



* required information

Section 1 of 19

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

Sidmouth Folk Festival Blackmore Gardens/
Peacock Lawn 2024

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

Jason

* Family name

Knight

* E-mail

[REDACTED]

Main telephone number

[REDACTED]

Include country code.

Other telephone number

[REDACTED]

Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

Applying as a business or organisation, including as a sole trader
 Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

* Is the applicant's business registered in the UK with Companies House?

Yes No

* Registration number

05610997

* Business name

Sidmouth FolkWeek Productions Ltd

If the applicant's business is registered, use its registered name.

* VAT number

-

878453277

Put "none" if the applicant is not registered for VAT.

* Legal status

Private Limited Company

Continued from previous page...

* Applicant's position in the business

Home country

The country where the applicant's headquarters are.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Agent Details

* First name

* Family name

* E-mail

Main telephone number

Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

- An agent that is a business or organisation, including a sole trader
- A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Agent Business

* Is your business registered in the UK with Companies House? Yes No

* Registration number

* Business name

If your business is registered, use its registered name.

* VAT number

Put "none" if you are not registered for VAT.

* Legal status

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Agent Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

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PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

- Address OS map reference Description

Address Description

Blackmore Coronation Gardens, Blackmore Drive, Sidmouth, Devon. Including the Peacock Lawn element. Regulated Entertainment only for Peacock lawn as shown on plans.

Further Details

Telephone number

Non-domestic rateable value of premises (£)

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APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales
- Other (for example a statutory corporation)

Confirm The Following

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- I am making the application pursuant to a statutory function
- I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

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NON INDIVIDUAL APPLICANTS

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

Non Individual Applicant's Name

Name

Details

Registered number (where applicable)

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

Continued from previous page...

Private Limited Company

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Contact Details

E-mail

Telephone number

Other telephone number

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OPERATING SCHEDULE

When do you want the premises licence to start? / /
dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end / /
dd mm yyyy

Provide a general description of the premises

For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off- supplies you must include a description of where the place will be and its proximity to the premises.

The whole gardens enclosed by the permanent wall/fence is to be included within the Premises License. This includes the temporary structures/marquees, open grass areas etc,

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

Continued from previous page...

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PROVISION OF PLAYS

Will you be providing plays?

- Yes No

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PROVISION OF FILMS

Will you be providing films?

- Yes No

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PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

- Yes No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

- Yes No

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PROVISION OF LIVE MUSIC

Will you be providing live music?

- Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the days
of the week when you intend the premises
to be used for the activity.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

Continued from previous page...

FRIDAY

Start End

Start End

SATURDAY

Start End

Start End

SUNDAY

Start End

Start End

Will the performance of live music take place indoors or outdoors or both?

Indoors Outdoors Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

State type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.

See previous notes

State any seasonal variations for the performance of live music

For example (but not exclusively) where the activity will occur on additional days during the summer months.

n/a

Non-standard timings. Where the premises will be used for the performance of live music at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

n/a

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PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

Yes No

Standard Days And Timings

Continued from previous page...

MONDAY

Start

End

Start

End

Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the days
of the week when you intend the premises
to be used for the activity.

TUESDAY

Start

End

Start

End

WEDNESDAY

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THURSDAY

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FRIDAY

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End

SATURDAY

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Start

End

SUNDAY

Start

End

Start

End

Will the playing of recorded music take place indoors or outdoors or both?

- Indoors Outdoors Both

Where taking place in a building or other
structure tick as appropriate. Indoors may
include a tent.

State type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.

See previous notes

State any seasonal variations for playing recorded music

For example (but not exclusively) where the activity will occur on additional days during the summer months.

n/a

Continued from previous page...

Non-standard timings. Where the premises will be used for the playing of recorded music at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

n/a

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PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the days
of the week when you intend the premises
to be used for the activity.

TUESDAY

Start

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WEDNESDAY

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THURSDAY

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End

Start

End

FRIDAY

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SATURDAY

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SUNDAY

Start

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Start

End

Continued from previous page...

Will the performance of dance take place indoors or outdoors or both?

- Indoors Outdoors Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

State type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.

see previous notes

State any seasonal variations for the performance of dance

For example (but not exclusively) where the activity will occur on additional days during the summer months.

n/a

Non-standard timings. Where the premises will be used for the performance of dance at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

n/a

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PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

Will you be providing anything similar to live music, recorded music or performances of dance?

- Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

TUESDAY

Start

End

Start

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WEDNESDAY

Start

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Continued from previous page...

THURSDAY

Start End

Start End

FRIDAY

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SATURDAY

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SUNDAY

Start End

Start End

Give a description of the type of entertainment that will be provided

Any folk related entertainment which might not fit under the other headings eg puppetry, street theatre

Will this entertainment take place indoors or outdoors or both?

Indoors Outdoors Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

State type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.

see previous notes

State any seasonal variations for entertainment

For example (but not exclusively) where the activity will occur on additional days during the summer months.

n/a

Non-standard timings. Where the premises will be used for entertainment at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

n/a

Continued from previous page...

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

- Yes No

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

- Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the days
of the week when you intend the premises
to be used for the activity.

TUESDAY

Start

End

Start

End

WEDNESDAY

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THURSDAY

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FRIDAY

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SATURDAY

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SUNDAY

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Continued from previous page...

Will the sale of alcohol be for consumption:

- On the premises Off the premises Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

n/a

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

n/a

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

Name

First name

Family name

Enter the contact's address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Personal Licence number (if known)

Issuing licensing authority (if known)

Continued from previous page...

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- Electronically, by the proposed designated premises supervisor
- As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc.

n/a

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start

End

Start

End

Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

TUESDAY

Start

End

Start

End

WEDNESDAY

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THURSDAY

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End

FRIDAY

Start

End

Start

End

Continued from previous page...

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

n/a

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

n/a

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LICENSING OBJECTIVES

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

a) General – all four licensing objectives (b,c,d,e)

List here steps you will take to promote all four licensing objectives together.

See separate document

b) The prevention of crime and disorder

See separate document

c) Public safety

See separate document

Continued from previous page...

d) The prevention of public nuisance

See separate document

e) The protection of children from harm

See separate document

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

Non domestic Rateable Value Band

A No rateable value to £4,300 - Fee £100

B £4,301 to £33,000 - Fee £190

C £33,001 to £87,000 - Fee £315

D £87,001 to £125,000 - Fee £450

E £125,001 and above - Fee £635

Multiplier for Band D & E - Town centre premises used exclusively or primarily for sale of alcohol -

Band D - £ 900

Band E - £1905

Events of 5,000 or more people incur additional fees. Please see our website for details.

* Fee amount (£)

100.00

ATTACHMENTS

AUTHORITY POSTAL ADDRESS

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

United Kingdom

DECLARATION

* I/we understand 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.

Ticking this box indicates you have read and understood the above declaration

Continued from previous page...

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

* Capacity

Date (dd/mm/yyyy)

Add another signatory

Once you're finished you need to do the following:

1. Save this form to your computer by clicking to file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/east-devon/apply-1> to upload this file and continue with your application

Don't forget to make sure you have all your supporting documentation to hand.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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