

L2

PETERBOROUGH



Peterborough City Council, Licensing Section, Fourth Floor,  
Bayard Place, Broadway, Peterborough, PE1 1HZ

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 POSHTELS LTD 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 HUB NEWGATE WAY BOONGATE FENGATE INDUSTRIAL PARK	
Post town	Post code
PETERBOROUGH	PE1 5QT

Telephone number at premises (if any) 01733 894400

Non-domestic rateable value of premises £ 26,000

Part 2 - Applicant details

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

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  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  Mrs  Miss  Ms  Other title   
(for example, Rev)

Surname  First names

I am 18 years old or over

Please tick  yes

Current postal 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

(for example, Rev)

Surname

First names

Please tick  yes

I am 18 years old or over

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	POSTTELS LTD
Address	2 THE RIDGEWAY, RADLETT, HERTS, WD7 8PR
Registered number (where applicable)	8580681
Description of applicant (for example partnership, company, unincorporated association etc)	LIMITED COMPANY
Telephone number (if any)	07710 064646
E-mail address (optional)	m@vkreuben.com

### Part 3 Operating Schedule

When do you want the premises licence to start?

AS SOON AS POSSIBLE

Day	Month	Year

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day Month Year

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If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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Please give a general description of the premises (please read guidance note1)

BUDGET HOTEL IN INDUSTRIAL AREA. 2 FLOORS (NO LIFT), 70 ROOMS, RECEPTION | COFFEE SHOP | BAR AREA

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)

Please tick ✓ yes

#### Provision of regulated entertainment

- 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 entertainment facilities for:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

Provision of late night refreshment (if ticking yes, fill in box L)

Supply of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick [Y]</b> (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both		
Tue						
Wed				<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur						
			<b>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</b> (please read guidance note 5)			
Fri						
Sat						
Sun						

# B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick [Y]</b> (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	
Tue					
Wed					
Thur			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Fri					
Sat					
Sun			<b>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</b> (please read guidance note 5)		

# C

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

# D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick <input type="checkbox"/> (please read guidance note 2)</u>	
			Indoors	
Day	Start	Finish		
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue				
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)	
Thur				
Fri			<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 5)	
Sat				
Sun				



# E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick [Y]</b> (please read guidance note 2)	
Day	Start	Finish	Indoors	
			Outdoors	
			Both	
Mon			<b>Please give further details here</b> (please read guidance note 3)	
Tue				
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)	
Thur				
Fri			<b>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</b> (please read guidance note 5)	
Sat				
Sun				

**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 [Y] (please read guidance note 2)	Indoors
Day	Start	Finish		Outdoors
Mon	0900	0000	Please give further details here (please read guidance note 3) CEILING SPEAKERS ONLY	Both
Tue	0900	0000		
Wed	0900	0000	State any seasonal variations for playing recorded music (please read guidance note 4)	
Thur	0900	0000		
Fri	0900	0000		
Sat	0900	0000	Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5) FINISH TIME EXTENDED TO 0200 HRS CHRISTMAS EVE INTO CHRISTMAS DAY + NEW YEARS EVE INTO NEW YEARS DAY.	
Sun	0900	0000		

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick [Y]</u></b> (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)	Both	
Tue					
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sat					
Sun					

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment you will be providing</u></b>			
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)</b>	Indoors		
Mon				Outdoors		
				Both		
Tue			<b><u>Please give further details here</u> (please read guidance note 3)</b>			
Wed						
Thur						
Fri			<b><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)</b>			
Sat						
Sun						
			<b><u>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</u> (please read guidance note 5)</b>			

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing		
			Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)		Indoors
				Outdoors	
				Both	
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

# J

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick [Y] (see guidance note 2)</b>	Indoors		
Day	Start	Finish		Outdoors		
Mon			<b>Please give a description of the facilities for dancing you will be providing</b>	Both		
Tue				<b>Please give further details here (please read guidance note 3)</b>		
Wed				<b>State any seasonal variations for providing dancing facilities (please read guidance note 4)</b>		
Thur						
Fri			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</b>			
Sat						
Sun						

# K

<b>Provision of facilities for entertainment of a similar description to that falling within I or J</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing		
Day	Start	Finish	<b>Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read guidance note 2)</b>	Indoor	
Mon				Outdoor	
				Both	
Tue			<b>Please give further details here (please read guidance note 3)</b>		
Wed					
Thur			<b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)</b>		
Fri					
Sat			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list (please read guidance note 5)</b>		
Sun					

L

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 [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	2300	0000	Please give further details here (please read guidance note 3)  HOT DRINKS ONLY	Both	<input type="checkbox"/>
Tue	2300	0000			
Wed	2300	0000			
Thur	2300	0000	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Fri	2300	0000			
Sat	2300	0000			
Sun	2300	0000			
			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 (please read guidance note 5)		
			FINISH TIME EXTENDED TO 0200HRS CHRISTMAS EVE INTO CHRISTMAS DAY MORNING + NEW YEARS EVE INTO NEW YEARS DAY MORNING		



# M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	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 4)		
Mon	1300	0000	<p><b>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)</b></p> <p>FINISH TIME EXTENDED TO 0200 HRS CHRISTMAS EVE INTO CHRISTMAS DAY MORNING + NEW YEARS EVE INTO NEW YEARS DAY MORNING.</p>		
Tue	1300	0000			
Wed	1300	0000			
Thur	1300	0000			
Fri	1300	0000			
Sat	1300	0000			
Sun	1300	0000			

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

Name..... MARK REUBEN.....

Address..... C/O THE HUB, NEWGATE WAY,  
BOONGATE, FENGATE INDUSTRIAL  
AREA, PETERBOROUGH.....

Postcode..... PE1 5QT.....

Personal Licence number(if known)..... PER - 0928.....

Issuing licensing authority (if known)..... HERTSMERE BOROUGH COUNCIL.....

## N

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)

NONE.

O

Hours premises are open to the public Standard timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	0000	0000	Non standard timings. Where you intend to use the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)
Tue	0000	0000	
Wed	0000	0000	
Thur	0000	0000	
Fri	0000	0000	
Sat	0000	0000	
Sun	0000	0000	

P

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 9)

THE LICENSING OPERATION IS LIMITED TO A SMALL BAR ADJOINING HOTEL FOYER. ONLY A LIMITED RANGE OF DRINKS WILL BE STOCKED / SERVED. ALCOHOL IS ONLY TO BE CONSUMED IN THIS AREA

**b) The prevention of crime and disorder**

THE BAR WILL BE STAFFED AT ALL TIMES +  
DUTY MANAGER IN ATTENDANCE  
ALL AREAS TO BE COVERED BY CCTV  
NO DRINKS PROMOTIONS  
CASH ONLY BAR - NO BAR 'TABS'

**c) Public safety**

SEE FIRE POLICY ATTACHED

**d) The prevention of public nuisance**

AS PER b) ABOVE .

PREMISES ARE LOCATED AWAY FROM  
CITY CENTRE + NOT IN A RESIDENTIAL  
AREA

**e) The protection of children from harm**

STAFF TRAINED ACCORDINGLY  
CHALLENGE 21 POLICY OPERATED +  
ADVERTISED. SALE REFUSALS RECORDED

**CHECKLIST:-**

Please tick ✓ yes

- 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 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 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**

**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 Simon Mullan  
Date 10 12 13  
Capacity APPLICANTS SOLICITOR

**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 12) **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 13)

HUNT + COOMBS SOLICITORS,  
35 THORPE ROAD,  
PETERBOROUGH

Post town	PETERBOROUGH	Post code	PE3 6AG
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Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

### Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day, e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please 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, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.