



Lancaster Application for a premises licence Licensing Act 2003

For help contact licensing@lancaster.gov.uk Telephone: 01524 582033

* required information

Section 1 of 19		
You can save the form at any t	ime and resume it later. You do not need to b	e logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference		You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on be	half of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or
C Yes © N	No .	work for.
. •		
Applicant Details		
* First name	Simon	
* Family name	Ledwick	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
	ıld prefer not to be contacted by telephone	
Are you:		
Applying as a business of	or organisation, including as a sole trader	A sole trader is a business owned by one
C Applying as an individua	al	person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
* Is your business registered in the UK with Companies House?	• Yes C No	
* Registration number	06052898	
* Business name	Maiquez Ltd.	If your business is registered, use its registered name.
* VAT number	904434152	Put "none" if you are not registered for VAT.
* Legal status	Private Limited Company	
	•	

Continued from previous page		
* Your position in the business	Director	
Home country	United Kingdom	The country where the headquarters of your business is located.
Registered Address		Address registered with Companies House.
* Building number or name	20a	
* Street	Scotland Street	
District		
* City or town	Edinburgh	
County or administrative area	Midlothian	
* Postcode	ЕНЗ 6РХ	
* Country	United Kingdom	
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Section 2 of 19		
PREMISES DETAILS		
	ply for a premises licence under section 17 of the premises) and I/we are making this application of the Licensing Act 2003.	
Premises Address		
Are you able to provide a posta	al address, OS map reference or description of t	the premises?
♠ Address	p reference O Description	
Postal Address Of Premises		
Building number or name	Unit 66	
Street	Bowland College	
District	Lancaster University, Bailrigg	
City or town	Lancaster	
County or administrative area	Lancashire	
Postcode	LA1 4YT	
Country	United Kingdom	
Further Details		
		•
Telephone number		

Secti	on 3 of 19						
APPL	ICATION DETAILS						
In wh	at capacity are you apply	ying for the premises licence?					
	An individual or individuals						
\boxtimes	A limited company						
	A partnership						
	An unincorporated asso	ociation					
	A recognised club						
	A charity		-				
	The proprietor of an edu	ucational establishment					
	A health service body						
		red under part 2 of the Care Standards Act an independent hospital in Wales					
	A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England						
	The chief officer of police	e of a police force in England and Wales					
	Other (for example a statutory corporation)						
Conf	irm The Following						
□.	lam carrying on or properthe use of the premises f	oosing to carry on a business which involves for licensable activities					
\boxtimes	I am making the applicat	tion pursuant to a statutory function					
	I am making the applicate virtue of Her Majesty's pr	ition pursuant to a function discharged by prerogative					
Secti	on 4 of 19						
NON	INDIVIDUAL APPLICAN	TS					
partn		address of applicant in full. Where appropriate give any registered number. In the current ture (other than a body corporate), give the name and address of each party conce					
Name	e	Maiquez Ltd					
Deta	ils						
_	tered number (where cable)	06052898					
Description of applicant (for example partnership, company, unincorporated association etc)							

Continued from previous page	
Limited Company	
Address	
Building number or name	De Quincy House
Street	The Maltings
District	Shaddongate
City or town	Carlisle
County or administrative area	Cumbria
Postcode	CA2 5TU
Country	United Kingdom
Contact Details	
E-mail	simon@maiquez.co.uk
Telephone number	01228 548589
Other telephone number	
	Add another applicant
Section 5 of 19	
OPERATING SCHEDULE	
When do you want the premises licence to start?	26 / 04 / 2013 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
Provide a general description of	of the premises
licensing objectives. Where yo	ses, its general situation and layout and any other information which could be relevant to the ur application includes off-supplies of alcohol and you intend to provide a place for plies you must include a description of where the place will be and its proximity to the
Subway store - no alcohol	
If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend	

Continued from previous	page		
Section 6 of 19			
PROVISION OF PLAYS			
Will you be providing p	plays?		
C Yes	No	*	
Section 7 of 19			
PROVISION OF FILMS			
Will you be providing fi	ilms?		
<u>C</u> Yes	No		
Section 8 of 19			
PROVISION OF INDOO	R SPORTING EVENTS		
Will you be providing in	ndoor sporting events?		
← Yes	No		
Section 9 of 19			
PROVISION OF BOXING	G OR WRESTLING ENTERT	AINMENTS	
Will you be providing b	ooxing or wrestling entertai	nments?	
○ Yes	No		
Section 10 of 19			
PROVISION OF LIVE M	USIC		
Will you be providing li	ve music?		
(Yes	No		
Section 11 of 19			
PROVISION OF RECOR	DED MUSIC		,
Will you be providing re	ecorded music?		
Yes	○ No		
Standard Days And Ti	mings		
MONDAY		Character to	
	Start 07:00	End 04:00 (e.g., 16:0	ngs in 24 hour clock. 0) and only give details for the days
	Start		ek when you intend the premises d for the activity.
TUESDAY			
TOESDAT	Ct 107.00	r	
	Start 07:00	End 04:00	
	Start	End	
WEDNESDAY		· · · · · · · · · · · · · · · · · · ·	
•	Start 07:00	End 04:00	
	Start	End	

Continued from previous	page		
THURSDAY			
	Start 07:00	End 04:00	
	Start	End	
FRIDAY			
	Start 07:00	End 04:00	
	Start	End	
SATURDAY			
, ,	Start 07:00	End 04:00	
	Start	End	
SUNDAY			
	Start 07:00	End 04:00	
	Start	End	
Will the playing of record	ded music take place indoors or		Where taking place in a building or other
• Indoors	·	C Both	structure tick as appropriate. Indoors may include a tent.
	be authorised, if not already state not music will be amplified or un		urther details, for example (but not
background music durin	ng opening hours. very low level		
State any seasonal variat	tions for playing recorded music	:	
For example (but not ex	clusively) where the activity will o	occur on additional da	ys during the summer months.
		. , , , ,	
in the column on the left	t, list below	, , <u>-</u>	rded music at different times from those listed
For example (but not ex	ciusively), where you wish the ac	ctivity to go on longer	on a particular day e.g. Christmas Eve.
<u> </u>			
Section 12 of 19 PROVISION OF PERFOR	MANCES OF DANCE		
Will you be providing pe			

Continued from previou	us page		○ Yes	No
Section 13 of 19				
PROVISION OF ANYT	HING OF A SIMILAR DESC	RIPTION TO LIVE	MUSIC, RECORDED MUSIC (OR PERFORMANCES OF
Will you be providing performances of danc	anything similar to live mu e?	sic, recorded mus	sic or	
○ Yes	No			
Section 14 of 19				
LATE NIGHT REFRES	HMENT			
Will you be providing	late night refreshment?			
Yes	○ No			
Standard Days And	Timings		-	
MONDAY	•		Give timings in 2	24 hour clock
	Start 07:00	End	04:00 (e.g., 16:00) and	only give details for the days
. •	Start	End	of the week whe	n you intend the premises
TUESDAY			to be about to the	
TOESDAT	C++ 07-00	FJ	04.00	·
	Start 07:00	End	04:00	
	Start	End		
WEDNESDAY	,			
	Start 07:00	End	04:00	
	Start	End		
THURSDAY				
	Start 07:00	End	04:00	
	Start	End		
FRIDAY			· · · · · · · · · · · · · · · · · · ·	
	Start 07:00	End	04:00	
• •	Start	End		
SATURDAY				
	Start 07:00	End	04:00	
	Start	End		
CLINDAY		Liid		
SUNDAY	G			
	Start 07:00	End	04:00	
	Start	End		1

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Will the provision of late nigh both?	t refre	eshment take place	e indoo	ors or outdoors or	Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.
Indoors	0	Outdoors	C	Both	meidde a terre
State type of activity to be au exclusively) whether or not m					urther details, for example (but not
State any seasonal variations					
For example (but not exclusive	vely) v	where the activity v	vill occ	ur on additional da	ys during the summer months.
Outside of term time the unit	will c	lose much earlier -	times	to be confirmed or	nce we establish profitable trading pattern.
those listed in the column on	the le	eft, list below			on a particular day e.g. Christmas Eve.
Section 15 of 19					
SUPPLY OF ALCOHOL					
Will you be selling or supplying	ng alc	ohol?	-		
(Yes	©	No			
PROPOSED DESIGNATED PR	EMIS	ES SUPERVISOR C	ONSE	NT	
How will the consent form of be supplied to the authority?	-	roposed designate	ed prer	mises supervisor	
 Electronically, by the pr 	opose	ed designated prer	mises s	upervisor	
 As an attachment to this 	s app	lication			
Reference number for conser form (if known)	nt no	t applicable			If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.
Section 16 of 19					特别的基本 (A)
ADULT ENTERTAINMENT					
Highlight any adult entertain premises that may give rise t					nt or matters ancillary to the use of the

Continued from previous page					
Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc.					
none					
Section 17 of 19					
HOURS PREMISES ARE OPEN	TO THE PUBLIC				
Standard Days And Timings					
MONDAY				Give timings in 24 hour clock.	
Start	07:00	End	04:00	(e.g., 16:00) and only give details for the days	
Start		End		of the week when you intend the premises to be used for the activity.	
TUESDAY					
Start	07:00	End	04:00		
Start		End			
WEDNESDAY	<u> </u>		<u>k </u>	.	
Start	07:00	End	04:00]	
			04.00]	
Start		End			
THURSDAY			•	1	
Start .	07:00	End	04:00	,	
Start		End			
FRIDAY					
Start	07:00	End	04:00		
Start		End			
SATURDAY					
Start	07:00	End	04:00	·	
Start		End			
SUNDAY					
Start	07:00	End	04:00		
Start		End			
State any seasonal variations					
For example (but not exclusively) where the activity will occur on additional days during the summer months.					
much shorter hours outside Ur	niversity term time				
	•			·	

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Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below
For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
Section 18 of 19
LICENSING OBJECTIVES
Describe the steps you intend to take to promote the four licensing objectives:
a) General – all four licensing objectives (b,c,d,e)
List here steps you will take to promote all four licensing objectives together.
b) The prevention of crime and disorder
CCTV, working closely with 24hr University security services and local college porters, panic button.
c) Public safety
Ensure a minimum of 2 members of staff on each late night, CCTV to be installed with remote viewing, panic buttons to be
installed. Campus has it's own 24 hour security service. Alarm response if the alarm is not set by a certain time.
d) The prevention of public nuisance
Work closely alongside University personnel and security
WYORK Closely alongside offiversity personner and security
e) The protection of children from harm
Section 19 of 19
PAYMENT DETAILS

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This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

Premises Licence Fees are determined by the non domestic rateable value of the premises.

To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/business_rates/index.htm

Band A - No RV to £4300	£100.00
Band B - £4301 to £33000	£190.00
Band C - £33001 to £8700	£315.00
Band D - £87001 to £12500	£450.00*
Band E - £125001 and over	£635.00*

*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then your are required to pay a higher fee

Band D - £87001 to £12500 £900.00 Band E - £125001 and over £1,905.00

There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required.

Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college.

If you operate a large event you are subject to ADDITIONAL fees based upon the number in attendance at any one time

Capacity 5000-9999	£1,000.00
Capacity 10000 -14999	£2,000.00
Capacity 15000-19999	£4,000.00
Capacity 20000-29999	£8,000.00
Capacity 30000-39000	£16,000.00
Capacity 40000-49999	£24,000.00
Capacity 50000-59999	£32,000.00
Capacity 60000-69999	£40,000.00
Capacity 70000-79999	£48,000.00
Capacity 80000-89999	£56,000.00
Capacity 90000 and over	£64,000.00

* Fee amount (£)

190.00

ATTACHMENTS

AUTHORITY POSTAL ADDRESS

Continued from previous page		
Address		
Building number or name		
Street		
District		
City or town		
County or administrative area		
Postcode		
Country	United Kingdom	
DECLARATION		
* I/we understand it is an offence, liable on conviction to a fine up to 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. Ticking this box indicates you have read and understood the above declaration This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on		
behalf of the applicant?"		•
* Full name		
* Capacity	**************************************	
Date (dd/mm/yyyy)		
	Add another signatory	
with your application		·

