

13/01724/CAPRE £100 card payment to MBC - no rateable value

APPENDIX A

The Licensing Partnership
PO Box 182
Sevenoaks
Kent
TN13 1GP

Maidstone Borough Council

Maidstone Borough Council Reception
6 JUN 2013
Cheque - Yes/No Initials: <u>LPD/MBC</u>

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.

#/We SOLAR COLLECTIVE 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 <u>GRID REF:- TQ 76730 48721</u> <u>Open grass field-land, with attached woodland glade.</u>	
Post town <u>Maidstone</u>	Post code

Telephone number at premises (if any)	
Non-domestic rateable value of premises	<u>£100 (non rateable)</u>

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 ☐ please complete section (B)
- iv. other (for example a statutory corporation) ☐ please complete section (B)
- c) a recognised club ☐ please complete section (B)
- d) a charity ☐ 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	SOLAR COLLECTIVE LTD
Address	1 Boughton Bottom Cottages Lower Farm Road Boughton Monchelsea Maidstone, Kent, ME17 4DD
Registered number (where applicable)	08431976
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited Company
Telephone number (if any)	078 131 560 52
E-mail address (optional)	solarcollective@yahoo.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Open grass field/land with attached
woodland glade.
Area Map is attached.

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) (if ticking yes, fill in box H) | <input checked="" 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 checked="" 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

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) <i>Areas will be provided for plays and theatricals with amplified and non-amplified facilities.</i>		
Mon	00:00 12:00	02:00 23:59			
Tue			State any seasonal variations for performing plays (please read guidance note 4)		
Wed					
Thur					
Fri	12:00	23:59	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	00:00 12:00	02:00 23:59			
Sun	00:00 12:00	02:00 23:59			

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 checked="" type="checkbox"/>	<input type="checkbox"/>
			Outdoors <input type="checkbox"/>	<input type="checkbox"/>
			Both <input checked="" type="checkbox"/>	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Areas will be provided. Relevant Event Management Plans will be provided. Amplified sound will be used.	
Mon	00:00	02:00		
Tue				
Wed				
Thur			State any seasonal variations for the exhibition of films (please read guidance note 4)	
Fri				
	12:00	23:59	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	00:00	04:00		
	12:00	23:59		
Sun	00:00	02:00		
	12:00	23:59		

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)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (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"/>
Day	Start	Finish			Both <input checked="" type="checkbox"/>
Mon	00:00	11:59	Please give further details here (please read guidance note 3) Stages and other necessary structures will be supplied. Amplified and non-amplified music will be played.		
	12:00	23:59			
Tue	00:00	11:59			
	12:00	23:59			
Wed	00:00	11:59	State any seasonal variations for the performance of live music (please read guidance note 4)		
	12:00	23:59			
Thur	00:00	11:59			
	12:00	23:59			
Fri	00:00	11:59	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)		
	12:00	23:59			
Sat	00:00	11:59			
	12:00	23:59			
Sun	00:00	11:59			
	12:00	23:59			

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			
Mon	00:00	11:59	<u>Please give further details here</u> (please read guidance note 3) Stage/areas will be provided with amplification. Stalls and venues will be permitted to play recorded music but are subject to relevant Event Management Plan.		
	12:00	23:59			
Tue	00:00	11:59			
	12:00	23:59			
Wed	00:00	11:59	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
	12:00	23:59			
Thur	00:00	11:59			
	12:00	23:59			
Fri	00:00	11:59	<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> (please read guidance note 5)		
	12:00	23:59			
Sat	00:00	11:59			
	12:00	23:59			
Sun	00:00	11:59			
	12:00	23:59			

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"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	00:00	11:59	Please give further details here (please read guidance note 3) <i>Suitable stages and areas will be provided.</i>		
	12:00	23:59			
Tue	00:00	11:59			
	12:00	23:59			
Wed	00:00	11:59	State any seasonal variations for the performance of dance (please read guidance note 4)		
	12:00	23:59			
Thur	00:00	11:59			
	12:00	23:59			
Fri	00:00	11:59	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)		
	12:00	23:59			
Sat	00:00	11:59			
	12:00	23:59			
Sun	00:00	11:59			
	12:00	23:59			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u> Walkabout, Street Performance and Carnival Performance.	
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors <input type="checkbox"/>
Mon	00:00	11:59		Outdoors <input type="checkbox"/>
	12:00	23:59		Both <input checked="" type="checkbox"/>
Tue	00:00	11:59	<u>Please give further details here</u> (please read guidance note 3) Areas will be provided. Amplified equipment may be used subject to relevant Event Management Plan.	
	12:00	23:59		
Wed	00:00	11:59		
	12:00	23:59		
Thur	00:00	11:59	<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)	
	12:00	23:59		
Fri	00:00	11:59		
	12:00	23:59		
Sat	00:00	11:59	<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> (please read guidance note 5)	
	12:00	23:59		
Sun	00:00	11:59		
	12:00	23:59		

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			
Mon	00:00	05:00	<u>Please give further details here</u> (please read guidance note 3) Venues and cafés will be permitted to have non-amplified and recorded music subject to relevant Event Management plan.		
	23:00	23:59			
Tue	00:00	05:00			
	23:00	23:59			
Wed	00:00	05:00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
	23:00	23:59			
Thur	00:00	05:00			
	23:00	23:59			
Fri	00:00	05:00	<u>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</u> (please read guidance note 5)		
	23:00	23:59			
Sat	00:00	05:00			
	23:00	23:59			
Sun	00:00	05:00			
	23:00	23:59			

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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	12:00	23:59			
Tue	12:00	23:59			
Wed	12:00	23:59			
Thur	12:00	23:59			
Fri	12:00	23:59			
Sat	00:00	02:00			
Sun	00:00	02:00			
	12:00	23:59			

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

Name	OLIVER BARLOW		
Address	BURRS HILL STAPLEHURST ROAD MARDEN TON BRIDGE KENT		
Postcode	TN12 9BS		
Personal Licence number (if known)	13 / 00905 / LAPER		
Issuing licensing authority (if known)	Maidstone borough Council		

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)

N/A

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon	00:00	11:59	<u>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</u> (please read guidance note 5)
	12:00	23:59	
Tue	00:00	11:59	
	12:00	23:59	
Wed	00:00	11:59	
	12:00	23:59	
Thur	00:00	11:59	
	12:00	23:59	
Fri	00:00	11:59	
	12:00	23:59	
Sat	00:00	11:59	
	12:00	23:59	
Sun	00:00	11:59	
	12:00	23:59	

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)

Solar Collective strive to ensure events are safe, secure and family friendly. Our ethos aims to attract social and environmentally responsible behaviour, assisting the delivery of the Licensing Objectives below. Solar Collective recognises and accepts the need for consultation and cooperation with all responsible authorities and interested parties to fulfil licensing objectives. See sections (b) to (d) below, Event Management Plan and Operating Schedule.

(EMP)

b) The prevention of crime and disorder

Solar Collective seeks to work in consultation with police and security levels determined by agreement Security Contractors, when required, will provide SIA registered, licensed staff for perimeter and internal security for events. All security will be equipped with multi-channel radio communications. If considered appropriate, vehicle search procedure on entry to prevent unauthorised generators / sound systems / excess alcohol / prohibited items / unauthorised people.

c) Public safety

Event Management Team formed, when appropriate, whole site continuous monitoring by security/stewards, constant radio contact with EMT. First Aid Provision. Number of security/stewards/first aiders follows Purple Guide Ratios. Fire Points throughout site, see site plan in EMP. Caterers will comply with all current legislation and provide health/hygiene certs. and Risk Assessments. Water supplies taken directly from mains supply on site. Sanitation provided in accordance with Event Safety Guide. Appropriate lighting deployed at key locations on site during an event.

d) The prevention of public nuisance

Traffic Management details in Event MP. Sound levels monitored and enforced subject at all times to Noise Management Plan in EMP. Drum curfew in place. All venue managers aware of their responsibilities and roles. All non-complying/unauthorised systems/venues shut down. Solar Collective will maintain communication with neighbouring dwellings throughout an event. A dedicated on-site telephone number provided for reporting of any nuisances by local neighbours.

e) The protection of children from harm

Solar Collective fully recognises its responsibilities for child protection and that of vulnerable adults. When children's Areas are present, staff working in this environment will be CRB checked. Child Protection and Lost Children Procedures will be included in Event Management Plans (EMP).

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	<i>R. Tansel</i>
Date	5 th June 2013
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	<i>G. Smith</i>
Date	5 th June 2013
Capacity	DIRECTOR

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)			