

Annex 1

CITY OF YORK COUNCIL
Licensing Services, Hazel Court EcoDepot, James Street,
York, YO10 3DS

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.

EVENT COORDINING LTD

I/We ~~DONNA HARPER + LEE CONGLE~~
(Insert name(s) of applicant)

145

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

THE SALIX YURTS
WILLOW HOUSE CARAVAN PARK
WIGGINTON ROAD
WIGGINTON
YORK

Post town YORK

Postcode YO32 2RH

Telephone number at premises (if any)

Non-domestic rateable value of premises £ 4100

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

EVENT COORDINING LTD

Address

WILLOW HOUSE CARAVAN PARK
WIGGINTON ROAD

YORK

YO322RH

Registered number (where applicable)

10491604

COMPANIES HOUSE
NUMBER.

Description of applicant (for example, partnership, company, unincorporated association etc.)

COMPANY

Telephone number (if any)

E-mail address (optional)

INFO@THE SAUX YURTS.COM

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
01 08 2020

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)

8M DIAMETER + 10M DIAMETER YURTS,
SEMI PERMANENT ON A WOODEN DECK
WITH GARDEN AREA AROUND.
PREDOMINANTLY USED FOR WEDDINGS
AND EVENTS.

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 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)

X

- 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)

X

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

X

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

X

In all cases complete boxes K, L and M

A

Plays
Standard days and
timings (please read
guidance note 7)

Will the performance of a play take place
indoors or outdoors or both – please tick
(please read guidance note 3)

Indoors

Outdoors

Both

Day Start Finish

Mon

Please give further details here (please read guidance note 4)

Tue

Wed

State any seasonal variations for performing plays (please read
guidance note 5)

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)

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

Both

Day Start Finish

Mon

Please give further details here (please read guidance note 4)

Tue

Wed

State any seasonal variations for the exhibition of films (please
read guidance note 5)

Thur

Fri

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)

Sat

Sun

C

Indoor sporting events
Standard days and
timings (please read
guidance note 7)

Please give further details (please read guidance note 4)

Day	Start	Finish
Mon		

Tue

State any seasonal variations for indoor sporting events
(please read guidance note 5)

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)

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)

Indoors

Outdoors

Both

Day , Start Finish

Mon

Please give further details here (please read guidance note 4)

Tue

Wed

State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)

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)

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

Both

X

Day Start Finish

Mon 1200 0100

Please give further details here (please read guidance note 4)

Tue 1200 0100

Wed 1200 0100

State any seasonal variations for the performance of live music
(please read guidance note 5)

Thur 1200 0100

Fri 1200 0100

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)

Sat 1200 0100

WEDDING VENUE, WILL ONLY
BE USED 3-4 TIMES A
MONTH.

Sun 1200 0100

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

Both

Day . Start Finish

Mon 1200 0100 Please give further details here (please read guidance note 4)

Tue 1200 0100

Wed 1200 0100 State any seasonal variations for the playing of recorded music
(please read guidance note 5)

Thur 1200 0100

Fri 1200 0100 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)

Sat 1200 0100 WEDDING VENUE, WILL
ONLY BE USED 3-4

Sun 1200 0100 TIMES A MONTH.

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

Both

Day Start Finish

Mon

Please give further details here (please read guidance note 4)

Tue

Wed

State any seasonal variations for the performance of dance (please
read guidance note 5)

Thur

Fri

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)

Sat

Sun

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

Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors Outdoors Both
Mon				
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				

1

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
			Both
Day	Start	Finish	
Mon	1200	0100	Please give further details here (please read guidance note 4)
Tue	1200	0100	
Wed	1200	0100	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)
Thur	1200	0100	
Fri	1200	0100	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)
Sat	1200	0100	WEDDING VENUE, WILL ONLY BE USED 3-4 TIMES A MONTH
Sun	1200	0100	

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

Both

Day Start Finish

Mon 11.00 01.00

State any seasonal variations for the supply of alcohol (please read
guidance note 5)

Tue 11.00 01.00

Wed 11.00 01.00

Thur 11.00 01.00

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 6)

Fri 11.00 01.00

Sat 11.00 01.00

Sun 11.00 01.00

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 LEE ARRON COWELL

Date of birth

Address

Postcode

Personal licence number (if known)

PERS/365/06

Issuing licensing authority (if known)

NUNEATON BEDWORTH

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).



L

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

State any seasonal variations (please read guidance note 5)

Day	Start	Finish
Mon	0800	0100
Tue	0800	0100
Wed	0800	0100
Thur	0800	0100
Fri	0800	0100
Sat	0800	0100
Sun	0800	0100

WE ARE NOT OPEN TO THE PUBLIC, INVITE + PRIVATE FUNCTIONS OR TICKETED EVENTS ONLY.

THE YURTS ARE USED AT DIFF TIMES FOR DIFFERENT EVENTS - BUT NOT USUALLY OUTSIDE OF THESE TIMES

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)

OTHER THAN FOR SETUP OR CLEAN DOWN.

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)

CCTV IN OPERATION.

CHALLENGE 25 IN OPERATION.

REFUSAL LOG.

PRIVATE EVENTS ONLY.

RESPONSIBLE PERSON / EVENT MANAGER.

b) The prevention of crime and disorder

CCTV IN OPERATION.

PRIVATE PARTIES + EVENTS ONLY.

REFUSAL OF SERVICE TO INTOXICATED GUESTS +
REFUSALS LOGGED.

RESPONSIBLE PERSON / EVENT MANAGER @ EACH
EVENT.

c) Public safety

CCTV IN OPERATION.

PRIVATE LAND – NOT OPEN TO PUBLIC.

5MPH SPEED LIMIT PAST SITE.

FENCED AREA BETWEEN SITE + ROAD.

d) The prevention of public nuisance

CCTV IN OPERATION.

'RESPECT OUR NEIGHBOURS' SIGN.

SOUNDPROOFING OF THE YURTS.

NOISE LEVELS CHECKED REGULARLY +
A LOG KEPT.

e) The protection of children from harm

CCTV IN OPERATION.

CHALLENGE 25 IN OPERATION.

REFUSAL OF SERVICE TO GUESTS SUSPECTED
OF BUYING FOR A MINOR.

5MPH SPEED LIMIT + FENCED AREA.

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

Date

20.05.2020

Capacity

DIRECTOR OF EVENT COORDIN8 LTD

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)

DONNA HARPER - EVENTCOORDIN8 LTD
WILLOWHOUSE CARAVAN PARK
WIGGINTON ROAD, WIGGINTON

Post town

YORK

Postcode YO322RH

Telephone number (if any)

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

.com

SORRY FOR THE HAND SCRIBBLE + VERY
POOR PRINTER - BLAME THE VIRUS +
WORKING FROM HOME!

