

Maidstone Borough Council

The Licensing Partnership
PO Box 182
Sevenoaks
Kent
TN13 1GP

LICENSING PARTNERSHIP

20 JUN 2014

SEVENOAKS DISTRICT COUNCIL

**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 Social Events Worldwide Limited

(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
Mote Park
Off Mote Avenue

Post town	Maidstone	Post code	ME15 7SU
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Telephone number at premises (if any)	
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Non-domestic rateable value of premises	£0
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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 | <input type="checkbox"/> | please complete section (B) |
| f) a health service body | <input type="checkbox"/> | 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 | <input type="checkbox"/> | please complete section (B) |
| h) the chief officer of police of a police force in England and Wales | <input type="checkbox"/> | 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 checked="" 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 Social Events Worldwide Limited
Address Maidstone TV Studios New Cut Road Maidstone Kent ME14 5NZ
Registered number (where applicable) 08167368
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) 01622 684660
E-mail address (optional) luke@thesocialfestival.com

Part 3 Operating Schedule

When do you want the premises licence to start?

Day Month Year

1	3	0	9	2	0	1	4
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 23 08 2014

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

Day Month Year

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Please give a general description of the premises (please read guidance note1)
Grassed area within Mote Park -

This licence application is to allow for the facility of a maximum of 8 events to take place within the licence area defined. These events will only take place subject to the submission of a full Event Management Plan which has been approved by the Safety Advisory Group (SAG) and the agreement of Maidstone Borough Council (the Landlord).

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

9999

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)
(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 checked="" 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)

☒

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

☒

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Performance of dramatic works in conjunction with the performance of amplified and acoustic music of all genres on outdoor and indoor stages		
Mon	1100	2300			
Tue	1100	2300			
Wed	1100	2300			
Thur	1100	2300	State any seasonal variations for performing plays (please read guidance note 4) Performance will take place over 8 individual events per calendar year		
Fri	1100	2300			
Sat	1100	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)		
Sun	1100	2300			

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Performance of films as part of the performance of amplified and acoustic music of all genres on outdoor and indoor stages		
Mon	1100	2300			
Tue	1100	2300			
			State any seasonal variations for the exhibition of films (please read guidance note 4) Performance will take place over 8 individual events per calendar year		
Wed	1100	2300			
Thur	1100	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)		
Fri	1100	2300			
Sat	1100	2300			
Sun	1100	2300			

C

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

D

Boxing or wrestling entertainments 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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for 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 type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Performance of amplified and acoustic music of all genres on outdoor and indoor stages			
Mon	1100	2300				
Tue	1100	2300				
			State any seasonal variations for the performance of live music (please read guidance note 4) Performance will take place over 8 individual events per calendar year			
Wed	1100	2300				
Thur	1100	2300				
			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)			
Fri	1100	2300				
Sat	1100	2300				
Sun	1100	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	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Performance by dj's, bands and music of all genres as part of amplified and acoustic music on outdoor and indoor stages			
Mon	1100	2300				
Tue	1100	2300				
			State any seasonal variations for the playing of recorded music (please read guidance note 4) Performance will take place over 8 individual events per calendar year			
Wed	1100	2300				
Thur	1100	2300				
			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)			
Fri	1100	2300				
Sat	1100	2300				
Sun	1100	2300				

G

Performances 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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	1100	2300	Please give further details here (please read guidance note 3) Dance included as part of amplified music of all genres on outdoor and indoor stages		
Tue	1100	2300			
Wed	1100	2300	State any seasonal variations for the performance of dance (please read guidance note 4) Performance will take place over 8 individual events per calendar year		
Thur	1100	2300			
Fri	1100	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	1100	2300			
Sun	1100	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 this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
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 5)		
Sun					

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing Provision of instruments, tuition and music workshops to the public			
			Will the facilities for making music be indoors or outdoors or both – please tick (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Provision of instruments, workshops, etc as part of the performance of amplified music of all genres on outdoor and indoor stages			
Mon	1100	2300				
Tue	1100	2300				
			State any seasonal variations for the provision of facilities for making music (please read guidance note 4) Performance will take place over 8 individual events per calendar year			
Wed	1100	2300				
Thur	1100	2300				
			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 (please read guidance note 5)			
Fri	1100	2300				
Sat	1100	2300				
Sun	1100	2300				

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input checked="" type="checkbox"/>
			Please give a description of the facilities for dancing you will be providing provision of dance floors			
Day	Start	Finish				
Mon	1100	2300	Please give further details here (please read guidance note 3) Dancing will take place as part of the performance of amplified music of all genres on outdoor and indoor stages			
Tue	1100	2300				
Wed	1100	2300	State any seasonal variations for providing dancing facilities (please read guidance note 4) Performance will take place over 8 individual events per calendar year			
Thur	1100	2300				
Fri	1100	2300	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 (please read guidance note 5)			
Sat	1100	2300				
Sun	1100	2300				

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)			<u>Please give a description of the type of entertainment facility you will be providing</u>	
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)	
Wed				
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4) Performance will take place over 8 individual events per calendar year	
Fri				
Sat			<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> (please read guidance note 5)	
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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Hot Food maybe available to attendees prior to closing the site no later than 24:00		
Mon	2300	2400			
Tue	2300	2400			
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4) Performance will take place over 8 individual events per calendar year		
Wed	2300	2400			
Thur	2300	2400			
			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)		
Fri	2300	2400			
Sat	2300	2400			
Sun	2300	2400			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) Performance will take place over 8 individual events per calendar year		
Mon	1100	2300			
Tue	1100	2300			
Wed	1100	2300			
Thur	1100	2300	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	1100	2300			
Sat	1100	2300			
Sun	1100	2300			

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

Name Luke Bendall	
Address 15 Bishopstone Drive Saltdean Brighton East Sussex	
Postcode	BN2 8FF
Personal Licence number (if known)	
Issuing licensing authority (if known) Brighton	

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)

Where entertainment is not suitable for children under a certain age, those children will not be admitted to the premises

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	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 5)
Mon	1000	2400	
Tue	1000	2400	
Wed	1000	2400	
Thur	1000	2400	
Fri	1000	2400	
Sat	1000	2400	
Sun	1000	2400	

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)

A detailed site plan, Event Management Plan and accompanying risk assessments will be sent to the licensing authority and the responsible authorities for inspection and comment at least 2 months in advance of any licensed event.

The premise license holder will fully consult with the Events safety advisory group and will comply with conditions agreed between the premises license holder and the Event safety group.

The management of the event will comply with all current legislation, and will take account of all relevant current guidance including the Event Safety Guide, BS7909:2008 and Managing crowds safely.

All site structures will be in place and available for inspection by the licensing authority on the morning of the event, prior to opening time.

The DPS will satisfy himself that any members of staff dispensing alcohol is fully aware of their legal responsibilities in that respect.

An experienced Event Safety Coordinator will be contracted by the premises License Holder during the planning and duration of the event.

b) The prevention of crime and disorder

Appropriate levels of security and stewarding will be employed in accordance with Event Management Plan, risk assessments and BS8406:2003. Details of the proposed security including staffing numbers will be included in the event management plan.

The Premises License Holder will work closely with Kent Police to minimise any risks of crime and disorder.

A drugs policy will be drawn up in consultation with Kent Police, and will form part of the event

c) Public safety

Appropriate levels of security and stewarding, first aid / Paramedic cover and Fire Prevention equipment and personnel will be employed in accordance with Event Management Plan and risk assessments.

A full fire risk assessment will be undertaken, and the Premises License Holder will work closely with Kent Fire & Rescue Service.

No glass bottles containing alcohol or other beverages, whether opened or sealed, shall be sold or given to customers on the premises. All drinks will be dispensed to customers in plastic or paper drinks containers.

The Event Management Plan and accompanying risk assessments will take into account the safety of the public at all times they are on site. Specific arrangements will take into account the safety of disabled people.

Unobstructed exits for the public and access for emergency vehicles will be maintained whilst the premises are open.

Safety checks will be carried out by the Event Safety Officer prior to admitting the public.

When disabled people are present, adequate arrangements must exist to enable their safe evacuation in the event of an emergency. Staff must be aware of disabilities and react according to a pre-determined plan and disabled people on the premises must be aware of the arrangements in place to enable their safe evacuation in the event of an emergency. All escape routes and exits must be kept unobstructed, in good order with non-slippery and even surfaces, free of trip hazards and clearly identified.

Any use of special effects will be notified to the licensing authority at least ten days prior to the event.

Drinking water (e.g. tap water) shall be available to patrons in sufficient quantities at all times when patrons are present on the premises.

d) The prevention of public nuisance

A noise management plan including procedures for monitoring levels during the event, the locations to be monitored, management authority for reducing sound levels and procedures for dealing with complaints will be sent to Licensing authority and the responsible authorities for inspection and comment at least 2 months in advance of the licensed event. Signs will request that departing customers respect the local area and neighbours.

External lighting will be positioned so as to not cause nuisance to neighbouring or adjoining properties.

The Licensee shall ensure that waste and refuse are removed in timely manner to a licensed waste facility.

e) The protection of children from harm

All entertainment offered will be suitable for admitted children unless the event is subject to age conditions.

A lost children facility will always be provided, to be staffed by CRB checked staff. Procedures for reuniting lost children with their carers will be detailed in the Event Management Plan.

A 'Challenge 25' policy will be imposed on the sale of alcohol, with no sale to those appearing under 25 and unable to provide PASS accredited ID or a passport or photo-card driver's licence when requested.

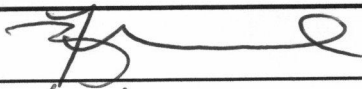
Please tick yes

- 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 ☒

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	18/6/14
Capacity	Director

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 postal address for correspondence associated with this application (please read guidance note 13)

Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

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.