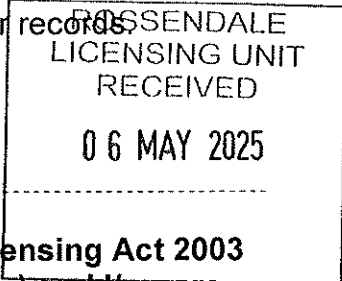


**Application for a premises licence to be granted
under the Licensing Act 2003**

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

ROSSENDALE BOROUGH COUNCIL

(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 HASLINGDEN MARKET, BLACKBURN ROAD, HASLINGDEN			
Post town	HASLINGDEN	Postcode	BB4 5QA

Telephone number at premises (if any)	01706 217777
Non-domestic rateable value of premises	£470.00

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 | <input type="checkbox"/> | please complete section (B) |
| ii | as a partnership (other than limited liability) | <input type="checkbox"/> | please complete section (B) |
| iii | as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| i | other (for example a statutory | X | please complete |
| v | corporation) | | section (B) |
| c) | a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) | a charity | <input type="checkbox"/> | please complete section (B) |
| e) | the proprietor of an educational establishment | <input type="checkbox"/> | please complete section (B) |
| f) | a health service body | <input type="checkbox"/> | 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 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | please complete section (B) |
| h) | the chief officer of police of a police force in England and Wales | <input type="checkbox"/> | 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 **X**

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)

<div>M <input type="checkbox"/> Mr <input type="checkbox"/> Mis <input type="checkbox"/> Ms <input type="checkbox"/></div>				Other Title (for example, Rev)	
Surname			First names		
Date of birth years old or over			I am 18 <input type="checkbox"/> Please tick yes		
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

<div>M <input type="checkbox"/> Mr <input type="checkbox"/> Mis <input type="checkbox"/> Ms <input type="checkbox"/></div>				Other Title (for example, Rev)	
Surname			First names		
Date of birth years old or over			I am 18 <input type="checkbox"/> Please tick yes		
Nationality					
Current postal 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 ROSSENDALE BOROUGH COUNCIL
Address THE BUSINESS CENTRE FUTURES PARK BACUP OL13 0BB
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.) LOCAL AUTHORITY
Telephone number (if any) 01706217777
E-mail address (optional) ECONOMICDEVELOPMENT@ROSSENDALEBC.GOV.UK

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

OUTDOOR PUBLIC SPACE, WHICH HOLDS 12 MARKET STALLS AND SOME SEATING AREA.

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) | X |
| b) films (if ticking yes, fill in box B) | X |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | X |
| e) live music (if ticking yes, fill in box E) | X |
| f) recorded music (if ticking yes, fill in box F) | X |
| g) performances of dance (if ticking yes, fill in box G) | X |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | X |

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)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	X
Mon	08:00	22:30	<u>Please give further details here</u> (please read guidance note 4)		
Tue	08:00	22:30			
Wed	08:00	22:30	<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur	08:00	22:30			
Fri	08:00	22:30	<u>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</u> (please read guidance note 6)		
Sat	08:00	22:30			
Sun	08:00	22:30			

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	X
Day	Start	Finish			
Mon	08:00	22:30	Please give further details here (please read guidance note 4)		
Tue	08:00	22:30			
Wed	08:00	22:30	State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur	08:00	22:30			
Fri	08:00	22:30	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 (please read guidance note 6)		
Sat	08:00	22:30			
Sun	08:00	22:30			

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			
Fri			<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)
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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	X
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon	08:00	22:30			
Tue	08:00	22:30			
Wed	08:00	22:30			
Thur	08:00	22:30	<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Fri	08:00	22:30			
Sat	08:00	22:30			
Sun	08:00	22:30			
			<u>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</u> (please read guidance note 6)		

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	X
Mon	08:00	22:30	<u>Please give further details here</u> (please read guidance note 4)		
Tue	08:00	22:30			
Wed	08:00	22:30	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)		
Thur	08:00	22:30			
Fri	08:00	22:30	<u>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</u> (please read guidance note 6)		
Sat	08:00	22:30			
Sun	08:00	22:30			

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)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	X
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon	08:00	22:30			
Tue	08:00	22:30			
Wed	08:00	22:30			
Thur	08:00	22:30	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Fri	08:00	22:30			
Sat	08:00	22:30	<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)		
Sun	08:00	22:30			

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)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	X
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon	8:00	22:30			
Tue	8:00	22:30			
Wed	8:00	22:30	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur	8:00	22:30			
Fri	8:00	22:30	<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	8:00	22:30			
Sun	8:00	22:30			

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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon	8:00	22:30		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	8:00	22:30	Please give further details here (please read guidance note 4)		
Wed	8:00	22:30			
			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Thur	8:00	22:30			
Fri	8:00	22:30	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)		
Sat	8:00	22:30			
Sun	8:00	22:30			

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	X
Day	Start	Finish			
Mon	8:00	22:30	<u>Please give further details here</u> (please read guidance note 4)		
Tue	8:00	22:30			
Wed	8:00	22:30	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur	8:00	22:30			
Fri	8:00	22:30	<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)		
Sat	8:00	22:30			
Sun	8:00	22:30			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 8)		On the premises	<input type="checkbox"/>
					Off the premises	<input type="checkbox"/>
					Both	X
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5)			
Mon	08:00	22:30				
Tue	08:00	22:30				
Wed	08:00	22:30				
Thur	08:00	22:30	<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)			
Fri	08:00	22:30				
Sat	08:00	22:30				
Sun	08:00	22:30				

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 PHILIP HOLDEN	
Date of birth – [REDACTED]	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) 22/00343/LAPERS	
Issuing licensing authority (if known) ROSSENDALE BOROUGH COUNCIL	

K

<p>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).</p>

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	8:00	22:30	
Tue	8:00	22:30	
Wed	8:00	22:30	<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)
Thur	8:00	22:30	
Fri	8:00	22:30	
Sat	8:00	22:30	
Sun	8:00	22:30	

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 designated premises supervisor shall ensure that a written notice of authority is kept at the premises for all staff who sell alcohol and shall ensure that those staff members are in possession of formal identification to enable their identity to be checked against the notice. The notice shall be made available for inspection upon request by an Authorised Officer of Rossendale Borough Council or a Police Constable.

All persons purchasing alcohol who appear to be under the age of 25 years shall be required to produce proof of age by way of the following:

- A recognised proof of age card accredited under the British Retail Consortiums Proof of Age Standards Scheme (PASS)
- Photo driving licence
- Passport

Prior to any occasion on which the market is used for events or other activities that would not normally be classed as a standard market trading day, the designated premises supervisor shall be responsible for carrying out a written risk assessment to determine whether door supervisors are required and any other matters relating to the safe operation of the market and the prevention of public nuisance. An appropriate number of door supervisors will be utilised in accordance with the written risk assessment. Such risk assessment shall be produced upon request to an Authorised Officer or police constable. Risk assessments shall be retained for no less than 6 months from the date of the event it applies to.

b) The prevention of crime and disorder

Please see as above

c) Public safety

Please see as above

d) The prevention of public nuisance

Please see as above

e) The protection of children from harm

Please see as above

Checklist:

Please tick to indicate agreement

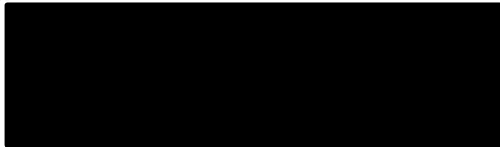
- **I have made or enclosed payment of the fee.** **X**
- **I have enclosed the plan of the premises.** **X**
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☐
- I have enclosed the consent form completed by the individual I wish to be designated 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 (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, if appropriate (please see note 15)
Signature	
Date	16/04/2025
Capacity	Head of Housing and Regeneration Rossendale Borough Council

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)			

Form of consent by a person whom the applicant wishes to be the premises supervisor

PHILLIP HOLDEN

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FIASLINGDEN MARKET

ROSSENDALE BOROUGH COUNCIL

HASLINGDEN MARKET, BLACKBURN ROAD, HASLINGDEN,
ROSSENDALE, BB4 5QA

ROSENDALE BOROUGH COUNCIL

HASLINGDEN MARKET, BLACKBURN ROAD, HASLINGDEN
BB4 5QA

☐ applying for ☐ intend to apply for ☒ currently hold a personal licence,
details of which I set out below

22/00343/LAPERS

ROSSENDALE BOROUGH COUNCIL

██████████

PHILLIP HOLDEN

29/04/25

50