

Application for a premises licence to be granted
under the Licensing Act 2003

Annex 2

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 **MAD HUSKY EVENTS LTD**

(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

TRENT COUNTRY PARK, COCKFOSTERS ROAD			
Post town	ENFIELD	Postcode	EN4 0PS

FD

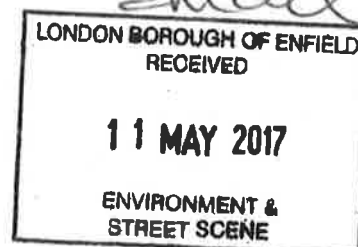
Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	£UNKNOWN

Part 2 – Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | |
|---|---|
| a) an individual or individuals * | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i. as a limited company | <input checked="" type="checkbox"/> please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> please complete section (B) |
| c) a recognised club | <input type="checkbox"/> please complete section (B) |
| d) a charity | <input type="checkbox"/> please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> 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:

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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over			<input type="checkbox"/> 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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
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 MAD HUSKY EVENTS LTD
Address PO BOX 72969 LONDON N7 1EH
Registered number (where applicable) 10481566
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) [REDACTED]
E-mail address (optional) [REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
05	08	2017

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

DD	MM	YYYY
05	08	2017

Please give a general description of the premises (please read guidance note 1)

This is a 2 day music event which will take place on Saturday the 5th and Sunday 6th August 2017. Activities will commence at 11:00 and terminate at 22:30 on Saturday 5th August. They will commence at 11:00 and terminate at 21.30 on Sunday 6th August.

There will be 7 standard bars with an additional 4 pop up bars. A site plan is attached to show the layout of the bars. There will be 12 catering units serving hot and cold food during the entire event.

We will be expecting 14,999 people on Saturday 5th August and we will not be permitting more than 10,000 people on Sunday 6th August.

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

14,999

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 tick any 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) ☒

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish			Both <input checked="" type="checkbox"/>
Mon			Please give further details here (please read guidance note 3) The majority of music will be pre-recorded and played by DJs. There will be a number of PA's and live bands performing. This will take place on an open air outdoor stage and in tented arenas.		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4) N/A		
Thur					
Fri			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 (please read guidance note 5)		
Sat	11:00	22:00	N/A		
Sun	11:00	21:00			

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 (please read guidance note 2)	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 3) Disc Jockeys will perform in all both outdoor and indoor-tented arenas.		
Mon					
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4) N/A		
Thur					
Fri			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 (please read guidance note 5) N/A		
Sat	11:00	22:00			
Sun	11:00	21:00			

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	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 3) This is a dance event for the event attendees who will be dancing throughout the day in all arenas. There will also be some hired dancers who will perform on stage alongside the music artists.		
Mon					
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4) N/A		
Thur					
Fri			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 (please read guidance note 5) N/A		
Sat	11:00	22:00			
Sun	11:00	21:00			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing	
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input checked="" type="checkbox"/>
Tue			Please give further details here (please read guidance note 3) In line with application for live music, recorded music and performance of dance with above details already supplied	
Wed				
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)	
Fri				
Sat	11:00	22:00	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 (please read guidance note 5)	
Sun	11:00	21:00		

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (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) N/A		
Mon					
Tue					
Wed					
Thur			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) N/A		
Fri					
Sat	11:00	21:45			
Sun	11:00	20:45			

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

Name Lizamarie O'Sullivan	
Address <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 80px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 50px; height: 15px;"></div>	
Postcode	<div style="background-color: black; width: 50px; height: 15px;"></div>
Personal licence number (if known) 12535	
Issuing licensing authority (if known) Islington	

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 8).
N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4) N/A
Day	Start	Finish	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 5) N/A
Mon			
Tue			
Wed			
Thur			
Fri			
Sat	11:00	22:30	
Sun	11:00	21:30	

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 9)

The site will be monitored by security and a full site check will be carried out prior to the commencement of each show day. All relevant personnel will be present to carry out the full site check. CCTV will be in full operation covering the main entrance, VIP entrance and all search lanes. There will be CCTV in operation at the artist entrance and CCTV to give a panoramic view of the site. CCTV controllers at the command centre will monitor the CCTV.

All security and staff will be in communication via 2-way radio at all times.

All perimeters will be monitored to ensure there are no breaches.

Having held this event over the last two years the following additional conditions reflect our consultation with the licensing authority for this event:-

Clicker counters will be used for determining the number of persons on the premises at any one time to ensure that the maximum permitted number is not exceeded.

All staff shall receive relevant training in relation to the sale of alcohol and the times and conditions of the premises licence.

All training relating to the sale of alcohol and the times and conditions of the premises licence shall be documented and records kept. These records shall be made available to the Police and/or Local Authority upon request and shall be kept for at six weeks.

Challenge 25 shall be in operation and relevant material shall be displayed at the premises. Only passport, photographic driving licences or ID with the P.A.S.S. logo (Proof of Age Standards Scheme) may be accepted.

A written record of refused sales shall be kept on the premises and completed when necessary. This record shall be made available to Police and/or the Local Authority upon request and shall be kept for at least six weeks from the date of the last entry.

No persons under the age of 18 years shall be permitted to enter the premises.

A personal licence holder is to be present on the premises and supervise the sale of alcohol, throughout the permitted hours for the sale of alcohol

b) The prevention of crime and disorder

There will be 200 members of security and stewards on site at all times. An SIA approved contractor will provide these security and stewards.

CCTV will be in operation.

All members of the public will be subject to a mandatory search upon entry.

There will be regular patrols and frequent spot checks of the perimeter throughout the day.

c) Public safety

Security will patrol the site on a regular basis.

Any member of the public causing a nuisance will be required to leave the site and a note will be made of this in a log retained by the security control.

There is a robust plan in place for sound management.

d) The prevention of public nuisance

On entry ID will be required from any person who appears to be 18 or younger. Entry to this event is restricted to persons over the age of 18.
Challenge 25 will be in operation for the sale of alcohol.

e) The protection of children from harm

This is an 18+ event. Valid ID is a condition of entry. Challenge 25 will be in operation at the bars.

Checklist:

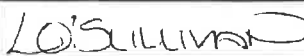
Please tick to indicate agreement

- 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 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. ☒

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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).

Signature	 Lizamarie O'Sullivan
Date	11 th May 2017
Capacity	Director

For joint applications, signature of 2nd applicant or 2nd 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)			
Lizamarie O'Sullivan Mad Husky Events Ltd PO Box No 72969			
Post town	London	Postcode	N7 1EH
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
