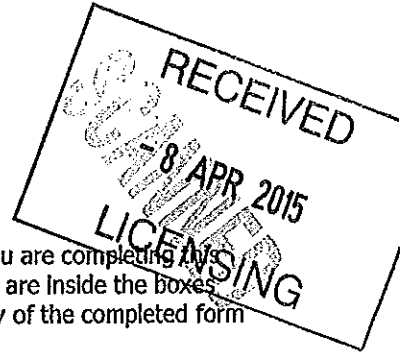


Application for a premises licence to be granted under the Licensing Act 2003

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 the 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 BRASILIA SIGNS 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 CLUB BRASILIA, STATION HILL, BURY ST EDMUNDS, SUFFOLK IP32 6AD			
Post town	BURY ST EDMUNDS	Postcode	IP32 6AD

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£43500.00

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 please complete section (B)
 - ii. as a partnership 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:

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

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick 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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
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	BRAZILIA NIGHTCLUB LIMITED.
Address	50 NEWMARKET ROAD BURY ST EDWARDS SUFFOLK IP33 3SN
Registered number (where applicable)	9467399
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

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)

NIGHTCLUB & ASSOCIATED OFFICES ETC AT STATION HILL,
BURY ST EDWARDS AS EDGEO RED ON THE ATTACHED PLAN.

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?

ALCOHOL & ENTERTAINMENT

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 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)

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 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2) N/A	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			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 5)		
Sat					
Sun					

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) N/A	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the exhibition of films (please 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 (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3) N/A
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
Thur			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 (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments 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) N/A	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed					
Thur			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Fri					
Sat					
Sun					
			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)		

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	<input checked="" type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
Tue								
Wed						State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur								
Fri	21.00	03.00				Non-standard timings. Where the club intends to use the premises for the performance of live music at different times from those listed in the column on the left, please list (please read guidance note 5)		
Sat	21.00	03.30						
Sun								

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	<input checked="" type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
Tue								
Wed						State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur								
Fri	21.00	03.00				Non-standard timings. Where the club intends to use the premises for the playing of recorded music at different times from those listed in the column on the left, please list (please read guidance note 5)		
Sat	21.00	03.30						
Sun								

G

Performances 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	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri	21.00	03.00			
Sat	21.00	03.30	Non-standard timings. Where the club intends to use the premises for the performance of dance at different times from those listed in the column on the left, please list (please read guidance note 5)		
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment that the club will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
Tue				Both	<input type="checkbox"/>
Wed				Please give further details here (please read guidance note 3)	
Thur			State any seasonal variations for this entertainment (please read guidance note 4)		
Fri					
Sat					
Sun			Non-standard timings. Where the club intends to use the premises for this entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)		

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both -- please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
				N/A	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption -- please tick (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon					
Tue					
Wed			None		
Thur					
Fri	21.00	03.00	None		
Sat	21.00	03.30			
Sun					

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

Name LUKE WATSON	
Address WICKHAM ELY CAMBS	
Postcode	
Personal licence number (if known) FH0403	
Issuing licensing authority (if known) FOREST HEATH DISTRICT 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 8).

N/A.

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon			N/A
Tue			
Wed			
Thur			
Fri	21.00	03.00	
Sat	21.00	03.30	
Sun			
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 5)			

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 9)

Strong and experienced management control with full training to all staff so that they understand the full demands and requirements of the premises licence and four licence objectives.
Clear "challenge 25" information to prevent sale of alcohol to under-age drinkers. No drunk and disorderly behaviour on the premises. Vigilance in preventing the use and sale of illegal drugs in or near the premises. No violent or anti-social behaviour with a zero tolerance attitude.

b) The prevention of crime and disorder

Sufficient SIA registered Door Supervisors will be on duty during licensing hours. CCTV to monitor exits and other areas to address the prevention of crime. No selling of alcohol to drunk or intoxicated customers. No glasses or bottles allowed onto the site. The licensee will participate in the local Pub-Watch scheme. A search policy will be implemented. Any persons ejected will not be readmitted. There will be no admission into the premises one hour before the premises closes. Incidents will be logged.

c) Public safety

The licensee will ensure that at least one person trained in first aid will be on duty when open to the public and that a full quota of door staff and fire stewards are in place while members of the public are on the premises. Internal and external lighting to promote the public safety objective. Staff trained to environmental health requirements. All parts of the premises and all fixtures, fittings and apparatus will be maintained in good working order.

d) The prevention of public nuisance

Clearly visible notices advising that CCTV is installed on the premises. The outside area will be well lit during the hours of darkness when the premises is open for the licensed activity. Minimum of two door staff at the entrance to the premises at all times during opening hours and at departure time. Door supervisors will monitor and patrol any queue that forms and ensure it does not cause public nuisance. The management shall ensure by signage and advise that patrons are requested to respect local residents needs when departing.

e) The protection of children from harm

There are no plans to hold events for children
The premises will advertise a "challenge 25" policy that encourages anyone over 18 but looks under 25 to carry acceptable ID, a photographic driving licence or passport or card bearing the PASS hologram.
All staff will be fully trained about requirement for persons age identification. Any person who appears to be a minor will be challenged.

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.

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.

Part 4 – Signatures (please read guidance note 10)

Signature of applicant 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	
Date	24 th MARCH 2015
Capacity	DIRECTOR

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 12). **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 13)

50 NEWMARKET ROAD

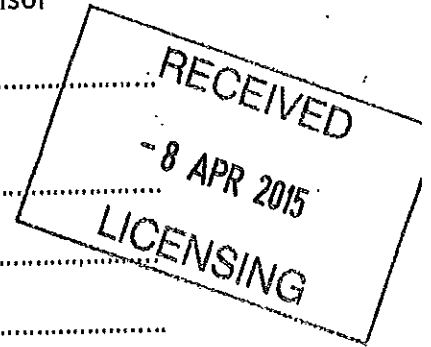
Post town	BURN ST. EDMUNDS	Postcode	IP33 3SN
Telephone number (if any)	01284		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

Consent of individual to being specified as premises supervisor

I, Luke Watson
[full name of prospective premises supervisor]

of Ely Cambridgeshire

[home address of prospective premises supervisor]



hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for (Premises licence)

Brazilla nightclub LTD [type of application]

by Brazilla Nightclub Limited [name of applicant]

relating to a premises licence [number of existing licence, if any]

for Club Brazilla Station Hill
Bury St Edmunds IP32 6AD

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by Luke Watson [name of applicant]


concerning the supply of alcohol at Club Brazilla
Station Hill Bury St Edmunds

[name and address of premises to which application relates].

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number FH0403
[insert personal licence number, if any]

Personal licence issuing authority Forest Heath District Council
[insert name and address and telephone number of personal licence issuing authority, if any]

 signed

Luke Watson name (please print)

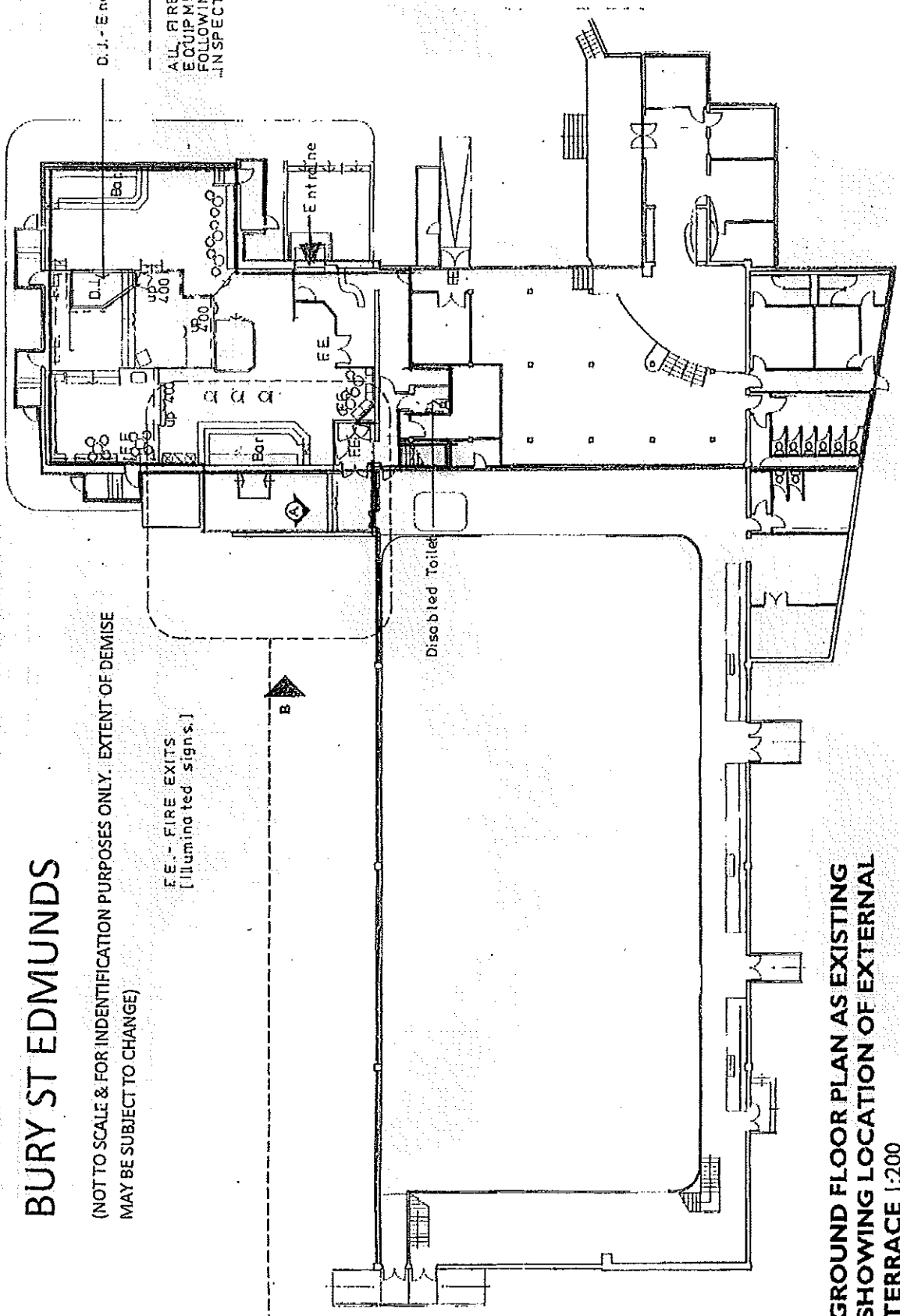
11/3/15 dated

CLUB BRAZILIA, STATION HILL, BURY ST EDMUNDS

(NOT TO SCALE & FOR IDENTIFICATION PURPOSES ONLY. EXTENT OF DEMISE
MAY BE SUBJECT TO CHANGE)

EE - FIRE EXITS
[Illuminated signs.]

D.J. - Enclosure / console
Dance floor area
ALL FIRE SAFETY
EQUIPMENT TO BE AGREED
FOLLOWING FIRE OFFICERS
INSPECTION.

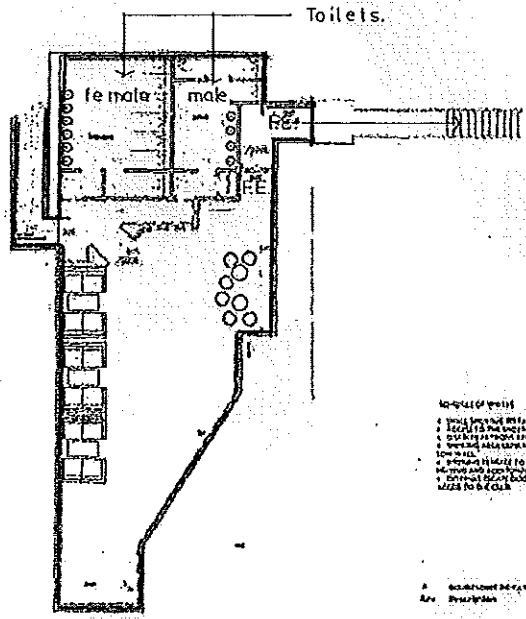


**GROUND FLOOR PLAN AS EXISTING
SHOWING LOCATION OF EXTERNAL
TERRACE 1:200**

Copyright in this drawing remains with the architect. Do not scale from this drawing. Visit to listing elsewhere. Check all dimensions on site. In case of any discrepancy, refer query to the architect.

C. FINISHES	
1. Walls	2. Ceilings
3. Floors	4. Windows
5. Doors	6. Stairs
7. Bathrooms	8. Kitchens
9. External	10. Internal
11. Landscaping	12. Fencing
13. Driveways	14. Paths
15. Gardens	16. Paved areas
17. Greenhouses	18. Pergolas
19. Balconies	20. Terraces
21. Roofs	22. Gutters
23. Chimneys	24. Ventilation
25. Heating	26. Cooling
27. Lighting	28. Sound
29. Security	30. Fire
31. Accessibility	32. Sustainability
33. Acoustic	34. Thermal
35. Air Quality	36. Water
37. Energy	38. Materials
39. Health	40. Safety
41. Comfort	42. Durability
43. Maintenance	44. Cost
45. Aesthetics	46. Functionality
47. Flexibility	48. Innovation
49. Resilience	50. Quality

PROTECTED
DRAWING



FIRST FLOOR 1:100 200

NOTES TO CLIENT
1. All work to be done in accordance with the Building Regulations 2010.
2. The client is responsible for obtaining all necessary planning and building control approvals.
3. The architect is not responsible for the accuracy of the information provided by the client.
4. The architect is not responsible for the accuracy of the information provided by the client.
5. The architect is not responsible for the accuracy of the information provided by the client.
6. The architect is not responsible for the accuracy of the information provided by the client.

FOR THE ARCHITECT
CLUB BRAZILIA, STATION HILL, BURY ST,
EDMUNDS, SUFFOLK, IP31 6AD
FOR LUMINAIR LESURE
PLANS AS PROPOSED LICENSING
SCALE 1:100 DATE 21/03/15 DRAWING NO. 0684-23-03
SCALE 1:100 DATE 21/03/15 REV. A

