### **APPENDIX A**

### 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 Medway Pride CIC

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

	s of premises or, if none, ordnand erside Land North of Doust Way	e survey map reference	or description		
Post town	Rochester		Postcode		
Telephone number at premises (if any)					
Non-domestic	rateable value of premises	£ 0			

#### Part 2 - Applicant details

- a) an individual or individuals \*
- b) a person other than an individual \*
  - i as a limited company/limited liability partnership
  - ii as a partnership (other than limited liability)
  - iii as an unincorporated association or
  - iv other (for example a statutory corporation)
- c) a recognised club
- d) a charity
- e) the proprietor of an educational establishment
- f) a health service body

#### Please tick as appropriate

- please complete section (A)
- please complete section (B)
- please complete section (B)
- please complete section (B)
- please complete section (B) X
- please complete section (B)

g)	a person who is registered under Part 2 of the Care	please complete section (B)
	Standards Act 2000 (c14) in respect of an independent	please complete section (B)
ga)	hospital in Wales	
	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	
h)	the chief officer of police of a police force in England and	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;  ${\bm X}$  or

I am making the application pursuant to a

statutory function or

Wales

a function discharged by virtue of Her Majesty's prerogative

### (A) INDIVIDUAL APPLICANTS (fill in as applicable)

						Other Title (for example, Rev)	
					First	names	
Surname							
Date of birth			l am	n 18 years ol	ld or over		
Nationality							
Current residential address if different from premises address		ss if					
Post town						Postcode	
Daytime contact	teleph	one nu	Imber				
E-mail address (optional)							
Where applicable (if demonstrating a right to we						•	•
the 9-digit share of	the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)						

## SECOND INDIVIDUAL APPLICANT (if applicable)

			Other Title (for example, Rev)	
Surname	F	First nam	nes	
Date of birth	I am 18 years old or ov	/er		
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 residen different from p address					
Post town			Postcode		
Daytime conta	ct telephone n	umber			
E-mail address (optional)	5				

### **(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
Medway Pride CIC
Address
331
HIGH STREET
ROCHESTER
Kent
ME1 1DA
Registered number (where applicable)
Company number 13428352
Description of applicant (for example, partnership, company, unincorporated association etc.)
Other
Telephone number (if any)
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

23/08/2021

Un Sur	ase give a general description of the premises (please read guidance note 1 developed land, grass coveredn land between Doust Way and the ounded by Rochester Riverside Paved Walk Way, The land has g vehical access	RIver Medway,
	000 or more people are expected to attend the premises at any one time, se state the number expected to attend.	
	licensable activities do you intend to carry on from the premises? se see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)	
Prov	vision of regulated entertainment (please read guidance note 2)	Please tick all that apply
a)	plays (if ticking yes, fill in box A)	
b)	films (if ticking yes, fill in box B)	
c)	indoor sporting events (if ticking yes, fill in box C)	
d)	boxing or wrestling entertainment (if ticking yes, fill in box D)	
e)	live music (if ticking yes, fill in box E)	X
f)	recorded music (if ticking yes, fill in box F)	Х
g)	performances of dance (if ticking yes, fill in box G)	Х
h)	anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	
<u>Prov</u>	vision of late night refreshment (if ticking yes, fill in box I)	
<u>Sup</u>	<b>ply of alcohol</b> (if ticking yes, fill in box J)	
In all	cases complete boxes K, L and M	
_		

# Α

Plays	Will the performance of a play take place indoors or	Indoors	
Standard days and timings	outdoors or both - please tick (please read guidance	madors	
(please read guidance note 7)	note 3)	Outdoors	

Day	Start	Finish	Both	
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for performing plays (please read gu	uidance
			note 5)	
Thur				
Fri			Non standard timings. Where you intend to use the premises for	
	_		performance of plays at different times to those listed in the colur	<u>mn on</u>
Sat			the left, please list (please read guidance note 6)	
Sun				

# В

<b>Films</b> Standa	ard days and	timings	Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance	Indoors
(please 7)	e read guidai	nce note	note 3)	Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read guidance	note 4)
Tue				
Wed			State any seasonal variations for the exhibition of film guidance note 5)	<b>ns</b> (please read
Thur				
Fri			Non standard timings. Where you intend to use the permission of films at different times to those listed in	
Sat			left, please list (please read guidance note 6)	
Sun				

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,
Fri			<b>please list</b> (please read guidance note 6)
Sat			
Sun			

# D

-	g or wrestlin ainments	ng	Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick	Indoors
	Standard days and timings (please read guidance note 7)		(please read guidance note 3)	Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read guidance	note 4)
Tue				
Wed			State any seasonal variations for boxing or wrestling (please read guidance note 5)	entertainment
Thur				
Fri			Non standard timings. Where you intend to use the portext or wrestling entertainment at different times to those on the left, please list (please read guidance note 6)	-
Sat				
Sun				

	Live music Standard days and timings		Will the performance of live music take place indoors or outdoors or both – please tick (please	Indoors	
(please 7)	e read guida	nce note	read guidance note 3)	Outdoors	Х
Day	Start	Finish		Both	
Mon			Please give further details here (please read guidance	note 4)	
Tue					
Wed			State any seasonal variations for the performance of read guidance note 5)	live music (plea	se
Thur			No variations this is a one day event		
Fri			Non standard timings. Where you intend to use the p performance of live music at different times to those		
Sat	11:00	20:30	on the left, please list (please read guidance note 6)		
Sun					

# F

	Recorded music Standard days and timings		Will the playing of recorded music take place indoors or outdoors or both – please tick (please	Indoors	
(please 7)	read guida	nce note	read guidance note 3)	Outdoors	Х
Day	Start	Finish		Both	
Mon			Please give further details here (please read guidance	note 4)	
Tue					
Wed			State any seasonal variations for the playing of record read guidance note 5)	<b>ded music</b> (plea	ise
Thur			No variations this is a one day event		
Fri			Non standard timings. Where you intend to use the p playing of recorded music at different times to those		
Sat	11:00	20:30	on the left, please list (please read guidance note 6)		
Sun					

Performances of dance Standard days and timings			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance	Indoors	
(please 7)	read guidar	nce note	note 3)	Outdoors	Х
Day	Start	Finish		Both	
Mon			Please give further details here (please read guidance	note 4)	
Tue					
Wed			State any seasonal variations for the performance of guidance note 5)	<b>dance</b> (please re	ead
Thur			No variations this is a one day event		
Fri			Non standard timings. Where you intend to use the p performance of dance at different times to those liste		
Sat	11:00	20:30	<u>the left, please list</u> (please read guidance note 6) N/a		
Sun					

# Η

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	u will be providing
Day	Start	Finish	Will this entertainment take place indoors or	Indoors
Mon			outdoors or both – please tick (please read guidance	Outdoors
			note 3)	Both
Tue			Please give further details here (please read guidance	note 4)
Wed				
Thur			State any seasonal variations for entertainment of a s that falling within (e), (f) or (g) (please read guidance	_
Fri	 			

Sat		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 (please
		read guidance note 6)
Sun		

I

	<b>ght refresh</b> rd days and		Will the provision of late night refreshment take place indoors or outdoors or both – please tick	Indoors	
(please 7)	read guidar	nce note	(please read guidance note 3)	Outdoors	
				Both	
Day	Start	Finish	Diseas give further details have (places read guidens)	a moto (1)	
Mon			Please give further details here (please read guidance	<u>e note 4)</u>	
Tue					
Wed			State any seasonal variations for the provision of late (please read guidance note 5)	e night refreshme	<u>ent</u>
Thur					
Fri			Non standard timings. Where you intend to use the p provision of late night refreshment at different times,		
Sat			the column on the left, please list (please read guidanc	ce note 6)	
Sun					

J

Standa	Supply of alcohol Standard days and timings (please read guidance note 7)		<u>Will the supply of alcohol be for consumption –</u> please tick (please read guidance note 8)	On the premises Off the premises	
Day	Start	Finish		Both	
Mon			State any seasonal variations for the supply of alcoh guidance note 5)	<u>ol</u> (please read	
Tue					
Wed					

Thur	 	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
Fri	 	left, please list (please read guidance note 6)
Sat	 	
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):

ame		
ate of birth		
ddress		
ostcode		
ersonal licence number (if known)		
Issuing licensing authority (if known)		

# Κ

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).

Hours premises are open to the public		are open	State any seasonal variations (please read guidance note 5)
Standard days and timings (please read guidance note 7)		-	No variations this is a one day event
Day	Start	Finish	
Mon			
Tue			
Wed			
			Non standard timings. Where you intend the premises to be open to the
Thur			public at different times from those listed in the column on the left, please list (please read guidance note 6)
Fri			N/a
Sat	11:00	20:30	
Sun			

# Μ

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)

Medway Pride CIC is producing Medway Pride 2021 festival on Saturday 21st August. The event will include stage-based entertainment and displays which will include Live Music, Recorded Music & Dancing. This event is being supported by Medway Council and local LGBTQIA+ organisations working in Medway.

The event site will open from 8am to allow set up of equipment, stage & stalls and the event site will close by 10pm to allow the site to be cleared. The entertainment will commence at 12pm and finish at 8pm.

The event will take place on a field at Rochester RIverside Walk, which will have secure entry and exit points. We have engaged A1 Events Services (https://www.a1eventservices.co.uk/) to manage the event for Medway Pride CIC. They are providing the Stage and PA including the stage staff to safely manage the entertainment and control sound levels.

The event will be managed via a Gold, Silver, Bronze management structure.

The Gold decision making will be Hilary Cooke Medway Pride with A1 Event Services advising

The silver Management will be A1 Event Services

Bronze management will be service providers supervisors, managing security, stewards, health and safety, first aid and other services providers staff on site.

# b) The prevention of crime and disorder

A security plan for the management of those attending including accessing the event will be created by A1 Events Services. The security will be provided by MLS Protection (https://www.mls-protection.uk/) who will mange the security and stewards at the event.

There shall be no admittance or re-admittance to the premises after 7.30pm except for patrons permitted to temporarily leave the premises

Premises licence holder or a nominated officer will send a copy of the risk assessment relevant to the event proposed, no later than 6 weeks prior to the

commencement of the event, to the Licensing Authority, Kent Police,

Environmental Health and Health and Safety.

Police (Licensing and Events Team) to be notified at Safety Advisory Group of

events providing licensable activities at the premises.

### c) Public safety

A1 Events Services are also producing the risk assessment / safety plan to manage the whole event including site layout for community and business stalls and the management of those attending the event to comply with our safety plan. Evacuation planning in case of incident, and location of Fire stations around the site. We have developed a COVID Safe plan for managing those attending the event, to keep them and those providing services at the event safe. The event will be free to access but we are requiring attendees to preregister for tickets via eventbright, Tickets will be scanned on arrival comply with our Track & Trace policy. We are planning on 1500 to 2500 attendees at the event and tickets will be released in stages as we approach the event date, to comply with any COVID restrictions in place.

First Aid will be provided by A B Medical Services (UK) Limited (www.ab-medical.co.uk) is licensed and regulated by the Care Quality Commission to carry out the following regulated activities Care Quality Commission provider ID: 1-1751149329. They will also supply a fully kitted RRV ambulance to NHS standards and will supply 3 EMT / FR trained to NHS standards

Fire marshals will ensure that fire prevention equipment is located at the fire stations as advised in the safety plan.

As part of the community stalls we have invited the following organisations who will have staff and equipment at the event

Members from Kent Police

Members from Kent & Medway Community Healthcare Trust

Members from Kent Fire & Rescue Services

d) The prevention of public nuisance

We will encourage those attending the event to arrive after 11am, and for them to walk to the event location from Rochester or Chatham where there is car parking, public transport as well as 2 train stations within walking distance to the event location. We will encourage the public to leave the event site at 8pm promptly, where they can walk back to Rochester or Chatham centres to use local facilities / businesses before their journey home.

Queuing will be managed to prevent the area outside the event site becoming congested. The licence holder shall ensure that any queue to enter the premises which forms

outside the premises is orderly and supervised by security staff so as to ensure that

there is no public nuisance or obstruction to the public highway

Waste Management will be provided by Veolia ES (UK) Limited (https://www.veolia.co.uk/) is defined as "The Carrier" Registered Waste Carrier No. CBDU95537 Issued by the Environment Agency. The waste will be collected in 15 bins distributed around the event site. The site will be checked and cleared of all waste from the event with a site inspection carried out on Sunday 22ndAugust. The waste bins will be collected on Monday 23rd August.

A1 Events Services are also producing the risk assessment / safety plan to manage the whole event including site layout for community and business stalls and the management of those attending the event to comply with our safety plan.Sound levels will be monitored by A1 Events Services to comply with our sound management plan.

## e) The protection of children from harm

All security staff will have appropriate training and have a valid SIA Licenc, DBS checks and have received training for safegaurding children from abuse, sexual abuse and sexual explotation,

Information shall be displayed at {location} giving details of what to do if there is

a cause for concern regarding a child's welfare. This shall include:

1. Reporting to Medway Children's Services, with correct telephone numbers and email contact.

2. Dialling 999 in the event of an immediate threat.

The premises licence holder must ensure all persons working at the premises, whether paid or unpaid, are aware of safeguarding and child sexual exploitation issues.

This is a family orientated community event and as such children under 16 years are welcome if accompanied by an adult, parent, carer. persons aged 15 or under will not be admitted unless accompanied by an adult, parent, carer.'.

### Checklist:

# Please tick to indicate agreement

**X** I have made or enclosed payment of the fee.

 $\boldsymbol{X}$  I have enclosed the plan of the premises.

**X** I have sent copies of this application and the plan to responsible authorities and others where applicable.

**X** I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.

X I understand that I must now advertise my application.

X I understand that if I do not comply with the above requirements my application will be rejected.
X [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	• [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	Medway Pride CIC	
Date	2021-06-08	
Capacity	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)						
Post town	Rochester		Postcode			
Telephone number (if any)		/				
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)						