



FORM: L09

Case Reference Number:
(office use only)

LICENSING AUTHORITY

Chichester District Council, East Pallant House, East Pallant, Chichester, West Sussex, PO19 1TY

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.

I/We (insert name(s) of applicant) CHICHESTER COMMUNITY DEVELOPMENT TRUST 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
THE COMMUNITY HALL
DONEGAL AVENUE
ROUSSEAU PARK
Post town CHICHESTER Postcode PO19 6DF

Telephone number at premises (if any)

Non domestic rateable value of premises £ 3,800.00

Part 2 - Applicant Details

Please state whether you are applying for a Premises Licence as:

- a) an individual or individuals*
b) a person other than an individual*
i. as a limited company/limited liability partnership
ii. as a partnership (other than limited liability)
iii. as an unincorporated association or
iv. other (for example a statutory corporation)

- 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)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England 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)

N/A

Mr Mrs Miss Ms Other title (for example, Rev)

Surname First names

I am 18 years old or over Please tick if yes

Date of Birth Nationality

Current residential address if different from premises address

Post Town Postcode

Daytime contact telephone number

Email address (optional)

Where applicable (if demonstrating a right to work via the Home Office online via right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)

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 if yes

Date of Birth

Nationality

Current residential address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

Where applicable (if demonstrating a right to work via the Home Office online via right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)

N/A

(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 venture (other than a body corporate), please give the name and address of each party concerned.

Name	CHICHESTER COMMUNITY DEVELOPMENT TRUST
Address	The Water Tower Blanchfield Drive Graylingwell Park Chichester, PO19 6BZ
Registered number (where applicable)	1140014
Description of applicant (for example, partnership, company, unincorporated association etc.)	CHARITY
Telephone number (if any)	[REDACTED]
E-mail address (optional)	[REDACTED]

Part 3 - Operating Schedule

When do you want the Premises Licence to start?

Day	Month	Year
01	05	2021

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 note 1)

The Community Hall is a venue for community events and bookings, managed by the Chichester COT Team.

These events consist of exercise classes, birthday parties, small conferences, meetings and community meetings.

If 5000 or more people are expected to attend the premises at any one time, please state the number expected to attend

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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 any that apply

Provision of regulated entertainment

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

N/A

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

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

In all cases complete boxes K, L and M

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (✓) (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur					
Fri			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 6)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the sale of alcohol be for consumption on or off the premises or both – please tick (✓) (please read guidance note 8)	On the premises	✓
Day	Start	Finish		Off the premises	
Mon	09.00	22.00	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Tue	09.00	22.00			
Wed	09.00	22.00			
Thur	09.00	22.00	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 6)		
Fri	09.00	22.00			
Sat	09.00	22.00			
Sun	09.00	22.00			

State the name and details of the individual whom you wish to specify on the licence as Designated Premises Supervisor (please see declaration about the entitlement to work in the checklist at the end of the form):

Name

Date of Birth

Address

N/A. as

'COMMUNITY VENUE'

Postcode

Managed by
Chichester Community Development

Personal Licence number (if known)

Trust - registered charity no.

Issuing Licensing Authority (if known)

1140014.

K

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)

N/A

COMMUNITY HALL

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	09.00	22.00	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 6)
Tue	09.00	22.00	
Wed	09.00	22.00	
Thur	09.00	22.00	
Fri	09.00	22.00	
Sat	09.00	21.00	
Sun	09.00	22.00	

M

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)

The below steps have been taken to ensure objectives have been met.

As a community trust, the well being of the residents and community we work with is at the heart of what we do.

b) The prevention of crime and disorder

Communication links - phone lines - to team and staff.
Designated drinking area outside on terrace.
CCTV all in place.
Venue capacity limits.
Proof of age required. Clearly marked signage.

c) Public safety

Safety checks, (weekly + monthly) check list sheets.
Escape routes identified and displayed.
Disabled access

d) The prevention of public nuisance

Restricted opening hours in place.
Noise to be considered
Outside lighting, as agreed with planning.
Staff monitoring noise levels.

e) The protection of children from harm

Children need adult supervision.

Signage in place.

Areas with glassware - out of reach.

Suitable content at all events - family themed and work within our values.

Please tick ✓

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|---|-----|
| • I have made or enclosed payment of the fee. | ✓ |
| • I have enclosed a 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 Designated Premises Supervisor, if applicable. | N/A |
| • 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). | N/A |

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 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's Solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

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)

Declaration	<ul style="list-style-type: none"> • [Applicable to 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)
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Signature .. 

Date 5.3.21

Capacity EVENTS AND OPERATIONS CO-ORDINATOR

For joint applications, signature of 2nd applicant or 2nd applicant's Solicitor or other authorised agent (see guidance note 13). 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 14)	
Post town	Postcode
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. In terms of specific regulated entertainments please note that:
 - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
 - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and