMINARY

