

**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 Jonathan Mark Webb

(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 Sailing Barge Melissa, usually moored at Pin Mill, Ipswich IP9 1JW			
Post town	Ipswich	Postcode	IP9 1JW

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ None

Part 2 - Applicant details

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

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i as a limited company/limited liability partnership please complete section (B)
 - ii as a partnership (other than limited liability) 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 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 Webb			First names Jonathan Mark		
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		Webbs Boat Yard Pin Mill Ipswich Suffolk IP9 1JN			
Post town	Ipswich			Postcode	IP9 1JN
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 over		I am 18 years old or	<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?

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

Please give a general description of the premises (please read guidance note 1)
A sailing barge to be used for functions with licensable activity away from its usual mooring at Pin Mill. The model of operation will be to offer licensable activities from planned, safe and suitable mooring sites as well as sailing trips (the trips are subject to authorisation by the Maritime & Coastguard Agency – MCA).

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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please 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> (please read guidance note 6)		
Sat					
Sun					

B

Films 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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur					
Fri			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					
Sun					

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

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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
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 6)		
Sat					
Sun					

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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	11:00	24:00	<u>Please give further details here</u> (please read guidance note 4) Mostly weekends and during the summer months		
Tue	11:00	24:00			
Wed	11:00	24:00	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)		
Thur	11:00	24:00			
Fri	11:00	24:00	<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) 11:00- 02:00hrs for Christmas Eve, New Years Eve, Public holidays and the Friday, Saturday and Sunday proceeding a public holiday.		
Sat	11:00	24:00			
Sun	11:00	24:00			

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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4) Mostly weekends and during the summer months		
Mon	11:00	24:00			
Tue	11:00	24:00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Wed	11:00	24:00			
Thur	11:00	24:00	<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) 11:00- 02:00hrs for Christmas Eve, New Years Eve, Public holidays and the Friday, Saturday and Sunday proceeding a public holiday.		
Fri	11:00	24:00			
Sat	11:00	24:00			
Sun	11:00	24:00			

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	11:00	24:00	<u>Please give further details here</u> (please read guidance note 4) Mostly weekends and during the summer months		
Tue	11:00	24:00			
Wed	11:00	24:00	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur	11:00	24:00			
Fri	11:00	24:00	<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) 11:00- 02:00hrs for Christmas Eve, New Years Eve, Public holidays and the Friday, Saturday and Sunday proceeding a public holiday.		
Sat	11:00	24:00			
Sun	11:00	24:00			

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 type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed			<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)		
Thur			<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)		
Fri					
Sat					
Sun					

I

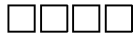
Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) Mostly weekends and during the summer months	
Mon	11:00	24:00		
Tue	11:00	24:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)	
Wed	11:00	24:00		
Thur	11:00	24:00	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 6) 11:00- 02:00hrs for Christmas Eve, New Years Eve, Public holidays and the Friday, Saturday and Sunday proceeding a public holiday.	
Fri	11:00	24:00		
Sat	11:00	24:00		
Sun	11:00	24:00		

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) Mostly weekends in the summer months		
Mon	11:00	24:00			
Tue	11:00	24:00			
Wed	11:00	24:00			
Thur	11:00	24:00			
Fri	11:00	24:00			
Sat	11:00	24:00			
Sun	11:00	24:00	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 (please read guidance note 6) 11:00- 02:00hrs for Christmas Eve, New Years Eve, Public holidays and the Friday, Saturday and Sunday proceeding a public holiday.		

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 Jonathan Mark Webb	
Date of birth	
Address Webbs Boat Yard Pin Mill Ipswich	
Postcode	IP9 1JN
Personal licence number (if known) BPAO996	
Issuing licensing authority (if known) Babergh District 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).

No activities will be permitted on the premises to give rise to concern for children

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) Events mostly at weekends in the summer months
Day	Start	Finish	
Mon	11:00	24:00	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 (please read guidance note 6) 11:00- 02:00hrs for Christmas Eve, New Years Eve, Public holidays and the Friday, Saturday and Sunday proceeding a public holiday.
Tue	11:00	24:00	
Wed	11:00	24:00	
Thur	11:00	24:00	
Fri	11:00	24:00	
Sat	11:00	24:00	
Sun	11:00	24:00	

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)

It is my intention to operate my business in such a fashion that the Licensing Objectives will not be undermined.

I have had to apply for the Premises Licence at my home berth at Pin Mill as this is where I am normally moored to comply with Section 189 (1) of the Licensing Act 2003. However, I accept that this is not a suitable site for providing licensable activities so I undertake that NO LICENSABLE ACTIVITIES will be carried on at my home mooring site.

Instead my model of operation will be to offer licensable activities from planned, safe and suitable mooring sites as well as sailing trips (the trips are subject to authorisation by the Maritime & Coastguard Agency – MCA).

b) The prevention of crime and disorder

Behaviour of customers will be closely monitored by staff and crew.

All events are pre-booked and customer numbers & requirements will be known with crew make-up amended accordingly.

c) Public safety

Whilst ‘Melissa’ is Moored

All sites at which ‘Melissa’ will be moored to offer licensable activities will be subject to a preliminary inspection and assessment to ensure they offer safe access and egress to customers.

Crew and staff will be trained in passenger management in compliance with MCA guidelines

Additional passenger guard rails will be in place when passengers are on board the Melissa for licensable activities.

Whilst ‘Melissa’ is Carrying Passengers

Full compliance with authorisation from MCA.

Full passenger safety briefing before every voyage.

When sailing my maximum number of passengers will be 12.

The vessel has it’s own mobile phone and VHF radio to contact emergency authorities

All lifesaving equipment & appliances as well as fire extinguishers and exits are routinely checked to MCA requirements.

d) The prevention of public nuisance

All sites at which 'Melissa' will be moored and offer licensable activities will be subject to a preliminary inspection and assessment to ensure regulated entertainment would not cause nuisance to residents.

Crew will ensure passengers leave the vessel in an orderly manner and avoid behaviour that could disturb nearby residents (e.g. shouting, car horns, excessive engine revving etc.).

All waste generated by licensable activities will be disposed of using a commercial waste contractor.

e) The protection of children from harm

No children under 16 years of age will be allowed on board without being accompanied by a responsible adult.

Bar staff will check identification in line with Challenge 25 policy.

There will be no gaming machines on board.

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 sent electronically so assume Licensing Authority will circulate to RAs? Please advise me ASAP if this is NOT the case - JMW)* X
- 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	18/10/2018
Capacity	Owner

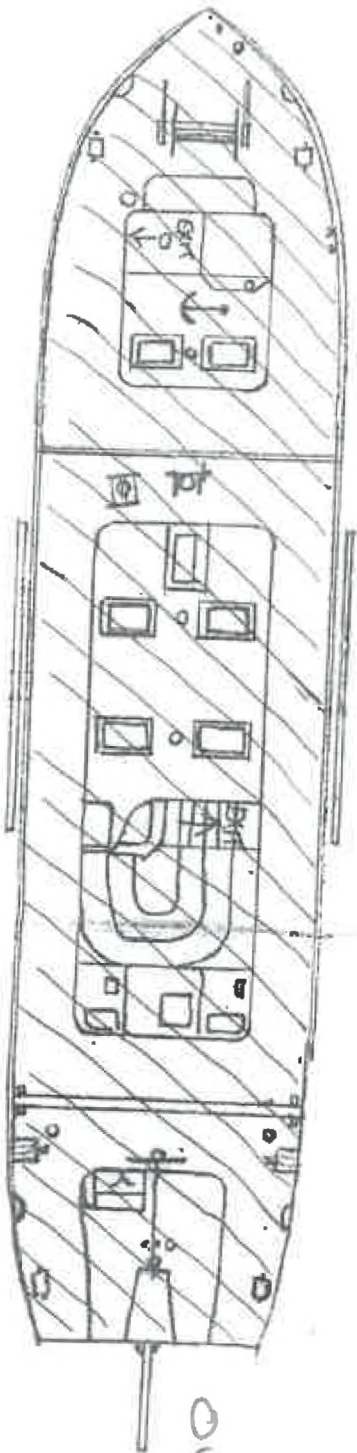
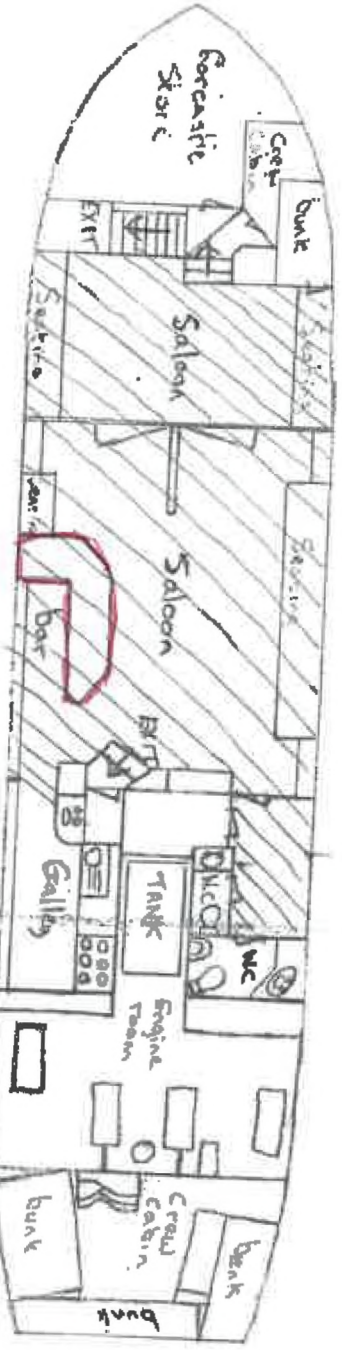
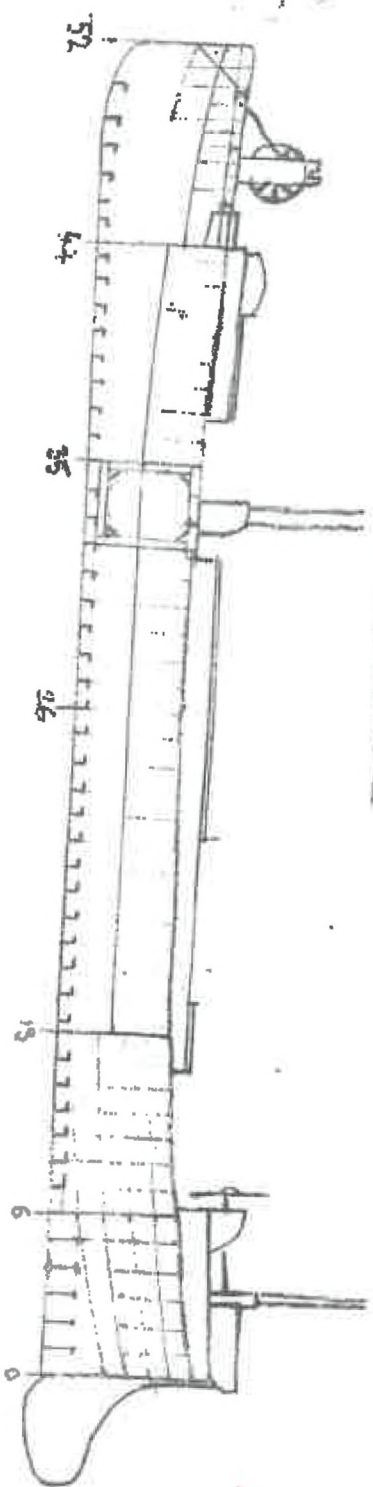
For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**


Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

Sailing barge

MELISSA " SCALE 1:100



 areas of licensed events

- 1. Sale or Supply of alcohol
 - 2. Consumption of alcohol
 - 3. Performance of a play
 - 4. Exhibition of a film (inside only)
 - 5. Performance of live music
 - 6. Playing of recorded music
 - 7. Late night refreshment.
- Red - Sale Alcohol

inside

outside





OFF No 1100078



