



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 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 WIGGINTON PAROCHIAL CHURCH COUNCIL (insert name(s) of applicant) apply for 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, ordinance survey map reference or description <u>ST. MARY + ST. NICHOLAS PARISH CHURCH BACK LANE WIGGINTON</u>	
Post town <u>YORK</u>	Post code <u>YO32 2ZH</u>

Telephone number of premises (if any)

NONE

Non domestic rateable value of premises

£ NONE

Part 2 – Applicant Details

Please state whether you are applying for the licence as:

- | | |
|---|---|
| | Please tick ✓ |
| a) an individual or individuals* | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual* | |
| i. as a limited company | <input type="checkbox"/> please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> please complete section (B) |
| iii. as an unincorporated association or | <input checked="" type="checkbox"/> please complete section (B) |
| iv. other | <input type="checkbox"/> please complete section (B) |
| c) a recognised club | <input type="checkbox"/> please complete section (B) |
| d) a charity | <input checked="" type="checkbox"/> please complete section (B) |
| e) The proprietor of an educational establishment | <input type="checkbox"/> 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 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 ✓

- 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

Please tick ✓ yes

I am 18 years old or over

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

Email address (optional)

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr Mrs Miss Ms Other title
 (for example, Rev)

Surname First names

I am 18 years old or over Please tick ✓ yes

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

Email address (optional)

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name	WIGGINTON PAROCHIAL CHURCH COUNCIL
Address	St. Mary & St. Nicholas Parish Church Back Lane Wigginton York YO32 2QF
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	CHURCH COUNCIL
Telephone number (if any)	90 TUGWEN 01904 760031
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
0	1	04
2	0	07

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

Day	Month	Year

If 5000 or more people attend the premises at any one time, please state the number expected to attend

N/A.

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

Church & Church Hall, SITUATED IN
CHURCHYARD. PREMISES ARE AVAILABLE
24hrs a day 7 days a week but not
for licensable activities.

What licensable activities do you intend to carry on from the premises?
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick ✓ yes

Provision of regulated entertainment

- | | | |
|----|---|-------------------------------------|
| a) | plays (if ticking yes, fill in box A) | <input checked="" type="checkbox"/> |
| b) | films (if ticking yes, fill in box B) | <input checked="" type="checkbox"/> |
| c) | indoor sporting events (if ticking yes, fill in box C) | <input checked="" 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) | <input checked="" type="checkbox"/> |
| f) | recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) | performance of dance (if ticking yes, fill in box G) | <input checked="" type="checkbox"/> |
| h) | anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H) | <input checked="" type="checkbox"/> |

Provision of entertainment facilities for:

- | | | |
|----|---|-------------------------------------|
| i) | making music (if ticking yes, fill in box I) | <input checked="" type="checkbox"/> |
| j) | dancing (if ticking yes, fill in box J) | <input checked="" type="checkbox"/> |
| k) | entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K) | <input checked="" type="checkbox"/> |

Provision of late night refreshment (if ticking yes, fill in box L)

Sale by retail of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

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	
Day	Start	Finish		Outdoors	
Mon	0900	2300	Please give further details here (please read guidance note 3) <i>Plays of a religious nature & Pantomimes for children & family entertainment.</i>	Both	<input checked="" type="checkbox"/>
Tue	0900	2300			
Wed	0900	2300	State any seasonal variations for performing play (please read guidance note 4)		
Thur	0900	2300			
Fri	0900	2300	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	0900	2300			
Sun	0900	2300			

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of a films take place indoors or outdoors or both – please tick (✓) (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	0900	2300	Please give further details here (please read guidance note 3) <i>Various groups use the buildings & may show films to their members, groups are normally for children or adult education.</i>	Both	<input checked="" type="checkbox"/>
Tue	0900	2300			
Wed	0900	2300	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur	0900	2300			
Fri	0900	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 5)		
Sat	0900	2300			
Sun	0900	2300			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3) <i>Indoor bowls & bar games for family entertainment.</i>
Day	Start	Finish	
Mon	0900	2300	State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue	0900	2300	
Wed	0900	2300	
Thur	0900	2300	
Fri	0900	2300	
Sat	0900	2300	
Sun	0900	2300	
			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 5)

D

Boxing or wrestling entertainment 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)	
Day	Start	Finish	Indoors	Outdoors
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			Both	
			Please give further details here (please read guidance note 3) <i>N</i>	
			State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 4) <i>A</i>	
			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 5)	

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (✓) (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon	0900	2300	Please give further details here (please read guidance note 3) <i>Outdoors limited to daylight hours & religious activity/ services & occasional festival no more than 6 Days Per annum.</i>	Both	<input checked="" type="checkbox"/>
Tue	0900	2300			
Wed	0900	2300	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	0900	2300			
Fri	0900	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 5)		
Sat	0900	2300			
Sun	0900	2300			

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	
Day	Start	Finish		Outdoors	
Mon	0900	2300	Please give further details here (please read guidance note 3) <i>Outdoors limited to daylight hours except for religious services, usually 2-3 per week.</i>	Both	<input checked="" type="checkbox"/>
Tue	0900	2300			
Wed	0900	2300	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	0900	2300			
Fri	0900	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 5) <i>Religious services</i>		
Sat	0900	2300			
Sun	0900	2300			

G

Performance 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	
Day	Start	Finish		Outdoors	
Mon	0900	2300	Please give further details here (please read guidance note 3) <i>outdoors during day light hours only.</i>	Both	✓
Tue	0900	2300			
Wed	0900	2300	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	0900	2300			
Fri	0900	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 5)		
Sat	0900	2300			
Sun	0900	2300			

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	Indoors	
Day	Start	Finish		Outdoors	
Mon	0900	2300	<i>anything from street entertainment (up & down)</i>	Both	✓
Tue	0900	2300			
Wed	0900	2300	Please give further details here (please read guidance note 3) <i>Entertainment for Groups using facilities.</i>		
Thur	0900	2300			
Fri	0900	2300	State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Sat	0900	2300			
Sun	0900	2300			
			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 5)		

Provision of facilities for making music Standard day and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing							
			<p>VOICES, ACOUSTIC INSTRUMENTS.</p> <p>ELECTRIC ORGAN + SIMILAR.</p>							
			Will the facilities for making music be indoors or outdoors or both – please tick (✓) (please read guidance note 2)	<table border="1"> <tr> <td>Indoors</td> <td>✓</td> </tr> <tr> <td>Outdoors</td> <td></td> </tr> <tr> <td>Both</td> <td>✓</td> </tr> </table>	Indoors	✓	Outdoors		Both	✓
Indoors	✓									
Outdoors										
Both	✓									
Day	Start	Finish	Please give further details here (please read guidance note 3)							
Mon	0900	2300	<p>music groups for church + similar groups. Recorder orchestra Practice.</p>							
Tue	0900	2300								
Wed	0900	2300	<p>State any seasonal variations for the provision of facilities for making music (please read guidance note 4)</p> <p>outdoors for childrens holiday club + religious services</p>							
Thur	0900	2300								
Fri	0900	2300	<p>Non standard timings. Where you intend to use the premises for the provision of facilities for making music at different times to those listed in the column on the left, please list. (please read guidance note 5)</p>							
Sat	0900	2300								
Sun	0900	2300.								

J

Provision of facilities for dancing Standard timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (✓) (please read guidance note 2)	
			Indoors	
			Outdoors	
			Both	✓
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon	0900	2300	<p>Outdoors will be part of a festival, childrens holiday club or similar activity normally during daylight hours.</p>	
Tue	0900	2300		
Wed	0900	2300	<p>State any seasonal variations for providing dancing facilities (please read guidance note 4)</p>	
Thur	0900	2300		
Fri	0900	2300	<p>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list. (please read guidance note 5)</p>	
Sat	0900	2300		
Sun	0900	2300		

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing		
			Will the entertainment facility be place indoors or outdoors or both – please tick (✓) (please read guidance note 2)		Indoors
					Outdoors
					Both <input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	0900	2300	AS 'H'		
Tue	0900	2300			
Wed	0900	2300	State any seasonal variations for the provisions of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)		
Thur	0900	2300			
Fri	0900	2300	Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list. (please read guidance note 5)		
Sat	0900	2300			
Sun	0900	2300			

L

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 checked="" type="checkbox"/>
					Outdoors
					Both
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri			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 5) REFRESHMENTS DURING / AFTER LATE NIGHT SERVICES, I.E. CADEN VIGILS OR IF PREMISES USED BY COMMUNITY IN AN EMERGENCY		
Sat					
Sun					

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption on or off the premises or both – please tick (✓) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	0900	2300	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	0900	2300			
Wed	0900	2300			
Thur	0900	2300	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	0900	2300			
Sat	0900	2300			
Sun	0900	2300			

State the name and details of the individual whom you wish to specify on the licence as premises supervisor	
Name	John Graham Tugwell
Address	17 Delamase Close, Wigginton York
Postcode	YO32 2QF
Personal licence number (if known)	CYC - 011163
Issuing licensing authority (if known)	York

N

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)

None at this time, it is not anticipated that any licensed activities would involve "adult entertainment."

O

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	Non standard timings. Where you intend to open 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)
Mon	0001	2400	
Tue	0001	2400	
Wed	0001	2400	
Thur	0001	2400	
Fri	0001	2400	
Sat	0001	2400	
Sun	0001	2400	

P

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d, e) (please read guidance note 9)

Premises HAVE AN EFFECTIVE MANAGEMENT
AGREED POLICY WITH PCC THE DISORDER, CRIME,
UNDERRULE & SAFETY.

b) The prevention of crime and disorder

BUILDING ALARMED, STOCK KEPT IN SECURE CUPBOARD.
NO PERMANENT BAR, PERSONS ATTENDING GENERALLY ARE
INVITED PERSONALLY OR BY IMPLIED INVITATION. I.E. CLUB
MEMBERSHIP NOT GENERALLY OPEN FOR PEOPLE TO DROP IN OFF
THE STREET FOR LICENSED ACTIVITIES

c) Public safety

DPS IS A HEALTH AND SAFETY ASSESSOR, FIRE RISK
ASSESSMENTS & GENERAL RISK ASSESSMENTS COMPLETED FOR
BUILDINGS.

d) The prevention of public nuisance

NOISE LEVELS CONSTANTLY MONITORED.
NO LATE NIGHT ACTIVITIES.

e) The protection of children from harm

- ① STRICT UNDER AGE POLICY IN FORCE.
- ② NEARLY ALL CHILDREN ARE PERSONALLY KNOWN TO STAFF.
- ③ MOST STAFF ARE ENHANCED CRB CHECKED.

- I have made or enclosed payment of the fee Please tick ✓ Yes
- 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 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 CONVICTION TO A FINE UP TO 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 *[Handwritten Signature]*

Date *27/12/06*

Capacity *Church Member, Proprietor, D.P.S.*

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 address for correspondence associated with this application (please read guidance note 13)	
<i>John Graham Tugwell</i> <i>17 DELAMERE CLOSE</i> <i>WILGOWTON</i>	
Post town <i>Yorn</i>	Post code <i>7032 2QF</i>
Telephone number (if any) <i>01904 760031</i>	
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 would be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and provide a place for consumption of these off-supplies you must include a description of where the place is 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 i.e. Christmas Eve.
6. Please give timings in 24 hour clock (eg 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. If you wish people to be able purchase alcohol to consume away from the premises, please tick off. 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, the presence of gambling 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



Part A
Consent of individual to being specified as premises supervisor

I John Graham Tugwell (full name of prospective premises supervisor) of
17 DeLamere Close, Wilkinton
York (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 (type of application) by
Wilkinton Parochial Church Council (name of applicant) relating to a
premises licence (number of existing licence, if any) for

St Mary & St Nicholas Parish Church
Back Lane, Wilkinton

(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: CYC-011163

Personal licence issuing authority:

Name: YORK

Address:

Telephone number:

Signature [Signature]

Name (please print) John Graham Tugwell

Date 27/12/06