Licensing Team
North Norfolk District Council
Council Offices
Holt Road
Cromer
Norfolk
NR27 9EN

Reference number

(office use only)

Schedule 2

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 booklet.

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.

We ...Barney & Fulmodestone Playing Fields Association..... 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

Barney Community Hub, The Drift, Barney Norfolk NR21 0ND

Post town Barney, Fakenham	Post code NR21 0ND

Telephone number of Premises n/a

Non-domestic rateable value of premises £4,150

(This can be obtained from the Valuation Office website www.voa.gov.uk)

Part 2 – Applicant Details

In state whether you are applying for a premises licence as

		Please tick √
a)	An individual or individuals*	☐ **Please complete Section A**
b)	A person other than an individual*	
	i. as a limited company	☐ **Please complete Section B**
	ii. as a partnership	☐ **Please complete Section B**
	iii. as an unincorporated association	☐ **Please complete Section B**
	iv. other	☐ **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)	An individual 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 ☐

SECTION A – INDIVIDUAL APPLICANTS (fill in as applicable)

Mr ☐ **Mrs** ☐ **Miss** ☐ **Ms** ☐ **Other title** ☐
(please state)

Surname

First names

I am 18 years old or over **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 ☐ **Mrs** ☐ **Miss** ☐ **Ms** ☐ **Other title** ☐
(please state)

Surname

First names

I am 18 years old or over **Yes** ☐

Current postal address if different from premises address

Post Town:	Postcode:

Daytime contact telephone number

E-mail address (optional)

Section B – OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name Barney & Fulmodestone Playing Fields Association
Address [redacted]
Registered number (where applicable) Charity Commission Number 303898
Description of applicant (for example, partnership, company, unincorporated association etc) Registered Charity (unincorporated association)
Telephone number (if any) Contact [redacted]
E-mail address (optional) [redacted]

Part 3 – Operating Schedule

When do you want the premises licence to start? .....

Day	Month	Year
01	08	2026

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

Day	Month	Year

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

n/a

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

New build single storey community hall with lounge area, changing rooms, food prep area and toilets inc a disabled WC to host combination of community, social and sports events. Parking area inc disabled parking and ramp.

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 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**) ..... ☐

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**) ..... ☐

h) Anything of a similar description to that falling within e,f or g (if ticking yes, fill in **Box H**) ☐

Please tick any that apply

Provision of late night refreshment (if ticking yes, fill in **Box I**)..... ☐

The supply of hot food or hot drink to the public for consumption on or off the premises between 11.00pm and 5.00am.

Sale by retail of alcohol (if ticking yes, fill in **Box J**)..... √

IN ALL CASES PLEASE COMPLETE BOXES K, L AND M

Box A **Plays** Standard days and timings (Please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick √ (Please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (read guidance note 3)		
Tue					
Wed			State any seasonal variations for performing plays (read guidance note 4)		
Thur					
Fri					
Sat			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 (read guidance note 5)		
Sun					

Box B **Films** Standard days and timings (Please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick √ (Please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (read guidance note 3)		
Tue					
Wed			State any seasonal variations for exhibition of films (read guidance note 4)		
Thur					
Fri			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 (read guidance note 5)		
Sat					
Sun					

Box C **Indoor sporting events** Standard days and timings (Please read guidance note 6)			
Day	Start	Finish	Please give further details here (read guidance note 3)
Mon			
Tue			
Wed			
			State any seasonal variations for indoor sporting events (read guidance note 4)
Thur			
Fri			
			Non standard timings. Where you intend to use the premises for the indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

Box D **Boxing or wrestling entertainment** Standard days and timings Please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick √ (Please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (read guidance note 3)		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (read guidance note 4)		
Thur					
Fri					
Sat			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 (please read guidance note 5)		
Sun					

Box E **Live music** Standard days and timings (Please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick √ (Please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of live music (read guidance note 4)		
Thur					
Fri					
Sat			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 5)		
Sun					

Box F **Recorded music** Standard days and timings (Please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick √ (Please read guidance note 2)	Indoors √	
				Outdoors	
				Both	
Day	Start	Finish			
Mon	12.00	22.00	Please give further details here (read guidance note 3) Music through a small speaker or radio		
Tue	12.00	22.00			
Wed	12.00	22.00			
			State any seasonal variations for playing recorded music (read guidance note 4)		
Thur	12.00	22.00			
Fri	12.00	23.00			
			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 5)		
Sat	12.00	23.00			
Sun	12.00	22.00			

Box G **Performance of dance** Standard days and timings (Please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick √ (Please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (read guidance note 3)		
Tue					
Wed			State any seasonal variations for performance of dance (read guidance note 4)		
Thur					
Fri					
			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 5)		
Sat					
Sun					

Box H

Anything of a similar description to that falling within e, f or g

Standard days and timings
(Please read guidance note 6)

Day	Start	Finish
Mon		
Tue		
Wed		
Thur		
Fri		
Sat		
Sun		

Please give a description of the type of entertainment you will be providing

Will this entertainment take place indoors or outdoors or both – please tick √
(Please read guidance note 2)

Indoors	
Outdoors	
Both	

Please give further details here (read guidance note 3)

State any seasonal variations for entertainment of a similar description to that falling within e, f or g (read guidance note 4)

Non standard timings. Where you intend to use the premises for the entertainment of 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 5)

Box I

Late night refreshment

Standard days and timings

(Please read guidance note 6)

Day	Start	Finish
Mon		
Tue		
Wed		
Thur		
Fri		
Sat		
Sun		

Will the provision of late night refreshment take place indoors or outdoors or both – please tick √

(Please read guidance note 2)

Indoors	
Outdoors	
Both	

Please give further details here (read guidance note 3)

State any seasonal variations for the provision of late night refreshment (read guidance note 4)

Non standard timings. Where you intend to use the premises for the provision of late night refreshment entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)

Box J

Supply of alcohol

Standard days and timings
(Please read guidance note 6)

Day	Start	Finish
Mon	12.00	23.00
Tue	12.00	23.00
Wed	12.00	23.00
Thur	12.00	23.00
Fri	12.00	23.00
Sat	11.00	23.00
Sun	11.00	22.30

Will the sale of alcohol be for consumption – please tick √
(Please read guidance note 7)

On premises √	
Off premises	
Both	

Please give further details here (read guidance note 3)

Sale of alcohol in connection with events being held.

State any seasonal variations for the supply of alcohol (read guidance note 4)

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 (read guidance note 5)

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

Name .....

Address .....

.....

Postcode .....

Personal Licence number, if known.....

Issuing licensing authority, if known.....

Box 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)

Box L **Hours premises are open to the public** Standard days and timings (Please read guidance note 6)			State any seasonal variation (read guidance note 4)
Day	Start	Finish	
Mon	9.00	23.00	
Tue	9.00	23.00	
Wed	9.00	23.00	
Thur	9.00	23.00	Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 5)
Fri	9.00	23.00	
Sat	9.00	23.00	
Sun	9.00	23.00	

M Describe the steps you intend to take to promote the four licensing objectives

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

A member of the committee will be in attendance at all times to oversee all activity.

b) The prevention of crime and disorder

Plastic cup, regular collection of bottles, recycling and rubbish.
Automatic outside lights on building and car park.

c) Public safety

PAT testing, regular ring main checks, public liability insurance held, sufficient internal and lighting, illuminated fire exit signs, fire alarm, two fire extinguishers on stands by entrance door and fire blanket in kitchen.

d) The prevention of public nuisance

"Leave Quietly" signage to be posted on building.

e) The protection of children from harm

Safeguarding policy in place.

CHECKLIST

Please tick to indicate agreement

√

- I have made or enclosed payment of the fee ..... [√]
- I have enclosed a 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 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 or my application is not completed correctly, my application will be rejected..... [√]

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO 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 (the proposed current premises licence holder) 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 [redacted] .....to be

signed.....

Date ..... 3/9/2026 .....

Capacity...Committee

member.....

Where the premises licence is jointly held signature of 2nd applicant (the proposed current premises licence holder) or 2nd applicant's solicitor or other duly authorised agent. (Please read guidance note 12) **If signing on behalf of the applicant please state in what capacity.**

Signature .....to be

signed.....

Date .....

Capacity

Treasurer.....

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

Post Town:	Postcode:
Daytime contact telephone number	
E-mail address (optional)	