

[Insert name and address of relevant licensing authority and its reference number (optional).]

**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 CARRUTS & WILSON
(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

34-38 FLEET STREET

Post town	<u>SWINDON</u>	Postcode	<u>SN1 1RE</u>
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Telephone number at premises (if any)	<u>07507 992510</u>
Non-domestic rateable value of premises	<u>£</u>

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | |
|---|---|
| a) an individual or individuals * | <input checked="" 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 (for example a statutory corporation) | <input type="checkbox"/> 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 in Wales ☐ 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 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname DI LISO		First names CAROLINE			
I am 18 years old or over					<input checked="" type="checkbox"/> Please tick yes
Current postal address if different from premises address		19 TORUN WAY			
Post town	SWINDON	Postcode	SN25 1TA		
Daytime contact telephone number		07507 992510			
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
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?

DD	MM	YYYY
04	03	2013

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

DD	MM	YYYY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give a general description of the premises (please read guidance note 1)

GOLFERS CLUB.
POLE DANCING
AP DANCING
TWO STORIES PROVISIONS, ~~about~~ STAFFED in 37/38 FLOORS, with
BY on A FIRST FLOOR, with 34 WORKING POLE DANCERS AND on
A FIRST FLOOR AP DANCING.

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 any that
apply

- | | | |
|----|---|-------------------------------------|
| 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 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 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

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"/>
Day	Start	Finish			Outdoors	<input type="checkbox"/>
					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 performing plays</u> (please read guidance note 4)			
Thur						
Fri			<u>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)</u>			
Sat						
Sun						

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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	
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)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			
<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)			
<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)			

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)		
Day	Start	Finish			
			Indoors		<input type="checkbox"/>
			Outdoors		<input type="checkbox"/>
			Both		<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
Tue			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Wed			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)		
Thur					
Fri					
Sat					
Sun					

F

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"/>
Day	Start	Finish			Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)			
Tue						
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)			
Thur						
Fri			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						
Sun						

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	Indoors	Outdoors	Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)			
Tue	21:00	02:00	State any seasonal variations for the playing of recorded music (please read guidance note 4)			
Wed	21:00	02:00	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)			
Thur	21:00	04:00	Recorded music will be played every day BANK HOLIDAYS.			
Fri	21:00	04:00				
Sat	21:00	04:00				
Sun	21:00	04:00				

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)	
Day	Start	Finish	Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3) POLE DANCES IN A MAIN AREA DOWNSTAIRS SUPERVISED BY A MEMBER OF STAFF AND RECORDED BY CCTV. LAP DANCES TO TAKE PLACE ON A FIRST FLOOR, THAT ARENT WILL BE FILMED BY A SSS TRUO MATERIAL, CCTV AND SUPERVISED BY A MEMBER OF STAFF.	
Tue	21:00	02:00		
Wed	21:00	02:00	State any seasonal variations for the performance of dance (please read guidance note 4)	
Thur	21:00	04:00		
Fri	21:00	04:00	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) ONLY SUNDAY EVEN TO BANKHOLIDAY	
Sat	21:00	04:00		
Sun	21:00	04:00		

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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		<div>Indoors<input type="checkbox"/></div> <div>Outdoors<input type="checkbox"/></div> <div>Both<input type="checkbox"/></div>
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed					
Thur			<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)		
Fri					
Sat			<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)		
Sum					

I

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"/>
Day	Start	Finish			Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)			
Tue			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)			
Wed			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)			
Thur						
Fri						
Sat						
Sun						

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – <u>please tick</u> (please read guidance note 7)		On the premises	<input checked="" type="checkbox"/>
Day	Start	Finish			Off the premises	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Mon			State any seasonal variations for the supply of alcohol (please read guidance note 4)			
Tue	21:00	02:00				
Wed	21:00	02:00				
			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) SUNDAY REYON TO BANK HOLIDAY			
Thur	21:00	04:00				
Fri	21:00	04:00				
Sat	21:00	04:00				
Sun	21:00	04:00				

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

Name	CARLINS DI LISO	
Address	19 TORJUN WAY SUNNING	
Postcode	SN25 1TA	
Personal licence number (if known)	06/00193/PERA	
Issuing licensing authority (if known)	COTSWOLD DISTRICT COUNCIL	

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 8).

LICENSE APPLY FOR A GENETIC CLUB, WIFE'S POOL/LAR DANCING ACTIVITIES WILL TAKE PLACE.
 NO PERSON UNDER 18 WILL BE PERMITTED ACCESS
 A CHILDREN'S 25 POLICY WILL BE APPLIED.
 NO PROSTITUTIONAL MERCHANTS INCLUDING SIGN ON A BUILDING AND ANY CONTENT WILL NOT BE VIEWED FROM ANY POINT OUTSIDE THE PREMISES.

L

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			
Tue	21:00	02:00	
Wed	21:00	02:00	
Thur	21:00	04:00	
Fri	21:00	04:00	
Sat	21:00	04:00	<p>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)</p> <p>SUNDAY BEFORE TO GIVE NOTICE</p>
Sun	21:00	04:00	

License condition

Conditions consistent with the Operating Schedule

1. CCTV equipment which is fit for purpose and properly maintained shall cover the trading and entrance areas when the premises are open for business . CCTV recordings shall be kept for the full 28 days permitted by the Office of the Information Commissioner and shall be made available to enforcement offices on request.
2. Suitable training shall be given to staff who sell alcohol A training record shall be kept and shall be made available to enforcement officers on request. Refresher training shall be provided to those staff at least every six months.
3. A 'Challenge 25' policy shall be applied Staff shall challenge any customer who appears to be 25 years or under and shall not sell alcohol to them unless they show a valid form of identification in the form of a passport , a photo driving licence a government issued identity card or a PASS accredited ID or its equivalent successor card.
4. Where an alcohol sale is refused or disorder takes place on the premises the details shall be recorded in a log book which shall be provided to enforcement officers on request . An entry shall be made if a customer is either escorted from the premises or is detained there. All entries shall include a date and time.
5. No persons other than performers engaged in the approved adult entertainment shall be in a state of undress at any time.
6. No performer shall remain in a state of undress in any part of the premises to which the public have access, unless engaged in performance at the time.
7. The premises licence holder shall seek documentary proof of age for any person who is allowed to perform adult entertainment on the premises. No person shall be so permitted unless they have submitted valid proof of age. Copies of the proof of age documents submitted for each performer shall be kept on the premises and shall be shown to any enforcement officer on request.
8. Secure and private changing facilities shall be provided for all performers. No person other than performers, authorised staff or enforcement officers shall be permitted to enter the changing area at any time when the premises are open to customer.
9. A safe and unobstructed route to safety for performers shall be provided and maintained.
10. The premises shall be arranged and lobbies or constructed that no nudity or any entertainment having any sexual content be viewed from any point outside the premises.
11. Whilst there is no prohibition on public dancing, no person who appears as a performer shall be permitted to dance with any customer on the premises , at any time.
12. No promotional mechanism (including any sign) shall be used on the building , where the character of the promotional mechanism is likely to offend passers-by.
13. Suitable signage shall be placed inside the premises beside the exit, requesting customers to behave in a considerate manner as they leave the building.
14. A member of staff shall be positioned at the exit as a customer starts to leave , reminding them not to linger and behave in a considerate manner as they depart.
15. At all times when the premises are open for business there shall be a minimum of two licensed door supervisors present . Notwithstanding that , sufficient door supervisors shall be provided at all times, based on a risk assessment which takes into account the general need for access control and the maintenance of order but also

provides for the close supervision of customers and performers ,to ensure that standards of propriety are maintained.

16. Any door supervisor working at the premises shall at all times wear a highly visible item of clothing or accessory such as an armband , to immediately distinguish them as being a door supervisor.

17. A sufficient number of door supervisors shall be present in the vicinity of any performance area, Pole dancing area secure of any intrusion and watched by a member of staff, with a primary duty (other than in an emergency) to ensure than propriety is maintained and performers secure.

18. The premises licence holder shall engage with the local Pubwatch scheme or any well supported successor or alternative to that scheme , in particular by participating in the banning scheme operated by Pubwatch and meeting the associated requirements in relation to the sharing of information about individuals.

19. No promotion shall be entered into , where its effect is likely to be the over-consumption of alcohol.

20. No person under the age of 18 shall be permitted to enter or remain on the premises , at any time when it is open for business.

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)

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b) The prevention of crime and disorder

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c) Public safety

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d) The prevention of public nuisance

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e) The protection of children from harm