

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 Select Service Partner Ltd

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 Gillingham Railway Station Railway Street Gillingham Kent ME7 1XE			
Post town	Gillingham	Postcode	ME7 1XE
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 36100	

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

Please tick as appropriate

a)	an individual or individuals *	please complete section (A)
b)	a person other than an individual *	
	i as a limited company/limited liability partnership	please complete section (B) X
	ii as a partnership (other than limited liability)	please complete section (B)
	iii as an unincorporated association or	please complete section (B)
	iv other (for example a statutory corporation)	please complete section (B)
c)	a recognised club	please complete section (B)
d)	a charity	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)

		Other Title (for example, Rev)	
Surname		First names	
Date of birth		I am 18 years old or over	
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)

		Other Title (for example, Rev)	
Surname		First names	
Date of birth		I am 18 years old or over	
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 Select Service Partner Ltd
Address Jamestown Wharf 32 Jamestown Road London London NW1 7HW
Registered number (where applicable) 02184010

Description of applicant (for example, partnership, company, unincorporated association etc.)

Limited company

Telephone number (if any)

E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

15/10/2025

If you wish the licence to be valid only for a limited period, when do you want it to end?

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

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)

Please
tick all

Provision of regulated entertainment (please read guidance note 2)

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)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)

anything of a similar description to that falling within (e), (f) or (g) h)
(if ticking yes, fill in box H)

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 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	
Day	Start	Finish	Indoors	
Mon			Outdoors	
Tue			Both	
Wed			Please give further details here (please read guidance note 4)	
Thur			State any seasonal variations for performing plays (please read guidance note 5)	
Fri			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 (please read guidance note 6)	
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)		
Day	Start	Finish			Indoors
Mon					Outdoors
Tue					Both
Wed			<u>Please give further details here</u> (please read guidance note 4)		
Thur					
Fri			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)		
Day	Start	Finish			
Mon					
Tue					

			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			
Thur			<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> (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	
Day	Start	Finish		Outdoors	
Both					
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur					
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)	
Day	Start	Finish	Indoors	
Mon			Outdoors	
Tue			Both	
Wed			Please give further details here (please read guidance note 4)	
Thur			State any seasonal variations for the performance of live music (please read guidance note 5)	
Fri			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				
Sun				

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	
Day	Start	Finish	Indoors	
Mon			Outdoors	
Tue			Both	
Wed			<u>Please give further details here</u> (please read guidance note 4)	
Thur			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)	
Fri			<u>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</u> (please read guidance note 6)	
Sat				
Sun				

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	
Day	Start	Finish	Indoors	
Tue			Outdoors	
Mon			Both	
Tue			<u>Please give further details here</u> (please read guidance note 4)	

Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)
Thur			
Fri			<u>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</u> (please read guidance note 6)
Sat			
Sun			

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	
Mon				Outdoors	
				Both	
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		<p><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)</p>
Sun		

<p>Late night refreshment Standard days and timings (please read guidance note 7)</p>			<p>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)</p>	
Day	Start	Finish	Indoors	
Mon			Outdoors	
Tue			Both	
<p>Please give further details here (please read guidance note 4)</p>				
Wed			<p>State any seasonal variations for the provision of late night refreshment (please read guidance note 5)</p>	
Thur				
Fri			<p><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)</p>	
Sat				

Sun		

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	
Day	Start	Finish			Off the premises	
Mon	08:00	23:00	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5)			
Tue	08:00	23:00				
Wed	08:00	23:00				
Thur	08:00	23:00	<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 6) From the end of permitted hours on New Years Eve to the start of permitted hours on New Years Day			
Fri	08:00	23:00				
Sat	08:00	23:00				
Sun	08:00	23:00				

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):

Name Mr. Nigel Gurney	
Date of birth	
Address	
Postcode	
Personal licence number (if known)	

Issuing licensing authority (if known)

Chelmsford

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

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

The premises are already required to comply with existing and future legislation to include (but not limited to) legislation on safety, health and environmental issues, fire safety, planning, building regulations, disability discrimination, trading standards, weights and measures, crime and disorder and security industry legislation. The licence holder is also required to comply with the provisions of the Licensing Act 2003. The measures covered by various legislation should not be repeated in the premises licence in accordance with the section 182 Guidance to Licensing Authorities.

b) The prevention of crime and disorder

The licence holder shall ensure that all staff are trained to ask any customer attempting to purchase alcohol, who appears to be under the age of 25 years (or older if the licence holder so elects) for evidence of age. This evidence shall be photographic, such as passport or photographic driving licence until other effective identification technology (for example, thumb print or pupil recognition) is introduced. All staff will be instructed, through training, that a sale shall not be made unless this evidence is produced. All staff will be trained in relation to the Licensing Act 2003. The training will be refreshed every 12 months and staff training records will be maintained, electronically or kept on site and made available to police or other authorised person on request. A record (which may be kept electronically) shall be kept detailing all refused sales of alcohol. The record should include the date and time of the refused sale and the name of the member of staff who refused the sale. The record shall be available for inspection at the whilst the premises is open. Incident logs (which may be kept electronically) must be kept at the premises for at least 1 month and made available on request to the police or an authorised officer of the licensing authority. The Incident logs will record all incidents that take place within the premises. The premises shall install and maintain a comprehensive CCTV system as per the minimum requirements of the police. All entry and exit points will be covered enabling frontal identification of every person entering in any light condition. The CCTV system shall continually record whilst the premises is open for licensable activities and during all times when customers remain on the premises. All recordings shall be stored for a minimum period of 31 days with date and time stamping

c) Public safety

Risk assessments will be carried out and periodically reviewed for fire, health and safety and emergency evacuation

d) The prevention of public nuisance

The premises are located within a station and run by a national operator and additional measures are not deemed necessary to prevent public nuisance.

e) The protection of children from harm

As set out above the licence holder shall operate a proof of age policy and incident/refusals log

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 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	Angela Hackett

Date	2025-09-16	
Capacity	Solicitors for and on behalf of applicant	

nd nd

For joint applications, signature of 2 applicant or 2 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)

Rutland House 148

Edmund Street

Birmingham

West Midlands

B3 2JR

Post town		Postcode	
Telephone number (if any)	/		

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