APPENDIX 1

Licensing Authority: The Licensing Partnership

Licensing Partnership P.O. Box 182 Sevenoaks Kent TN13 1GP

Ref:

Application for a Premises Licence under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes found at bottom of Page 4 of this form.

Use the blank page at the end of the form to provide further details if necessary.

When it is complete you can submit the form directly to us - click on the Submit Form button. You may wish to print and keep a copy of the completed form for your records.

For help information about filling in this type of electronic form, click on the help information button.

I / We Future Schools Trust

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 Cornwallis School Feilds Hubbards Lane Boughton Monchelsea					
Post town			Maidstone				
Post code			ME17 4HX				
Telephone	e num	nber o	of premises (if any)	01622	743152		
Non-dome	estic r	rateal	ble value of premises			£	
If the pren check her		is un	der construction please		If the premise rateable value	s has e yet,	n't been assigned a X please check here
Part 2 - A	Appli	ican	t Details				
Please sta	ate wl	hethe	er you are applying for a pre	emises	licence as		
						lease electio	make n with an "x"
i	a)	An i	ndividual or individuals*				please complete section (A)
I	b)	a pei	rson other than an individua	al*			
		i	as a limited company			X	please complete section (B)
		ii.	as a partnership				please complete section (B)
		iii.	as an unincorporated asso	ociation	or		please complete section (B)
		iv.	other (for example a statut	ory cor	poration)		please complete section (B)
(C)	A re	cognised club				please complete section (B)
(d)	a ch	arity				please complete section (B)

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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 a 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 yc	ou are applying as a person described in (a) or (b) please confirm: <i>Please make</i> selection with an "x"
	 I am carrying on or proposing to carry on a b involves the use of the premises for licensate 	business which Interview December 2015 Interview Decem
	 I am making the application pursuant to a: - statutory function or - a function discharged by virtue of Her 	Majesty's prerogative
(A) IN Title	NDIVIDUAL APPLICANTS (fill in as applicable)	You do not have to answer the questions in this section.
Title		in this section.
Title Surn	vou 18 years Yes	
Title Surn Are y	/ou 18 years	<i>in this section.</i> First names
Title Surna Are y or old Natio	name you 18 years Yes der? No onality ent postal	<i>in this section.</i> First names
Title Surn Are y or old Natio	name you 18 years Yes der? No onality ent postal ess ferent from	<i>in this section.</i> First names
Title Surn Are y or old Natio Curre addre if diff prem Post	ame you 18 years Yes der? No conality ent postal ess ferent from nises address	in this section. First names Date of Birth

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SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Υ Υ	/
Title	
Surname	First names
Date of Birth (you must be 18 years old or over)	
Nationality	
Current postal address if different from premises address	
	Postcode
Post Town	
Daytime contact telephone number	
Email address (optional)	
(B) OTHER APPLICANTS	
Please provide name and registered addres any registered number. In case of a partner corporate), please give the name and addre	ss of applicant in full. Where appropriate please give ership or other joint nature (other than a body ess of each party concerned.
Name	Future Schools Trust
Address	
	Cornwallis Academy, Hubbards Lane, Maidstone, Kent, ME17 4HX

Registered number (where applicable)

06272751

Description of applicant (for example, partnership, company, unincorporated association etc.)

Company limited by guarantee.

Telephone number (if any)

01622 743152

E-mail address (optional)

Part 3 - Operating Schedule

When do you want the premises licence to start?

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

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

General description of premises (please read guidance note 1)

School site primarily for the purpose of educating students aged 11 to 18/19. With community events that exceed a TEN.

The premises we would like to hold our event on is the events field at Cornwallis Academy, it is large field in a rural situation with no immediate residential neighbours. It has two roads accessing the planned entrance points which lends itself to avoiding congestion as visitors arrive and leave.

We would like to sell alcohol on the site from a beer tent, and from trade stalls held by local producers. There will be temporary seating areas all around the venue and round the food and bar areas.

We would also like to play live music amplified and unamplified and recorded music amplified.

The whole time the site is open to the public all required health and safety procedures will be in operation as well as SIA Security Guards on patrol.

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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)

Pro	vision of regulated entertainment (please read guidance note 2)	Please check all relevant boxes
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)	X
f)	recorded music (if ticking yes, fill in box F)	X
g)	performances of dance (if ticking yes, fill in box G)	X
h)	anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	
Pro	ovision of late night refreshment (if ticking yes, fill in box L)	
<u>Su</u>	oply of alcohol (if ticking yes, fill in box M)	X
1	ll seess semulate house N. O and D	

In all cases complete boxes N, O and P

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Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors	Indoors Outdoors	X
Day	Start	Finish	or both - please make selection with an "x" (please read guidance note 3).	Both	X
Mon			Please give further details here (please read guidanc	e note 4)	
Tue					
Wed			State any seasonal variations for performance of live note 5)	<u>music</u> (please read	guidance
Thur					
Fri	1100	2200	Non standard timings. Where you intend to use the property of live music at different times to those listed in the control (please read guidance note 6)		
Sat	1100	2200			
Sun	1100	2200			

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 make selection with an "x"IndoorsOutdoorsX
Day	Start	Finish	(please read guidance note 3). BothX
Mon			Please give further details here (please read guidance note 4)
Tue			
Wed			State any seasonal variations for playing recorded music (please read guidance note s
Thur			
Fri	1100	2200	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 6)
Sat	1100	2200	
Sun	1100	2200	

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Standard	ance of da				
(nlease i	d days and f read guidan	timings	Will the performance of dance take place indoors or outdoors	Indoors	
piease i	ieau guiuaii		or both - please make selection with an "x"	Outdoors	X
Day	Start	Finish	(please read guidance note 3). Both		X
Mon			Please give further details here (please read guidance no	te 4)	
Tue					
Wed			State any seasonal variations for the performance of dar note 5)	<u>nce (</u> please read gu	uidance
Thur					
Fri	11:00	22:00	Non standard timings. Where you intend to use the prei of dance entertainment at different times to those listed please list (please read guidance note 6)		
Sat	11:00	22:00			
Sun	11:00	22:00			
descrip within (Standard	ng of a sin otion to th (e), (f) or (d days and f	at falling g) timings	Please give a description of the type of entertainment ye	ou will be providir	<u>ia</u>
Anythir descrip within (Standard (please)	otion to tha (e), (f) or (at falling g) timings	Please give a description of the type of entertainment y		<u>1</u> 18
Anythir descrip within (Standard (please) 7)	otion to tha (e), (f) or (g d days and f read guidan	at falling g) ce note	Will the entertainment take place indoors or	Indoors	<u>ia</u>
Anythir descrip within (Standard (please)	otion to tha (e), (f) or (d days and t	at falling g) timings		Indoors Outdoors	
Anythin descrip within (Standard (please n 7) Day	otion to tha (e), (f) or (g d days and f read guidan	at falling g) ce note	Will the entertainment take place indoors or outdoors or both - please make selection with an "x"	Indoors	<u></u>
Anythir descrip within (Standard (please) 7)	otion to tha (e), (f) or (g d days and f read guidan	at falling g) ce note	Will the entertainment take place indoors or outdoors or both - please make selection with an "x"	Indoors Outdoors	<u></u>
Anythin descrip within (Standard (please n 7) Day	otion to tha (e), (f) or (g d days and f read guidan	at falling g) ce note	Will the entertainment take place indoors or outdoors or both - please make selection with an "x"	Indoors Outdoors Both	
Anythin descrip within (Standard (please (7) Day Mon	otion to tha (e), (f) or (g d days and f read guidan	at falling g) ce note	Will the entertainment take place indoors or outdoors or both - please make selection with an "x" (please read guidance note 3).	Indoors Outdoors Both	<u></u>
Anythin descrip within (Standard (please 1 7) Day Mon Tue	otion to tha (e), (f) or (g d days and f read guidan	at falling g) ce note	Will the entertainment take place indoors or outdoors or both - please make selection with an "x" (please read guidance note 3).	Indoors Outdoors Both te 4)	
Anythin descrip within (Standard (please 1 7) Day Mon Tue Wed	otion to tha (e), (f) or (g d days and f read guidan	at falling g) ce note	Will the entertainment take place indoors or outdoors or both - please make selection with an "x" (please read guidance note 3). Please give further details here (please read guidance note selection with an selection	Indoors Outdoors Both te 4)	
Anythir descrip within (Standard please r 7) Day Mon Tue Wed Thur	otion to tha (e), (f) or (g d days and f read guidan	at falling g) ce note	Will the entertainment take place indoors or outdoors or both - please make selection with an "x" (please read guidance note 3). Please give further details here (please read guidance note selection with an selection	Indoors Outdoors Both te 4) ar description to f	hat fallin

Μ

Standard	f alcohol days and f ead guidan	timings ce note 7)	Will the supply of alcohol be for consumption please make selection with an "x" (please read guidance note 8).	On the premises Off the premises	X
Day	Start	Finish	(piedse read guidance note b).	Both	
Mon					
Tue			State any proposed seasonal variations for the supply or guidance note 5)	<u>f alcohol</u> (please read	
Wed					
Thur					
Fri	1200	2200	Non standard timings. Where you intend to use the prei alcohol at different times to those listed in the column o read guidance note 6)	nises for the supply on the left, please list (o <u>f</u> please
Sat	1200	2200			
Sun	1200	2200			

State the name and details of the individual whom premises supervisor. (Please see declaration about the end of the form):	you wish to specify on the licence as ut the entitlement to work in the checklist at
Title	Mr
Surname	Dadson
First Name(s)	Mason
Date of Birth	
Address	
Postcode	
Personal Licence number (if known)	23/03018/LAPER
Issuing licensing authority (if known)	Maidstone Borough Council

Please print the 'Consent of individual to being specified as premises supervisor' form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.

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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)

NOT APPLICABLE

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<u>U</u>			
Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variation (please read guidance note 5)
Day	Start	Finish	
Mon	06:00	00:00	
Tue	06:00	00:00	
	06:00	00:00	
Wed			Non standard timings. Where you intend to use the premises to be open to the
Thur	06:00	00:00	public at different times to those listed in the column on the left, please list (please read guidance note 6)
Fri	06:00	00:00	
ГП			
Sat	06:00	00:00	
Sun	06:00	00:00	

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 10)

We shall ensure that 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. We will ensure that all staff will undertake training in their responsibilities in relation to the sale of alcohol, particularly with regard to drunkenness and underage persons. Records will be kept of training and refresher training.

Alls events are aimed at the local community therefore is geared towards families, creatives and supporting regenerative farming. We envisage our events being a positive environment for children.

b) The prevention of crime and disorder

Any incidents of a criminal nature that may occur on the premises will be reported the police. We will install comprehensive CCTV coverage at the premises and it is operated and maintained at the premises. Copies will be made available to Police on request

We will be employing SIA Security Guards who will be on patrol and at the entry and exit points at all times when the public will be on site. They will also be carrying out searches when guests enter the arena. Any glass found in the area will be confiscated. We have adopted a zero tolerance policy to drugs, violence and social disorder. This will be made clear to all guests on booking and again on entry. The bar areas will be selling all drinks in plastic cups so no glass or bottles will be used.

c) Public safety

Appropriate fire safety procedures are in place including fire extinguishers (foam, H20 and CO2), fire blanket, internally illuminated fire exit signs, numerous smoke detectors and emergency lighting (see enclosed plan for details of locations). All appliances are inspected annually. All emergency exits shall be kept free from obstruction at all times.

We have a First Aid tent staffed by a Paramedic and First Aiders to tend to any medical issues. This has been situated in easy reach of the access road and emergency exit.

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.

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 such as proof of age cards, the Connexions Card and Citizen Card, photographic driving licence or passport, an official identity card issued by HM Forces or by an EU country, bearing the photograph and date of birth of bearer. All staff will be trained for UNDERAGE SALES PREVENTION regularly. A register of refused sales shall be kept and maintained on the premises.

The performers have been reminded that it is a event for all ages and no foul language should be used. If children do get separated from their parents we have a designated signed area by the First Aid tent for a Meeting Point and all stewards will be briefed in safeguarding children at this event.

	selection with an "x"
I have enclosed the plan of the premises	X
I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable	X
I understand that I must now advertise my application	X
I understand that if I do not comply with the above requirements my application will be rejected	X
[Applicable to all individual applicants, including those in a partnership which is not a li liability partnership, but not companies or limited liability partnerships.] I have included documents demonstrating my entitlement to work in the United Kingdom (please read 15).	
IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR I APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FIN	N CONNECTION WITH THIS IE 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 COMMITING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 5 - Declaration (please read guidance note 11)

Confirmation of applicant or applicant's solicitor or other duly authorised agent. (See guidance note 12) **If confirming on behalf of the applicant please state in what capacity.**

• [Applicable to all 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).

Confirma	tion	X				
Name	Masc	Mason Dadson			04/09/2023	
Capacity	Mark	eting	& Events Manager]		

Please print the 'Consent of individual to being specified as premises supervisor form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.

For joint applications confirmation of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 13) If confirming on behalf of the applicant please state in what capacity.

Confirmation					
Name			Date		
Capacity					
Contact nam with this app	e (where not prev lication (please re	viously given) and post ead guidance note 14)	al address for corres	oondence ass	ociated
Name]	
Address					
Post Town					
Postcode					
Telephone nun	nber (if any)				
If you would pr correspond with your e-mail add	n you by e-mail				

Use this page if there is any other information that you think we should know about. Information entered on this page will be sent to us, along with the data on the rest of the form when you use the "Submit" option. Notes for Guidance are available online