

**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 Benzina 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

Big Apple Play City Old Sheffield Road			
Post town	Rotherham	Postcode	S60 1DE
Telephone number at premises (if any)		01709 372229	
Non-domestic rateable value of premises		£ 25,500	

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 | X 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) |

CLRS Saghir Mam
Rose McNally
Taiba Yaseen

✓ on spreadsheet
LAST DAY 20TH JULY 18.
App N°. 038142.

- 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:

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 Benzina Ltd
Address Big Apple Play City Old Sheffield Road Rotherham S60 1DE
Registered number (where applicable) Company no. 07608427 registered on companies house at our accountants address: Landin Wilcock, 68 Queen Street, Sheffield, S1 1WR
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited company
Telephone number (if any) 01709 372229 / 07887 876725
E-mail address (optional) melaniejackson@bigappleplay.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
20	10	72018

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)

Children's indoor soft play centre with a large café seating up to 200 people. The area is open plan and consists of mainly tables and chairs.

The building is ex warehouse which was refurbished in 2014 to a high standard complying with health and safety laws and building regulations.

The building is surrounded by a private fenced car park which is made secure out of hours and monitored by a security company.

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

N/A

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) | <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)

☐

Supply of alcohol (if ticking yes, fill in box J)

X

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
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 5)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 7)	On the premises	<input checked="checked" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) N/A		
Mon	11:00	20:00			
Tue	11:00	20:00			
Wed	11:00	20:00			
Thur	11:00	20:00	<u>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</u> (please read guidance note 5) N/A		
Fri	11:00	20:00			
Sat	11:00	20:00			
Sun	11:00	20:00			

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

Name Melanie Jackson	
Address The Elms Martin Lane Bawtry Doncaster	
Postcode	DN10 6NJ
Personal licence number (if known) LN/201800219	
Issuing licensing authority (if known) Doncaster Council (DN1 1RN)	

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)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	<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> (please read guidance note 5)
Mon	10:00	20:00	
Tue	10:00	20:00	
Wed	10:00	20:00	
Thur	10:00	20:00	
Fri	10:00	20:00	
Sat	10:00	20:00	
Sun	10:00	20:00	

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 9)

Risk assessments will be carried out against the 4 licensing objectives to identify ways in which potential risks can be managed and the steps which are necessary to support the licensing objectives. Best practice policies and procedures will be developed and implemented along with regular staff training and reminder training.

b) The prevention of crime and disorder

Staff are trained to remain vigilant at all times by constantly monitoring customers and all areas of the building to look out for early warning signs of trouble. We have mostly regular customers and the staff have developed good relations with many of them promoting mutual respect. Food is served throughout opening hours as well as many soft drinks, tea and coffee. We will not be running irresponsible alcohol promotions. Managers on site are trained to deal with conflict, if police help is needed PANIC buttons are installed throughout. All staff will be trained in their duty to refuse sale to a drunk person and managers will have the confidence and skill to ask a drunk or disorderly person to leave the premises.

c) Public safety

CCTV is installed throughout the building internally and externally, the public are reminded of this by way of signage. Daily premises checks are carried out by the staff, this including checking that signs are in place, all fixtures and fittings are fit for intended use. Fire training is carried out regularly along with regular review of all risk assessments. All staff will be trained on how to refuse a sale of alcohol and refusals will be recorded in addition to records of staff training / regular refresher training. All children under the age of 18 must be accompanied by an adult to enter the premises, the responsible adult enters their details and signs to accept responsibility for the child.

d) The prevention of public nuisance

Signs will be displayed in the car park asking customers to respect the needs of local residents. In addition staff will ask customers when they are leaving to leave quietly – the latest the business will serve alcohol to is 8pm which is when all customers will leave the premises. CCTV is in operation internally and externally – customers are reminded of this with signage.

e) The protection of children from harm

Signs are displayed at the entrance and throughout the building, CCTV is installed throughout the premises and in the car park – signs advise customer of this.

All persons under the age of 18 are accompanied by a responsible adult.

Staff are trained to be vigilant and all staff have undergone 'Safeguarding Children' training. Regular staff training will be carried out on when and how to refuse a sale.

We will implement a 'Challenge 25' age verification policy – no proof no sale, signage will be in place at point of sale.

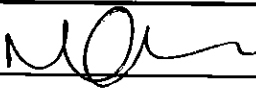
Checklist:**Please tick to indicate agreement**

- 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).
If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	20 th June 2018
Capacity	Business owner / director

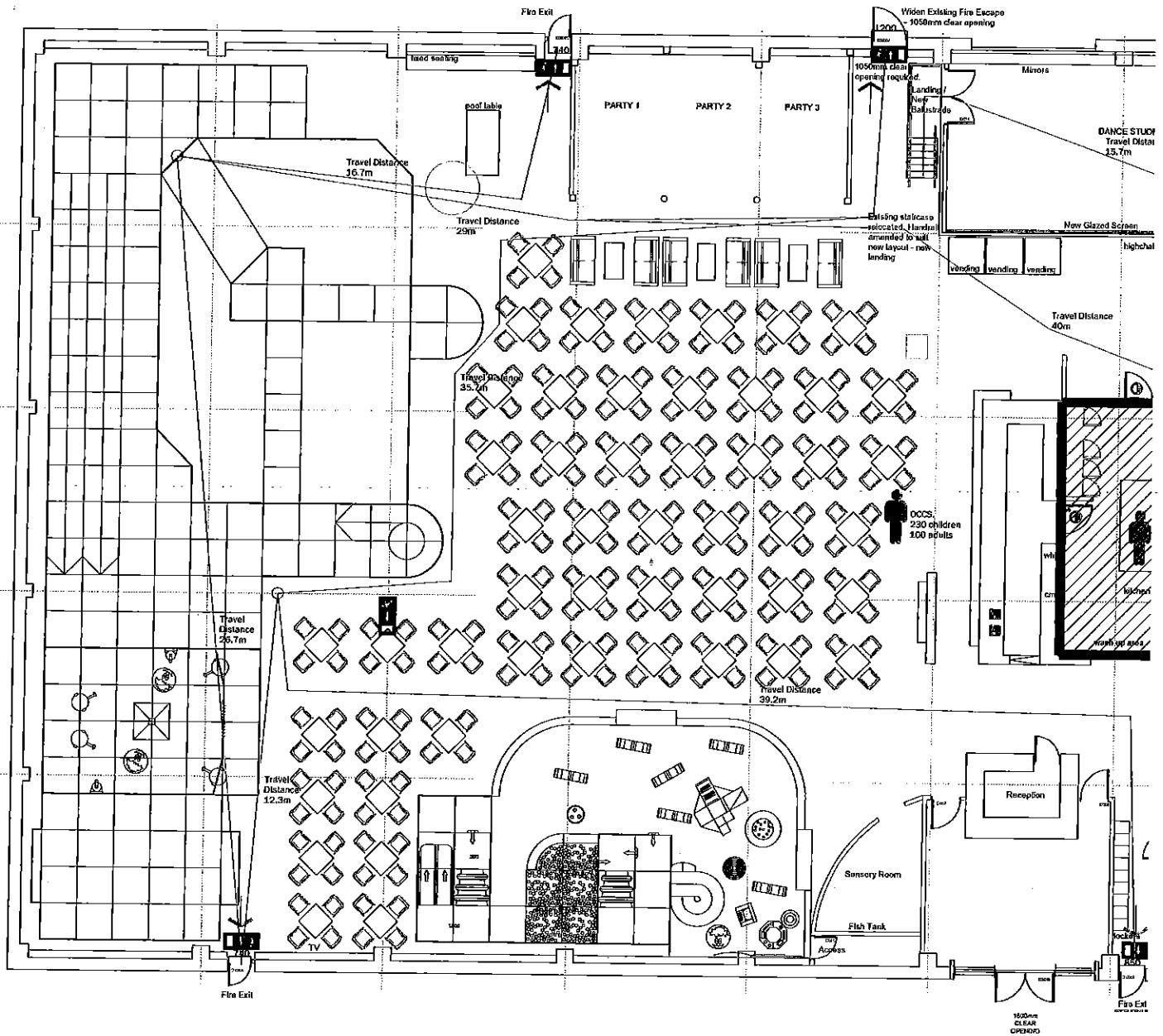
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Melanie Jackson
Big Apple Play City
Old Sheffield Road
Rotherham
S60 1DE

Post town	Rotherham	Postcode	S60 1DE
Telephone number (if any)	01709 372229		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) melaniejackson@bigappleplay.co.uk			



Proposed Ground
Scale 1:100 @ A1

This drawing is protected by the Design Copyright Act 1968 and may not be copied or reproduced without consent.

Do not scale from this drawing. Dimensions are to be confirmed on site and subject to building control and statutory approvals.

Dimensions shown on these drawings are based on the best information available at the time of site check. If in doubt ask.

Approved

Date

Checked

Date

Description	Rev	Date	Drawn
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Revised following client meeting (14.04.2014).	A	18/04/14	JPS
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Plot Sheet updated. Layout amended following site visit.	B	23/05/14	JPS
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Issued for Construction	C	09/10/14	JPS
Layout amended	D	03/11/14	JPS

CONSTRUCTION



UK WORKSPACE
DESIGN • BUILD • FIT • FURNISH

UK Workspace Ltd
Canada House
11 Commercial Street
Sheffield
S1 2TA
0844 463 9701
07710 001 442
www.ukworkspace.co.uk

Preliminary Tender Construction	Information Contract As Built
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Client	BIG APPLE
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Location	ROTHERHAM
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Level	GROUND & FIRST
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Title	GENERAL ARRANGEMENT PROPOSED FIRE STRATEGY
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Dwg no	PP1050_(67)001
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Scale	1:100@A1	Drawn	JPS
Date	16.05.2014	Revision	D
		Survey	JPS

KEY

30 minutes FIRE RESISTANCE
EXISTING 30 minutes FIRE RESISTANCE (TO BE CHECKED ON SITE)
60 minutes FIRE RESISTANCE

FD30S 30 MINS. FIRE DOOR WITH SMOKE SEAL.
FD30 30 MINS. FIRE DOOR
FD60S 60 MINS. FIRE DOOR WITH SMOKE SEAL
FD60 60 MINS. FIRE DOOR

30mins FIRE RATED CEILING

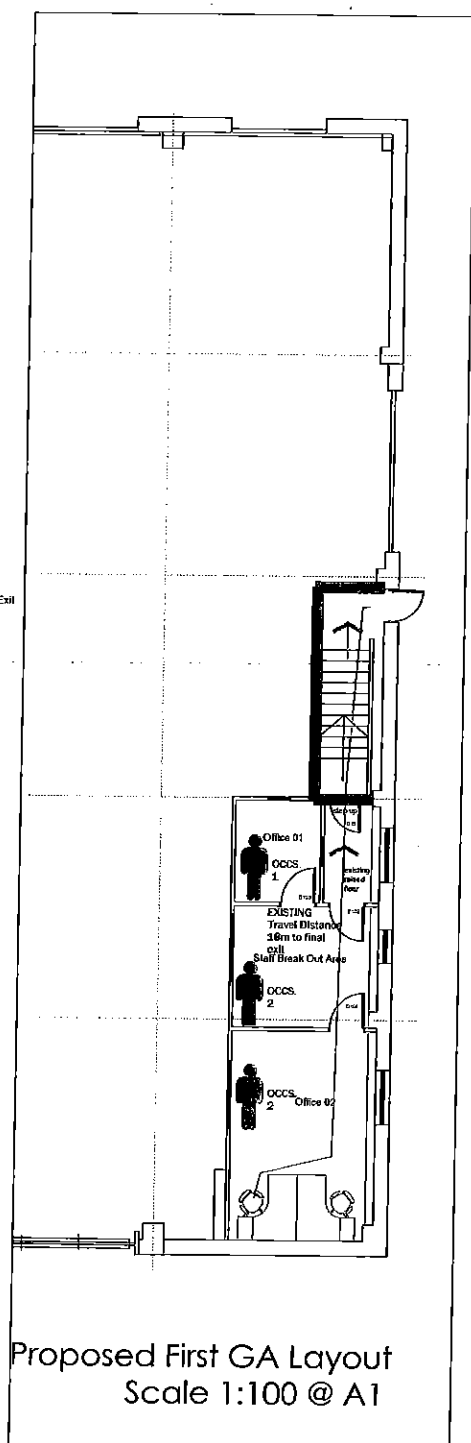
OCCS. AREA OCCUPANCIES

FIRE EXIT SIGN

30 MINUTES CAVITY BARRIER WITHIN CEILING VOID, CONTINUED UP TO U/S OF STRUCTURE AND FIRE STOPPED.

NOTES:

- AUTOMATIC ENTRANCE DOORS AND BARRIER SYSTEM TO FAIL SAFE OPEN IN EVENT OF FIRE ALARM SOUNDING.
- FULL HEIGHT COMPARTMENT WALLS TO BE FIRE STOPPED AT TOP, TO UNDER SIDE OF STRUCTURE.
- MANUAL CALL POINTS TO BS EN 54-11:2001 INDICATING & CONTROL CONTROL EQUIPMENT TO BS EN 54-2:1998.
- RUNNING MAN SIGNAGE TO BS 5499.
- FIRST AID FIRE FIGHTING EQUIPMENT LOCATED AT MAJOR EXITS, TO BS 5306-8:2000.
- DUCT PENETRATIONS THROUGH FIRE RESISTING CONSTRUCTION TO SATISFY GUIDANCE IN BS
- MAIN ELEMENTS OF STRUCTURE HAVE 60 MINUTES FIRE RESISTANCE, BASED UPON TABLE A2.
- EMERGENCY LIGHTING TO COMPLY WITH CURRENT BS
- SERVICE PENETRATIONS SEALED TO MAINTAIN FIRE RESISTANCE OF SEPARATING ELEMENTS.
- MAXIMUM OCCUPANCY NUMBERS ARE LISTED ON THIS DRAWING.
- CAVITY BARRIERS PROVIDED IN ACCORDANCE WITH APPROVED DOCUMENT B.
- CEILING & WALL LININGS TO SATISFY BUILDING REGULATIONS CLASS 0 REQUIREMENTS.



Proposed First GA Layout
Scale 1:100 @ A1

Layout