

**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 **Mr Steven Simpson**

(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 Hangar Pountney Street			
Post town	Wolverhampton	Postcode	WV2 4HX
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£14,250.00	

Part 2 - Applicant details

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

- | | | | |
|-----|--|--|-----------------------------|
| a) | an individual or individuals * | <input checked="checked" type="checkbox"/> | please complete section (A) |
| b) | a person other than an individual * | | |
| i | as a limited company/limited liability partnership | <input type="checkbox"/> | please complete section (B) |
| ii | as a partnership (other than limited liability) | <input type="checkbox"/> | please complete section (B) |
| iii | as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv | other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) | a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) | a charity | <input type="checkbox"/> | please complete section (B) |
| e) | the proprietor of an educational establishment | <input type="checkbox"/> | 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Simpson			First names Steven		
Date of birth I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Nationality. British					
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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

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

DD	MM	YYYY
<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?

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

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

Located close to the City Centre Night Time Economy, it will be a "high end" venue catering to more discerning clients, for a variety of Events, including corporate events, food festivals, professional wrestling etc..

It will be professionally run and is currently about to undergo a major refurbishment. Its aim is to give a full and comprehensive service for all its customers, whilst adding a quality venue to the City of Wolverhampton's Night Time Economy.

The premises will have a positive impact on the community, which includes employees, suppliers, customers, the environment and the people of Wolverhampton. It will show the necessary due diligence to the licensing objectives and ensure it has a positive impact in the area.

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)
- 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)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" 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	0800	0130			
Tue	0800	0130			
Wed	0800	0130	<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur	0800	0130			
Fri	0800	0400	<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	0800	0400			
Sun	0800	0130			

B

Films			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Standard days and timings (please read guidance note 7)				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon	0800	0130		Please give further details here (please read guidance note 4)	
Tue	0800	0130	Please give further details here (please read guidance note 4)		
Wed	0800	0130	State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur	0800	0130	State any seasonal variations for the exhibition of films (please read guidance note 5)		
Fri	0800	0400	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)		
Sat	0800	0400	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)		
Sun	0800	0130	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)		

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	0800	0130	
Tue	0800	0130	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed	0800	0130	
Thur	0800	0130	<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	0800	0400	
Sat	0800	0400	
Sun	0800	0130	

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	0800	0130	<u>Please give further details here</u> (please read guidance note 4)		
Tue	0800	0130			
Wed	0800	0130	<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur	0800	0130			
Fri	0800	0400	<u>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</u> (please read guidance note 6)		
Sat	0800	0400			
Sun	0800	0130			

E

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	0800	0130	<u>Please give further details here</u> (please read guidance note 4)		
Tue	0800	0130			
Wed	0800	0130	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)		
Thur	0800	0130			
Fri	0800	0400	<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	0800	0400			
Sun	0800	0130			

F

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 checked="" 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	0800	0130			
Tue	0800	0130			
Wed	0800	0130			
			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur	0800	0130			
Fri	0800	0400			
			<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)		
Sat	0800	0400			
Sun	0800	0130			

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	0800	0130	<u>Please give further details here</u> (please read guidance note 4)		
Tue	0800	0130			
Wed	0800	0130	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur	0800	0130			
Fri	0800	0400	<u>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</u> (please read guidance note 6)		
Sat	0800	0400			
Sun	0800	0130			

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		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Mon	0800	0130		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	0800	0130	<u>Please give further details here</u> (please read guidance note 4)		
Wed	0800	0130			
Thur	0800	0130	<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	0800	0400			
Sat	0800	0400	<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	0800	0130			

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	2300	0130	<u>Please give further details here</u> (please read guidance note 4)		
Tue	2300	0130	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Wed	2300	0130	<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)		
Thur	2300	0130			
Fri	2300	0400			
Sat	2300	0400			
Sun	2300	0130			

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	1000	0100			
Tue	1000	0100			
Wed	1000	0100			
Thur	1000	0100			
Fri	1000	0330			
Sat	1000	0330			
Sun	1000	0100			

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		Aumar Taib
Date of birth		██████████
Address		
████████████████████		
██████████		
Postcode	██████████	
Personal licence number (if known)		
2258		
Issuing licensing authority (if known)		
Birmingham 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).

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	0800	0130	<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 6)</p>
Tue	0800	0130	
Wed	0800	0130	
Thur	0800	0130	
Fri	0800	0400	
Sat	0800	0400	
Sun	0800	0130	

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 premises will be well supervised by the DPS at all times.

There will be policies and procedures in place to ensure we are fully compliant with all four licensing objectives.

Staff training will be both comprehensive and reviewed on a regular basis.

b) The prevention of crime and disorder

1. The premises will maintain door staff profiles for all door staff working at the premises.

Door supervisors stationed outside the front of the premises will wear hi-visibility jackets/coats and will have their SIA badge held in a clear arm sleeve.

2. A refusals log will be kept at the premises and completed on any occasion a sale is refused; this will be made available to all Responsible Authorities on request.

3. The Premises licence holder will ensure that they request a SAG, if it is deemed necessary for a specific event.

4. The Premises License Holder shall ensure that a CCTV system is to be installed at the premises to the specification agreed with the Licensing Department. CCTV is to be operational whilst the premises are open and be recording continually. If a hard drive system is used the recordings are to be kept for minimum of 31 days. All CCTV images are to be made available to Responsible Authorities immediately on request. Entrance and queuing area to be covered by CCTV.

c) Public safety

1. A Challenge 25 proof of age scheme will be in operation at the premises where the only acceptable forms of identification are recognised photographic identification cards, such as a driving licence, passport or proof of age card with the PASS hologram.

2. All staff involved in the sale of alcohol will be trained in the main aspects of the Licensing Act 2003, records will be kept of all training and retraining will take place every six months; training will be delivered by Licence Leader Limited or a similar company.

3. Till prompts will be used when all alcohol sales are made.

4. In accordance with the Licensing Act 2003, any person who appears to be drunk or heavily under the influence of alcohol will not be served.

5. The Premises License holder is to maintain door staff profiles for all door staff working at the premises, and for any door staff that have worked on the premises during the last three months. The door staff profile will consist of identification for the member of staff. A copy of his/her SIA badge, Passport or driving License.

If the proof of identification is anything other than the photo driving licence, then the member of staff will need proof of address, which must be a copy of a utility bill and be dated within the last six months. The Premises License Holder shall ensure that Door supervisors stationed outside the front of the premises will wear hi-visibility jackets/coats, and will have their SIA badge held in a clear arm sleeve. Door supervisors inside the premises will wear hi-visibility waistcoats, again with their SIA badge held in a clear arm sleeve.

6. The Premises License Holder will operate an incident book and record all incidents that occur inside and immediately outside premises. The book will be made available at all times to be inspected by any Responsible Authority. All records for all staff training, concerning drunkenness, and the protection of children from harm be maintained and to be available upon request.

d) The prevention of public nuisance

1. Clear signage will prominently be displayed requesting customers to leave the premises quietly and not drop litter around the premises.
2. Doors and windows will remain closed whilst regulated entertainment takes place.
3. Regular checks are made to ensure litter is cleared away from the frontage of the premises.
4. Nominated Taxi companies are instructed to ensure their drivers do not sound horns when waiting for customers.

e) The protection of children from harm

1. A "challenge 25" policy will be used for age verification, meaning any person who appears to be under 25 will be asked for proof of age when attempting to purchase alcohol.
2. Staff will be diligent in observing those attempting to make proxy purchases on behalf of underage persons and alert the DPS when this occurs.

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.
-

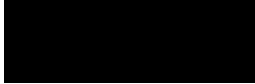
[Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

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"> • [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, if appropriate (please see note 15)
Signature	
Date	17, September 2018
Capacity	Agent 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)

Rob Edge
Licence Leader Ltd
25, Hemyock Road
Selly Oak

Post town	Birmingham	Postcode	B29 4DG
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Telephone number (if any)	07982917819
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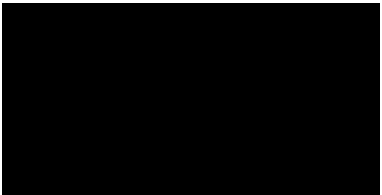
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

licence-leader@hotmail.com

Consent of individual to being specified as premises supervisor

Aumar Taib

I
[full name of prospective premises supervisor]

Of 

[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

New application – The Hangar, Pountney Street Wolverhampton. WV2 4HX

[type of application]

By Mr. Steven Simpson

[name of applicant]

relating to a premises licence Not yet allocated
[number of existing licence, if any]

for
The Hangar,
Pountney Street
Wolverhampton.
WV2 4HX

[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

Mr. Steven Simpson

[name of applicant]

The Hangar
Pountney Street
Wolverhampton
WV2 4HX

concerning the supply of alcohol at

[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

2258

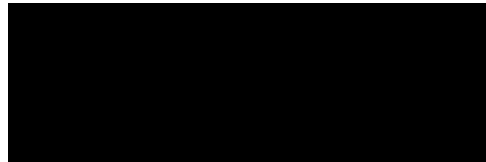
[insert personal licence number, if any]

Personal licence issuing authority

Birmingham City Council

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

Signed



Name (please print)

Mr. A Taib

Date

10, September 2018

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

PASSPORT
PASSEPORT

Type/Type

P

Code/Code

GBR

Surname/Nom (1)

SIMPSON

Given names/Prénoms (2)

STEVEN MARTIN

Nationality/Nationalité (3)

BRITISH CITIZEN

Sex/Sexe (5)

M

Place of birth/Lieu de naissance (6)

DUDLEY

Date of issue/Date de délivrance (7)

23 FEB / FEV 16

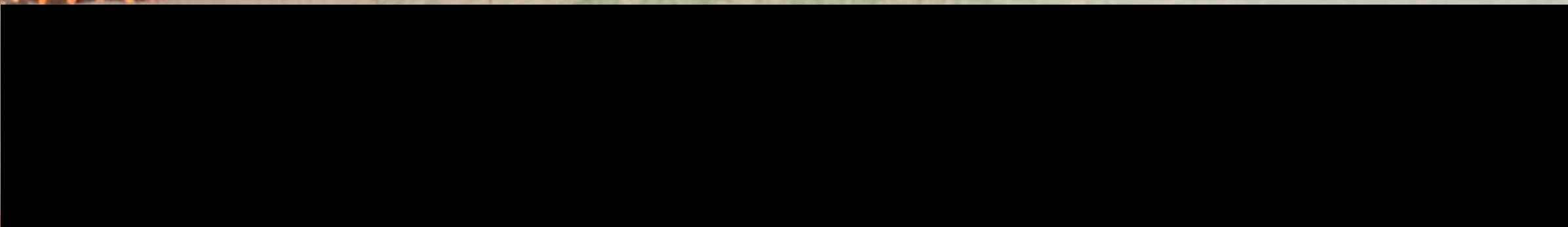
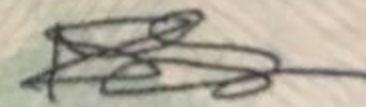
Authority/Autorité (8)

HMPO

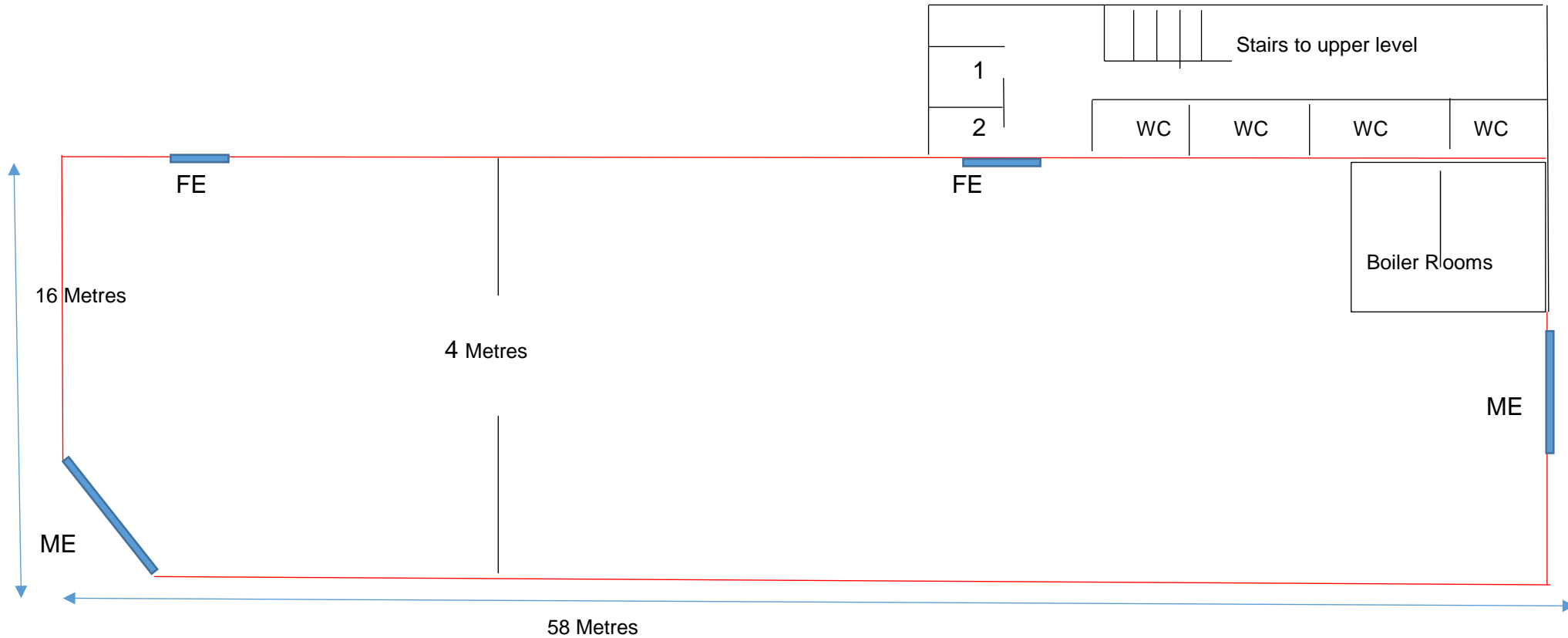
Date of expiry/Date d'expiration (9)

23 FEB / FEV 26

Holder's signature/Signature du titulaire (10)



The Hangar
Pountney Street
Wolverhampton
WV2 4HX



Licence Leader Ltd
www.licence-leader.co.uk
licence-leader@hotmail.com
Rob. 07982917819

Key.
FE – Fire Exit
ME – Main Entrance
WC – Toilets
Red Line – Licensable Area
1 = First aid
2 = Security
Version 01 – Sept 2018
Measurements supplied by
Premises Licence Holder