

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 REEL CINEMAS (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 REEL CINEMA BLOSSOM STREET			
Post town	YORK	Post code	YO2 2AJ
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£34250	

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick yes

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| 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 checked="" 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 (for example a statutory corporation) | <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 ☐ 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 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 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)					

**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 REEL CINEMAS (uk) LTD
Address 7 CATTLE MARKET LOUGHBOROUGH LE11 3DL
Registered number (where applicable) 6113430
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY
Telephone number (if any) 01509 210400
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
10	07	2007

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

Day	Month	Year

Please give a general description of the premises (please read guidance note1)

A cinema for many years, and most recently known as The Odeon, The Reel Cinema has been refurbished to the highest modern specifications by the Loughborough-based Reel Cinema Group. It comprises 3 cinema auditoria which enable a variety of different films catering for different tastes and interests to be shown at any time, plus entrance, ticket office and foyer areas. Of the 3 auditoria 2 are small and intimate. The 3<sup>rd</sup> is larger. Total seating capacity is 1062.

Principally the premises are a cinema and the principal licensable activity to be carried on will be the exhibition of films. Occasionally there may be musical events (live or recorded), with or without dancing, or plays. These will not be the main activity and their size and scale will be commensurate with the capacities of the auditoria and the size of the premises overall. Refreshments - hot and cold - will be available for patrons. Facilities for the supply of alcohol are not included.

Normally the premises will open mid morning and the last performance of the last film end between 11pm and midnight. Occasionally there will be special events - premieres, receptions, private showings and other events - when there will be a late showing of a film. These will be the exception rather than the rule but the extended hours will allow these to take place with a minimum of formality.

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 yes**

- |  |                                     |
|--|-------------------------------------|
| 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 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) performances 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)<br>(if ticking yes, fill in box H) | <input type="checkbox"/>            |

**Provision of entertainment facilities:**

- |   |                                     |
|---|-------------------------------------|
| i) making music (if ticking yes, fill in box I) | <input 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)

☐

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

☒

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

☐

**In all cases complete boxes N, O and P**

# A

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	0000	0400			
	0900	2400			
Tue	0000	0400			
	0900	2400			
Wed	0000	0400	<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
	0900	2400			
Thur	0000	0400			
	0900	2400			
Fri	0000	0400	<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)		
	0900	2400			
Sat	0000	0400			
	0900	2400			
Sun	0000	0400			
	1000	2400			

# B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	0000	0400			
	0900	2400			
Tue	0000	0400			
	0900	2400			
Wed	0000	0400	<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
	0900	2400			
Thur	0000	0400			
	0900	2400			
Fri	0000	0400	<b>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</b> (please read guidance note 5)		
	0900	2400			
Sat	0000	0400			
	0900	2400			
Sun	0000	0400			
	1000	2400			

# C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			
Thur			<b><u>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</u></b> (please read guidance note 5)
Fri			
Sat			
Sun			



# D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish				
Mon			<b>Please give further details here</b> (please read guidance note 3)			
Tue						
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)			
Thur						
Fri			<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)			
Sat						
Sun						

# E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	0000	0400			
	0900	2400			
Tue	0000	0400			
	0900	2400			
			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Wed	0000	0400			
	0900	2400			
Thur	0000	0400			
	0900	2400			
			<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)		
Fri	0000	0400			
	0900	2400			
Sat	0000	0400			
	0900	2400			
Sun	0000	0400			
	1000	2400			

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon	0000	0400			
	0900	2400			
Tue	0000	0400			
	0900	2400	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)		
Wed	0000	0400			
	0900	2400			
Thur	0000	0400			
	0900	2400	<b><u>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</u></b> (please read guidance note 5)		
Fri	0000	0400			
	0900	2400			
Sat	0000	0400			
	0900	2400			
Sun	0000	0400			
	1000	2400			

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	
			Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)	
Mon	0000	0400		
	0900	2400		
Tue	0000	0400		
	0900	2400	<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)	
Wed	0000	0400		
	0900	2400		
Thur	0000	0400		
	0900	2400	<b>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</b> (please read guidance note 5)	
Fri	0000	0400		
	0900	2400		
Sat	0000	0400		
	0900	2400		
Sun	0000	0400		
	1000	2400		



# 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)			<b><u>Please give a description of the type of entertainment you will be providing</u></b>	
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)	
Wed				
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)	
Fri				
Sat			<b><u>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</u></b> (please read guidance note 5)	
Sun				

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the facilities for making music you will be providing</u></b>		
					<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)
			Indoors		<input type="checkbox"/>
			Outdoors		<input type="checkbox"/>
Both		<input type="checkbox"/>			
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
			<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)		
Wed					
Thur					
			<b><u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Fri					
Sat					
Sun					

# J

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick</b> (see guidance note 2)	Indoors	<input checked="" type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
			<b>Please give a description of the facilities for dancing you will be providing</b>					
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)					
Mon	0000	0400						
	0900	2400						
Tue	0000	0400						
	0900	2400						
Wed	0000	0400				<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)		
	0900	2400						
Thur	0000	0400						
	0900	2400						
Fri	0000	0400	<b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5)					
	0900	2400						
Sat	0000	0400						
	0900	2400						
Sun	0000	0400						
	1000	2400						

# K

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>		
Day	Start	Finish	<b><u>Will the entertainment facility be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u></b> (please read guidance note 4)		
Fri					
Sat			<b><u>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</u></b> (please read guidance note 5)		
Sun					



L

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	0000	0400			
	0900	2400			
Tue	0000	0400			
	0900	2400			
Wed	0000	0400	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
	0900	2400			
Thur	0000	0400			
	0900	2400			
Fri	0000	0400	<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)		
	0900	2400			
Sat	0000	0400			
	0900	2400			
Sun	0000	0400			
	1000	2400			

# M

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)	On the premises	<input 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)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun			<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)		

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

<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Personal Licence number (if known)</b>	
<b>Issuing licensing authority (if known)</b>	

## 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 BUT OF COURSE MANDATORY CONDITION UNDER S.20 WILL APPLY TO EXHIBITION OF FILMS

## O

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	0000	0500	
	0900	2400	
Tue	0000	0500	
	0900	2400	
Wed	0000	0500	
	0900	2400	
Thur	0000	0500	
	0900	2400	
Fri	0000	0500	
	0900	2400	
Sat	0000	0500	
	0900	2400	
Sun	0000	0500	
	1000	2400	
<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</b> (please read guidance note 5)			

**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)

There is a long established system of film classification with restrictions on the admission to certain films of persons under 18 - and in the case of some films their exclusion altogether. Compliance with this system will be a mandatory condition in respect of the exhibition of films. The system means that the cinema staff already have both training and experience in checking the ages of younger patrons and are well used to doing this. It also means that younger patrons (and those who might be taken as younger) are accustomed to bring with them and to have to show evidence of age and of identity before being admitted to film performances. Appropriate staff training will continue to be given. Systems in place for the orderly management of cinema patrons in and on entering and leaving the building will be effective also for those attending other activities. The intended general ambience of the premises makes it very unlikely that they or the licenseable activities to be carried on there will cause any problem or disturbance outside the premises.

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

No specific steps other than those indicated above are considered necessary to promote this objective.

**c) Public safety**

No specific steps other than those indicated above are considered necessary to promote this objective.

**d) The prevention of public nuisance**

No specific steps other than those indicated above are considered necessary to promote this objective.

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



No specific steps other than those indicated above are considered necessary to promote this objective.

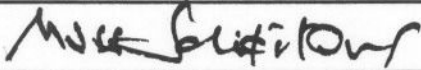
Please tick yes

- 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	
Date	07.06.07
Capacity	SOLICITORS FOR APPLICANT

**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	

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b>			
Moss Solicitors (Ref: DC.58894.Reel Cinemas) 80-81 Woodgate (DX 19605 LOUGHBOROUGH)			
<b>Post town</b>	LOUGHBOROUGH	<b>Post code</b>	LE11 2XE
<b>Telephone number (if any)</b>	01509 217770		
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>			
d.cooper@moss-solicitors.co.uk			

### 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, if you wish people to be able to 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 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, 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.