



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~~ KARL ROSS STRICKLAND

(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			
HANSON HALL 2 WELLINGTON ST			
Post town	LEICESTER	Postcode	LE1 6HL
Telephone number at premises (if any)	N/A		
Non-domestic rateable value of premises	£ 75,000		

**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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname STRICKLAND			First names KARL ROSS		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]		
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)	[REDACTED]				



**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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
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)

A FORMER BAPTIST CHURCH. NOW COUNCIL OWNED EDUCATION FACILITY. BUILDING ACCESS IS VIA WELLINGTON ST AND IS AWAY FROM THE MAIN HALL VIA AN EXTERNAL CORRIDOR. MAIN HALL IS A THEATRE STYLE ROOM WITH SMALL STAGE AND BALCONY (NOT USED)

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

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	1800	24:00	<b>Please give further details here</b> (please read guidance note 3) MAINLY MUSICALS - WE USE AMPLIFIED SOUND BUT WE ALWAYS FINISH BEFORE 11-30 AND MUSICAL THEATRE IS NOT SUITABLE FOR HIGH VOLUMES		
Tue	1800	24:00			
Wed	1800	24:00	<b>State any seasonal variations for performing plays</b> (please read guidance note 4) N/A		
Thur	1800	24:00			
Fri	1800	24:00	<b>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</b> (please read guidance note 5) N/A		
Sat	11-00	24:00			
Sun	11-00	24:00			

**B**

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	N/A	N/A	Please give further details here (please read guidance note 3) OCCASIONAL USE FOR THEATRE BASED SHOWINGS / SING ALONGS	Both	<input type="checkbox"/>
Tue	N/A	N/A			
Wed	18.00	23.00	State any seasonal variations for the exhibition of films (please read guidance note 4) N/A		
Thur	18.00	23.00			
Fri	18.00	23.00	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 5) N/A		
Sat	18.00	23.00			
Sun	18.00	23.00			



**D**

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	N/A	N/A	<b>Please give further details here</b> (please read guidance note 3) BOXING AND WRESTLING EVENINGS SOME MUSIC ASSOCIATED. WILL ENSURE FULL MEDICAL CARE AVAILABLE. WE HAVE FIRST AIDERS AVAILABLE AS WELL. DOOR SECURITY AND CCTV IN USE	Both	<input type="checkbox"/>
Tue	N/A	N/A			
Wed	N/A	N/A	<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4) N/A		
Thur	N/A	N/A			
Fri	N/A	N/A	<b>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</b> (please read guidance note 5) N/A		
Sat	13.00	23.30			
Sun	N/A	N/A			



**E**

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place <b>indoors or outdoors or both</b> – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	N/A	N/A	<b>Please give further details here</b> (please read guidance note 3) HOSTING BANDS AND SINGERS. NO SHOWS PAST MIDNIGHT AND NO CLUB MUSIC WILL OBSERVE NOISE LEVELS REGULARLY DOOR SECURITY + CCTV		
Tue	N/A	N/A			
Wed	N/A	N/A	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4) POSSIBLE EXTRA USE AT CHRISTMAS FOR OFFICE PARTIES AND SUMMER MUSIC FESTIVALS		
Thur	18.00	24.00			
Fri	18.00	24.00	<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	18.00	24.00			
Sun	18.00	24.00	LUNCHTIME SHOWS POSSIBLE IN SUMMER		



F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	N/A	N/A	Please give further details here (please read guidance note 3) USE IN SHOWS AS PLAYBACK - VOLUME TO BE MONITORED	Both	<input type="checkbox"/>
Tue	18.00	23.00			
Wed	13.00	23.00	State any seasonal variations for the playing of recorded music (please read guidance note 4) N/A		
Thur	18.00	23.00			
Fri	18.00	23.00	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 5) USE IN SOUND CHECKS		
Sat	13.00	23.00			
Sun	13.00	23.00			



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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	N/A	N/A	Please give further details here (please read guidance note 3) USE OF THE HALL BY VARIOUS LOCAL DANCE COMPANIES - MUSIC WILL BE CONTROLLED AND MONITORED	Both	<input type="checkbox"/>
Tue	18.00	23.00			
Wed	13.00	23.00	State any seasonal variations for the performance of dance (please read guidance note 4) N/A		
Thur	18.00	23.00			
Fri	18.00	23.00	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 5) N/A		
Sat	13.00	23.00			
Sun	13.00	23.00			

# 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 MUSICAL THEATRE SUCH AS CATS		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon	18.00	00.00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	18.00	00.00	<b>Please give further details here</b> (please read guidance note 3) CAN BE DESCRIBED AS PLAYS WITH MUSIC LIVE MUSIC AND OR PLAYBACK. LEVELS MONITORED		
Wed	18.00	00.00			
Thur	18.00	00.00	<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4) N/A		
Fri	18.00	00.00			
Sat	11.00	00.00	<b>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</b> (please read guidance note 5) N/A		
Sun	11.00	00.00			




I

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

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption –</b> <b>please tick</b> (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	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4) n/a		
Mon	18.00	24.00			
Tue	18.00	24.00			
Wed	13.00	24.00			
Thur	18.00	24.00			
Fri	16.00	24.00			
Sat	13.00	24.00			
Sun	13.00	24.00	<b>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</b> (please read guidance note 5) n/a		
Thur	18.00	24.00			
Fri	16.00	24.00			
Sat	13.00	24.00			
Sun	13.00	24.00			
Mon	18.00	24.00			
Tue	18.00	24.00			

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

Name	KARL ROSS STRICKLAND
Address	
Postcode	LE3 8QU
Personal licence number (if known)	BLP0849
Issuing licensing authority (if known)	BARBY DISTRICT COUNCIL BLABY



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).

CHARITY EVENTS OCCASIONALLY REQUEST BURLESQUE DANCERS/STRIPPERS. NO CHILDREN WILL BE ALLOWED IN THIS ENVIRONMENT.

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>N/A</p> <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>AS THE PREMISES IS OPEN AS A COLLEGE THE VENUE DOORS WILL BE OPEN OCCASIONALLY BUT NOT AS A VENUE AND NEVER WITH ALCOHOL.</p>
Mon	18.00	23.59	
Tue	18.00	23.59	
Wed	13.00	23.59	
Thur	18.00	23.59	
Fri	18.00	23.59	
Sat	13.00	23.59	
Sun	13.00	23.59	

**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)**

OUR BUSINESS MODEL IS TO INCREASE THE ARTISTIC USE OF HARRISON HALL NOT TO MAKE MONEY FROM ALCOHOL. THIS MEANS WE WILL CLOSE BY 24.00 TO MITIGATE NUBANCE, CRIME AND DISORDER. WE WON'T OFFER DRINKS PROMOS FOR THE SAME REASON. WE ARE A YOUTH THEATRE GROUP SO ARE CHAPERONES AND WELL AWARE OF CHILD PROTECTION ISSUES

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

RISK ASSESS EACH EVENT  
USE OF SIA DOOR STAFF WHEN NEEDED  
EXTRA STAFF FOR LAST ORDERS  
CHECKS FOR SUBSTANCE ABUSE  
ALL SURROUNDING AREAS WELL LIT  
STOCK SECURED AND 4 LOCKED DOORS BEFORE OUT OF HOURS ACCESS

**c) Public safety**

CHECK 25 POLICY IN PLACE  
RISK ASSESS EACH EVENT  
NO SMOKING ON SITE. (AREA IS BY DOOR STAFF)  
FREE DRINKING WATER  
COUNCIL STANDARD DISABLED FACILITIES  
HEALTH AND SAFETY MANAGER ON MGT TEAM  
FIRE RISK ASSESS + CONTROLS IN PLACE

**d) The prevention of public nuisance**

CLOSING BY MIDNIGHT  
REGULAR NOISE CHECKS / NO EXTERNAL WALLS. 2 WINDOWS TO BE CLOSED  
NO RUBBISH VISIBLE TO PUBLIC  
NCP'S EITHER SIDE + STREET PARKING  
NOT A 'DRINKING' VENUE

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



CHECK 25 SCHEME

IF ANY ADULT ENTERTAINMENT DODGE STAFF TO ID +  
VENUE NOT VISIBLE FROM STREET PREVENT ADMIT  
STAFF ARE CBG CHECKED AS YOUTH GROUP

**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.

**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	9/4/14
Capacity	MANAGER / DPS

**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)

Post town

Postcode

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.







**Consent of individual to being specified as premises supervisor**

I KARL ROSS STRICKLAND  
*[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 LICENSE  
*[type of application]*

by

KARL STRICKLAND  
*[name of applicant]*

relating to a premises licence N/A  
*[number of existing licence, if any]*

for

HANSON HALL  
2 WELLINGTON ST  
LEICESTER  
LE1 6HL

[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

KARL STRICKLAND

[name of applicant]

concerning the supply of alcohol at

HANSON HALL  
2 WELLINGTON ST  
LEICESTER  
LE3 8QU

[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

BLP0849

[insert personal licence number, if any]

Personal licence issuing authority

~~WILKINS & CO~~

BLABY DISTRICT COUNCIL  
DESFORD RD, WARBOROUGH  
LEICESTER LE19 2EP  
0116 2750555

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

Signed



Name (please print)

KARL STRICKLAND

Date

8/2/14



NOTICE OF APPLICATION FOR A (NEW) (~~VARIATION OF EXISTING~~) (~~PREMISES LICENCE / CLUB PREMISES CERTIFICATE~~)\*

Name of (applicant / ~~club~~)\*:

MR STRICKLAND

Postal address of (premises / ~~club premises~~)\*:

HANSON HALL  
2 WELLINGTON ST  
LE1 6HL

Details of Application:

New application  
All licensing activities except  
Late Night Refreshment  
Various hours.

- The Licensing Register can be inspected at any time by visiting [www.leicester.gov.uk/licensing](http://www.leicester.gov.uk/licensing). During office hours arrangements may be made for the register to be viewed at the Customer Services Department, Leicester City Council, New Walk Centre, Welford Place, Leicester, LE1 6ZG.
- Any representation relating to this application must be made in writing to the Licensing Authority by (insert the date that is 29 days from the date the application is received by the Licensing Authority). 14 MAY 2014
- It is an offence knowingly or recklessly to make a false statement in connection with an application. The maximum fine on summary conviction for this offence is £5,000.

\* delete if not applicable