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 D Webster Golf 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

Postal address of premises or, if none, ordnance survey map reference or description Per4mance Golf Lytham, Unit 5 at 150, Preston Road, Lytham Business Park			
Post town	Lytham	**Postcode**	**FY8 5AT**

Telephone number at premises (if any)	[redacted]
Non-domestic rateable value of premises	**£16250**

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	x	please complete section (B)
	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)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐		Other Title (for example, Rev)	
Surname		**First names**	
Date of birth	I am 18 years old or over ☐ Please tick yes		
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 'share code' provided to the applicant by that service (please see note 15 for information)			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐		Other Title (for example, Rev)	
Surname		**First names**	
Date of birth	I am 18 years old or over ☐ Please tick yes		

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)			
	Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)		

(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 D Webster Golf Ltd
Address Lytham Golf Academy Lytham Road Warton PR4 1TE
Registered number (where applicable) 07516539
Description of applicant (for example, partnership, company, unincorporated association etc.) Ltd Company
Telephone – [redacted]
E-mail address (optional) Daniel.webster@mac.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
1	6	1	2	2	0	2	6

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)

Indoor golf practice, coaching and leisure centre incorporating four golf simulator bays, retail, lounge and a small ancillary bar initially alcoholic and non-alcoholic refreshments. An outdoor seating area is proposed for customers. Alcohol is ancillary to the golf and leisure activities.

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)

Provision 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)	☐
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)	☐

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

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	☒
				Off the premises	☐
Day	Start	Finish		Both	☐
Mon	11.00	22.00	**State any seasonal variations for the supply of alcohol** (please read guidance note 5)		
Tue	11:00	22:00			
Wed	11:00	22:00			
Thur	11:00	22:00	**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** (please read guidance note 6)		
Fri	11:00	22:00			
Sat	11:00	22:00			
Sun	11:00	22:00			

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 – Daniel Webster
Date of birth – [redacted]
Address [redacted]
Postcode [redacted]
Personal licence number (if known) FYPA1520
Issuing licensing authority (if known) FYLDE BOROUGH COUNCIL

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).

Children attend golf coaching and junior development activities; no adult entertainment is proposed.

L

Hours premises are open to the public
Standard days and timings
(please read guidance note 7)

Day	Start	Finish
Mon	8:00	22:00
Tue	8:00	22:00
Wed	8:00	22:00
Thur	8:00	22:00
Fri	8:00	22:00
Sat	8:00	22:00
Sun	8:00	22:00

State any seasonal variations (please read guidance note 5)

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 (please read guidance note 6)

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 will operate primarily as a golf and leisure facility. A responsible manager will oversee alcohol service; staff will be trained in licensing duties, age verification, incident reporting and safe operation.

b) The prevention of crime and disorder

CCTV will cover entrances, exits, bar and principal public areas, subject to appropriate privacy safeguards. A written incident and refusals log will be maintained. Staff will refuse service to intoxicated persons and challenge suspected underage purchasers. CCTV retention and access arrangements will be documented before opening

c) Public safety

Fire risk assessment, suitable emergency exits, staff emergency training and appropriate first aid arrangements will be maintained. Simulator bays will have clear safety instructions and controlled hitting zones. Occupancy and circulation areas will be managed safely.

d) The prevention of public nuisance

Background music will be controlled at a reasonable level. Outdoor customers will be monitored and asked to leave quietly. Staff will manage litter, bottles and noise in outdoor seating and arrival/departure areas. External alcohol use will remain within the approved licensed boundary.

e) The protection of children from harm

A Challenge 25 policy will operate, with accepted photographic proof of age. Staff selling alcohol will be trained and refusals recorded. Junior coaching activities will be appropriately supervised under safeguarding procedures. Alcohol will not be sold to under-18s except where law expressly permits.

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	• [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	
Date	
Capacity	

For joint applications, signature of 2nd applicant or 2nd 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		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

- 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). ☑

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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	[signature]
Date	2/11/2026
Capacity	DIRECTOR

For joint applications, signature of 2nd applicant or 2nd 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	