



Licensing Team  
 North Norfolk District Council  
 Council Offices  
 Holt Road  
 Cromer  
 Norfolk  
 NR27 9EN

Reference number

(office use only)

**Schedule 2**

**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 booklet.

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 ALICE ATKINSON apply for a  
 (Insert name(s) of applicant)  
 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	
BARN DRIFT AND THE HANGAR OLD WOMAN'S LANE CLEY HOLT NORFOLK	
Post town	Post code
HOLT	NR 25 7AZ
Telephone number of Premises (if any)	
07966 828 326	

Non-domestic rateable value of premises

£ 12,500

(This can be obtained from the Valuation Office website [www.voa.gov.uk](http://www.voa.gov.uk))

## Part 2 – Applicant Details

In state whether you are applying for a premises licence as

Please tick ✓

a) An individual or individuals*	<input checked="" type="checkbox"/> Please complete Section A
b) A person other than an individual* <ul style="list-style-type: none"> <li>i. as a limited company</li> <li>ii. as a partnership</li> <li>iii. as an unincorporated association</li> <li>iv. other (for example a statutory corporation)</li> </ul>	<input type="checkbox"/> Please complete Section B <input type="checkbox"/> Please complete Section B <input type="checkbox"/> Please complete Section B <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	<input type="checkbox"/> Please complete Section B
g) An individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales	<input type="checkbox"/> 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	<input type="checkbox"/> Please complete Section B
h) The Chief Officer of Police of a police force in England and Wales	<input type="checkbox"/> Please complete Section B

\* If you are applying as a person described in (a) or (b) please confirm:

- 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

Please tick ✓ yes

**SECTION A – INDIVIDUAL APPLICANTS (fill in as applicable)**

Mr  Mrs  Miss  Ms  Other title   
(please state)

Surname  First names

Date of Birth

Nationality  I am 18 years old or over  Yes

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  Mrs  Miss  Ms  Other title   
(please state)

Surname  First names

Date of Birth

Nationality  I am 18 years old or over  Yes

Current residential address if different from premises address

Post Town:  Postcode:

Daytime contact telephone number

E-mail address (optional)

**Part**

**Section B – OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

When

If you  
who

Please

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc)
Telephone number (if any)
E-mail address (optional)

1) Pays (if taking you, fill in Box A)  
2) Pays (if taking you, fill in Box B)  
3) Pays (if taking you, fill in Box C)  
4) Pays (if taking you, fill in Box D)  
5) Pays (if taking you, fill in Box E)  
6) Pays (if taking you, fill in Box F)  
7) Pays (if taking you, fill in Box G)  
8) Pays (if taking you, fill in Box H)  
9) Pays (if taking you, fill in Box I)  
10) Pays (if taking you, fill in Box J)  
11) Pays (if taking you, fill in Box K)  
12) Pays (if taking you, fill in Box L)  
13) Pays (if taking you, fill in Box M)  
14) Pays (if taking you, fill in Box N)  
15) Pays (if taking you, fill in Box O)  
16) Pays (if taking you, fill in Box P)  
17) Pays (if taking you, fill in Box Q)  
18) Pays (if taking you, fill in Box R)  
19) Pays (if taking you, fill in Box S)  
20) Pays (if taking you, fill in Box T)  
21) Pays (if taking you, fill in Box U)  
22) Pays (if taking you, fill in Box V)  
23) Pays (if taking you, fill in Box W)  
24) Pays (if taking you, fill in Box X)  
25) Pays (if taking you, fill in Box Y)  
26) Pays (if taking you, fill in Box Z)

IN ALL CASES PLEASE COMPLETE BOXES K, L AND M

**Part 3 – Operating Schedule**

When do you want the premises licence to start? ..... Day Month Year  
2 2 0 4 2 0 2 4

If you wish the licence to be valid only for a period, when do you want it to end?..... Day Month Year  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

SELF CATERING HOLIDAY LET AND EVENT VENUE SURROUNDED BY WOODLAND AND ARABLE FIELDS, USED FOR SMALL PRIVATE EVENTS. THE HOUSE SLEEPS 16.

If 5,000 or more people 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 Schedule 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment** (please read guidance note 2)

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**).....

The supply of hot food or hot drink to the public for consumption on or off the premises between 11.00pm and 5.00am.

**Supply of alcohol** (if ticking yes, fill in **Box J**).....

**IN ALL CASES PLEASE COMPLETE BOXES K, L AND M**

<b>Box A</b> <b>Plays</b> 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	
Day	Start	Finish		Outdoors	
				Both	
Mon			<u>Please give further details here</u> (read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (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> (read guidance note 6)		
Sat					
Sun					
<b>Box B</b> <b>Films</b> 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	
Day	Start	Finish		Outdoors	
				Both	
Mon			<u>Please give further details here</u> (read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for exhibition of films</u> (read guidance note 5)		
Thur					
Fri			<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> (read guidance note 6)		
Sat					
Sun					

Box C				
Indoor sporting events				
Standard days and timings				
(Please read guidance note 7)				
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 4)	
Mon			<p>INDIFFERENTLY AND ONLY SOMETIMES - AMPLIFIED</p>	
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			<u>State any seasonal variations for indoor sporting events</u> (read guidance note 5)	
			NO VARIATION	
			<u>Non standard timings. Where you intend to use the premises for the indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 6)	
			NONE	
Box D Boxing or wrestling entertainment			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/>	
Standard days and timings			Indoors	
(Please read guidance note 7)			Outdoors	
Day	Start	Finish	Both	
Mon			<p><u>Please give further details here</u> (read guidance note 4)</p>	
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			<u>State any seasonal variations for boxing or wrestling entertainment</u> (read guidance note 5)	
			<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)	

Box 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	
				Outdoors	
				Both	✓
Day	Start	Finish	Please give further details here (read guidance note 4)		
Mon	12:00	00:00			
Tue	12:00	00:00			
Wed	12:00	00:00	State any seasonal variations for the performance of live music (read guidance note 5)		
Thur	12:00	00:00			
Fri	12:00	00:00			
Sat	12:00	00:00	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)		
Sun	12:00	00:00			

Box F Performance 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	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (read guidance note 4)		
Mon					
Tue					
Wed			State any seasonal variations for the performance of dance (read guidance note 5)		
Thur					
Fri					
Sat			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)		
Sun					

Box 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	
				Outdoors	
				Both	✓
Day	Start	Finish	Please give further details here (read guidance note 4)		
Mon	12:00				
		00:00			
Tue	12:00		NO VARIATION		
		00:00			
Wed	12:00		State any seasonal variations for playing recorded music (read guidance note 5)		
		00:00			
Thur	12:00		NO VARIATION		
		00:00			
Fri	12:00		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)		
		00:00			
Sat	12:00		NONE		
		00:00			
Sun	12:00				
		00:00			
Box G Performance 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	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (read guidance note 4)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat			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)		
Sun					

<b>Box H</b> <b>Anything of a similar description to that falling within e, f or g</b> 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	Will this entertainment take place indoors or outdoors or both – please tick ✓ (Please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			Please give further details here (read guidance note 4)		
Wed			State any seasonal variations for entertainment of a similar description to that falling within e, f or g. (read guidance note 5)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the entertainment of 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)		
Sat					
Sun					

<b>Box 1</b> <b>Late night refreshment</b> 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				
				Outdoors				
				Both	✓			
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 4)					
Mon	12:00		ALCOHOL SERVED AT PRIVATE EVENTS OFTEN WITH FOOD					
		01:00						
Tue	12:00							
		01:00						
Wed	12:00					State any seasonal variations for the provision of late night refreshment (read guidance note 5)  NO SEASONAL VARIATION BUT AS A SELF CATERING HOLIDAY LET WITH 3 NIGHT MINIMUM STAY WE ARE FREQUENTLY CLOSED FOR CLEANING		
	<del>12:00</del>	01:00						
Thur	12:00							
		01:00						
Fri	12:00		<u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 6)					
		01:00						
Sat	12:00							
		01:00						
Sun	12:00					EACH EVENT HAS IT'S OWN START + FINISH TIME SO WE HAVE LISTED THE MAXIMUM.		
		01:00						

Name of Premises: ...  
 Address: ...  
 Postcode: ...  
 Personal Licence number, if known: ...  
 Issuing licensing authority, if known: ...

Box 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 premises	
				Off premises	
				Both	
Day	Start	Finish		<input checked="" type="checkbox"/>	
Mon	12:00		State any seasonal variations for the supply of alcohol (read guidance note 5)  NO VARIATION		
		01:00			
Tue	12:00				
		01:00			
Wed	12:00				
		01:00			
Thur	12:00			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 (read guidance note 6)  NO VARIATION	
		01:00			
Fri	12:00				
		01:00			
Sat	12:00				
		01:00			
Sun	12:00				
		01:00			

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 ..... MICHELLE STOCKER .....  
Date of Birth ..... 29:04:1969 .....  
Address ..... BRAMBLE COTTAGE .....  
..... MILL STREET ELSING NORFOLK .....  
Postcode ..... NR20 3EQ .....  
Personal Licence number, if known, ..... 000006865 .....  
Issuing licensing authority, if known ..... N.NDC .....

THE PREMISES IS FOR PRIVATE HIRE ONLY;  
THEREFORE THERE'S NO TIME RESTRICTION  
EXCEPT FOR AMPLIFIED MUSIC WHICH  
ENDS ALWAYS AT MIDNIGHT.

Box 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

**Box L**  
**Hours premises are open to the public**  
 Standard days and timings  
 (Please read guidance note 7)

Day	Start	Finish
Mon	12:00	
		01:00
Tue	12:00	
		01:00
Wed	12:00	
		01:00
Thur	12:00	
		01:00
Fri	12:00	
		01:00
Sat	12:00	
		01:00
Sun	12:00	
		01:00

State any seasonal variation (read guidance note 5)

N/A

Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 6)

N/A

N.B. THE PREMESIS IS FOR PRIVATE HIRE ONLY;  
 THEREFORE THERE'S NO TIME RESTRICTION  
 EXCEPT FOR AMPLIFIED MUSIC WHICH  
 ENDS ALWAYS AT MIDNIGHT.

**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)

I SPEAK EXTENSIVELY WITH ALL EVENT ORGANISERS PRIOR TO ALL EVENTS AND MEET ON SITE TO MAKE CLEAR THAT WE HAVE ZERO TOLERANCE OF BAD BEHAVIOUR

b) The prevention of crime and disorder

I HAVE AN INDEPENDANT SECURITY FIRM ON SITE PROVIDING TRINED AND EXPERIENCED SECURITY STAFF AT EVERY EVENT.

c) Public safety

I HAVE REGULAR SERVICES AND HEALTH AND SAFETY CHECKS CARRIED OUT. CCTV AND EMERGENCY LIGHTING IN SITU.

d) The prevention of public nuisance

SECURITY STAFF PREVENT THIS IN THE RARE EVENT OF THREAT

e) The protection of children from harm

WE PROMOTE FAMILY AND HEALTHY EVENTS ONLY

**CHECKLIST**

Please tick to indicate agreement

- I have made or enclosed payment of the fee .....
- I have enclosed a plan of the premises.....
- I have sent copies of this application and the plan to responsible authorities and others where applicable .....
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable ..... *N/A*
- I understand that I must now advertise my application .....
- I understand that if I do not comply with the above requirements or my application is not completed correctly, 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). *N/A*

**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 (the proposed current premises licence holder) 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.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [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).</li><li>• 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)</li></ul>
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Signature ..... 

Date ..... 29:02:24

Capacity ..... OWNER OPERATOR

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)

Post Town:	Postcode:

Daytime contact telephone number

E-mail address (optional)