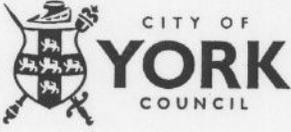


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05 JUN 2007
July



CITY OF YORK COUNCIL

Licensing & Regulatory Services, 9 St Leonards Place, York, Y01 7ET

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.

We, Learning, Culture and Children's Services Directorate, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and 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 ST. PAULS NURSERY SCHOOL 12 ST. PAULS SQUARE	
Post town YORK	Post code YO24 4SD

Telephone number of premises (if any) 01904 622291

Non domestic rateable value of premises £ 17250 .

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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 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 type="checkbox"/> | please complete section (B) |
| e) The proprietor of an educational establishment | <input checked="" 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

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)

(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	ST. PAULS NURSERY SCHOOL
Address	12 ST. PAULS SQUARE YORK. Y024 4B
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	School - Education Establishment, City of York
Telephone number (if any)	01904 622291
E-mail address (optional)	St.Pauls.nursery@York.gov.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			

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

--

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

A maintained Nusey School close to the centre of York situated in a residential region.

The school has 109 pupils on roll aged 3 and 4 years old.

The school employs 17 staff and a thriving extended school programme including the provision of wraparound daycare.

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) | ✓ |
| 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) | <input type="checkbox"/> |
| e) | live music (if ticking yes, fill in box E) | ✓ |
| f) | recorded music (if ticking yes, fill in box F) | ✓ |
| g) | performance 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 entertainment facilities for:

- | | | |
|----|---|--------------------------|
| i) | making music (if ticking yes, fill in box I) | ✓ |
| j) | dancing (if ticking yes, fill in box J) | ✓ |
| k) | entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K) | <input 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	0800	2300	Please give further details here (please read guidance note 3) Performance of plays by school groups, community groups and professional companies.	Both	✓	
Tue	0800	2300				
Wed	0800	2300		State any seasonal variations for performing play (please read guidance note 4) Occasional		
Thur	0800	2300				
Fri	0800	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	0800	2300				
Sun	0800	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	✓	
Day	Start	Finish		Outdoors		
Mon	0800	2300	Please give further details here (please read guidance note 3) Viewing of films by school and community groups	Both		
Tue	0800	2300				
Wed	0800	2300		State any seasonal variations for the exhibition of films (please read guidance note 4) Occasional		
Thur	0800	2300				
Fri	0800	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	0800	2300				
Sun	0800	2300				

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3) Presentation of indoor sporting events such as 5 a-side football, badminton, gymnastics and table tennis.
Day	Start	Finish	
Mon	0800	2300	State any seasonal variations for indoor sporting events (please read guidance note 4) Occasional
Tue	0800	2300	
Wed	0800	2300	
Thur	0800	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)
Fri	0800	2300	
Sat	0800	2300	
Sun	0800	2300	

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				

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	0800	2300	Please give further details here (please read guidance note 3) Presentation of musicals, school concerts and recitals by school groups, community groups and professional companies. State any seasonal variations for the performance of live music (please read guidance note 4) Occasional 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)	Both	
Tue	0800	2300			
Wed	0800	2300			
Thur	0800	2300			
Fri	0800	2300			
Sat	0800	2300			
Sun	0800	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	0800	2300	Please give further details here (please read guidance note 3) School discos, ceilidhs, community events and parent/governor charity events State any seasonal variations for the playing of recorded music (please read guidance note 4) Occasional 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)	Both	✓
Tue	0800	2300			
Wed	0800	2300			
Thur	0800	2300			
Fri	0800	2300			
Sat	0800	2300			
Sun	0800	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	0800	2300	Please give further details here (please read guidance note 3) Presentation of School productions and dance events by school groups, community groups and professional companies.	Both	✓
Tue	0800	2300			
Wed	0800	2300			
Thur	0800	2300	Occasional		
Fri	0800	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	0800	2300			
Sun	0800	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		
Day	Start	Finish	Will the entertainment take place indoors or outdoors or both – please tick (✓) (please read guidance note 2)	Indoors	
				Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed					
Thur			State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4).		
Fri			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)		
Sat					
Sun					

I

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 A range of music making facilities will be provided by the school					
			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
Indoors								
Outdoors								
Both	✓							
Day	Start	Finish	Please give further details here (please read guidance note 3) Music workshops					
Mon	0800	2300						
Tue	0800	2300						
Wed	0800	2300						
Thur	0800	2300						
Fri	0800	2300						
Sat	0800	2300						
Sun	0800	2300						
			State any seasonal variations for the provision of facilities for making music (please read guidance note 4) Occasional					
			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)					

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)				
			<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
Indoors							
Outdoors							
Both	✓						
Day	Start	Finish	Please give further details here (please read guidance note 3) Dance and drama workshops				
Mon	0800	2300					
Tue	0800	2300					
Wed	0800	2300					
Thur	0800	2300					
Fri	0800	2300					
Sat	0800	2300					
Sun	0800	2300					
			State any seasonal variations for providing dancing facilities (please read guidance note 4)				
			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)				

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				
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
Tue								
Wed						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								
Fri						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								
Sun								

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				
				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)		
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		
Day	Start	Finish		Off the premises		
Mon			State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both		
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 5)		
Fri						
Sat						
Sun						

State the name and details of the individual whom you wish to specify on the licence as premises supervisor
<p>Name</p> <p>Address</p> <p>Postcode</p> <p>Personal licence number (if known)</p> <p>Issuing licensing authority (if known)</p>

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

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	Occasional events. Members of the public would only attend functions by invitation/prior arrangement.	
Mon	0800	0000		
Tue	0800	0000		
Wed	0800	0000		
Thur	0800	0000		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)
Fri	0800	0000		None
Sat	0800	0000		
Sun	0800	0000		

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)

All functions are fully supervised by school staff, governors and/or community groups.

b) The prevention of crime and disorder

Occasional school events will be supervised by school staff. Appropriate staffing will be in place for community events.

c) Public safety

Suitable health & safety and fire risk assessments have been carried out.

d) The prevention of public nuisance

All live regulated entertainment will cease at 2300.

e) The protection of children from harm

The establishment is an environment designed for the safe accommodation of children. Clear guidelines and procedures are in place to ensure the protection of children.

Please tick ✓ Yes

- 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 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 * Maggie Rose * 5/6/07
Date 5/6/07
Capacity HEADTEACHER
.....

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)

Colin Jackson
Arts & Culture Service
Mill House
North Street

Post town: York

Post code: YO23 2QH

Telephone number (if any): 01904 554664

If you would prefer us to correspond with you by e-mail, your e-mail address (optional):
Colin.jackson@york.gov.uk

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.