

**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 Bannatyne Fitness 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 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 Bannatyne Health Club & Spa Bonehill Road Bitterscote | | | |
| Post town | Tamworth | Postcode | B78 3HQ |

| | |
|---|--------------|
| Telephone number at premises (if any) | 01827 301400 |
| Non-domestic rateable value of premises | £232,000 |

Part 2 - Applicant details

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

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i as a limited company/limited liability partnership please complete section (B)
 - ii as a partnership (other than limited liability) 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 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 (by ticking yes to one box below):

- 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 | | I am 18 years old or over <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) | | | | | |

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 | | I am 18 years old or over <input type="checkbox"/> Please tick yes | |
| Nationality | | | |
| 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 Bannatyne Fitness Limited |
| Address Power House Haughton Road Darlington DL1 1ST |
| Registered number (where applicable) 02020202 |
| Description of applicant (for example, partnership, company, unincorporated association etc.) Private Limited Company |
| Telephone number (if any) 0161 2765432 |
| E-mail address (optional) info@bannatynefitness.co.uk |

Part 3 Operating Schedule

When do you want the premises licence to start?

| | | |
|----|----|------|
| DD | MM | YYYY |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

| | | |
|----|----|------|
| DD | MM | YYYY |
| | | |
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Please give a general description of the premises (please read guidance note 1)
Health and Fitness Club

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 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) | <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 type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input 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 7) | | | <u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | <input type="checkbox"/> |
|--|-------|--------|---|----------|--------------------------|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| Mon | | | <u>Please give further details here</u> (please read guidance note 4) | Both | <input type="checkbox"/> |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for performing plays</u> (please read guidance note 5) | | |
| 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 6) | | |
| Sat | | | | | |
| Sun | | | | | |

B

| | | | | | |
|---|--------------|---------------|--|----------|--------------------------|
| Films Standard days and timings (please read guidance note 7) | | | <u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | 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 4) | | |
| Mon | | | | | |
| Tue | | | <u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5) | | |
| 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</u> (please read guidance note 6) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

C

| Indoor sporting events Standard days and timings (please read guidance note 7) | | | <u>Please give further details</u> (please read guidance note 4) |
|---|-------|--------|--|
| Day | Start | Finish | |
| Mon | | | |
| | | | |
| Tue | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5) |
| | | | |
| 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 6) |
| | | | |
| Fri | | | |
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| Sat | | | |
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| Sun | | | |
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D

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|--|-------|--------|---|----------|--------------------------|
| 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"/> |
| Day | Start | Finish | Both <input type="checkbox"/> | | |
| Mon | | | Please give further details here (please read guidance note 4) | | |
| | | | | | |
| Tue | | | | | |
| | | | | | |
| Wed | | | State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5) | | |
| | | | | | |
| Thur | | | | | |
| | | | | | |
| Fri | | | 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) | | |
| | | | | | |
| Sat | | | | | |
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| Sun | | | | | |
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E

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|--|--------------|---------------|--|----------|--------------------------|--|--|--|
| Live music Standard days and timings (please read guidance note 7) | | | <u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | 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 4) | | | | | |
| Mon | | | | | | | | |
| Tue | | | | | | | | |
| Wed | | | | | | <u>State any seasonal variations for the performance of live music</u> (please read guidance note 5) | | |
| Thur | | | | | | | | |
| Fri | | | | | | <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 6) | | |
| Sat | | | | | | | | |
| Sun | | | | | | | | |

F

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|--|--------------|---------------|--|----------|--------------------------|
| Recorded music Standard days and timings (please read guidance note 7) | | | <u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | 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 4) | | |
| Mon | | | | | |
| | | | | | |
| Tue | | | | | |
| | | | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) | | |
| Wed | | | | | |
| | | | | | |
| Thur | | | | | |
| | | | <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 6) | | |
| Fri | | | | | |
| | | | | | |
| Sat | | | | | |
| | | | | | |
| Sun | | | | | |

G

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|---|--------------|---------------|--|----------|--------------------------|
| 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 type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | Please give further details here (please read guidance note 4) | | |
| Mon | | | | | |
| | | | | | |
| Tue | | | | | |
| | | | State any seasonal variations for the performance of dance (please read guidance note 5) | | |
| 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 6) | | |
| Fri | | | | | |
| | | | | | |
| Sat | | | | | |
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| Sun | | | | | |

H

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|--|-------|--------|--|----------|--------------------------|
| 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 | | |
| Day | Start | Finish | <u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | 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 4) | | |
| 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 5) | | |
| 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 6) | | |
| Sun | | | | | |

I

| | | | | | |
|---|--------------|---------------|---|----------|--------------------------|
| 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 | <u>Please give further details here</u> (please read guidance note 4) | | |
| Mon | | | | | |
| | | | | | |
| Tue | | | | | |
| | | | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5) | | |
| Wed | | | | | |
| | | | | | |
| Thur | | | | | |
| | | | <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 6) | | |
| Fri | | | | | |
| | | | | | |
| Sat | | | | | |
| | | | | | |
| Sun | | | | | |

J

| | | | | | |
|---|--------------|---------------|---|------------------|-------------------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 7) | | | Will the supply of alcohol be for consumption - please tick (please read guidance note 8) | 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 5) | | |
| Mon | 10:00 | 22:00 | | | |
| Tue | 10:00 | 22:00 | | | |
| Wed | 10:00 | 22:00 | | | |
| Thur | 10:00 | 22:00 | | | |
| Fri | 10:00 | 22:00 | | | |
| Sat | 10:00 | 20:00 | | | |
| Sun | 10:00 | 20:00 | | | |
| | | | 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) | | |

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 Dean Fellows | |
| Date of birth 22-10-1982 | |
| Address 165-4 Fiddington Road Wolverhampton WV6 9TH | |
| Postcode | WV6 9TH |
| Personal licence number (if known) WM/PER2825 | |
| Issuing licensing authority (if known) Wolverhampton City 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).
NONE

L

| Hours premises are open to the public Standard days and timings (please read guidance note 7) | | | <u>State any seasonal variations</u> (please read guidance note 5) |
|--|-------|--------|---|
| Day | Start | Finish | |
| Mon | 06:00 | 22:00 | |
| | | | |
| Tue | 06:00 | 22:00 | |
| | | | |
| Wed | 06:00 | 22:00 | |
| | | | |
| Thur | 06:00 | 22:00 | |
| | | | |
| Fri | 06:00 | 22:00 | |
| | | | |
| Sat | 08:00 | 20:00 | |
| | | | |
| Sun | 08:00 | 20:00 | |
| | | | |

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 6)

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 10)

The premise is carried on to the highest standard, compliant with Fire Regulations, Health and Safety Regulations and operates a proof of age scheme.

The sale of alcohol will take place from behind reception on ground floor in sealed miniature bottles and may be consumed on the premises in the Lounge area which is situated in the basement or off the premises.

b) The prevention of crime and disorder

Bannatyne Fitness Limited employ able and experienced management staff. All staff are fully trained in their responsibilities under the Licensing Act 2003.

CCTV covers all internal and external areas.

c) Public safety

There are clear fire safety signage and means of escape in case of fire notices throughout the building, together with fire fighting equipment, emergency lighting and an appropriate means of raising the alarm in the event of fire. All appropriate Regulations are in force.

d) The prevention of public nuisance

It is not considered that there will be any public nuisance from the Hotel.

e) The protection of children from harm

All children must be accompanied by an adult within the premises where licensable activities are taking place. Staff are trained in the licensing objectives and operate a proof of age scheme.

Checklist:

Please tick to indicate agreement


- 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 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 (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 12). If signing on behalf of the applicant, please state in what capacity.

| | |
|-------------|--|
| Declaration | <ul style="list-style-type: none"> 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) |
| Signature |  |
| Date | 3 January 2018 |
| Capacity | Solicitors for 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) | | | |
| Mr Henry Brown Ward Hadaway Sandgate House 102 Sandgate | | | |
| Post town | Newcastle upon Tyne | Postcode | NE1 3DX |
| Telephone number (if any) | 0191 2644365 | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |
| christopher@hadaway.com | | | |

Notes for Guidance

- 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.
- 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 the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.

Consent of individual to being specified as premises supervisor

Dean Fellows

I
[full name of prospective premises supervisor]

of

~~105 Bridgnorth Road
Wolverhampton
West Midlands
WV6 8NR~~

.....
[home address of prospective premises supervisor]

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

A new Premises Licence

.....
[type of application]

by

Bannatyne Fitness Limited

.....
[name of applicant]

relating to a premises licence

.....
[number of existing licence, if any]

for

Bannatyne Health Club & Spa
Bonehill Road
Bitterscote
Tamworth
B78 3HQ

.....
[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

Bannatyne Fitness Limited

[name of applicant]

concerning the supply of alcohol at

Bannatyne Health Club & Spa
Bonehill Road
Blitterscote
Tamworth
B78 3HQ

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

WN/PER2825

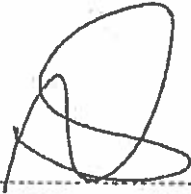
[insert personal licence number, if any]

Personal licence issuing authority

Wolverhampton City Council

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

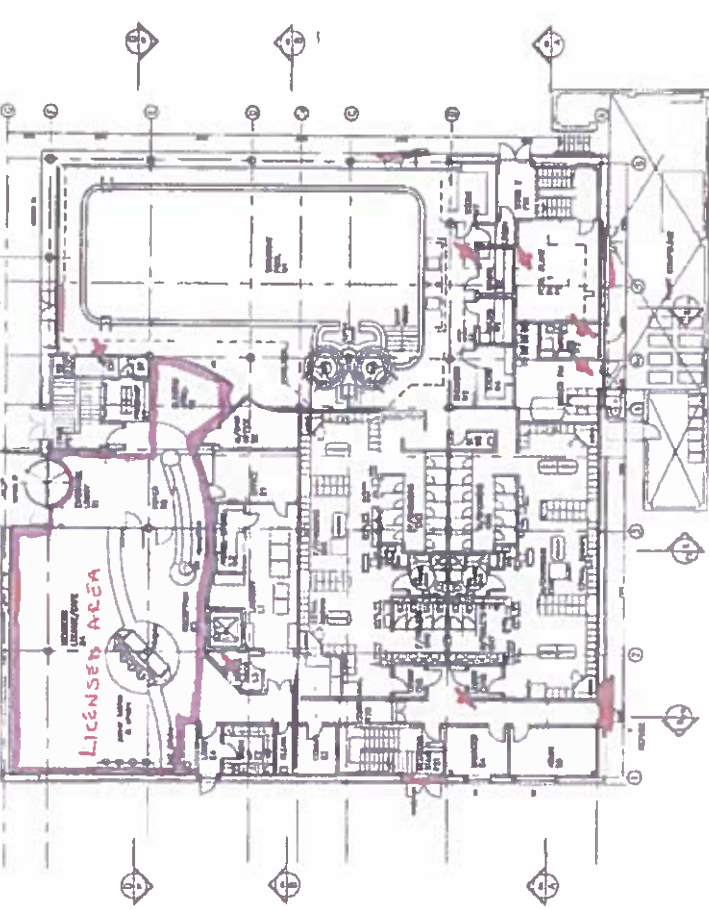
Dean Fellows

Date

8 September 2017

- fire exit
- fire extinguishers

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE BUILDING REGULATIONS AND THE FIRE PREVENTION ACT.
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE BUILDING REGULATIONS AND THE FIRE PREVENTION ACT.
3. ALL WORK SHALL BE IN ACCORDANCE WITH THE BUILDING REGULATIONS AND THE FIRE PREVENTION ACT.
4. ALL WORK SHALL BE IN ACCORDANCE WITH THE BUILDING REGULATIONS AND THE FIRE PREVENTION ACT.



PLAN AT GROUND FLOOR

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE BUILDING REGULATIONS AND THE FIRE PREVENTION ACT.
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE BUILDING REGULATIONS AND THE FIRE PREVENTION ACT.
3. ALL WORK SHALL BE IN ACCORDANCE WITH THE BUILDING REGULATIONS AND THE FIRE PREVENTION ACT.
4. ALL WORK SHALL BE IN ACCORDANCE WITH THE BUILDING REGULATIONS AND THE FIRE PREVENTION ACT.

UNWOBELL BUILDERS
41 BOND STREET
LONDON
THE FIRE ALARM GROUP
K0019 K 01 A Certificate
PLAN AT GROUND FLOOR LEVEL

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Crawley & Partners
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