



Licensing
Public Protection
Assets and Environment
Tamworth Borough Council
Marmion House
Lichfield Street
Tamworth
Staffordshire
B79 7BZ

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**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 CHRISTOPHER STANLEY GILL & PAULINE LILIAN GILL

(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			
THE PEEL ALDERGATE & CHRISTOPHERS 13 - 14 - 14B ALDERGATE			
Post town	TAMWORTH	Postcode	B79 7DR

Telephone number at premises (if any)	01827 67676
Non-domestic rateable value of premises	£14,250

OBTAINED FROM T.B. COUNCIL
14 ALDERGATE - LYNGWOOD
FLOOR - FRONT OF PREMISES

£22,750

THE PEEL HOUSE 13-14B
ALDERGATE
OBTAINED BY T.B. COUNCIL

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 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 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 type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <i>GILL</i>		First names <i>PAULINE LILIAN</i>			
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town	<i>TAMWORTH</i>			Postcode	
Daytime contact telephone number <i>01927</i>					
E-mail address (optional)		<i>enquiries@thepeelhotel.com</i>			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <i>GILL</i>		First names <i>CHRISTOPHER STANLEY</i>			
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town	<i>TAMWORTH</i>			Postcode	
Daytime contact telephone number <i>01927</i>					
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 N/A
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? *AS SOON AS POSSIBLE*

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

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

THE NEW RESTAURANT IS TO THE FRONT OF THE HOTEL. WITH A DESIGNATED SEATING AREA OUTSIDE ENCLOSED BY SMALL BRICK WALL AND RAILINGS

THE EXISTING RESTAURANT WILL BE USED FOR PARTIES UP TO 25 & SMALL CONFERENCES

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)
- 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 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"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

N/A

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)	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 exhibition of films (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
Sat					
Sun					

N/A

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			State any seasonal variations for indoor sporting events (please read guidance note 4)
Fri			
Sat			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 5)
Sun			

N/A

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
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 5)		
Sat					
Sun					

N/A

E

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"/>
Mon	12.00	23.50	Please give further details here (please read guidance note 3) <i>BRASS QUARTET MAINLY AFTERNOONS AND EARLY EVENINGS</i>	Both	<input checked="" type="checkbox"/>
Tue	12.00	23.50		<i>ACOUSTIC GUITAR - inside restaurant Pianist inside restaurant</i>	
Wed	12.00	23.50	State any seasonal variations for the performance of live music (please read guidance note 4) <i>NEW YEARS EVE LIVE MUSIC UNTIL 01.00 INDOORS ONLY</i>		
Thur	12.00	23.50			
Fri	12.00	23.50	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) <i>NEW YEARS EVE. INDOORS ONLY</i>		
Sat	12.00	23.50			
Sun	12.00	23.50			

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		Outdoors	<input type="checkbox"/>
Mon	07.00	24.00	Please give further details here (please read guidance note 3) <i>MUSIC PLAYED FROM IPOD.</i>	Both	<input type="checkbox"/>
Tue	07.00	24.00			
Wed	07.00	24.00	State any seasonal variations for the playing of recorded music (please read guidance note 4) <i>NEW YEARS EVE</i>		
Thur	07.00	24.00			
Fri	07.00	24.00	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) <i>NEW YEARS EVE 02.00 HRS</i>		
Sat	07.00	24.00			
Sun	07.00	23.00			

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

N/A

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>Please give a description of the type of entertainment you will be providing <i>BRASS QUINCY TO PLAY DURING THE AFTERNOONS AND EARLY EVENINGS, BANK HOLIDAYS AND DECEMBER FOR CHRISTMAS CAROLS</i></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	12.00	23.00		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	12.00	23.00	<p><u>Please give further details here</u> (please read guidance note 3) <i>PIANIST AND ACOUSTIC GUITARIST TO PLAY LUNCH AND EVENINGS HOSTED INDOORS</i></p>		
Wed	12.00	23.00			
Thur	12.00	23.00	<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	12.00	23.00	<p><i>LIVE MUSIC AND IPOD PIPED MUSIC</i></p>		
Sat	12.00	23.00	<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	12.00	23.00	<p><i>LIVE MUSIC IPOD PIPED MUSIC UNTIL 02.00 HRS</i></p>		

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon	07.00	24.50			
Tue	07.00	24.50	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Wed	07.00	24.50			
Thur	07.00	24.50	<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 5)		
Fri	07.00	24.50			
Sat	07.00	24.50	NEW YEARS EVE/DAY. CHAMPAGNE BREAKFAST		
Sun	07.00	24.00			
			NEW YEARS EVE/DAY. CHAMPAGNE BREAKFAST 06.00 HRS.		

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	07.00	24.00	State any seasonal variations for the supply of alcohol (please read guidance note 4) WE WOULD LIKE THE PROVISION TO SELL ALCOHOL TO RESIDENTS FOR CONSUMPTION IN THE RESTAURANT OR IN THEIR ROOMS WE WOULD LIMIT THE SALE OF ALCOHOL OUTSIDE TO 22.50 HRS. 07.00 HR START TO ENABLE GUESTS TO PURCHASE CHAMPAGNE WITH THEIR BREAKFAST. 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 YEARS EVE FROM THE END OF PERMITTED HOURS ON NEW YEARS EVE TO THE START OF PERMITTED HOURS ON THE FOLLOWING DAY.		
Tue	07.00	24.00			
Wed	07.00	24.00			
Thur	07.00	24.00			
Fri	07.00	24.00			
Sat	07.00	24.00			
Sun	07.00	23.00			

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

Name	SARAH JAYNE GILL.
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	TAMWORTH BOROUGH 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).

N/A

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	NEW YEARS EVE.
Mon	07.00	24.50	
Tue	07.00	24.50	
Wed	07.00	24.50	
Thur	07.00	24.50	
Fri	07.00	24.50	
Sat	07.00	24.50	
Sun	07.00	24.00	
			<p><u>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</u> (please read guidance note 5)</p> <p style="text-align: center;">NEW YEARS EVE. FROM THE END OF THE PERMITTED HOURS ON NEW YEARS EVE TO THE START OF PERMITTED HOURS ON THE FOLLOWING DAY.</p>

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)

No selling of alcohol to under age people
No Drunk and disorderly behavior on the premises
Prevent the sale and use of illegal weapons on the premises
Ensure no harm to children.

b) The prevention of crime and disorder

CCTV installed on premises and outside of premises
Clear signage giving opening times.
No selling of alcohol to any person deemed to be intoxicated
Clear all empty glasses promptly.
Make sure staff monitor premises & are aware of their responsibility to alcohol.

c) Public safety

All staff to be aware of Risk assessment for premises
Gas & Electrical appliances checked annually.
All staff trained in the evacuation of the building

d) The prevention of public nuisance

Make sure all customers and staff leave the premises quietly at night.
Clear all items from outside area.

e) The protection of children from harm

Ensure all staff are aware of the 21 rule and enforce the prevention of any adult buying alcohol for under 18's.

Checklist:

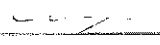
Please tick to indicate agreement

- 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.

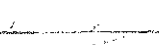
IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

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	17 09 14
Capacity	

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	17 09 14
Capacity	

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

Post town	Postcode
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	