



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 YORK MUSEUMS TRUST (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	
THE HOSPITIUM YORKSHIRE MUSEUM MUSEUM STREET	
Post town	Post code
YORK	YO1 7FR

Telephone number of premises (if any)

Non domestic rateable value of premises

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 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	YORK MUSEUMS TRUST
Address	ST MARY'S LODGE MARYGATE YORK YO30 7DR
Registered number (where applicable)	CHARITY NUMBER 1092466
Description of applicant (for example, partnership, company, unincorporated association etc.)	CHARITABLE TRUST
Telephone number (if any)	01904 687687
E-mail address (optional)	

Part 3 Operating Schedule

AS SOON AS POSSIBLE

Day	Month	Year						

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?

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)

An historic building in the Museum Gardens used as a space for conferences and weddings.

A free standing (detached) building into which we hire toilets/catering facilities and furniture as needed.

The building is empty when not in use.

The capacity for an event is maximum 250 people.

The building is located over two floors.

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 type="checkbox"/> |
| b) | films (if ticking yes, fill in box B) | <input 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) | performance of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) | anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H) | <input type="checkbox"/> |

Provision of entertainment facilities for:

- | | | |
|----|---|-------------------------------------|
| 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) | <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			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for performing play (please read guidance note 4)		
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 5)		
Sat					
Sun					

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			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
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 5)		
Sat					
Sun					

C

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

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)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 4)		
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 5)		
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	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	0800	24.00	Please give further details here (please read guidance note 3) <i>Live music for weddings/conferences</i>	Both	
Tue	0800	24.00			
Wed	0800	24.00		State any seasonal variations for the performance of live music (please read guidance note 4)	
Thur	0800	24.00			
Fri	08.00	02.00		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	08.00	02.00		<i>Timings vary - weekday events conclude at midnight, weekend events conclude at 2am</i>	
Sun	0800	02.00			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (✓) (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	0800	2400	Please give further details here (please read guidance note 3) <i>Recorded music played for wedding ceremonies, receptions + conferences</i>	Both	
Tue	0800	2400			
Wed	0800	2400		State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Thur	0800	2400			
Fri	0800	0200		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)	
Sat	0800	0200		<i>Timings vary - weekday events conclude at midnight, weekend events conclude at 2am</i>	
Sun	0800	0200			

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			Please give further details here (please read guidance note 3)			
Tue						
Wed				State any seasonal variations for the performance of dance (please read guidance note 4)		
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 5)		
Sat						
Sun						

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	Will the entertainment take place indoors or outdoors or both – please tick (✓) (please read guidance note 2)		
Day	Start	Finish		Indoors	Outdoors	
Mon	0800	2400	Recorded music played for wedding ceremonies, reception & conferences	<input checked="" type="checkbox"/>		
Tue	0800	2400				
Wed	0800	2400		State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Thur	0800	2400				
Fri	0800	0200		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	0800	0200				
Sun	0800	0200				

Timings vary - weekday events conclude at midnight, weekend events conclude at 2am

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		
			Will the facilities for making music be indoors or outdoors or both – please tick (✓) (please read guidance note 2)		
			Indoors	Outdoors	Both
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

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			
Mon	0800	2400	Please give further details here (please read guidance note 3) <i>Dancefloor space provided for wedding receptions / parties</i>		
Tue	0800	2400			
Wed	0800	2400	State any seasonal variations for providing dancing facilities (please read guidance note 4)		
Thur	0800	2400			
Fri	0800	0200	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) <i>Timings vary - weekday events conclude at midnight, weekend events conclude at 2am</i>		
Sat	0800	0200			
Sun	0800	0200			

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)	<table border="1"> <tr> <td>Indoors</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>	Indoors	<input checked="" type="checkbox"/>	Outdoors	<input type="checkbox"/>	Both	<input type="checkbox"/>
Indoors	<input checked="" type="checkbox"/>									
Outdoors	<input type="checkbox"/>									
Both	<input type="checkbox"/>									
Day	Start	Finish	Please give further details here (please read guidance note 3)							
Mon	0800	2400								
Tue	0800	2400								
Wed	0800	2400								
Thur	0800	2400								
Fri	0800	0200								
Sat	0800	0200								
Sun	0800	0200								
			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)							
			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)							

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	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) <i>Bullet / bar facilities for wedding receptions / parties / conferences</i>	
Mon	2300	2400		
Tue	2300	2400		
Wed	2300	2400		
Thur	2300	2400		
Fri	2300	0200		
Sat	2300	02:00		
Sun	2300	02:00		
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	
			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) <i>Timings vary - weekday events conclude at midnight, weekend events conclude at 2am</i>	

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	0800	2400	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both		
Tue	0800	24.00				
Wed	0800	24.00				
Thur	0800	24.00		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 5)		
Fri	0800	02.00				
Sat	0800	02.00				
Sun	0800	02.00				

Supply of alcohol would vary according to times of weddings / conferences.

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

Name

Address

Postcode

Personal licence number (if known)

Issuing licensing authority (if known)

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)

The premises are used for family orientated events/weddings and conferences. Children are under adult supervision at all times and all events are private bookings.

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	
Mon	0800	2430	
Tue	0800	2430	
Wed	0800	2430	
Thur	0800	2430	
Fri	0800	0230	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) The premises are open solely for private functions or museum staff events only.
Sat	0800	0230	
Sun	0800	0230	

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)

Risk assessments in place
Provision of trained SIA Certified staff (for security)
Extensive training for events staff
Safe working procedures in place
First aiders on duty

b) The prevention of crime and disorder

Provision of security staff at all times for evening functions
Limited numbers to events
All events are private functions

c) Public safety

Risk assessments in place
Extensive staff training
Safe working procedures in place
First aiders & security staff on duty
All events are private functions
Fire practice and alarm tests in place

d) The prevention of public nuisance

Limiting volume of noise
Keeping within parameters of licenses
Staff training
Security staff on duty
Limited numbers to events
All events are private functions

e) The protection of children from harm

Lost children policy in place
Police checks for staff
Staff training
Parental/accompanying adults present at all times
First aiders on duty
Safe working procedures & risk assessments in place, all events are private functions.

- 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

Please tick ✓ Yes

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 Jane Nicholls.....

Date 17/5/07.....

Capacity PREMISES SUPERVISOR / CORPORATE SALES CO-ORDINATOR

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)	
Jane Nicholls Corporate Sales Co-ordinator Yorkshire Museum Museum Gardens	
Post town <u>York</u>	Post code <u>YO1 7FR</u>
Telephone number (if any) <u>01904 687671</u>	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) <u>jane.nicholls@yomt.org.uk</u>	