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FORM 2

APPENDIX A



Application for a premises licence to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

CUSTOMER SERVICE CENTRE  
91 GRANBY STREET  
29 FEB 2016  
RECEIVED

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.

We SPORTSPAD 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 8 WESTERN ROAD (Walshys Sportspad).	
Post town	LEICESTER
Postcode	LE3 0GA

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£5550 TOTAL GROUND FLOOR £3150 FLOORS 1 & 2 £2400

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)	
<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	SPORTSPAD LIMITED
Address	THORPE HOUSE 93 THE HEADLANDS KETTERING NORTHANTS NN15 6BL
Registered number (where applicable)	COMPANY NUMBER : 9739069
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	
E-mail address (optional)	

**Part 3 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

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

SPORTSPAD IS A NEW LEISURE VENUE. IT IS FOCUSED AROUND A MULTI-SPORT SIMULATOR. IT WILL BE AVAILABLE FOR USE TO THE GENERAL PUBLIC. ANTICIPATED MARKETS INCLUDE... CHILDRENS PARTIES, CORPORATE EVENTS, SPORTS CLUBS, UNIVERSITY USE AND GENERAL USE. REFRESHMENTS AND SNACKS WILL BE AVAILABLE ON SITE.

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)
- 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)
- 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**

**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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

**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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Wed					
Thur					
			<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)		
Fri					
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)
Day	Start	Finish	
Mon			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Tue			
Wed			
Thur			<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			
Sat			
Sun			

**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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Thur					
Fri			<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)		
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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
Sun					

**F**

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

**G**

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

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"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		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

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"/>		
Day	Start	Finish		Off the premises	<input type="checkbox"/>		
Mon	12.00	23.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	<input type="checkbox"/>		
Tue	12.00	23.00		NONE			
Wed	12.00	23.00					
Thur	12.00	23.00		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)			
Fri	12.00	23.00					
Sat	12.00	23.00				NONE	
Sun	12.00	23.00					

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

Name	SAMUEL WAITE		
Address			
Postcode			
Personal licence number (if known)	TBC	(LEVEL 2 QUALIFICATION GAINED)	AWAITING CRB AND RELEVANT CHECKS
Issuing licensing authority (if known)	TBC		

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)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	<p>NONE</p> <hr/> <p><b>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)</b></p> <p>POTENTIALLY NEW YEARS EVE</p>
Mon	10.00	23.00	
Tue	10.00	23.00	
Wed	10.00	23.00	
Thur	10.00	23.00	
Fri	10.00	23.00	
Sat	09.00	23.00	
Sun	09.00	23.00	

**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)**

PLEASE SEE SUPPORTING DOCUMENT ATTACHED

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

**c) Public safety**

**d) The prevention of public nuisance**

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

## 'Cumulative Impact Policy' supporting document

As a company we are aware that the premises is situated in the 'Cumulative Impact Policy' zone. We are fully aware that this policy is in place due to the saturation of existing licensed premises in the area. It is our intention to remove the risk of our premises impacting the area.

The primary objective of our venue is very much leisure and entertainment as opposed to the sale of alcohol. The licence is being applied for to compliment the customer's experience. A full range of 'soft drinks' will also be available on site.

The only people permitted in the venue will have pre booked the simulator(s); it will be only them that are able to purchase alcohol. All alcohol purchased must be consumed on site and no person will be permitted to leave the premises with alcohol.

All drinks available on site will be served in cans, plastic glasses or plastic bottles.

No irresponsible drinks promotions will ever be in place. We will not be stocking or selling any high strength beer or cider over an ABV of 5.5%

The latest the premises will stay open is 11pm. The reception area is located immediately by the entrance because of these points we don't believe door supervision is necessary. We will however continue to risk assess this on a regular basis.

The presence of CCTV cameras will be used internally and externally in the means of deterring and detecting crime. We will install the cameras having taken advice from Leicestershire Police and they will be maintained in accordance with the Commissionaires Codes of Practice for CCTV. The system will record at all times the premises is trading under its premises licence and those recordings will be retained for 31 days.

Recordings will be made available to police or responsible authorities within 48hours of a request being made.

A contract is in place with 'ADT' to provide us the CCTV system the venue requires along with an intruder alarm fitted with GSM monitoring to link with the police.

The Drug Misuse Policy (2004) has been read and understood and the key provision which we will adhere to *"Drug misuse (7a) the licensee shall take all reasonable steps to prevent drug misuse on their premises. In deciding what reasonable steps are necessary the licensee shall have regard to the city council's policy on preventing drug misuse"* All staff will be diligent with this policy whilst working on site.

We are working alongside a HR company to ensure due diligence and necessary staff training is implemented to ensure as a company we comply with the

licensing objectives. Alongside the Drugs misuse policy, examples of some other areas that will be covered include:

- CRB checks on all staff
- First aid training
- The safeguarding of children
- Health and safety awareness
- Age verification policy... A 'Challenge 21' policy will be in place. This is a scheme that has been developed by the industry itself and is currently being adopted as best practice.

We will keep records of all instances of refusal to sell alcohol and any incidents of crime and disorder on the premises. These records will be kept at the licensed premises and made readily available to police and responsible authorities upon request.

Any children under the age of 14 will not be permitted on site to use the simulators without an accompanying adult.

The company will implement a strict proof of age scheme. This will be adhered to by all staff members and the necessary training put in place to ensure we as a company fulfil this obligation. Only recognised forms of Identification including Passport, Driving Licence and P.A.S.S card will be accepted.

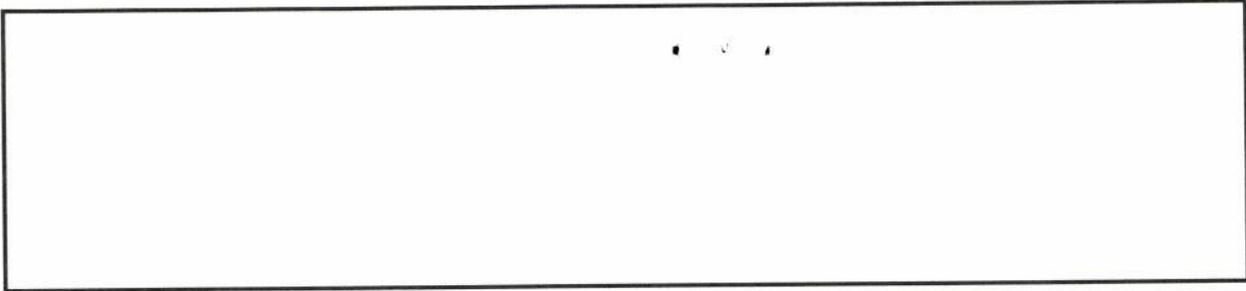
'Challenge 21' posters and supporting material will be prominently displayed within the premises.

No live or amplified music will be permitted on site. This will always be adhered to as the sound effects and user experience of the simulators are of paramount importance to us... Any other noise would be detrimental to this. Our trading hours will conclude no later than 11pm both during the week and at weekends.

It is our priority to work alongside existing local businesses and residents to help alleviate any concerns or issues they may have. We will look to engage with them as much as possible to maintain a healthy relationship. Brief introductions have already been made with neighbours to help create a relationship.

We will strive to work closely with the local police and relative authorities, this is a key element to ensure that there is no risk of our premises impacting the area. We will adhere to stay up to date with all current issues and cooperate in all of the relevant areas.

Upon securing the lease of the premises we had a fire risk assessment carried out through 'Fire Control Systems ltd.' This has helped us to understand best practice and requirements to ensure all customers are safe when visiting our venue. All recommendations have been taken onboard and the necessary measures put in place for opening.



**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.  *WA give later*
- 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	
Date	28/2/16
Capacity	SPORTSPAD 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)

SPORTSPAD LIMITED  
8 WESTERN ROAD

Post town LEICESTER Postcode LE3 0GA

Telephone number (if any)

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.



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

SPORTSPAD LIMITED  
[name of applicant]

concerning the supply of alcohol at

SPORTSPAD LIMITED  
8 WESTERN ROAD  
LEICESTER  
LE3 0GA

[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

TBC - QUALIFICATION GAINED, WAITING ON RELEVANT PAPERWORK  
[insert personal licence number, if any]

Personal licence issuing authority

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

Signed



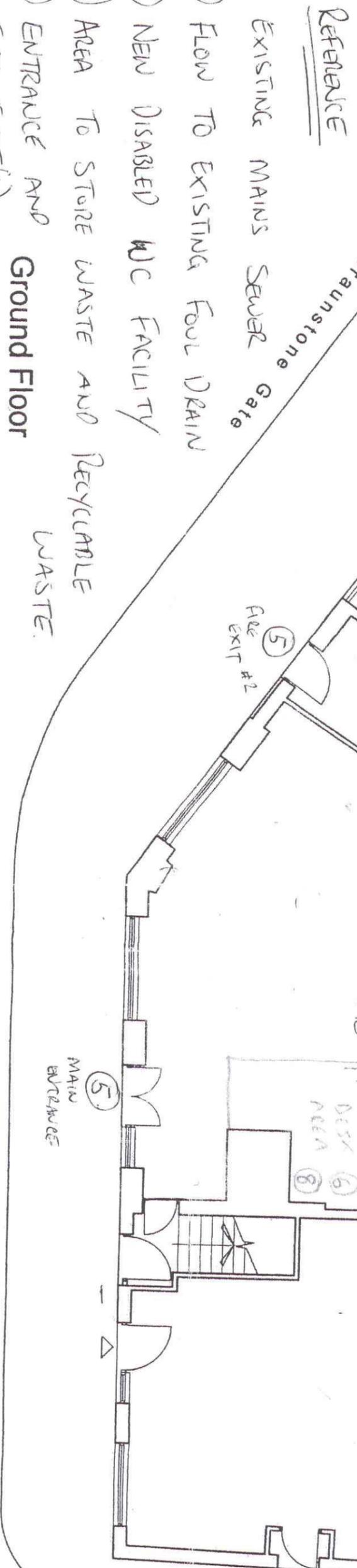
Name (please print)

SAMUEL WAITE

Date

29/2/16

- ⑧ LOCATION OF FIRE EXTINGUISHERS
- ⑦ STAIRS TO FIRST FLOOR
- ⑥ RECEPTION AREA WHERE ALCOHOLIC BEVERAGES WILL BE STORED AND SERVED FROM.
- ⑤ ENTRANCE AND FINE EXIT(S)
- ④ AREA TO STORE WASTE AND RECYCLABLE WASTE.
- ③ NEW DISABLED WC FACILITY
- ② FLOW TO EXISTING FOUL DRAIN
- ① EXISTING MAINS SEWER



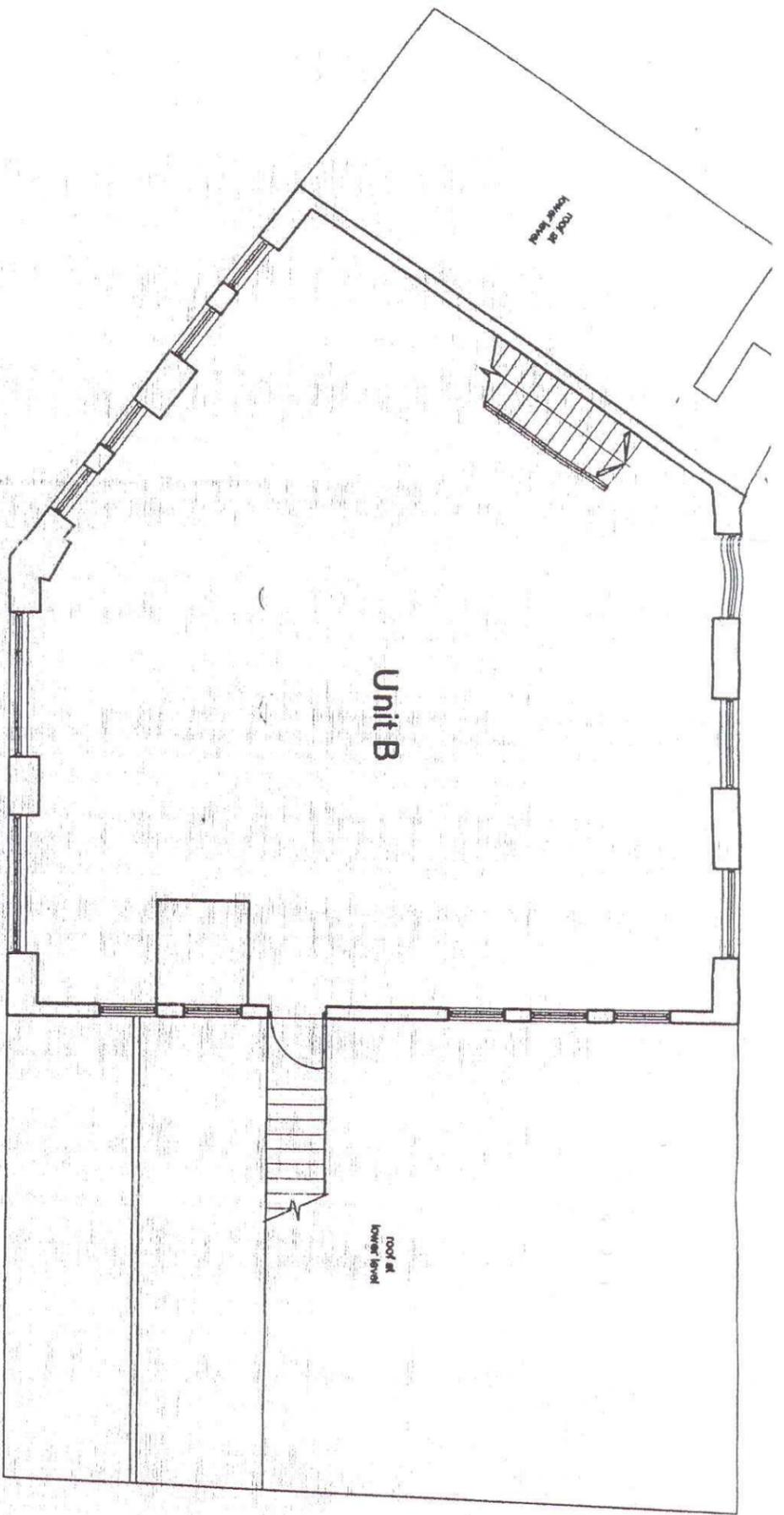
REFERENCE

- ① EXISTING MAINS SEWER
- ② FLOW TO EXISTING FOUL DRAIN
- ③ NEW DISABLED WC FACILITY
- ④ AREA TO STORE WASTE AND RECYCLABLE WASTE.
- ⑤ ENTRANCE AND FINE EXIT(S)
- ⑥ RECEPTION AREA WHERE ALCOHOLIC BEVERAGES WILL BE STORED AND SERVED FROM.
- ⑦ STAIRS TO FIRST FLOOR
- ⑧ LOCATION OF FIRE EXTINGUISHERS

Scale  
1:100

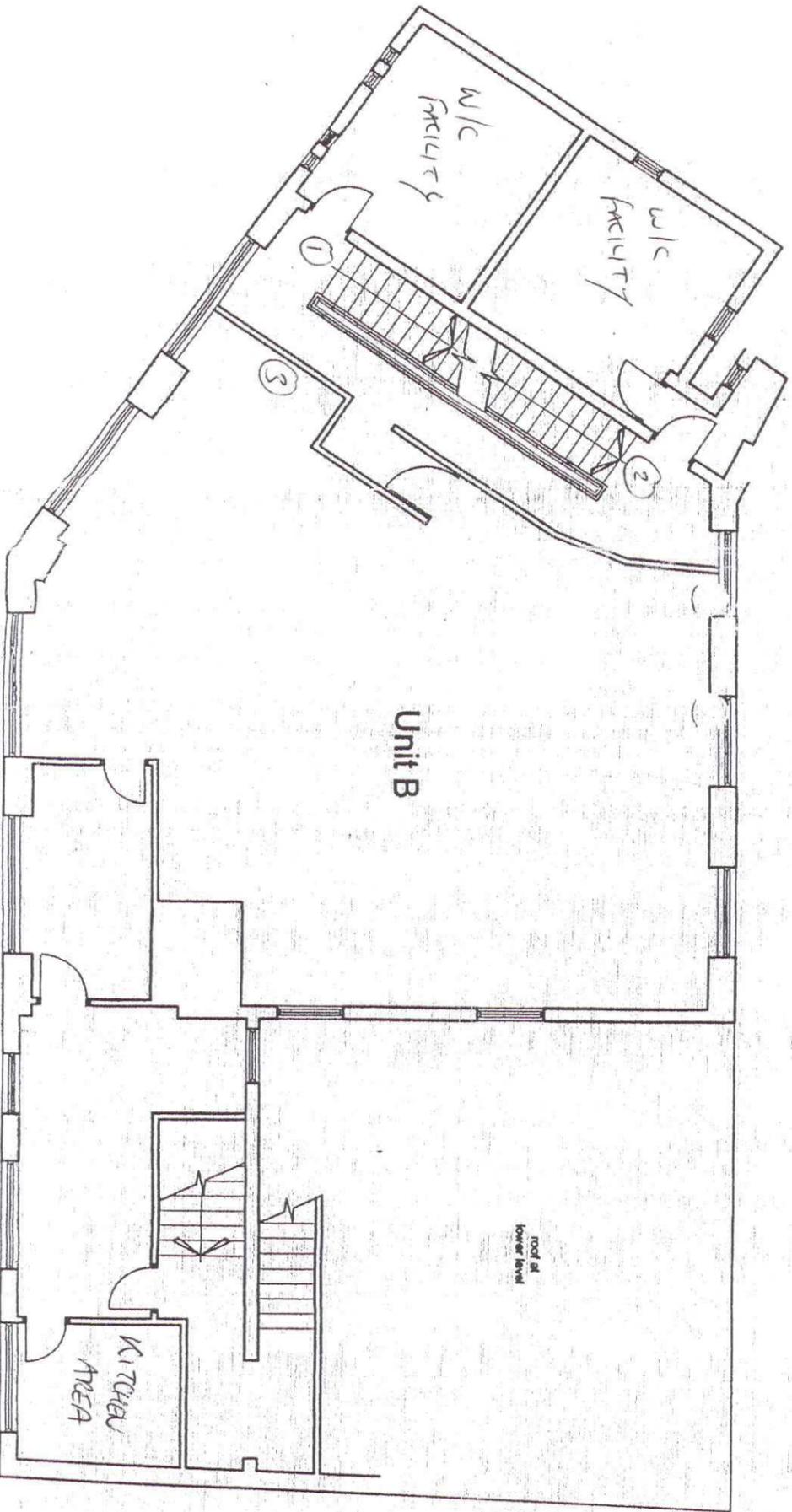
Second Floor  
Not in use

### Second Floor



- ① STAIRS TO Ground Floor
- ② STAIRS TO Second Floor
- ③ FIRE SAFETY EQUIPMENT

### First Floor



Scale  
1:100