

# APPENDIX A

## 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 THE GRAND HOTEL EXCELSIOR INTERNATIONAL LIMITED.  
(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 <u>GRAND HOTEL EXCELSIOR</u> <u>ROYAL MARINES PORTSMOUTH</u> <u>THE ESPLANADE</u> <u>EASTNEY</u>			
Post town	<u>PORTSMOUTH</u>	Postcode	<u>PO4 9PX</u>

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ <span style="background-color: black; color: black;">[REDACTED]</span>

#### 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)
    - 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) N/A .

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over		<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) *N/A*

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over		<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	GRAND HOTEL EXCELSIOR INTERNATIONAL LIMITED
Address	HAZELWOOD GREGORY LANE DURLEY SOUTHAMPTON SO32 2BS
Registered number (where applicable)	8165696
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?

DD	MM	YYYY
01	03	2021

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)

A GRADE II LISTED BUILDING STANDING IN ITS OWN GROUNDS, CAR PARKING FACILITY & HISTORIC FORT AREA MAKING A 5 STAR HOTEL + SPA FACILITY WITH 80 PLUS ROOMS, DINING ESTABLISHMENTS, FUNCTION ROOMS, COMMON AREAS, CONFERENCE & WEDDING VENUE. HOLDING GALA, BANQUETING, CHARITY BALLS & OTHER PRE-EMINENT EVENTS.

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

N/A
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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)

**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)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	09.00	00.00	Please give further details here (please read guidance note 4) PLAYS, HISTORICAL RE-ENACTMENTS MILITARY CEREMONIES. - AMPLIFIED & UNAMPLIFIED.	Both	<input checked="" type="checkbox"/>
Tue	09.00	00.00			
Wed	09.00	00.00	State any seasonal variations for performing plays (please read guidance note 5)  N/A		
Thur	09.00	00.00			
Fri	09.00	00.00	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)  N/A		
Sat	09.00	00.00			
Sun	09.00	00.00			

**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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	09.00	00.00	<b>Please give further details here</b> (please read guidance note 4) FILMS AVAILABLE VIA TV SYSTEM IN ROOMS SHOWN IN CONFERENCE FACILITY AS PART OF PRESENTATIONS. INTERACTIVE FILM DISPLAY DRIVE IN MOVIE	Both	<input checked="" type="checkbox"/>
Tue	09.00	00.00			
Wed	09.00	00.00	<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)  N/A		
Thur	09.00	00.00			
Fri	09.00	00.00	<b>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</b> (please read guidance note 6)  N/A.		
Sat	09.00	00.00			
Sun	09.00	00.00			

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon	00.00	24.00	SWIMMING POOL GYM EVENTS HELD UNDER PRIVATE HIRE ARRANGEMENT.
Tue	00.00	24.00	
Wed	00.00	24.00	<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 5)  N/A
Thur	00.00	24.00	<b>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</b> (please read guidance note 6)  N/A.
Fri	00.00	24.00	
Sat	00.00	24.00	
Sun	00.00	24.00	

**D**

N/A

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)		
Wed					
Thur			<b>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</b> (please read guidance note 6)		
Fri					
Sat					
Sun					



**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4) BANDS, CHOIRS, ORCHESTRA, DJ, ETC MAY ALL BE UTILISED WHEN HOLDING AN EVENT AMPLIFIED OR UNAMPLIFIED  <b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)  N/A.		
Mon	09.00	03.00			
Tue	09.00	03.00			
Wed	09.00	03.00			
Thur	09.00	03.00			
Fri	09.00	03.00			
Sat	09.00	03.00			
Sun	09.00	03.00			
			<b>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</b> (please read guidance note 6)  ANY OUTDOOR PERFORMANCE WILL END BY 00.00		

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4) PLAYED AS PART OF A SHOW OR EVENT BACKGROUND MUSIC. AMPLIFIED OR UNAMPLIFIED.		
Mon	00.00	24.00			
Tue	00.00	24.00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)  N/A.		
Wed	00.00	24.00			
Thur	00.00	24.00	<b>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</b> (please read guidance note 6)		
Fri	00.00	24.00			
Sat	00.00	24.00			
Sun	00.00	24.00			

**G**

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	09.00	03.00	<b>Please give further details here</b> (please read guidance note 4) DANCERS MAY FORM PART OF ENTERTAINMENT OR GALA PERFORMANCE		
Tue	09.00	03.00			
Wed	09.00	03.00	<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5) N/A.		
Thur	09.00	03.00			
Fri	09.00	03.00	<b>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</b> (please read guidance note 6) ANY OUTDOOR PERFORMANCE WILL END BY 00.00		
Sat	09.00	03.00			
Sun	09.00	03.00			

**H**

<p><b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing          ANTIQUE FAIRS, DOG/CAT SHOWS, &amp; SIMILAR.          FILMING OF TV/FILM PRODUCTIONS          PYROTECHNICS.</p>		
Day	Start	Finish	<p><b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)</p>	Indoors	<input type="checkbox"/>
Mon	09.00	00.00		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	09.00	00.00	<p><b>Please give further details here</b> (please read guidance note 4)          AMPLIFIED IN ACCORDANCE WITH          REQUIREMENTS OF THE EVENT</p>		
Wed	09.00	00.00			
Thur	09.00	00.00	<p><b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)</p> <p>N/A</p>		
Fri	09.00	00.00			
Sat	08.00	00.00	<p><b>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</b> (please read guidance note 6)</p> <p>N/A</p>		
Sun	08.00	00.00			

I

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	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	00.00	23.59	<b>Please give further details here</b> (please read guidance note 4) REQUIREMENTS OF A 5 STAR HOTEL TO PROVIDE A FULL ROOM SERVICE 24 HOURS		
Tue	00.00	23.59			
Wed	00.00	23.59	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)  N/A		
Thur	00.00	23.59			
Fri	00.00	23.59	<b>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</b> (please read guidance note 6)  N/A		
Sat	00.00	23.59			
Sun	00.00	23.59			

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption</b> – <b>please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5) GUESTS - 24 HOUR ROOM SERVICE HOTEL BAR OPEN 24 HOURS.		
Mon	00.00	24.00			
Tue	00.00	24.00			
Wed	00.00	24.00			
Thur	00.00	24.00			
Fri	00.00	24.00			
Sat	00.00	24.00			
Sun	00.00	24.00	<b>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</b> (please read guidance note 6) PERMIT THE SALE OF ALCOHOL TO HOTEL RESIDENTS 24 HOURS. FOR NON RESIDENTS THE BAR WILL OPEN AT 08.00 AND CLOSE AT 02.00		

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	HELEN HUBBARD
Date of birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	[REDACTED]
Issuing licensing authority (if known)	[REDACTED]

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).**

ALL ACTIVITIES WILL BE AGE APPROPRIATE, ANY FILMS SHOWN WILL BE SUBJECT TO THE CATEGORIES AWARDED BY BBFC.

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	N/A
Mon	00-00	24-00	
Tue	00-00	24-00	
Wed	00-00	24-00	
Thur	00-00	24-00	
Fri	00-00	24-00	
Sat	00-00	24-00	
Sun	00-00	24-00	
			N/A

**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 (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.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [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).</li> <li>• 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)</li> </ul>
Signature	
Date	12/1/2021
Capacity	COMPANY ADMINISTRATOR

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)			