

## 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 Kesgrave Hall Limited

*(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			
Kesgrave Hall Hall Road Kesgrave Suffolk			
Post town	Ipswich	Postcode	IP5 2PU

Telephone number at premises (if any)	01473 333741
Non-domestic rateable value of premises	£252,500

#### 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/limited liability partnership | <input checked="" 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)       | <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 (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)


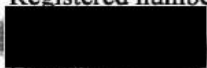
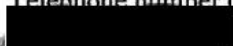

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth			I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>			I am 18 years old or over <input type="checkbox"/> Please tick yes		
<b>Nationality</b>					
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)					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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.**

<b>Name</b>
Kesgrave Hall Limited
<b>Address</b>

<b>Registered number (where applicable)</b>

<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b>
Limited company
<b>Telephone number (if any)</b>



### 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Kesgrave Hall Limited is part of the Milsoms stable of exclusive hotels, restaurants and leisure facilities. The restaurant provides seating for 100 covers inside with an additional 100 under the sail and the hotel has 23 boutique rooms. Conference and entertainment facilities are provided within the hall and the adjoining premises known as "The Hangar". Kesgrave Hall has recently been complimented by the addition of The Spa, an exclusive spa facility open to hotel residents and the public. It is the addition of the spa within the complex of buildings which has led to this application for a new premises licence, so as to encompass that facility within the area covered by the Premises Licence. In addition, permission is sought to add outdoor performances of plays and dance to the permitted forms of regulated entertainment, since the premises already benefits from permission for outdoor live and recorded music. In all other material respects, the new licence sought is identical to the current premises licence.

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

**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

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon	09:00	00:00			
Tue	09:00	00:00			
			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)		
Wed	09:00	00:00			
Thur	09:00	00:00			
			<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 6)		
Fri	09:00	00:00			
Sat	09:00	00:00			
Sun	09:00	00:00			

## B

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	07:00	00:00	<b>Please give further details here</b> (please read guidance note 4)		
Tue	07:00	00:00			
Wed	07:00	00:00	<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Thur	07:00	00:00			
Fri	07:00	00:00	<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 6)		
Sat	07:00	00:00			
Sun	07:00	00:00			

# C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b><u>Please give further details</u></b> (please read guidance note 4)
Day	Start	Finish	
Mon	09:00	00:00	
Tue	09:00	00:00	<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5)
Wed	09:00	00:00	
Thur	09:00	00:00	<b><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></b> (please read guidance note 6)
Fri	09:00	00:00	
Sat	09:00	00:00	
Sun	09:00	00:00	

## D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
Tue					
			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Wed					
Thur					
			<b><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></b> (please read guidance note 6)		
Fri					
Sat					
Sun					



# E

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	12:00	23:00	<b>Please give further details here</b> (please read guidance note 4)  Outdoor hours 12:00 to 23:00 every day. Indoor hours 09:00 to 01:00 every day.		
	09:00	01:00			
Tue	12:00	23:00			
	09:00	01:00			
Wed	12:00	23:00	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)  Indoor live music: New Year's Eve 09:00 to 02:00		
	09:00	01:00			
Thur	12:00	23:00			
	09:00	01:00			
Fri	12:00	23:00	<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 6)		
	09:00	01:00			
Sat	12:00	23:00			
	09:00	01:00			
Sun	12:00	23:00			
	09:00	01:00			

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	12:00	23:00	<b>Please give further details here</b> (please read guidance note 4)  Outdoor hours 12:00 to 23:00 every day. Indoor hours 09:00 to 01:00 every day.		
	09:00	01:00			
Tue	12:00	23:00			
	09:00	01:00			
Wed	12:00	23:00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)  Indoor recorded music: New Year's Eve 09:00 to 02:00		
	09:00	01:00			
Thur	12:00	23:00			
	09:00	01:00			
Fri	12:00	23:00	<b>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</b> (please read guidance note 6)		
	09:00	01:00			
Sat	12:00	23:00			
	09:00	01:00			
Sun	12:00	23:00			
	09:00	01:00			

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	09:00	01:00	<b>Please give further details here</b> (please read guidance note 4)		
Tue	09:00	01:00			
Wed	09:00	01:00	<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)		
Thur	09:00	01:00	Performance of indoor dance – New Year's Eve: 09:00 to 02:00		
Fri	09:00	01:00	<b>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</b> (please read guidance note 6)		
Sat	09:00	01:00			
Sun	09:00	01:00			

## H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> 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	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Mon	09:00	01:00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	09:00	01:00	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed	09:00	01:00			
Thur	09:00	01:00	<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)		
Fri	09:00	01:00	New Year's Eve: 09:00 to 02:00		
Sat	09:00	01:00	<b><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></b> (please read guidance note 6)		
Sun	09:00	01:00			

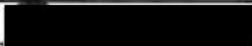


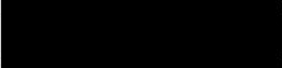
# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	23:00	02:00	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue	23:00	02:00			
Wed	23:00	02:00	<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Thur	23:00	02:00			
Fri	23:00	02:00	<b><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></b> (please read guidance note 6)		
Sat	23:00	02:00			
Sun	23:00	02:00			

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	00:01	00:00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Tue	00:01	00:00			
Wed	00:01	00:00			
Thur	00:01	00:00	<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</b> (please read guidance note 6)		
Fri	00:01	00:00			
Sat	00:01	00:00			
Sun	00:01	00:00			

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):

<b>Name</b> Sarah Gunton	
<b>Date of birth</b>	
<b>Address</b>	 
<b>Postcode</b>	
<b>Personal licence number (if known)</b> MPA0968	
<b>Issuing licensing authority (if known)</b> Mid Suffolk 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).

## L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b><u>State any seasonal variations</u></b> (please read guidance note 5)
Day	Start	Finish	<b><u>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</u></b> (please read guidance note 6)
Mon	00:01	00:00	
Tue	00:01	00:00	
Wed	00:01	00:00	
Thur	00:01	00:00	
Fri	00:01	00:00	
Sat	00:01	00:00	
Sun	00:01	00:00	

## 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)**

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

1. CCTV cameras will be in operation
2. The DPS will ensure that training is provided to all staff on licensing law and records are kept.
3. The DPS will ensure that the premises are adequately supervised at all times, whether personally or by a manager or fully trained member(s) of staff.
4. The DPS will ensure that non-alcoholic drink is available at all times on the premises.
5. Information will be available and provided to customers on local taxi services.
6. The Challenge 25 Scheme is in operation.

**c) Public safety**

1. Risk assessments will be routinely carried out.
2. All fire certificates will be in place.
3. There will be designated first aiders amongst staff.
4. CCTV cameras will be in operation.
5. All outside areas will be adequately lit.

**d) The prevention of public nuisance**

1. From 23:00 hours to 02:00 all windows and doors to rooms where indoor performances of plays, sporting events, live music and recorded music are taking place (other than in the form of background music) shall be kept closed other than for access and egress.
2. The volume of the amplification system for any description of regulated entertainment shall be strictly controlled so that noise and vibration levels are non-intrusive at the boundaries of nearby residential properties.
3. A responsible person shall monitor the noise levels outside the buildings and implement any changes to reduce the noise levels in accordance with any request by an authorised officer of the Council immediately and ensure that the volume is maintained at a reduced level.



4. Regulated entertainment within tents, marquees, gazebos or other similar structures on the site shall end at 23:00 hours.

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

All children must be accompanied by an adult whilst on the premises.

**Checklist:**

**Please tick to indicate agreement**

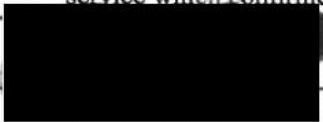
- I have made or enclosed payment of the fee. ☒
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I have enclosed the consent form completed by the individual I wish to be designated premises 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.**

**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.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [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).</li><li>• 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)</li></ul>
Signature	
Date	8/4/20
Capacity	Ian Seeley - Solicitor for Applicant

**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 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)

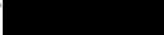
Mr Ian Seeley  
Ellisons Solicitors



Post town



Postcode



Telephone number (if any)



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

