

Licensing Authority: *The Licensing Partnership*

Licensing Partnership
P.O. Box 182
Sevenoaks
Kent TN13 1GP

Ref:

Application for a Premises Licence under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes found at bottom of Page 4 of this form.

Use the blank page at the end of the form to provide further details if necessary.

When it is complete you can submit the form directly to us - click on the Submit Form button.

You may wish to print and keep a copy of the completed form for your records.

For help information about filling in this type of electronic form, click on the help information button.

I / We **Michael Knell** 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

**Escape Kent Prison Island
60-61 High Street**

Post town

Maidstone

Post code

ME14 1SR

Telephone number of premises (if any)

01622 671874

Non-domestic rateable value of premises

£ 90000

If the premises is under construction please check here

If the premises hasn't been assigned a rateable value yet, please check here

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please make selection with an "x"

- | | | |
|---|-------------------------------------|-----------------------------|
| 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 make selection with an "x"

- 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)

You do not have to answer the questions in this section.

Title

MR

Surname

KNELL

First names

MICHAEL JAMES

Are you 18 years or older?

- Yes
- No

Date of Birth

[REDACTED]

Nationality

[REDACTED]

Current postal address if different from premises address

[REDACTED]

Post Town

[REDACTED]

Postcode

[REDACTED]

Daytime contact telephone number

[REDACTED]

Email address (optional)

[REDACTED]

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Title

Surname

First names

Date of Birth
(you must be 18
years old or over)

Nationality

Current postal
address
if different from
premises address

Postcode

Post Town

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

Address

Registered number (where applicable)

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

Telephone number (if any)

E-mail address (optional)

Part 3 - Operating Schedule

When do you want the premises licence to start?

17/05/2021

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

If 5,000 or more people attend the premises at any one time, please state the number expected to attend

General description of premises (please read guidance note 1)

Escape room premises on Maidstone High Street.

The premises has previously operated as a late hours night club

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 check all relevant boxes

Provision of regulated entertainment (please read guidance note 2)

- | | |
|--|--------------------------|
| 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 type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) performances 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 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

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 9)

None

O

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variation</u> (please read guidance note 5)
Day	Start	Finish	
Mon	09:00	23:00	<p><u>Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list</u> (please read guidance note 6)</p>
Tue	09:00	23:00	
Wed	09:00	23:00	
Thur	09:00	23:00	
Fri	09:00	23:00	
Sat	09:00	23:00	
Sun	09:00	23:00	

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 10)

Escape Kent Prison Island is a family friendly activity and has a calm and relaxed atmosphere. The focus is on teamwork, communication and fun. The style of activity encourages a standard of behaviour which will help promote the four licensing objectives.

b) The prevention of crime and disorder

There is CCTV throughout the premises.

For each booking we take the name, email address and contact number for the lead booker.

Staff are present throughout our premises and monitor it physically as well as via the CCTV system.

c) Public safety

The maximum number of customers the premises will be able to accommodate will be no more than 250.

All fire escapes are carefully planned out and identified with the assistance of the local fire department, and regular fire checks are carried out.

d) The prevention of public nuisance

Our premises was previously a night club with a late license and loud music, and as such it is very efficient at suppressing noise. As our business will generally only play background music at a low volume level we do not see noise as an issue from the premises.

All our staff will have the relevant training to identify when individuals are drunk and should not be served alcohol.

e) The protection of children from harm

All staff will have relevant training on asking customers for ID when purchasing alcohol, and a challenge 25 policy will be in place.

Staff monitor the areas where customers are present physically and via CCTV.

Please make selection with an "x"

I have enclosed the plan of the premises

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

[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 (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 5 - Declaration (please read guidance note 11)

Confirmation of applicant or applicant's solicitor or other duly authorised agent. (See guidance note 12) **If confirming on behalf of the applicant please state in what capacity.**

• [Applicable to all 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, if appropriate (please see note 15).

Confirmation

Name Date

Capacity

Please print the 'Consent of individual to being specified as premises supervisor form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.

For joint applications confirmation of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 13) **If confirming on behalf of the applicant please state in what capacity.**

Confirmation

Name Date

Capacity

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

Name

Address

Post Town

Postcode

Telephone number (if any)

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

Use this page if there is any other information that you think we should know about.
Information entered on this page will be sent to us, along with the data on the rest of the form when you use the "Submit" option.