

LICENSING ACT 2003

Reference: 25/01054/LAPRE

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

has been made by **Mr Pujan Thapa**

for the premises known as -

**Ivy Road Recreation Ground, Ivy Road, 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.

3 February 2026

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/We **MR PUJAN THAPA**
(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 IVY ROAD PLAYING FIELD ALDERSHOT			
Post town		Postcode	

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

Part 2 - Applicant details

Please state whether you are applying for a premises licence as appropriate Please tick as

a)	an individual or individuals *	<input checked="" type="checkbox"/>	please complete section (A)
b)	a person other than an individual *	<input type="checkbox"/>	
i	as a limited company/limited liability partnership	<input type="checkbox"/>	please complete section (B)
ii	as a partnership (other than limited liability)	<input type="checkbox"/>	please complete section (B)
iii	as an unincorporated association or	<input type="checkbox"/>	please complete section (B)
iv	other (for example a statutory corporation)	<input type="checkbox"/>	please complete section (B)

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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)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev) <input type="checkbox"/>	
Surname THAPA		First names PUJAN			
Date of birth <input type="text"/>		I am 18 years old or over <input type="checkbox"/>		Please tick yes <input checked="" type="checkbox"/>	
Nationality <input type="text"/>					
Current residential address if different from premises address <input type="text"/>		<input type="text"/>			
Post town <input type="text"/>				Postcode <input type="text"/>	
Daytime contact telephone number <input type="text"/>		<input type="text"/>			
E-mail address (optional) <input type="text"/>		<input type="text"/>			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)					

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Second individual applicant (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth or over		I am 18 years old		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service: (please see note 15 for information)					

(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
Address

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Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start? DD MM YYYY
28-03-2026

If you wish the licence to be valid only for a limited period, when do you want it to end? DD MM YYYY
28-03-2026

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

ONE-DAY OUTDOOR HOLI FESTIVAL (HOLI ESTIVAL 2026)
AT THE IVY PLAYING FIELD, ALDERSHOT. SITE INCLUDES
STAGE, LICENSED BARS, FOOD STALLS, TOILETS, FIRST
AID, AND SECURITY PERIMETER. SITE PLAN SENT
ALREADY.

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 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)	

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e)	live music (if ticking yes, fill in box E)	<input checked="" type="checkbox"/>
f)	recorded music (if ticking yes, fill in box F)	<input checked="" type="checkbox"/>
g)	performances of dance (if ticking yes, fill in box G)	<input checked="" type="checkbox"/>
h)	anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	<input checked="" type="checkbox"/>

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	
<u>Supply of alcohol</u> (if ticking yes, fill in box J)	<input checked="" type="checkbox"/>

In all cases complete boxes K, L and M

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A

Plays Standard days and timings (please read guidance note 7)			<u>Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)</u>	Indoors	
Day	Start	Finis h		Outdoors	
				Both	
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

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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
				Outdoors
				Both
Day	Start	Finish		
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)	
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 6)	
Sat				
Sun				

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C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finis h	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
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 6)
Fri			
Sat			
Sun			

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D

Boxing or wrestling entertainments 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)	
Day	Start	Finish	Indoors	
Mon			Outdoors	
Tue			Both	
Wed			Please give further details here (please read guidance note 4)	
Thur			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)	
Fri			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)	
Sat				
Sun				

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E

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)	
Day	Start	Finish	Indoors	
Mon			Outdoors	<input checked="" type="checkbox"/>
Tue			Both	
Wed			Please give further details here (please read guidance note 4) AMPLIFIED LIVE MUSIC ON MAIN STAGE	
Thur			N/A - ONE DAY EVENT	
Fri			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)	
Sat	12:00		N/A	
	22:00			
Sun				

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F

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)	
Day	Start	Finish	Indoors	
Mon			Outdoors	<input checked="" type="checkbox"/>
Tue			Both	
Wed			Please give further details here (please read guidance note 4) AMPLIFIED RECORDED MUSIC (DJ SETS)	
Thur			N/A - ONE DAY EVENT	
Fri			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)	
Sat	12:00		N/A	
	22:00			
Sun				

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G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	
Day	Start	Finish	Indoors	
Mon			Outdoors	<input checked="" type="checkbox"/>
Tue			Both	
Wed			<u>Please give further details here</u> (please read guidance note 4) CULTURAL DANCE PERFORMANCES ON MAIN STAGE	
Thur			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5) N/A - ONE DAY EVENT	
Fri			<u>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</u> (please read guidance note 6)	
Sat	12:00		N/A	
	22:00			
Sun				

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H

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		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Mon				Outdoors	<input checked="" type="checkbox"/>
				Both	
Tue			Please give further details here (please read guidance note 4) MC HOST, ANNOUNCEMENTS, CULTURAL PERFORMANCES		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5) N/A - ONE DAY EVENT		
Fri					
Sat	12:00		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) N/A		
Sun	22:00				

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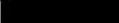
Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	
Day	Start	Finish	Indoors	
Mon			Outdoors	
Tue			Both	
Wed			<u>Please give further details here</u> (please read guidance note 4)	
Thur			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)	
Fri			<u>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</u> (please read guidance note 6)	
Sat				
Sun				

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J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	
Day	Start	Finish	On the premises	<input checked="" type="checkbox"/>
Mon			Off the premises	
Tue			Both	
Wed				
Thur				
Fri				
Sat	12:00			
	22:00			
Sun				
State any seasonal variations for the supply of alcohol (please read guidance note 5)				
N/A - ONE DAY EVENT				
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)				
N/A				

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	MR PUJAN THAPA	
Date of birth		
Address	 	
Postcode		
Personal licence number (if known)	LP77003009	
Issuing licensing authority (if known)	READING BOROUGH 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 9).

NO ADULT ENTERTAINMENT. STRICTLY OVER 18s ONLY. NO UNDER 18s ADMITTED.

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			NA
Tue			
Wed			
Thur			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 6)
Fri			Friday: Staff can come to set up from 8am to 10 pm.
Sat			Saturday: Public can enter from 12 am to 10:00 pm.
Sun			Sunday: Staff can come to pack up from 8am

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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 10)

The Premises Licence Holder will implement a comprehensive Event Management Plan (EMP) in consultation with all relevant authorities. The EMP will integrate detailed risk assessments, security protocols, noise management plans, and welfare provisions to ensure all four licensing objectives are robustly promoted throughout the event.

b) The prevention of crime and disorder

A professional, SIA-licensed security team will be deployed at a correct ratio. Dedicated security leads will oversee access control, perimeter integrity, and bar areas. CCTV will cover entry points, bars, and key crowd areas. A strict Challenge 25 policy will be enforced at all bars. A zero-tolerance policy on illegal substances and anti-social behaviour will be maintained. A licensed, professional medical provider will be

d) The prevention of public nuisance

A professionally calibrated sound system will be used, with levels continuously monitored at the site boundary by competent personnel. A programmed reduction in bass and overall volume will commence from 22:00. Egress will be stewarded to prevent public disturbance. A dedicated litter and waste management contractor will ensure the

e) The protection of children from harm

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This is an strictly over-18s event. Admission will be conditional upon presentation of valid, government-issued photo ID (Passport, Driving Licence, or PASS card). No one under the age of 18 will be admitted.

Checklist:

Please tick to indicate agreement

	• I have made or enclosed payment of the fee.	<input checked="" type="checkbox"/>
	• I have enclosed the plan of the premises.	<input checked="" type="checkbox"/>
	• I have sent copies of this application and the plan to responsible authorities and others where applicable.	<input checked="" type="checkbox"/>
	• I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	<input checked="" type="checkbox"/>
	• I understand that I must now advertise my application.	<input checked="" type="checkbox"/>
	• I understand that if I do not comply with the above requirements my application will be rejected.	<input checked="" type="checkbox"/>
	• [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 or my share code issued by the Home Office online right to work checking service (please read note 15).	<input checked="" type="checkbox"/>

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.

Declaration	• [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
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	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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15).
Signature	PUJAN THAPA
Date	05-01-2026
Capacity	Applicant and Designated Premises Supervisor

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

MR PUJAN THAPA

Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Notes for Guidance