



**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 YORK ROAD KETTERING 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 */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			
MASONIC HALL YORK ROAD KETTERING			
Post town	KETTERING	Post code	NN16 0DB
Telephone number at premises (if any)	01536 512810		
Non-domestic rateable value of premises	£15,500		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick yes

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i. as a limited company please complete section (B)
 - ii. as a partnership 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	YORK ROAD KETMORING, LIMITED
Address	MASONIC HALL YORK ROAD KETMORING NORTHANTS NN16 0BB
Registered number (where applicable)	N/A
Description of applicant (for example, partnership, company, unincorporated association etc.)	MASONIC ASSOCIATION
Telephone number (if any)	01536 512810
E-mail address (optional)	-

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (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</u> (please read guidance note 5)	
Sat				
Sun				

B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)</u>	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here (please read guidance note 3)</u>	Both <input type="checkbox"/>
Mon				
Tue			<u>State any seasonal variations for the exhibition of films (please read guidance note 4)</u>	
Wed				
Thur			<u>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)</u>	
Fri				
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			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
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"/>		
				Both <input type="checkbox"/>		
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed					State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)	
Thur						
Fri						
Sat					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)	
Sun						

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" 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 the performance of live music</u> (please read guidance note 4)		
Thur	12.00	24.00			
Fri	12.00	24.00	<u>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</u> (please read guidance note 5) NEW YEARS EVE 0100		
Sat	12.00	24.00			
Sun	12.00	24.00			

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	12.00	21.00	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) NEW YEARS EVE 0100		
Fri	12.00	24.00			
Sat	12.00	24.00			
Sun	12.00	24.00			

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

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p><u>Please give a description of the type of entertainment you will be providing</u></p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both - please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur			<p><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)</p>		
Fri					
Sat			<p><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)</p>		
Sun					

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>		
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) <u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4) <u>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</u> (please read guidance note 5)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

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 checked="" type="checkbox"/>
						Outdoors	<input type="checkbox"/>
						Both	<input type="checkbox"/>
			Please give a description of the facilities for dancing you will be providing				
Day	Start	Finish	Please give further details here (please read guidance note 3)				
Mon							
Tue							
Wed			State any seasonal variations for providing dancing facilities (please read guidance note 4)				
Thur	12:00	24:00					
Fri	12:00	24:00	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	12:00	24:00					
Sun	12:00	24:00					

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)	
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 checked="" 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 the provision of late night refreshment (please read guidance note 4)	
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 5)	
Sat				
Sun				

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	11.00	24.00		
Tue	11.00	24.00		
Wed	11.00	24.00		
Thur	11.00	24.00		
Fri	11.00	24.00		
Sat	11.00	24.00		
Sun	11.00	24.00		
			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)	
			NEW YORKS EVE 01.00	

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

Name	DARRON MICHAEL GARLEY		
Address	9 BURGHELY ST. KETTORING NORTHANTS		
Postcode	NN16 9LQ		
Contact Telephone Numbers	(daytime)	01536 417939	
	(evening)		
	(mobile)		
Personal Licence number (if known)	08DG 34UE 288		
Issuing licensing authority (if known)	KETTORING 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)

NONE

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	<p>Not open to THE Public</p> <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>
Mon	11.00	24.00	
Tue	11.00	24.00	
Wed	11.00	24.00	
Thur	11.00	24.00	
Fri	11.00	24.00	
Sat	11.00	24.00	
Sun	11.00	24.00	

A

The function room at the Masonic Hall York Road Kettering will be available for private hire.

CCTV will be operation at all times.

The venue will only be hired out to members, private individuals known to members or individuals or groups suitably vetted prior to hire.

The booking form shall be completed and duly signed prior to the hiring of the venue and a copy is to be kept on the premises for inspections by emergency services personnel as required.

B

CCTV will be operation at all times

The venue will only be hired out to members, private individuals known to members or individuals or groups suitably vetted prior to hire.

The booking form shall be completed and duly signed prior to the hiring of the venue and a copy is to be kept on the premises for inspections by emergency services personnel as required.

The person hiring the venue shall be present at all times during the period of the letting.

York Road Kettering Ltd reserve the right to terminate the hiring at any time, if it is found that the information provided by the person hiring the venue, is incorrect and would in any way contravene the terms and conditions of the hire or the conditions of the premises licence.

C

A suitable and sufficient risk assessment of the premises shall be carried out by York Road Kettering Ltd prior to the hall being hired out.

A booking form which includes a plan of the fire escape routes shall be provide to the person hiring out the venue and must be signed for prior to the hiring taking place.

D

There will be no outside activity allowed during the hiring of the venue.

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)

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

CHILDREN ARE TO BE ACCOMPANIED BY EITHER THEIR PARENTS, GUARDIAN OR RESPONSIBLE ADULT AT ALL TIMES. NO ALCOHOL SALES TO UNDER 18S. PHOTOGRAPHIC I.D. REQUESTED

Part 3 Operating Schedule

When do you want the premises licence to start?

Day Month Year
0 1 0 7 2 0 1 1

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)

PREDOMINANTLY FOR MASONIC MEETINGS.
GROUND FLOOR FOR HIRE. I.E. DINING ROOM, BAR
AREA CLOAK ROOMS TOILET FACILITIES.

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

NO

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)
- 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)

Provision of entertainment facilities:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

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

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


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	
Date	25.6.2011
Capacity	SECRETARY / TREASURER

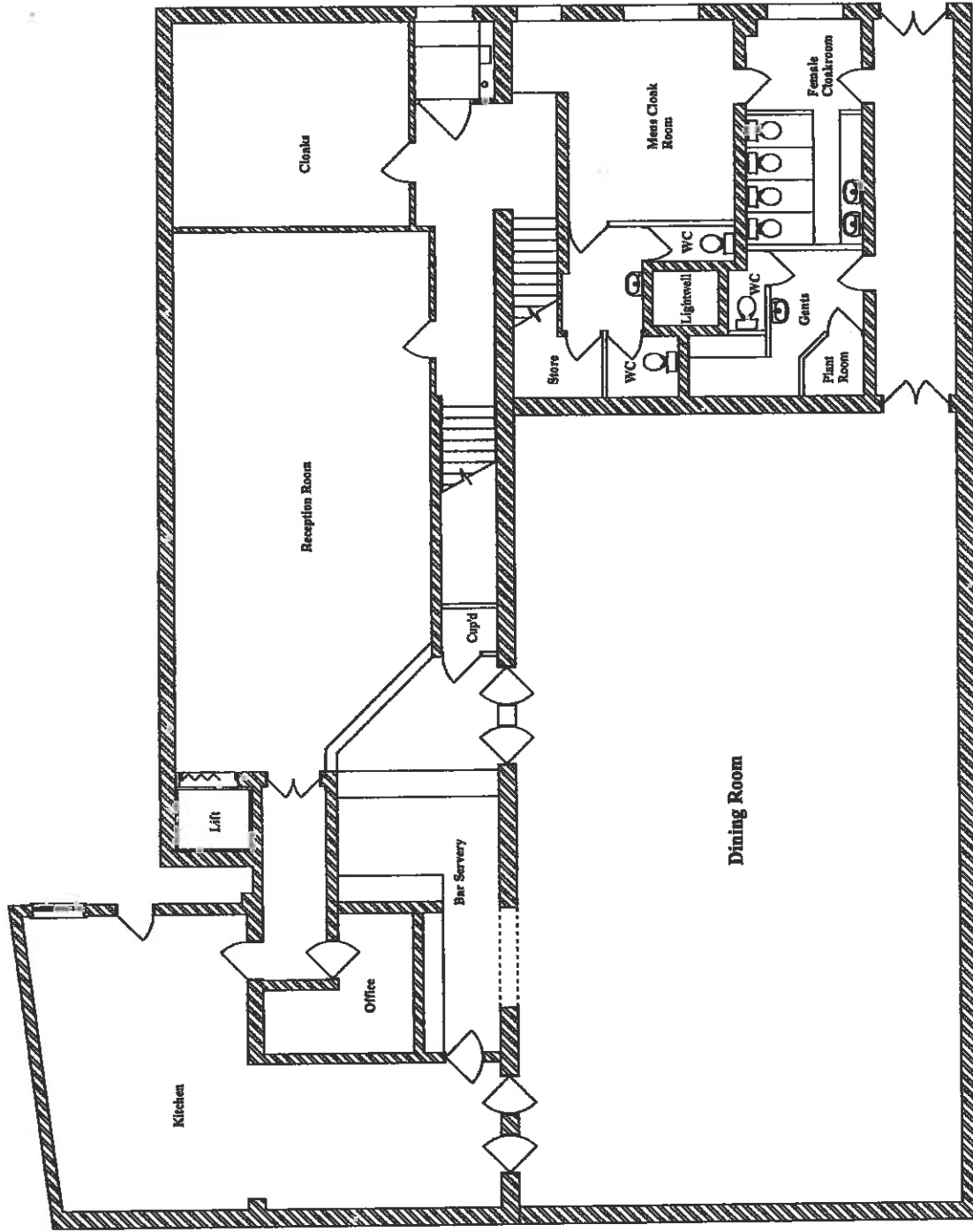
For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

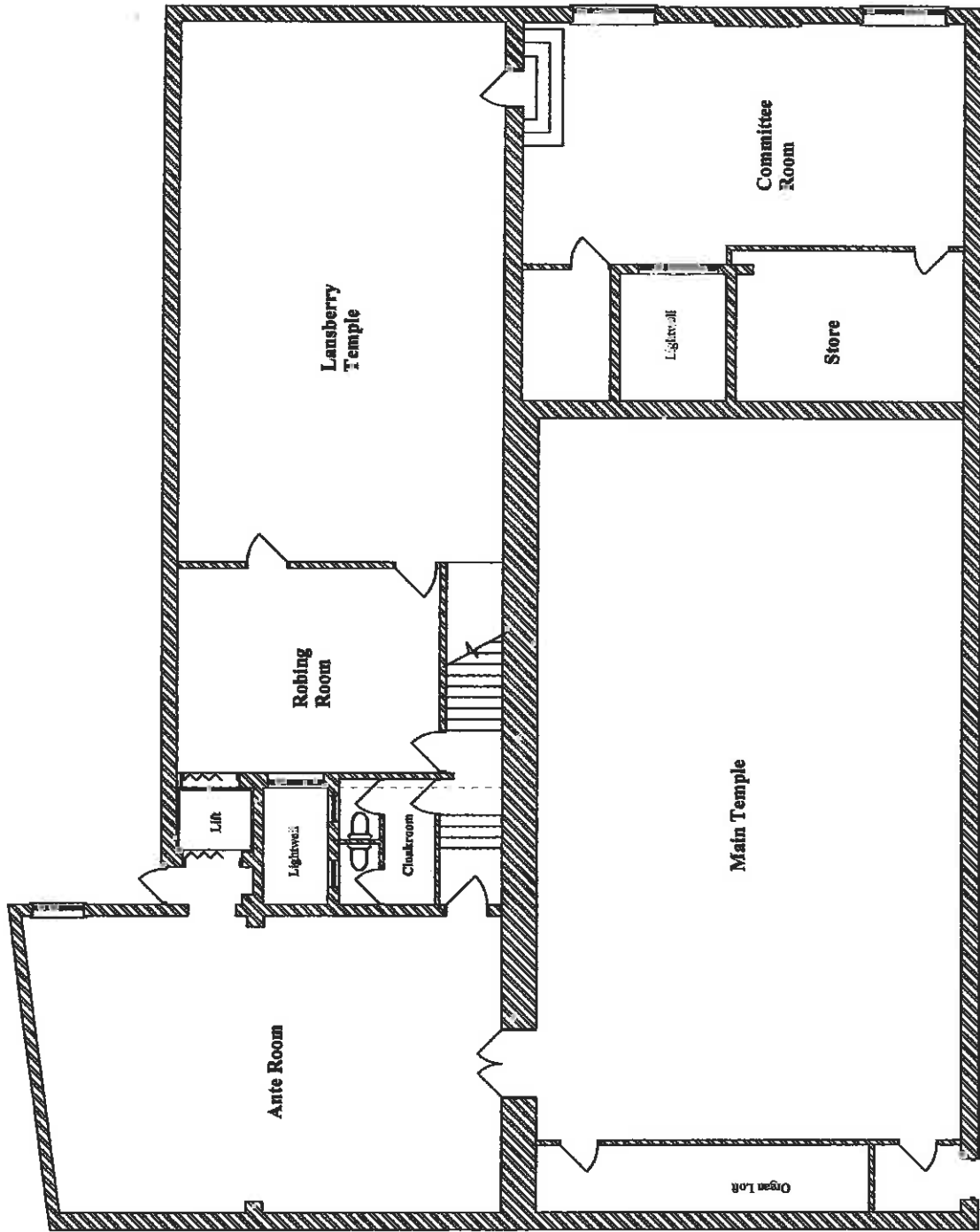
P. R. BROWN
757 THERESAS CLOSE
KETTORING

Post town	KETTORING	Post code	NN15 5HS
Telephone number (if any)	01536 515613		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	PRBROWN47@02.CO.UK		

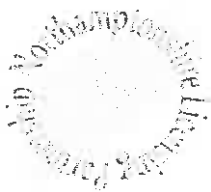


Client	York Road Ltd
As To	Measons Hall Precincts At York Road Kettering
Drawing No	1/50
Date	December 2004
Scale	1:500
Sheet	1/1

Existing Ground Floor
Layout



Client	York Road Ltd
Architect	Masonic Hall Premises At York Road Kettering
Working Title	Existing First Floor Layout
Date	December 2004
Drawing No	6204 / 1/50
Sheet	2 of 2



Part A

Consent of individual to being specified as premises supervisor

I DARREN MICHAEL GARLEY [full name of prospective premises supervisor]

of 9 BURGLEY STREET, KETTERING, NORTHANTS NN16 9LL [home address of prospective premises supervisor]

01536 417939 [daytime phone number] [evening phone number] [mobile]

hereby confirm that I give my consent to be specified as the designated premises supervisor in

relation to the application for PROMISED LICENCES [type of application]

by YORK ROAD KETTERING LIMITED [name of applicant]

relating to the premises licence [number of existing licence if any]

for THE MASONIC HALL YORK RD KETTERING, NORTHANTS NN16 0BE [name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

YORK ROAD KETTERING LIMITED [name of applicant]

concerning the supply of alcohol at

THE MASONIC HALL YORK RD KETTERING, NORTHANTS NN16 0BE [name and address of the premises to application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

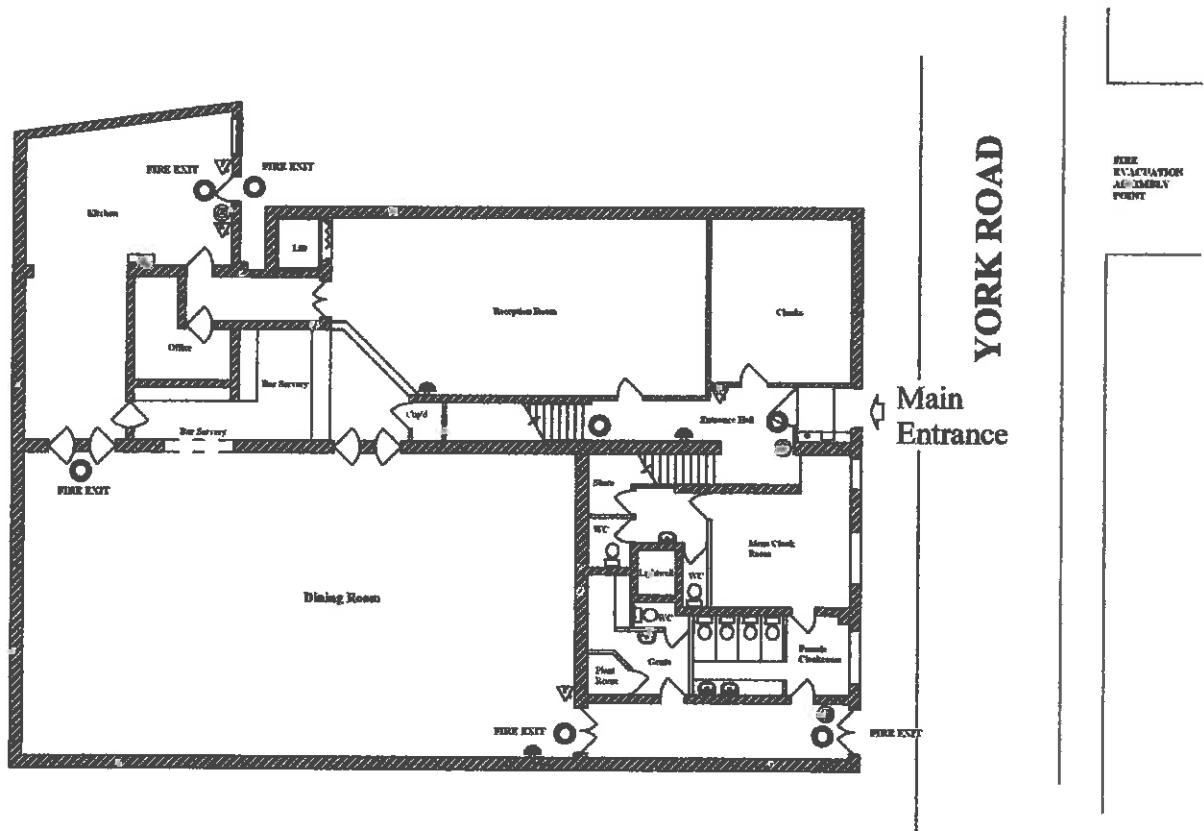
Personal licence number 08DS34UE288 [insert Personal licence number, if any]

Personal licence issuing authority KETTERING BOROUGH COUNCIL, BOWLING GK [insert name and address and telephone number of personal licence issuing authority, if any] ROY

Signed

DARREN GARLEY Name (please print)

23/6/11 Date



- Fire Alarm Sounder
- ⊕ Smoke Detector
- ⊙ Emergency Light
- ⊙ Manual Call Point
- ▢ Fire Blanket
- ▽ 9 ltr Water Fire Extinguisher
- ▽ 9 ltr Foam Fire Extinguisher
- ▽ 1.5 ltr Carbon Dioxide
- ▽ 5 ltr Dry Powder

In case of fire or other emergency, your priority is to ensure the safety of every person present in the building, by evacuating the building, and by calling the appropriate emergency services. The assembly point for those evacuating the premises is the Masonic Hall car park situated on the opposite side of York Road.

Declaration to be signed by the person hiring the Masonic Hall York Road Kettering

1. I have been shown round the Hall and car park by the Hall representative.
2. I have been given a copy of this sheet, with the plan of the building and emergency precautions.
3. I shall be present throughout the whole period of the letting, as the responsible person.
4. I understand my duty, in the case of an emergency, to ensure the safety of every person.

This form, when signed, will be retained by the Masonic Hall representative and filed in the Masonic Hall's Emergency Precautions Log, where it may be inspected by representatives of the appropriate emergency services.

Signed.....
 Name.....
 Date of Letting.....
 Countersignature of Hall Representative.....

Masonic Hall Premises, York Road, Kettering

Existing First Floor Layout

Scale: 1/100

