

- T y p e t e x t
- 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)

Mr Mrs Miss Ms Other title (for example, Rev) _____

Surname

First names

Please tick yes

Date of Birth

I am 18 years old or over

Nationality

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr Mrs Miss Ms Other title (for example, Rev) _____

Surname

First names

Please tick yes

Date of Birth

I am 18 years old or over

Nationality

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

(B) OTHER APPLICANTS

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

| | |
|---|--|
| Name | Mighty Events Ltd |
| Address | IPS Innovate, Colburn, Colburn Business Park, DL94QJ |
| Registered number (where applicable) | 07851290 |
| Description of applicant (for example, partnership, company, unincorporated association etc.) | Limited company |
| Telephone number (if any) | 01748470047 |
| E-mail address (optional) | bruce@mightyevents.co.uk |

Part 3 Operating Schedule

When do you want the premises licence to start?

| Day | | Month | | Year | | | |
|-----|---|-------|---|------|---|---|---|
| 0 | 1 | 0 | 7 | 2 | 0 | 2 | 4 |

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

| Day | | Month | | Year | | | |
|-----|--|-------|--|------|--|--|--|
| | | | | | | | |

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

The premises comprises of a periment grass field.
 Vans in the Valley is a family pop up camping event. Advance numbers would be 500 – 700 people.
 The set up will take place on open farmland with no permanent buildings. 2 catering units, a small mobile bar and 8 trade stands.
 Small area will be marked out for an acoustic setup. Only weekend camping advance tickets will be sold day tickets are not available. We will allow local residents free access on the evening with proof of address.

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

| |
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What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Please tick yes

Provision of regulated entertainment

- 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) performance 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)

Sale by retail 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 | | | Please give further details here (please read guidance note 4) | Both | <input type="checkbox"/> |
| Tue | | | | | |
| Wed | | | State any seasonal variations for performing play (please read guidance note 5) | | |
| 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 6) | | |
| Sat | | | | | |
| Sun | | | | | |

B

| Films Standard days and timings (please read guidance note 7) | | | Will the exhibition of a 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 | | | Please give further details here (please read guidance note 4) | Both | <input checked="" type="checkbox"/> |
| Tue | | | | | |
| Wed | | | State any seasonal variations for the exhibition of films (please read guidance note 5) | | |
| Thur | 12:00 | 00:00 | | | |
| Fri | 12:00 | 00:00 | 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 | 12:00 | 00:00 | | | |
| Sun | 12:00 | 23:00 | | | |

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 | | | State any seasonal variations for indoor sporting events (please read guidance note 5) |
| | | | |
| Tue | | | |
| | | | |
| Wed | | | 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 6) |
| | | | |
| Thur | | | |
| | | | |
| Fri | | | |
| | | | |
| Sat | | | |
| Sun | | | |

D

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|--|-------|--------|---|--------------------------|--------------------------|
| Boxing or wrestling entertainment Standard days and timings (please read guidance note 7) | | | Will the boxing or wrestling entertainment 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"/> |
| | | | Both | <input type="checkbox"/> | |
| Mon | | | Please give further details here (please read guidance note 4) | | |
| | | | | | |
| Tue | | | State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 5) | | |
| | | | | | |
| Wed | | | | | |
| | | | | | |
| Thur | | | 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 6) | | |
| | | | | | |
| Fri | | | | | |
| | | | | | |
| Sat | | | | | |
| Sun | | | | | |

E

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|---|--------------|---------------|---|----------|-------------------------------------|
| Live music Standard days and timings (please read guidance note 7) | | | Will the performance of live music 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 | Please give further details here (please read guidance note 4) | | |
| Mon | | | | | |
| Tue | | | State any seasonal variations for the performance of live music (please read guidance note 5) | | |
| Wed | | | | | |
| Thur | 11:00 | 00:00 | 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. (Please read guidance note 6) | | |
| Fri | 11:00 | 00:00 | | | |
| Sat | 11:00 | 00:00 | | | |
| Sun | 11:00 | 23:00 | | | |

F

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|---|--------------|---------------|---|----------|-------------------------------------|
| Recorded music Standard days and timings (please read guidance note 7) | | | Will the playing of recorded music 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 | Please give further details here (please read guidance note 4) | | |
| Mon | | | | | |
| Tue | | | State any seasonal variations for the playing of recorded music (please read guidance note 5) | | |
| Wed | | | | | |
| Thur | 11:00 | 00:00 | 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. (please read guidance note 6) | | |
| Fri | 11:00 | 00:00 | | | |
| Sat | 11:00 | 00:00 | | | |
| Sun | 11:00 | 23:00 | | | |

Type 1

G

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|---|--------------|---------------|--|----------|--------------------------|
| Performance 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 type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | | | Please give further details here (please read guidance note 4) | | |
| Tue | | | | | |
| Wed | | | State any seasonal variations for the performance of dance (please read guidance note 5) | | |
| Thur | | | | | |
| Fri | | | 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. (please read guidance note 6) | | |
| Sat | | | | | |
| Sun | | | | | |
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H

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|---|--------------|---------------|--|----------|--------------------------|
| 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 | | |
| | | | Will the entertainment take place indoors or outdoors or both – please tick (please read guidance note 3) | 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 4) | | |
| Tue | | | | | |
| Wed | | | State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5) | | |
| Thur | | | | | |
| Fri | | | 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 | | | | | |
| Sun | | | | | |
| | | | | | |

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 | Please give further details here (please read guidance note 4) | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | State any seasonal variations for the provision of late night refreshment (please read guidance note 5) | | |
| Thur | 23:00 | 01:30 | | | |
| Fri | 23:00 | 01:30 | 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 6) | | |
| Sat | 23:00 | 01:30 | | | |
| Sun | | | | | |

J

| Supply of alcohol Standard days and timings (please read guidance note 7) | | | Will the supply of alcohol be for consumption on or off the premises or both – please tick (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 | State any seasonal variations for the supply of alcohol (please read guidance note 5) | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | 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. (please read guidance note 6) | | |
| Thur | 11:00 | 01:30 | | | |
| Fri | 11:00 | 01:30 | | | |
| Sat | 11:00 | 01:30 | | | |
| Sun | 11:00 | 23:00 | | | |

Type text h

State the name and details of the individual whom you wish to specify on the licence as the designated premises supervisor (please see declaration about the entitlement to work in the checklist at the end of the form)

Name Joseph Bruce Emmett

Address

Postcode

Personal licence number (if known) RCD 364

Issuing licensing authority (if known) Richmondshire 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 9)

L

| Hours premises are open to the public Standard days and timings (please read guidance note 7) | | | State any seasonal variations (please read guidance note 5) |
|---|-------|--------|--|
| Day | Start | Finish | |
| Mon | | | Non standard timings. Where you intend to open 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 6) |
| | | | |
| Tue | | | |
| | | | |
| Wed | | | |
| | | | |
| Thur | 11:00 | 01:30 | |
| | | | |
| Fri | 11:00 | 01:30 | |
| | | | |
| Sat | 11:00 | 01:30 | |
| | | | |
| Sun | 11:00 | 23:00 | |
| | | | |

M

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

a) General – all four licensing objectives (b, c, d, e) (please read guidance note 10)

A brief to all staff will take place before the event starts, all licensing objectives will be covered.
All key staff will be given a detailed event plan.

b) The prevention of crime and disorder

Preventing the admission and ensuring the departure from the premises of drunk and disorderly, without causing further disorder.
Keeping out excluded individuals (subject to court bans or imposed by the licence holders).
Search for and removal of alcohol into the licenced area. Carried out by SIA security only.
ID checks of, passport, photo driving licence or any accredited proof of age scheme card, for the purchase of alcohol and the. Enforce the NO under 17's camping.

c) Public safety

All staff members, stewards, security will be fully briefed on evacuation routes.
Head steward will be responsible for opening of emergency gates as well as direct contact with the control centre.
Security will be responsible for no return access to the area.

Each member of staff will be pre-designated a zone to clear

d) The prevention of public nuisance

In addition to the security services a minimum of 20 volunteer stewards including the event organisers will be on duty at any one time during the licensed activities and will remain on site throughout the entire event.

We will clearly advertise near the entrance a ZERO TOLERANCE policy on underage drinking

e) The protection of children from harm

There will be a central point for lost children or vulnerable persons; they will be kept safe in a crash tent until next of kin can be found.

On entry to the festival parents/guardians contact numbers to be written on child's wristband.

2 dedicated persons will have the responsibility for lost children and vulnerable people.

- Children should not be left in the sole care of one person.
- No food or drink, except plain water should be given to children in case of Allergies.

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 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.

Type te

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 PURUANT 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 | Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership <ul style="list-style-type: none"> • 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 | 30-11-23 21/01/24 |
| Capacity | Director Director |

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 address for correspondence associated with this application (please read guidance note 14)

Joseph Emmett

[REDACTED]

Post town

[REDACTED]

Post code

[REDACTED]

Telephone number (if any)

[REDACTED]

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

bruce@mightyevents.co.uk

Return the completed form and any supporting documents to:

Licensing Team, North Yorkshire Council, Mercury House,
Station Road, Richmond, North Yorkshire DL10 4JX

Or licensing.ric@northyorks.gov.uk