

\* required information

## Section 1 of 21

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

Your reference  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

\* 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:

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 you are applying so you can be employed, or for some other personal reason, such as following a hobby.

### Applicant Business

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

Note: completing the Applicant Business section is optional in this form.

Registration number

Business name

VAT number

Legal status

If your business is registered, use its registered name.

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

Continued from previous page...

Your position in the business

Home country

United Kingdom

The country where the headquarters of your business is located.

**Registered Address**

Address registered with Companies House.

Building number or name

Link House

Street

25 West Street

District

City or town

Poole

County or administrative area

Dorset

Postcode

BH15 1LD

Country

United Kingdom

**Section 2 of 21**

**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

**Postal Address Of Premises**

Building number or name

Alton Towers Resort - X Sector area

Street

Alton

District

City or town

County or administrative area

Staffordshire Moorlands

Postcode

ST10 4DB

Country

United Kingdom

**Further Details**

Telephone number

Non-domestic rateable value of premises (£)

## Section 3 of 21

### APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company / limited liability partnership
- A partnership (other than limited liability)
- An unincorporated association
- Other (for example a statutory corporation)
- 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

### 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 His Majesty's prerogative

## Section 4 of 21

### 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...

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

\* Date of birth

\* Nationality  [Documents that demonstrate entitlement to work in the UK](#)

**Section 5 of 21**

**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.

An Airstream van located in an open space within the X Sector area of the Theme Park. Acohol may be taken to other areas within the confines of the Theme Park



*Continued from previous page...*

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

**Section 6 of 21**

**PROVISION OF PLAYS**

[See guidance on regulated entertainment](#)

Will you be providing plays?

- Yes  No

**Section 7 of 21**

**PROVISION OF FILMS**

[See guidance on regulated entertainment](#)

Will you be providing films?

- Yes  No

**Section 8 of 21**

**PROVISION OF INDOOR SPORTING EVENTS**

[See guidance on regulated entertainment](#)

Will you be providing indoor sporting events?

- Yes  No

**Section 9 of 21**

**PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS**

[See guidance on regulated entertainment](#)

Will you be providing boxing or wrestling entertainments?

- Yes  No

**Section 10 of 21**

**PROVISION OF LIVE MUSIC**

[See guidance on regulated entertainment](#)

Will you be providing live music?

- Yes  No

**Section 11 of 21**

**PROVISION OF RECORDED MUSIC**

[See guidance on regulated entertainment](#)

Will you be providing recorded music?

- Yes  No

**Section 12 of 21**

**PROVISION OF PERFORMANCES OF DANCE**

[See guidance on regulated entertainment](#)

Will you be providing performances of dance?



Continued from previous page...

**Section 13 of 21**

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

[See guidance on regulated entertainment](#)

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

- Yes  No

**Section 14 of 21**

**LATE NIGHT REFRESHMENT**

Will you be providing late night refreshment?

- Yes  No

**Section 15 of 21**

**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

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

Continued from previous page...

SUNDAY

Start

End

Start

End

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.

None

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.

None

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

**Name**

First name

Family name

Date of birth



Continued from previous page...

**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)

**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'.

**Section 16 of 21**

**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.

No adult entertainment will take place.

**Section 17 of 21**

**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.



Continued from previous page...

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

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.

None

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.

None

**Section 18 of 21**

**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)

*Continued from previous page...*

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

Alton Towers Resort is fully committed to ensuring the health safety and well being of all. As well as full time Health & Safety and Security & Medical departments, all senior management are fully engaged in all aspects of ensuring the licensing objectives are met

b) The prevention of crime and disorder

There is a full time security department with 24 hours presence on the site.  
CCTV is in operation.  
Regular liaison with Staffordshire Police via the Security and Profit Protection Manager  
Alton Towers Resort operates the "Challenge 25" scheme regarding the sale of alcohol.  
All managers are personal licence holders, qualified to BIIAB level 2.  
All team leaders are qualified to BIIAB level 1

c) Public safety

Full time Health & Safety Department.  
A full time health & safety department overseeing all aspects of public safety  
Suitable risk assessments are carried out in accordance with the Management of Health & Safety at Work Regulations.  
Fire Safety Risk assessments are completed in accordance with the Regulatory Reform (Fire Safety) Order.  
A medical department and West Midland Ambulance Service trained community first responders on site at all times.

d) The prevention of public nuisance

Regular liaison takes place between Alton Towers Resort and the local community to identify any concerns  
Regular liaison takes place between Alton Towers Resort and the local community to identify any concerns  
Regular noise monitoring is in place to try and avoid any issues. Any concerns raised would be addressed.  
An environmental report has been carried out in conjunction with SMDC, including noise impact.

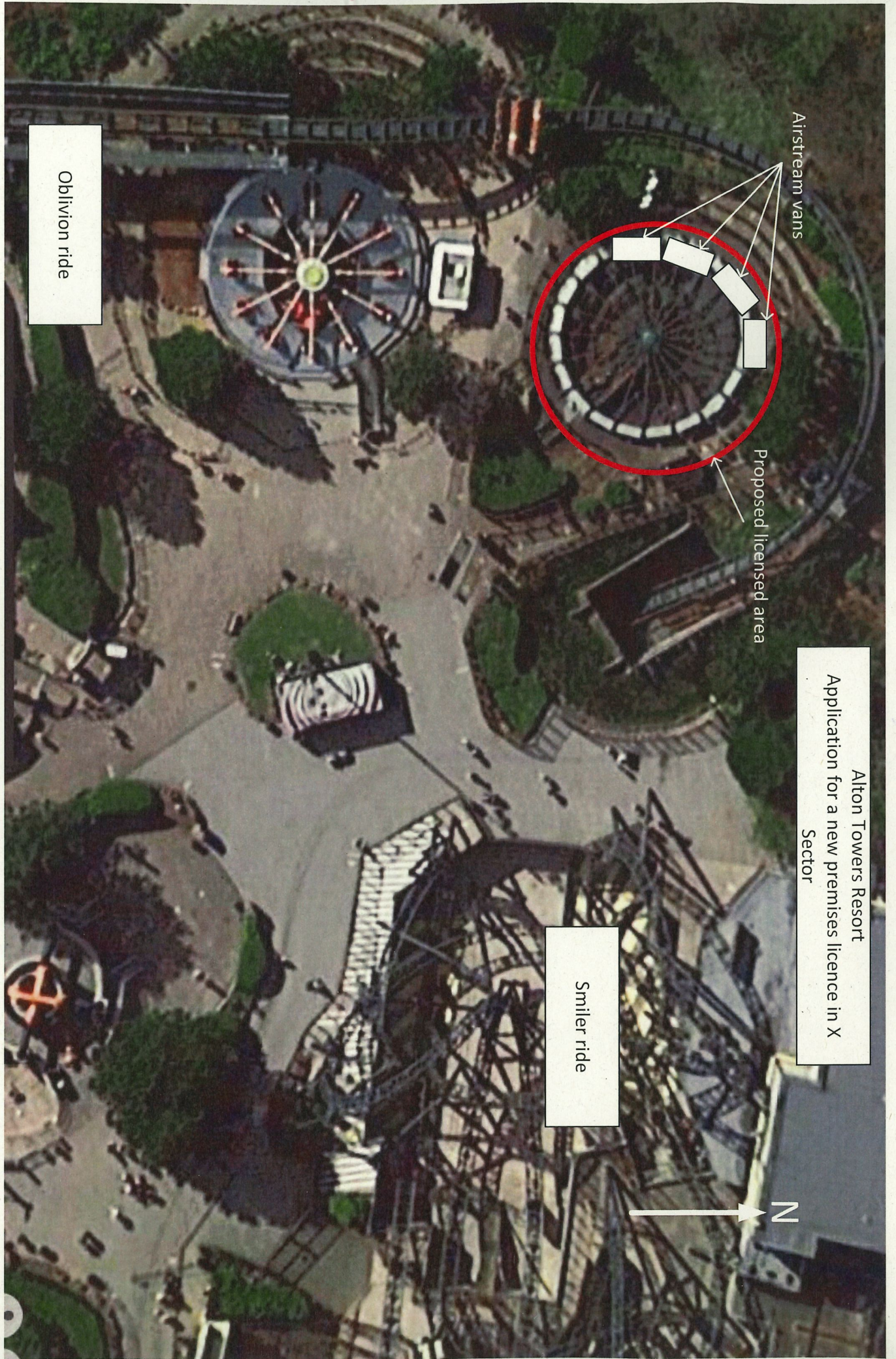
e) The protection of children from harm

This site is aimed at families with young children and as such there are no activities that could potentially harm children  
The Challenge 25 procedure is adopted  
All employees receive DBS checks where appropriate  
A number of employees are Safeguarding trained and a Safeguarding lead is always available

**Section 19 of 21**

**NOTES ON DEMONSTRATING ENTITLEMENT TO WORK IN THE UK**





Airstream vans

Proposed licensed area

Oblivion ride

Smiler ride

Alton Towers Resort  
Application for a new premises licence in X  
Sector

N