

NOTICE OF APPLICATION FOR GRANT OF
A NEW PREMISES LICENCE

Notice is hereby given that
Kevin Tongue

has applied for a Premises Licence in respect of premises known as
**Somerlea Park Community Centre, Sherwood Street, Somercotes,
Alfreton, Derbyshire, DE55 1LB**

It is proposed as follows: **Sale of alcohol for consumption ON the
premises – Monday-Saturday 12:00-23:00**

A copy of the Application can be inspected at the offices of Amber Valley
Borough Council, Town Hall, Ripley, Derbyshire DE5 3XE between 10am
and 4pm Monday to Friday or online at www.ambervalley.gov.uk/licensing

This application was lodged with Amber Valley Borough Council Licensing
Authority on **06 / 01 / 2023** and any representations must be made in writing
to Amber Valley Borough Council at the above address or via
licensing@ambervalley.gov.uk no later than **03 / 02 / 2023** being 28 days
from the date of application

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.

Dated: **06 / 01 / 2023**



**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 Kevin Tongue

(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 Sommerlea Park Community Centre, Sherwood street, Somercoates, Alfreton, DE55 1LB			
Post town	Alfreton	Postcode	DE55 1LB

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	[REDACTED]

Part 2 - Applicant details

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

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability) | <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) 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 Tongue		First names Kevin		
Date of birth [REDACTED]		I am 18 years old or <input checked="" type="checkbox"/> Please tick yes		
Nationality British				
Current residential address if different from premises address		[REDACTED]		
Post town	[REDACTED]	Postcode	[REDACTED]	
Daytime contact telephone number		[REDACTED]		
E-mail address (optional)	[REDACTED]			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service) the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)				

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)					
<p>Where applicable (if demonstrating a right to work via the Home Office online right to work checking service) the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)</p>					

(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
A	5	A P

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)
 1st floor bar area and large function room. The function room can cater for around 160 guests in the main hall and 30-40 in the main bar area.
 There are toilets for men, women and disabled toilet. There is disabled access.

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) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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

type text here

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)			<u>Will the exhibition of films 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	<u>Please give further details here</u> (please read guidance note 4)			
Mon						
			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5)			
Tue						
			<u>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</u> (please read guidance note 6)			
Wed						
Thur						
Fri						
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			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			
Thur			<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)
Fri			
Sat			
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"/>
Day	Start	Finish	Both <input type="checkbox"/>			
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"/>
				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 the performance of live music</u> (please read guidance note 5)		
Thur					
Fri			<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)		
Sat					
Sun					

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 type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4) Playing music through stereo speakers, non amplified.		
Mon					
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur					
Fri			<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)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4) Dance school practise	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
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 6)		
Sat					
Sun					

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					
Thur			<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)		
Fri					
Sat			<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)		
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 type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Tue					
			<u>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</u> (please read guidance note 6)		
Wed					
Thur					
Fri					
Sat					
Sun					

Type text here

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)		
Mon	12:00	23:00			
Tue	12:00	23:00			
Wed	12:00	23:00			
Thur	12:00	23:00			
Fri	12:00	23:00			
Sat	12:00	23:00			
Sun					

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 Kevin Tongue	
Date of birth [REDACTED]	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known)	[REDACTED]
Issuing licensing authority (if known)	Erewash Borough 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).

<p>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).</p>
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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)																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Day</th> <th style="width: 20%;">Start</th> <th style="width: 20%;">Finish</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Mon</td> <td style="padding: 5px;">12:00</td> <td style="padding: 5px;">23:30</td> </tr> <tr> <td style="padding: 5px;">Tue</td> <td style="padding: 5px;">12:00</td> <td style="padding: 5px;">23:30</td> </tr> <tr> <td style="padding: 5px;">Wed</td> <td style="padding: 5px;">12:00</td> <td style="padding: 5px;">23:30</td> </tr> <tr> <td style="padding: 5px;">Thur</td> <td style="padding: 5px;">12:00</td> <td style="padding: 5px;">23:30</td> </tr> <tr> <td style="padding: 5px;">Fri</td> <td style="padding: 5px;">12:00</td> <td style="padding: 5px;">23:30</td> </tr> <tr> <td style="padding: 5px;">Sat</td> <td style="padding: 5px;">12:00</td> <td style="padding: 5px;">23:30</td> </tr> <tr> <td style="padding: 5px;">Sun</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table>	Day	Start	Finish	Mon	12:00	23:30	Tue	12:00	23:30	Wed	12:00	23:30	Thur	12:00	23:30	Fri	12:00	23:30	Sat	12:00	23:30	Sun			<p>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)</p>
Day	Start	Finish																							
Mon	12:00	23:30																							
Tue	12:00	23:30																							
Wed	12:00	23:30																							
Thur	12:00	23:30																							
Fri	12:00	23:30																							
Sat	12:00	23:30																							
Sun																									

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)

Adequate and appropriate First Aid equipment and materials are available on the premises.
At least one suitable trained First Aider will be on duty when the public are present.
First Aiders are trained to deal with drug and alcohol related problems.
The premises have current certificates of inspection for all portable fire fighting equipment. An inspection is carried out every year.

b) The prevention of crime and disorder

A member of staff will be in attendance at the entrance of the premises at all times unless the main exit doors are closed, and at times when patrons may be queuing for access.
Alcohol and soft drinks will be served in plastic glasses.
All bottles sold will be made of plastic (where available).
Where glass bottles are to be used the contents will be decanted into plastic glasses.
All instances of crime and disorder will be reported to the Police as soon as possible.

c) Public safety

We have a capacity limit of 200 to prevent overcrowding.
All exit doors are easily operable without the use of a key.
Exit doors are regularly checked to ensure they function satisfactorily.
All removable security fastenings are removed whenever the premises are open.
All fire doors are maintained unobstructed and effectively self closing and will not be held open other than with approved devices.
Fire resistant doors to service shafts, ducts and cupboards are kept locked shut.

d) The prevention of public nuisance

Noise or vibration from the premises will be maintained at a level that will not be audible at the façade of any neighbouring noise sensitive premises.
All entrances and exits have an effective lobby to minimise the breakout of noise.
Prominent, clear and legible notices are displayed at all exits requesting patrons to respect the needs of local residents and to leave the premises and the area quietly.

e) The protection of children from harm

Alcohol is not available on the premises when only under 18's are permitted.

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.
- [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 or my share code issued by the Home Office online right to work checking service (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.

Amber Valley Borough Council collects personal information when you contact us for any licensing service we provide. We will use this information to provide this service under Article 6(1c) of the General Data Protection Regulations.

The Council may share your information with other members of the licensing section, the Police, Fire Service, Home Office Immigration, Derbyshire County Council's Trading Standards, Public Health and Child Protection Departments, Amber Valley Borough Council's Health and Safety, Development and Environmental Services Department. We may also share your information with other officers of the Council and Councillors from the Licensing Board if the application is contentious.

In the pursuance of the prevention or detection of crime, personal details may be released to Government agencies such as Department for Work and Pensions and the Inland Revenue.

Your personal data will be kept for a period in accordance with the Council's document retention schedule.

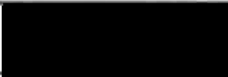
You have the right to see the personal data we hold about you; if you think it is wrong you can ask us to put it right; if you think that we have no legal grounds for retaining the information you have the right to ask for it to be erased; if there is a query on the accuracy of the data you have the right to ask us to stop processing your information.

The Council's Data Protection Officer can be contacted on 01773 841430 or by email DPO@ambervalley.gov.uk

If you are unhappy with how the Council deals with your personal information you may wish to contact the Information Commissioner. Telephone 0303 123 1113, email – casework@ico.org.uk; web site – www.ico.org.uk

Part 4 – Signatures (please read guidance note 11)

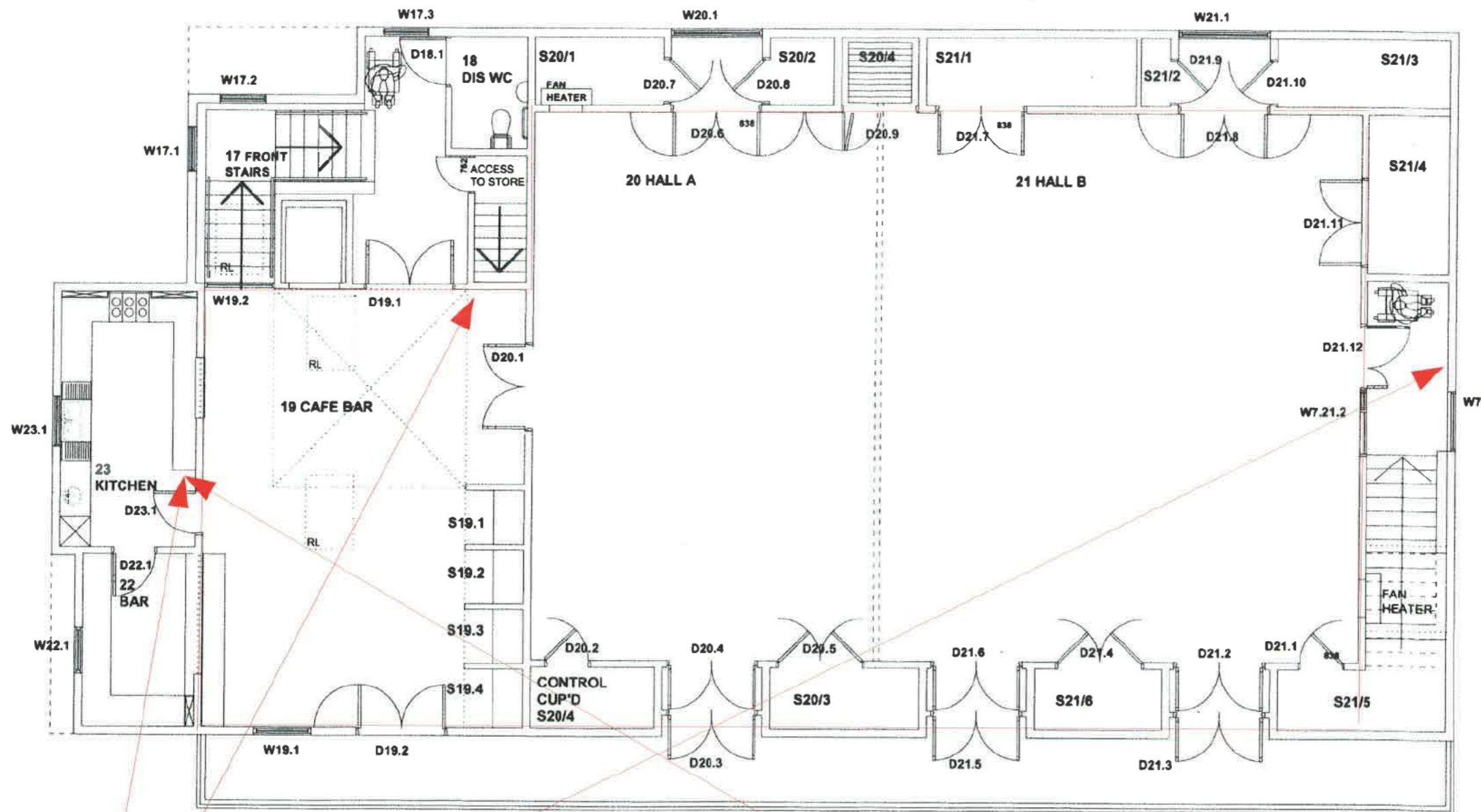
Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	03/01/2023
Capacity	

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)			
		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



Fire extinguishers

Fire blankets

Construction Issue date

Rev B 03 Sept 08
Door nos amended/added

ALL DIMENSIONS TO BE CHECKED ON SITE
DO NOT SCALE OFF THIS DRAWING

FIRST FLOOR

Job No **E08** Scale **1:100**
at A3

Drawing No **GA 02** Revision **B**

13 May 08

**Somerlea Park
Community
Building**

