

Northumberland County Council

A

**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 Haggerston Castle Limited

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			
Haggerston Castle – Moduiar Showbar Haggerston Castle Holiday Park Beal			
Post town	Berwick upon Tweed	Post code	TD15 2PA
Telephone number at premises (if any)		01289 381 352	
Non-domestic rateable value of premises		£905,000.00	

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)
- 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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of Birth over		I am 18 years old or		<input type="checkbox"/>	Please tick yes
Nationality					
Current residential address if different from premises address					
Post Town		Postcode			
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online 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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of Birth over		I am 18 years old or		<input type="checkbox"/>	Please tick yes
Nationality					
Current residential address if different from premises address					
Post Town		Postcode			
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					



(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 Haggerston Castle Limited
Address 1 Park Lane Hemel Hempstead
Registered number (where applicable) 01968698
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start? **ASAP**

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"/>

A

Please give a general description of the premises (please read guidance note 1)
Modular Showbar located within Holiday Park facilities.

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

N/A

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 read guidance note 2)

Please tick all that apply

- 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 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 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input checked="" type="checkbox"/>
Mon	09:00	23:00	Please give further details here (please read guidance note 4) Performance of plays and children's shows of all types.	Both	<input type="checkbox"/>
Tue	09:00	23:00			
Wed	09:00	23:00	State any seasonal variations for performing plays (please read guidance note 5)		
Thur	09:00	23:00			
Fri	09:00	23:00	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 6)		
Sat	09:00	23:00			
Sun	09:00	23:00			

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) Amplified music videos, movies and any entertainment of a like kind (nothing of an adult nature)		
Mon	09:00	23:00			
Tue	09:00	23:00	State any seasonal variations for the exhibition of films (please read guidance note 5)		
Wed	09:00	23:00			
Thur	09:00	23:00	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 6)		
Fri	09:00	23:00			
Sat	09:00	23:00			
Sun	09:00	23:00			

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)		
Day	Start	Finish			
Mon					
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)		
Wed					
Thur			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 (please read guidance note 6)		
Fri					
Sat					
Sun					

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
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 6)		
Sun					

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>			
				Outdoors	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 4) Music may be via artists who usually tribute acts.					
Mon	09:00	23:00						
Tue	09:00	23:00						
Wed	09:00	23:00				State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	09:00	23:00						
Fri	09:00	23:00				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 6)		
Sat	09:00	23:00						
Sun	09:00	23:00						

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>			
				Outdoors	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 4) Amplified music played through an in house sound system to accommodate family entertainment.					
Mon	09:00	23:00						
Tue	09:00	23:00						
Wed	09:00	23:00				State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	09:00	23:00						
Fri	09:00	23:00				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 6)		
Sat	09:00	23:00						
Sun	09:00	23:00						

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input checked="" type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) Dancing by staff and performers throughout the premises.			
Mon	09:00	23:00				
Tue	09:00	23:00	State any seasonal variations for the performance of dance (please read guidance note 5)			
Wed	09:00	23:00				
Thur	09:00	23:00	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 6)			
Fri	09:00	23:00				
Sat	09:00	23:00				
Sun	09:00	23:00				

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing Anything of a similar description to that falling within (e), (f) or (g)			
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
Mon	09:00	23:00			Outdoors	<input checked="" type="checkbox"/>
					Both	<input type="checkbox"/>
Tue	09:00	23:00	Please give further details here (please read guidance note 4)			
Wed	09:00	23:00				
Thur	09:00	23:00	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)			
Fri	09:00	23:00				
Sat	09:00	23:00	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 6)			
Sun	09:00	23:00				

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			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)		

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 8)	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 5)		
Mon	09:00	23:00	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)		
Tue	09:00	23:00			
Wed	09:00	23:00			
Thur	09:00	23:00			
Fri	09:00	23:00			
Sat	09:00	23:00			
Sun	09:00	23:00			

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

Name Lorenz Willcox	
Date of birth	
Address	
Postcode	
Personal Licence number (if known) NPL/3138	
Issuing licensing authority (if known) Northumberland 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 9)

N./A

L

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	23:30	
Tue	09:00	23:30	
Wed	09:00	23:30	
Thur	09:00	23:30	
Fri	09:00	23:30	
Sat	09:00	23:30	
Sun	09:00	23:30	

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)

1. The conditions of the premises licence will be brought to the attention all members of the management.

b) The prevention of crime and disorder

1. A radio or phone will be used by the duty manager to keep in contact with the premises providing licensable activities on park.
2. Such radio or phone shall be kept in good working order and shall be monitored by a responsible member of staff.
3. Any incident at the premises will be recorded in an incident log as a true record of events as soon as reasonably practicable and will be signed and dated by the person making the entry.
4. Tables will be cleared of all empty bottles and glasses on a regular basis.
5. All staff who work behind the bar will be fully trained to ensure that no person who is drunk or disorderly or who appears to be under the age of 18 is served with intoxicating liquor.
6. A Resort Security Team is on duty 24 hours a day and are in radio contact with each other and with the entertainment venues and bars on park.

c) Public safety

1. All fire exits are checked as being open and accessible and unobstructed prior to the Modular Showbar being open to members of the public and are checked at regular intervals whilst the Modular Showbar is open to the public.
2. There shall be a suitable number of adequately trained staff to ensure the safe evacuation of people from the premises in the event of an emergency. Such staff will have been issued with specific duties in the event of any emergency.
3. All staff have received training on the safe evacuation of the premises in the event of an emergency.

d) The prevention of public nuisance

1. The Premises Licence Holder shall take all reasonable steps practicable to prevent a noise nuisance to the occupants of any neighboring properties during the provision of Regulated Entertainment.
2. The Premises Licence Holder shall ensure notices requesting patrons leave the premises in a quiet and orderly manner are displayed in a prominent position at the exit to the premises.
3. The Premises Licence Holder shall ensure that instructions are given to staff to request that patrons leave the premises quietly when required.
4. Amplified music to be played through a noise limiter.
5. Procedures for responding to noise complaints shall be established. A record of the noise complaint and action taken in response shall be recorded in the incident book kept at the premises which shall be made available to officers of the Council upon request.

e) The protection of children from harm

1. Staff are trained in the importance of their responsibilities in ensuring that customers who request alcohol are over 18.
2. The premises will adopt a "Challenge 25" and any person wishing to purchase alcohol who appears to be under 25 shall be asked to produce an acceptable form of identification (photographic driving licence, passport, PASS accredited and/or any other form of identification as approved or prescribed by the Secretary of State as a mandatory condition.)
3. Challenge 25 notices will be displayed in prominent positions within the premises.

Please tick yes

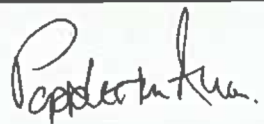
- I have made or enclosed payment of the fee or
- I have not made or enclosed payment of the fee because the application has been made in relation to the introduction of the late night levy
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be designated 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
- ***[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 or my share code issued by the Home Office online right to work checking service (please read note 15).

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 11). **If signing on behalf of the applicant please state in what capacity.**

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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	17 March 2023
Capacity	Poppleston Allen – Solicitors for and on behalf of the applicant

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read 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 postal address for correspondence associated with this application (please read guidance note 14)			
Imogen Moss Poppleston Allen Solicitors 37 Stoney Street The Lace Market			
Post town	Nottingham	Post code	NG1 1LS
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:

