120663
31/10/19

Appendix A

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 LIVE NATION (MUSIC) UK 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 **VICTORIA PARK** **LONDON ROAD**			
Post town	LEICESTER	**Postcode**	**LE1 7RY**

Telephone number at premises (if any)	**N/A**
Non-domestic rateable value of premises	**£ 0**

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/limited liability partnership ☑	please complete section (B)
	ii as a partnership (other than limited liability)	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 (by ticking yes to one box below):

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	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			**First names**		
Date of birth		I am 18 years old or over		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see					

note 15 for information)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			**First names**		
Date of birth		I am 18 years old or over		Please tick yes	
Nationality					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
Current residential 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: LIVE NATION (MUSIC) UK LTD
Address: 2ND FLOOR REGENT ARCADE HOUSE 19-25 ARGYLL STREET LONDON W1F 7TS
Registered number (where applicable) 02409911

Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY
Telephone number (if any) [redacted]
E-mail address (optional) [redacted]

Part 3 Operating Schedule

When do you want the premises licence to start? DD MM YYYY: 0 8 0 6 2 0 2 0

If you wish the licence to be valid only for a limited period, when do you want it to end? DD MM YYYY: 2 8 0 6 2 0 2 0

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

THE PREMISES IS A PUBLIC PARK LOCATED IN THE CITY CENTRE OF LEICESTER ADJACENT TO THE DE MONTFORT HALL AND KNOWN AS VICTORIA PARK.

THE LICENCE APPLICATION IS FOR A PROPOSED THREE DAY MUSIC EVENT AT VICTORIA PARK, LEICESTER TO TAKE PLACE ON 19th to 21st JUNE 2020 INCLUSIVE. THE EVENT AREA WILL BE FULLY TICKETED AND SECURED BY A PERIMETER FENCE.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend. 49,999

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2) — Please tick all 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

Plays Standard days and timings (please read guidance note 7)			**Will the performance of a play take place indoors or outdoors or both – please tick** (please read guidance note 3)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			**Please give further details here** (please read guidance note 4) N/A		
Tue					
Wed			**State any seasonal variations for performing plays** (please read guidance note 5) N/A		
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 6) N/A		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			**Will the exhibition of films take place indoors or outdoors or both – please tick** (please read guidance note 3)	Indoors	
				Outdoors	X
Day	Start	Finish		Both	
Mon			**Please give further details here** (please read guidance note 4) THERE WILL BE THE PLAYING OF FILM ON TO STAGE VIDEO SCREENS WHICH WILL INCLUDE MUSIC VIDEOS, VIDEO MONTAGE AND OTHER TYPES OF ENTERTAINMENT BEFORE, DURING AND AFTER THE LIVE MUSIC PERFORMANCES. ALL FILMS WILL BE OF AN APPROPRIATE NATURE TO THE AUDIENCE.		
Tue					
Wed			**State any seasonal variations for the exhibition of films** (please read guidance note 5) N/A		
Thur					
Fri	1000	2300	**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** (please read guidance note 6) N/A		
Sat	1000	2300			
Sun	1000	2300			

C

Indoor sporting events Standard days and timings (please read guidance note 7)			**Please give further details** (please read guidance note 4) N/A
Day	Start	Finish	
Mon			
Tue			**State any seasonal variations for indoor sporting events** (please read guidance note 5) N/A
Wed			
Thur			**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** (please read guidance note 6) N/A
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			**Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick** (please read guidance note 3) N/A	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			**Please give further details here** (please read guidance note 4) N/A		
Tue					
Wed			**State any seasonal variations for boxing or wrestling entertainment** (please read guidance note 5) N/A		
Thur					
Fri			**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** (please read guidance note 6) N/A		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 7)			**Will the performance of live music take place indoors or outdoors or both – please tick** (please read guidance note 3)	Indoors	
				Outdoors	X
Day	Start	Finish		Both	
Mon			**Please give further details here** (please read guidance note 4) LIVE MUSIC WILL BE PLAYED FROM A TEMPORARY STAGE LOCATED WITHIN THE FENCELINE SURROUNDING THE VENUE. THE EVENT WILL CONSIST OF A NUMBER OF SUPPORT BANDS AND A MAIN ACT PLAYING AMPLIFIED AND UNAMPLIFIED LIVE MUSIC TO THE AUDIENCE. REHEARSALS AND SOUNDCHECKS WILLTAKE PLACE THE DAY PRIOR TO THE EVENT, TIMINGS OF WHICH WILL BE AGREED WITH LEICESTER CITY COUNCIL.		
Tue					
Wed			**State any seasonal variations for the performance of live music** (please read guidance note 5) N/A		
Thur					
Fri	1000	2300	**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** (please read guidance note 6) N/A		
Sat	1000	2300			
Sun	1000	2300			

F

Recorded music Standard days and timings (please read guidance note 7)			**Will the playing of recorded music take place indoors or outdoors or both – please tick** (please read guidance note 3)	Indoors	
				Outdoors	X
Day	Start	Finish		Both	
Mon			**Please give further details here** (please read guidance note 4) RECORDED MUSIC WILL BE PLAYED FROM A TEMPORARY STAGE LOCATED WITHIN THE FENCELINE SURROUNDING THE VENUE. THE EVENT WILL CONSIST OF A NUMBER OF SUPPORT BANDS AND A MAIN ACT PLAYING AMPLIFIED AND UNAMPLIFIED MUSIC TO THE AUDIENCE. REHEARSALS AND SOUNDCHECKS WILLTAKE PLACE THE DAY PRIOR TO THE EVENT, TIMINGS OF WHICH WILL BE AGREED WITH LEICESTER CITY COUNCIL.		
Tue					
Wed			**State any seasonal variations for the playing of recorded music** (please read guidance note 5) N/A		
Thur					
Fri	1000	2300	**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** (please read guidance note 6) N/A		
Sat	1000	2300			
Sun	1000	2300			

G

Performances of dance Standard days and timings (please read guidance note 7)			**Will the performance of dance take place indoors or outdoors or both – please tick** (please read guidance note 3)	Indoors	
				Outdoors	X
Day	Start	Finish		Both	
Mon			**Please give further details here** (please read guidance note 4) DANCE PERFORMANCE WILL TAKE PLACE FROM A TEMPORARY STAGE LOCATED WITHIN THE FENCELINE SURROUNDING THE VENUE. REHEARSALS AND SOUNDCHECKS WILLTAKE PLACE THE DAY PRIOR TO THE EVENT, TIMINGS OF WHICH WILL BE AGREED WITH LEICESTER CITY COUNCIL.		
Tue					
Wed			**State any seasonal variations for the performance of dance** (please read guidance note 5) N/A		
Thur					
Fri	1000	2300	**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** (please read guidance note 6) N/A		
Sat	1000	2300			
Sun	1000	2300			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing N/A		
Day	Start	Finish	**Will this entertainment take place indoors or outdoors or both – please tick** (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			**Please give further details here** (please read guidance note 4)		
Wed					
Thur			**State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)** (please read guidance note 5)		
Fri					
Sat			**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** (please read guidance note 6)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 7)			**Will the provision of late-night refreshment take place indoors or outdoors or both – please tick** (please read guidance note 3)	Indoors	
				Outdoors	X
Day	Start	Finish		Both	
Mon			**Please give further details here** (please read guidance note 4)		
Tue					
Wed			**State any seasonal variations for the provision of late night refreshment** (please read guidance note 5) N/A		
Thur					
Fri	2300	2330	**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** (please read guidance note 6) N/A		
Sat	2300	2330			
Sun	2300	2330			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			**Will the supply of alcohol be for consumption – please tick** (please read guidance note 8)	On the premises	X
				Off the premises	
Day	Start	Finish		Both	
Mon			**State any seasonal variations for the supply of alcohol** (please read guidance note 5) N/A		
Tue					
Wed					
Thur			**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 6)		
Fri	1000	2300			
Sat	1000	2300			
Sun	1000	2300			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	**BRIAN PETER GREW**
[redacted]	
Postcode	[redacted]
Personal licence number (if known) 21650	
Issuing licensing authority (if known) LONDON BOROUGH OF RICHMOND UPON THAMES.	

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 9).
N/A

L

Hours premises are open to the public
Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon		
Tue		
Wed		
Thur		
Fri	1000	2330
Sat	1000	2330
Sun	1000	2330

State any seasonal variations (please read guidance note 5)
N/A

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 6)

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 10)

THE PROPOSED EVENT WILL TAKE PLACE AT VICTORIA PARK LEICESTER ON THREE CONSECUTIVE DAYS FROM 19TH TO 21ST JUNE 2020 INCLUSIVE. THE EVENT AREA WILL BE FULLY TICKETED AND SECURED BY A PERIMETER FENCE

THE APPLICANT FOR THIS LICENCE IS VERY EXPERIENCED AT ORGANISING AND DELIVERING LARGE SCALE MUSIC EVENTS AND HAS A PROVEN TRACK RECORD OF COMPLYING WITH ALL LICENSING OBJECTIVES.

A DETAILED EVENT MANAGEMENT PLAN WILL BE FORMULATED AND WILL INCLUDE PROVISION OF RISK ASSESSMENTS, FIRE RISK ASSESSMENTS, CROWD MANAGEMENT PLAN, ALCOLHOL MANAGEMENT PLAN, ADVERSE WEATHER PLAN AND NOISE MANAGEMENT PLAN WHICH WILL BE UPDATED AS PART OF THE PLANNING PROCESS LEADING UP TO THE EVENT AND FOLLOWING LIAISON WITH THE STATUTORY AGENCIES.

DETAILED PRE-EVENT MEETINGS WILL BE HELD WITH LEICESTER CITY COUNCIL AND STATUTORY AGENCIES THROUGH THE SAFETY ADVISORY GROUP (SAG) TO ENSURE THAT ALL ARE SATISFIED WITH THE PLANNING ARRANGEMENTS.

b) The prevention of crime and disorder

THE APPLICANT WILL CONTRACT A PROFESSIONAL AND COMPETENT CROWD MANAGEMENT COMPANY WHO WILL WORK CLOSELY WITH THE EVENT MANAGERS, LEICESTER CITY COUNCIL AND LEICESTERSHIRE POLICE TO MANAGE THE POTENTIAL FOR CRIME AND DISORDER.

A DETAILED CROWD MANAGEMENTS PLAN WILL BE FORMULATED IN CONSULATATION WITH THE MULTI AGENCY SAFETY ADVISEOR GROUP (SAG).

PLANNING MEETINGS WILL BE HELD IN ADVANCE OF THE EVENT WITH LEICESTER CITY COUNCIL AND LEICESTERSHIRE POLICE TO ENSURE THAT ALL AGENCIES ARE CONTENT WILL THE PLANNING ARRANGMENTS FOR THE PREVENTION OF CRIME AND DISORDER.

A SUITABLE DOOR POLICY WILL BE FORMULATED WHICH WILL INCLUDE PROCEDURES FOR THE SEARCHING OF PERSONS AND BELONGINGS UPON ENTRY, IF REQUIRED, EJECTIONS OR REFUSALS OF ADMITTANCE TO THE EVENT WILL BE CARRIED OUT BY LICENSED SECURITY STAFF.

THE APPLICANT WILL LIAISE WITH THE POLICE REGARDING SECURITY PROVISION AND ANY ADDITIONAL SUPPORT REQUIRED FOR THE PREVENTION OF CRIME AND DISORDER AND IN THE CASE OF EMERGENCY. THIS WILL BE ACHIEVED THROUGH PLANNING AND LIAISON PRIOR TO THE EVENT.

c) Public safety

SAFETY AND EMERGENCY PROCEEDURES WILL BE DETAILED THROUGH THE EVENT PLANNING PHASE

SPECIFIC EVENT RISK ASSESSMENTS WILL BE PRODUCED TO ENSURE THAT ALL ELEMENTS OF THE RISK ARE CONSIDERED SO FAR AS REASONABLY PRACTICABLE AND SUITABLE AND SUFFICIENT CONTROL MEASURES IMPLEMENTED.

AN AGREED APPROPRIATE LEVEL OF ENERGENCY FIRST AID AND AMBULANCE PROVISION WILL BE ON SITE THROUGHOUT THE EVENT. THIS WILL INCLUDE MOBILE FIRST AID PATROLS, THE LEVELS OF WHICH WILL BE DETERMIND BY A MEDICAL RIASK ASSESSMENT AND HSG195.

A DETAILED FIRE RISK ASSESSMENT WILL BE PRODUCED AND SUITABLE LEVELS OF PORTABLE FIRE FIGHTING EQUIPMENT WILL BE PROIVIDED ON SITE.
PRIOR APPROVAL WILL BE SORT FOR THE USE OF SPECIAL EFFECTS, AND THE RELEVANT HEALTH AND SAFETY INFORMATION WILL BE PROVIDED TO THE EVENT.

THE APPLICANT WILL LIAISE WITH LEICESTER CITY COUNCIL ENVIRONMENTAL HEALTH DEPARTMENT PRIOR TO THE EVENT TO ENSURE THAT APPROPRIATE INFORMATION IS MADE AVAILABLE IN RELATION TO FOOD HANDLING AND HYGIENE

A MULTI AGENCY EVENT CONTROL ROOM MANAGED BY THE APPLICANT WILL BE OPERTIONAL THROUGHOUT THE EVENT.

d) The prevention of public nuisance

THE PREVENTION OF PUBLIC NUISANCE WILL BE MANAGED THROUGH PRE-EVENT PLANNING ARRANGEMENTS AND LIAISON WITH STATUTORY AGENCIES.
THE EVENT MANAGEMENT PLAN WILL IDENTIFY THE POLICIES AND PROCEDURES TO BE ADOPTED FOR THE PREVENTION OF PUBLIC NUISANCE.
THE APPLICANT WILL CONTRACT A COMPETENT ACOUSTIC CONSULTANT, WHO WILL LIAISE WITH LEICESTER CITY COUNCIL AND PRODUCE A NOISE MANAGEMENT PLAN SPECIFIC TO THE EVENT. FURTHERMORE, THE ACOUSTIC CONSULTANTS WILL BE ON SITE THROUGHOUT THE EVENT TO ENSURE THAT MUSIC LEVELS ARE NOT EXCEEDED.

e) The protection of children from harm

STEPS FOR THE PROTECTION OF CHILDREN WILL BE IDENTIFIED IN THE PRE-EVENT DOCUMNETATION.
THE DESIGNATED PREMISES SUPERVISOR WILL ENSURE THAT ALL BAR STAFF ARE FULLY AWARE OF AND COMPLIANT OF AGE VERIFICATION REQUIREMENTS FOR ALCOLHOL SALES e.g. CHALLENGE 21.
AGE RETRICTED FILMS WILL NOT BE SHOWN IN THE PRESENCE OF CHILDREN.
SUITABLE ENTRY CONDITIONS WILL BE SET FOR ANY CHILDREN ATTENDING THE VENUE, INCLUDING THE REQUIREMENTS FOR ADULT SUPERVISION.

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. ✓
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). • The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	[redacted]
Date	3rd October 2019
Capacity	SOLICITORS AND AGENTS FOR THE APPLICANT

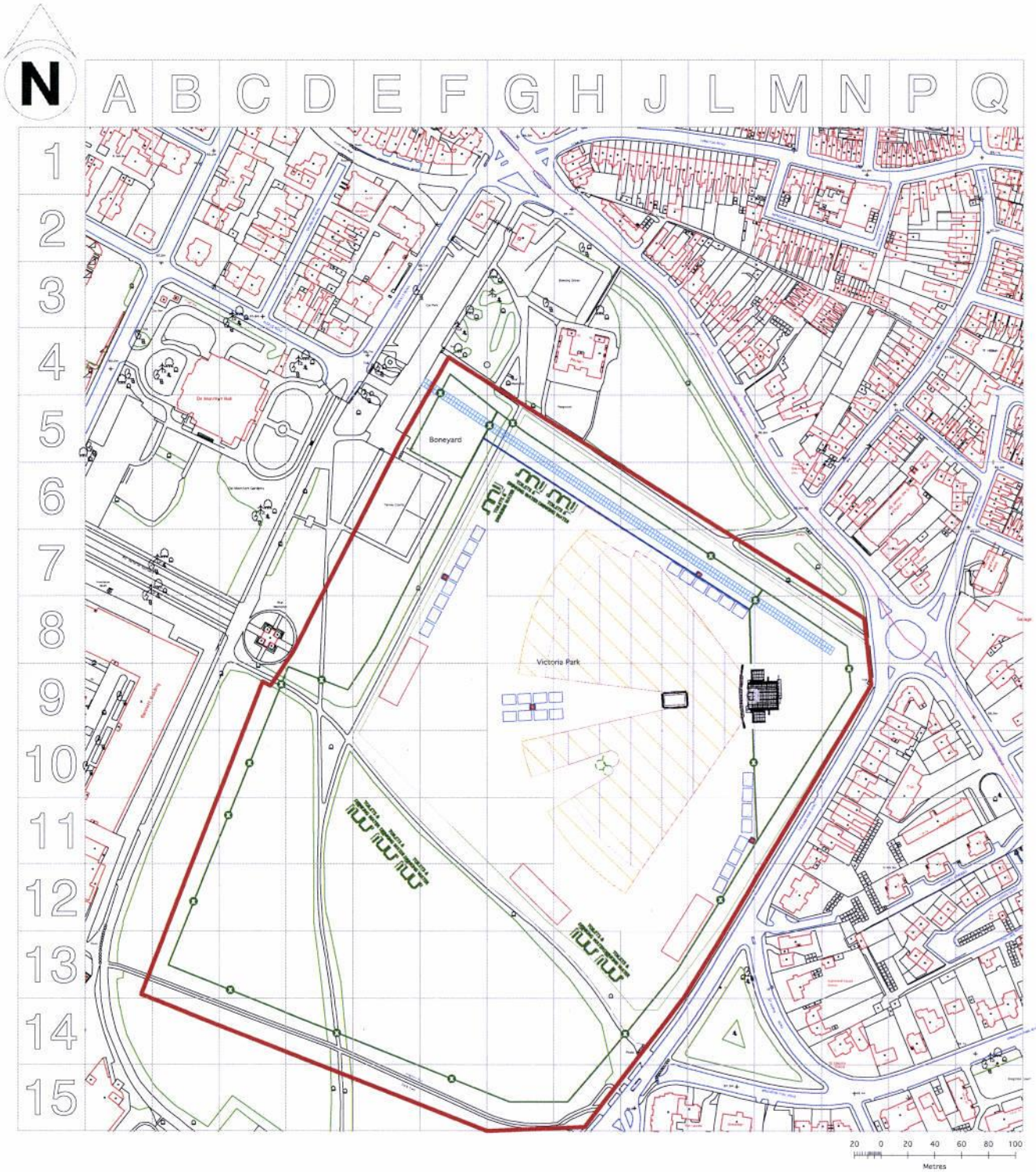
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) **Phil Crier** **PBC Licensing Solicitors** **Compton House** **79 New Road**			
Post town	**Ascot**	Postcode	**SL5 8PZ**
Telephone number (if any)	[redacted]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) [redacted]			

NOTE

Any personal data that you provide will be processed in accordance with current data protection laws. It will be used by Leicester City Council and our partners to deliver and improve services and fulfil our legal duties. We will not disclose any personal information to anyone else unless required or allowed to do so by law. Read more about how we use personal data in our Privacy Notice on our website www.leicester.gov.uk



KEY

T-Shield - Perimeter Fence:

Heras Fence:

Crowd Control Barrier:

Track Way Road:

Concession:

Bars:

Toilets:

Gate: X

Towerlight: T

LICENSED PERIMETER:

Title:	Victoria Park Leicester
Date:	2020
Client:	LIVE NATION
Drawn By:	
Revision No:	1.1
Scale:	A1 = 1:1500 (50m Grid)

Consent of individual to being specified as premises supervisor

I, **Brian Peter Grew**

[redacted]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for a new premises licence under section 17 Licensing Act 2003

by **Live Nation (Music) UK Limited**

relating to a new premises licence application for

Victoria Park, London Road, Leicester LE1 7RY

and any premises licence to be granted or varied in respect of this application made by **Live Nation (Music) UK Limited**

concerning the supply of alcohol at **Victoria Park, London Road, Leicester LE1 7RY**

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: **21650**

Personal licence issuing authority: **London Borough of Richmond Upon Thames**

Signed ..... [redacted] .....

Name .....**Brian Peter Grew**.....

Dated .....25/09/2019.....