

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 Reloaded Nightclub 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 <u>7 Wharf Street</u>			
Post town	<u>Newbury</u>	Postcode	<u>RG14 5AN</u>
Telephone number at premises (if any)			
Non-domestic rateable value of premises	<u>£41,500</u>		

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 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)	
Surname			First names		
Date of birth		I am 18 years old or over <input type="checkbox"/>		Please tick yes	
Nationality					
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	
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	Reloaded Nightclub Limited
Address	62 Bartholomew Street Newbury RG14 7BE
Registered number (where applicable)	14892869
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
20	11	2023

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)

Nightclub/ bar
 Ground floor - bar, seating areas, tables, dance floor with DJ booth. Spiral staircase leading to upstairs VIP area which has a small bar and seating/tables. Disabled toilet is on ground floor. Male and female toilets upstairs.

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 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 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

Area	Yes	No	Comments
Bar			
Club			
Pub			
Restaurant			
Takeaway			
Other			

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			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Wed			<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)		
Thur					
Fri					
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					
Tue			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed			
Thur			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 (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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10:00	02:30	Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	10:00	02:30			
Wed	10:00	02:30	State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	10:00	02:30			
Fri	10:00	04:00	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 6)		
Sat	10:00	04:00			
Sun	10:00	02:30			

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 tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10:00	02:30	Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	10:00	02:30			
Wed	10:00	02:30	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	10:00	02:30			
Fri	10:00	04:00	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 6)		
Sat	10:00	04:00			
Sun	10:00	02:30			

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10:00	02:30	Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	10:00	02:30			
Wed	10:00	02:30	State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur	10:00	02:30			
Fri	10:00	04:00	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	10:00	04:00			
Sun	10:00	02:30			

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					

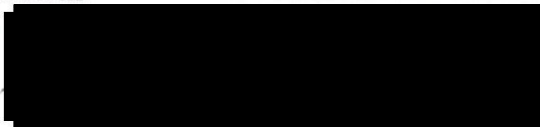

I

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 checked="" 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	23:00	02:30			
Tue	23:00	02:30	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Wed	23:00	02:30			
Thur	23:00	02:30	<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)		
Fri	23:00	04:00			
Sat	23:00	04:00			
Sun	23:00	02:30			

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	10:00	02:30						
Tue	10:00	02:30						
Wed	10:00	02:30						
Thur	10:00	02:30				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)		
Fri	10:00	04:00						
Sat	10:00	04:00						
Sun	10:00	02:30						

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	SONJA WALL		
Date of birth	24/12/1986		
Address			
Postcode	RG19 3		
Personal licence number (if known)	22600		
Issuing licensing authority (if known)	West Berkshire Council		

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)

The licensee shall ensure that at all times the premises is open to carry out any licensable activities there are sufficient, competent staff on duty at the premises. The licensee will ensure all staff undergo 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.

All reasonable steps will be taken to ensure the 4 main licensing objectives are met.

Strict policies for respect of neighbours will be enforced as well as the prevention of crime and disorder.

Challenge 25 procedure will be implemented with all staff requested ID at any time they feel appropriate.

Notice to be displayed in a prominent position to remind customers to leave premises quietly.

All security staff will be licensed.

Training will be provided to all staff to adhere to and implement the licensing objectives.

This nightclub/bar understands that within our opening hours we have a duty to the local community and we will protect our staff and customers from danger and harm. We, as a business believe our systems that are in place are thorough and will secure and promote the 4 licensing objectives set out by the local authority. We are eager and willing to work with all authorities to ensure the promotion of the 4 licensing objectives and to provide an establishment that our community will be proud of.

b) The prevention of crime and disorder:

Join Newbury Pub Watch to enable sharing of information with regard to underage drinking, anti social behaviour, illegal drugs- dealers and users.

Trained door staff and training for bar staff to ensure any dealing or using of drugs is recognised; zero tolerance within the venue.

If drugs are seized these will be reported to the police and passed on to them by management.

Door staff will count in and out of premises to ensure no overcrowding.

CCTV cameras installed capable of storing images for 31 days. These will be regularly maintained and serviced. Signage will be displayed to inform customers CCTV is in operation.

Crime prevention notices will be displayed.

Abuse of any person will not be tolerated and will be dealt with.

No sale of alcohol to anyone who is noticeably drunk or anyone who is with a person who is noticeably drunk.

No inappropriate drink promotions which could cause customers to drink too much alcohol.

To have regular contact with local police where necessary and work together to prevent any risk or crime or disorder.

Premises to be locked and all cash removed when no staff are on the premises.

Allowing access to our CCTV system to local police at their request.

c) Public safety:

Training on health and safety at work for all staff to ensure staff and customers are safe.

Fire safety training and evacuation procedures to be implemented and fire alarm testing weekly.

Access for disabled persons and plan for evacuation of disabled person to be in place.

An adequate supply of first aid equipment will be kept on the premises.

Free tap water available for customers.

Safe word or sign to be advertised for customers who feel vulnerable.

Two first aiders, one always on site. First aid administered to be logged in first aid book.

Yearly electrical testing. All checks and testing to be logged.

No sale of alcohol to anyone who is noticeably drunk or who is with a person who is noticeably drunk.

No inappropriate drink promotions which could cause customers to drink too much alcohol.

All exit doors shall be unobstructed and easily accessible with relevant signage.

Emergency lighting will be regularly checked and maintained.

d) The prevention of public nuisance:

Door staff to manage dispersal of people in a quiet and orderly manner.

At least 30 minutes before closure, slow pace music will be played.

Licensing hours will be adhered to.

Management to ensure noise levels are lowered at the end of the evening.

Any complaints will be looked at and addressed.

No sale of alcohol to any customer who is noticeably drunk or who is with a person who is noticeably drunk.

Litter picking will be carried out if any of our customers leave any rubbish around our premises upon leaving the premises.

e) The protection of children from harm:

18 plus will only be allowed into premises. Staff will challenge and request ID;

Passport, photocard driving licence. No sale of alcohol to anyone under the age of 18 or anyone without appropriate ID.

Door and bar staff to have regular training.

All challenges will be recorded if young person refused.

Safe words will be issued to customers, if they feel uncomfortable they can give this word to a member of staff.

Age verification policy in place and signage clearly displayed. Staff will challenge anyone who looks under the age of 25.

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.

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
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	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	[REDACTED]
Date	13/10/23
Capacity	Director

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)	
[REDACTED]	
Post town	Thatcham
Postcode	RG19 3 [REDACTED]
Telephone number (if any)	[REDACTED]
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	
[REDACTED]	