I/We, the undersigned, DO HEREBY APPLY FOR APPROVAL to undertake the supply or retail of alcoholic beverages at the function outlined below. I/We agree to adhere to the Conditions as stated within the Premises Licence, and to uphold the principles “Challenge 21”. I/We have read and understood the offences as stated below and agree to be held fully accountable for the non-compliance of such.

**LICENSING ACT 2003**

As the person booking Burniston & Cloughton Village Hall you shall operate in accordance with the Licensing Act 2003 and comply with the Conditions stated on the Premises License.

You should be aware that a number of offences involving the sale of alcohol can be committed by persons who are working at alcohol licensed premises, regardless of whether they are paid or not. This applies to **any person** who is authorised to carry out licensable activities involving the sale of alcohol.

A person commits an offence if:

1. He/she knowingly allows disorderly conduct on the premises;
2. sells or attempts to sell alcohol to a person who is drunk or;
3. allows alcohol to be sold to a person who is drunk.
4. He/she allows an unaccompanied child to be on premises when they are open for the sale of alcohol (a child is an individual under the age of 16 and is accompanied when in the company of an individual aged 18 or over).
5. Sell alcohol to an individual aged under 18 or;
6. Knowingly allows the sale of alcohol to an individual aged under 18

NB: This list is not exhaustive but are the main offences involving excess alcohol consumption and retail and children.

**A PERSON FOUND GUILTY OF AN OFFENCE IS LIABLE TO A FINE NOT EXCEEDING £5000**

NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF FUNCTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE & TIMES OF FUNCTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NB: The submission of this Application does not guarantee approval of such, and the decision of the Designated Premises Supervisor in determining the Application is final.

NO person under the age of 21 years may sign this Application Form. Proof of age may be requested.

Administration Only

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BURNISTON & CLOUGHTON VILLAGE HALL

CONSENT FORM

TO ALLOW THE SUPPLY OR RETAIL OF ALCOHOLIC BEVERAGES DURING THE NAMED EVENT

NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF FUNCTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE & TIMES OF FUNCTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, GRAHAM ANDREW BACKHOUSE as DESIGNATED PREMISES SUPERVISOR for Burniston & Cloughton Village Hall, DO HEREBY give my Consent for the provision and/or supply of alcohol at the Function outlined above. I also confirm that the Applicant/Promoter has signed the relevant Application Form and has agreed to adhere to the Conditions contained therein.

DPS Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRAHAM ANDREW BACKHOUSE