Kirklees Council, PO Box 1661, Huddersfield, HD1 9SR

T: 01484 221000

E: licensing@kirklees.gov.uk

Appendix A

Ref: DSFX1688386534590

New Premises Licence

Premises Details	
Premises Address *	BANKGATE MILLS BANK GATE SLAITHWAITE HUDDERSFIELD KIRKLEES HD7 5DL
Telephone number at premises (if any)	
Non-domestic value of premises. *	
Applicant Details	
Applicant Details	
I/We apply for a premises licence under section 17 of the Licer premises) and I/we are making this application to you as the re Licensing Act 2003.	
Please state whether you are applying for a premises licence as:	an individual or individuals
Applicant Details	
If you are applying as a person described in one of the above please confirm: *	I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
Individual Applicant	
Title *	
First name *	
Surname *	
Street address *	

Individual Applicant	
Town/City *	
County	
Postcode *	
Date of Birth *	
I am 18 years old or over	
Nationality *	
Daytime Contact Telephone Number *	
Email *	
Operating Schedule	
When do you want the premises licence to start? *	01/08/2023
If you wish the licence to be valid only for a limited period, when do you want it to end?	
Please give a general description of the premises. *	Bankgate Mill is a 2 storey Mill with a basement. We would like to make the ground floor into a Bar and kitchen
If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.	
Operating Schedule	
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 read guidance note 2) *	
Plays	
Films	

Operating Schedule		
	Indoor Sporting Events	
	Boxing or Wrestling	
	Live Music	
	Recorded Music	
	Performances of Dance	
	Anything of a similar description falling under Music or Dance	
	Provision of late night refreshment	
	Supply of Alcohol	
Supp	oly of Alcohol Standard Times	
Standa Please	rd days and timings, where you intend to use the premis enter times in 24hr format (HH:MM)	es for the supply of alcohol. (please read guidance note 7)*
Day *		Every Day
		12:00
		23:00
Supply of Alcohol		
	e supply of alcohol be for consumption on premises or mises or both? (please read guidance note 8) *	Both
	remises used exclusively or primarily for supply of for consumption on the premises? *	Yes
	ny seasonal variations for the supply of alcohol. read guidance note 5)	

Supply of Alcohol				
Please state any non-standard timings, where you intend to use the premises for the supply of alcoholat different times from the Standard days and times listed?(please read guidance note 6)				
Designated Premises Supervisor				
State the name and details of the individual whom you wish to (Please see declaration about the entitlement to work in the ch				
Title *				
First name *				
Surname *				
Street address *				
Town/City *				
County				
Postcode *				
Personal Licence Number (if known)				
Issuing Licensing Authority (if known)				
Opening Hours Standard Times				
Standard days and timings, where the premises are open to th 24hr format (HH:MM)	e public. (please read guidance note 7) * Please enter times in			
Day *	Every Day			
	12:00			
	23:00			

Licensing Objectives

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)

We shall ensure that at all times when the premises are for any licensable activity, there are sufficient, competent staff on duty at the premises for the purpose of fulfilling the terms and conditions of the licence and for preventing crime and disorder. The Licensee shall ensure that all staff undertake training in their responsibilities in relation to the sale of alcohol, particularly with regard to drunkenness and underage persons.

b) The prevention of crime and disorder

Any incidents of a criminal nature that may occur on the premises will be reported to the Police. Staff will be trained with regard to their responsibilities in the retail sale of alcohol and regular refresher training will also be undertaken. Use of security for large events The licensee and staff will ask persons who appear to be under the age of 25 for photographic ID . Not selling alcohol to drunk or intoxicated guests.

c) Public safety

We will stick to the maximum capacity allowed at the taproom A full fire risk assessment will be carried out We will have trained first aiders on site All equipment we use will be fit for purpose and well maintained at all times

d) The prevention of public nuisance

All customers will be asked to leave quietly. Clear and legible notices will be prominently displayed to remind customers to leave quietly and have regard to our neighbours. Deliveries to be timed to be in normal working hours.

e) The protection of children from harm

The licensee and staff will ask persons who appear to be under the age of 25 for photographic ID Staff will be trained with regard to their responsibilities in the retail sale of alcohol and regular refresher training will also be undertaken.

Declarations

Declaration Type *

Sole Applicant - Individual or Other

Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand 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 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

Declarations

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.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 2). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.

When submitting an on-line application form the 'Declaration made' checkbox must be selected.		
if I am subject to a condition preventing me from doing	ce if I do not have the entitlement to live and work in the UK (or work relating to the carrying on of a licensable activity) and tled 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).		
Full Name *		
Date *		
Capacity *		
Declaration made		
Do you wish to provide alternative correspondence details? *	No	

Email confirmation

On submission an email confirmation will be sent using the details below

Forename

Surname /Company Name

Email *

Telephone

