

LICENSING ACT 2003

Reference: 25/00067/LAPRE

An application for a **Premises Licence** (New)

has been made by **ATL Hospitality And Events LTD**

for the premises known as -

Hollybush Lakes, Hollybush Lane, Aldershot, Hampshire

Details of this application (including the activities and times that these are proposed to be carried on or from the premises) are set out in the attached copy (redacted).

These and other details of the application (including any plans), together with the licensing register of the licensing authority may be inspected at the offices of Rushmoor Borough Council at the Council Offices, Farnborough Road, Farnborough GU14 7JU; telephone: 01252 398855, website: www.rushmoor.gov.uk.

NB(1): Responsible authorities or any other person may make representations about this application to the licensing authority no later than the date set out below.

28 February 2025

NB(2): Where applicable, all representations must be made in writing to the licensing authority at the above address or submitted by email: licensing@rushmoor.gov.uk.

NB(3): It is an offence to knowingly or recklessly make a false statement in connection with an application; the maximum fine for which is unlimited on summary conviction.

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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/ ATL Hospitality and Events 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			
Hollybush Lakes Hollybush Lane			
Post town	Aldershot	Postcode	GU12 5QA
Telephone number at premises (if any)		<u> </u>	
Non-domestic rateable value of premises		£0	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |

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- 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

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(A) INDIVIDUAL APPLICANTS (fill in as applicable)

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

SECOND INDIVIDUAL APPLICANT (if applicable)

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

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(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 [REDACTED] ATL Hospitality and Events Ltd
Address Woodcote Bridge Wharf Chertsey Surrey KT16 8LJ
Registered number (where applicable) [REDACTED] 14872719
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Liability Partnership
Telephone number (if any)
E-mail address (optional) [REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
2	3	08 2 02 5

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)

Lakeside location for 2-day Family Music Festival called Neverland, over the August Bank Holiday weekend every year. Up to 2500 attendees on each day

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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 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)

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

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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 type="checkbox"/>	
				Outdoors	<input type="checkbox"/>	
Day	Start	Finish	Both			<input type="checkbox"/>
Mon	<input type="text"/>	<input type="text"/>	Please give further details here (please read guidance note 3) <input type="text"/>			
	<input type="text"/>	<input type="text"/>				
Tue	<input type="text"/>	<input type="text"/>	State any seasonal variations for the performance of live music (please read guidance note 4) Annually on the Saturday and Sunday of every August Bank Holiday weekend			
	<input type="text"/>	<input type="text"/>				
Wed	<input type="text"/>	<input type="text"/>				
	<input type="text"/>	<input type="text"/>				
Thu	<input type="text"/>	<input type="text"/>				
	<input type="text"/>	<input type="text"/>				
Fri	<input type="text"/>	<input type="text"/>	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 5) <input type="text"/>			
	<input type="text"/>	<input type="text"/>				
Sat	12:00	22:45				
	<input type="text"/>	<input type="text"/>				
Sun	12:00	22:45				
	<input type="text"/>	<input type="text"/>				

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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 type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	<input type="text"/>	<input type="text"/>	Please give further details here (please read guidance note 3) <input type="text"/>	Both	<input type="checkbox"/>
Tue	<input type="text"/>	<input type="text"/>			
Wed	<input type="text"/>	<input type="text"/>	State any seasonal variations for the playing of recorded music (please read guidance note 4) <input type="text"/> Annually on the Saturday and Sunday of every August Bank Holiday weekend		
Thu	<input type="text"/>	<input type="text"/>			
Fri	<input type="text"/>	<input type="text"/>	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 5) <input type="text"/>		
Sat	12:00	22:45			
Sun	12:00	22:45			

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J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for <u>consumption – please tick</u> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	<input type="text"/>	<input type="text"/>	State any seasonal variations for the supply of alcohol (please read guidance note 4) Annually on the Saturday and Sunday of every August Bank Holiday weekend	Both	<input type="checkbox"/>
Tue	<input type="text"/>	<input type="text"/>			
Wed	<input type="text"/>	<input type="text"/>			
Thu	<input type="text"/>	<input type="text"/>			
Fri	<input type="text"/>	<input type="text"/>			
Sat	12:00	22:30			
Sun	12:00	22:30			
			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 5)		

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

Name <input type="text"/> Barry James Smithers	
Address <input type="text"/>	
Postcode	<input type="text"/>
Personal licence number (if known) <input type="text"/> LI/18/01298/LAPER	
Issuing licensing authority (if known) Bracknell Forest Council	

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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).

None

Hours premises are open to the public
Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Tue	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Wed	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Thur	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Fri	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Sat	12:00	22:45
	<input type="text"/>	<input type="text"/>
Sun	12:00	22:45
	<input type="text"/>	<input type="text"/>

State any seasonal variations (please read guidance note 4)

Annually on the Saturday and Sunday of every August Bank Holiday weekend

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)

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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)

Throughout the event, staff shall be on duty to oversee safe event operation and compliance with licence conditions and the objectives. All staff conducting alcohol sales shall be trained in their responsibilities and the law relating to alcohol sales, including challenge 25 age verification policy, signs of drunkenness, how to refuse sales, and record refusals. This training shall take place before staff are permitted to conduct alcohol sales. All staff training records shall be kept for a minimum period of 12 months. Important information such as routes and event rules shall be included within the ticketing information. The Applicant will engage in Safety Advisory Group meetings prior to the event taking place. A final event management plan will be agreed with the Local Authority 2 weeks before the start of the event.

b) The prevention of crime and disorder

a) An incident book shall be maintained to record any activity of a violent, criminal or anti-social nature. The record will contain the time and date, the nature of the incident, the people involved, the action taken and details of the person responsible for the management of the premises at the time of the incident. This record shall be produced to a police officer or an authorised officer of the local authority on reasonable request. This record shall be retained for a period of 12 months.

b) A written log shall be kept of all refusals including refusals to sell alcohol. The Premises Licence Holder shall ensure that the refusals log is checked, signed and dated on a weekly basis by the venue manager/manageress. The refusals log will be kept and maintained at the premises and will be available for inspection immediately upon request by Hampshire Constabulary and any responsible authority. The record of refusals will be retained for 12 months.

c) A written policy on how the venue will deal with vulnerability shall be implemented and as a minimum shall include the following:

1. A definition of the different types of vulnerability that may present at the premises.
2. How best to communicate with vulnerable people. For example, people who are drunk, people on their own, people behaving aggressively and people who are ill.

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3. How to safeguard vulnerable people, including information on first aid administration and referral to the ambulance service and police where relevant.

4. Best practice for partnering with agencies, such as taxi companies, local authorities and other venues.

5. What to do if you sense a vulnerable person is in danger, for example if they leave the venue alone or with people they didn't arrive with.

d) The Premises Licence Holder or nominated person shall provide a written drugs policy detailing the actions to be undertaken to minimize the opportunity to use or supply illegal substances within the premises. Any incidents of criminal activity shall be reported to the Police. SIA Security guards shall operate throughout the event and patrol the site. SIA security staff and stewarding numbers shall be deployed on a risk assessed basis.

Alcohol Sales will cease at 22:30.

c) Public safety

All drinks will be served in polycarbonate containers.

Appropriate and risk assessed fire safety procedures shall be in place including provisions of fire extinguishers (foam, H2 & Co2), fire blankets and emergency lighting.

All emergency exits shall be kept free from obstruction at all times.

A Traffic Management Plan shall be operated to minimise impact on local roads. The plan will be agreed with the Local Authority at least one month before the start of the event.

d) The prevention of public nuisance

Noise monitoring checks shall take place near to noise sensitive dwellings when musical entertainment is taking place. If nuisance is established, remedial actions shall be taken at the time to address the problem.

A noise complaint telephone number shall be provided locally and operate during the event to enable local people to raise any live complaints directly with event management.

Clear signage shall be prominently displayed to remind customers to leave quietly and be respectful of the neighbourhood.

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e) The protection of children from harm

Staff conducting alcohol sales shall operate under the challenge 25 age verification policy. Persons who appear to staff be aged under 25 shall be required to prove their age by providing photographic ID such as their DVLA licence, passport or proof of age card. All staff shall be trained for the underage sales prevention procedure. Details of staff training, incidents and refusals, and alcohol ID checks shall be recorded and made available on request to responsible authority officers. Records shall be kept for at least 12 months. There will be a designated signposted 'Lost Children' location.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- 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. x
- I understand that I must now advertise my application. x
- I understand that if I do not comply with the above requirements my application will be rejected. x

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	Linda Cannon LCLCTS
Date	20/01/2025
Capacity	Agent on Behalf of the applicant

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	
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Date	<input type="text"/>
Capacity	<input type="text"/>

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13) Linda Cannon LCLCTS			
Post town	<input type="text"/>	Postcode	<input type="text"/>
Telephone number (if any) <input type="text"/>			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) <input type="text"/>			