

Dm23548

Licensing

PER00852



**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 THE S ONE CLUB 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 THE S ONE CLUB 12 ALL SAINTS PASSAGE HUNTINGDON CAMBRIDGESHIRE			
Post town	HUNTINGDON	Postcode	PE29 3LE

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 29,000 (€13,978)

**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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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	THE S ONE CLUB LTD
Address	C/O STEVES GARAGE ERMIIE STREET LITTLE STOKELEY HUNTINGDON PE28 4BE
Registered number (where applicable)	TBA
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMPANY
Telephone number (if any)	01480 459991
E-mail address (optional)	

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
01	06	2014

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

DD	MM	YYYY
1	1	1

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

A THREE STOREY NIGHTCLUB, GROUND FLOOR OFFICE, FIRST FLOOR TOILETS AND OFFICE, SECOND FLOOR TWO BARS AND DANCE FLOOR

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)

**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)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (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)	Indoors	<input checked="" type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish						
Mon	8 AM	8 PM	<b>Please give further details here</b> (please read guidance note 3) OCCASIONAL EDUCATIONAL OR ENTERTAINMENT FILMS					
Tue	8 AM	8 PM						
Wed	8 AM	8 PM				<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur	8 AM	8 PM						
Fri	8 AM	8 PM	<b>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</b> (please read guidance note 5)					
Sat	8 AM	8 PM						
Sun	8 AM	8 PM .						

C

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

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>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</u></b> (please read guidance note 5)		
Fri					
Sat					
Sun					



E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon	08.00	24.00			
Tue	08.00	24.00			
Wed	08.00	24.00	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Thur	08.00	04.00			
Fri	08.00	04.00	<u>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</u> (please read guidance note 5) CHRISTMAS EVE <sup>UNTIL 4AM</sup> <del>UNTIL 4AM</del> <del>UNTIL 4AM</del> ST PATRICKS DAY (UNTIL 4AM) WHEN CLOCKS GO 'BACK' AN ADDITIONAL HOUR. FROM CLOSE OF BUSINESS ON NEW YEARS EVE TO START OF BUSINESS ON NEW YEARS DAY		
Sat	08.00	04.00			
Sun	08.00	24.00			

**F**

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	08.00	24.00	<b>Please give further details here</b> (please read guidance note 3) OCCASIONAL DANCE MUSIC IN DAYTIME NIGHTCLUB TYPE MUSIC IN EVENING	Both	<input type="checkbox"/>
Tue	08.00	24.00			
Wed	08.00	24.00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur	08.00	04.00			
Fri	08.00	04.00	<b>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</b> (please read guidance note 5) CHRISTMAS <del>5AM</del> UNTIL 4AM. ST PATRICKS DAY UNTIL 4AM. WHEN CLOCKS GO BACK AN ADDITIONAL HOUR. FROM CLOSE OF BUSINESS ON NEW YEARS EVE TO START OF BUSINESS ON NEW YEARS DAY.		
Sat	08.00	04.00			
Sun	08.00	24.00			

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"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon	08.00	24.00	<b>Please give further details here</b> (please read guidance note 3)		
Tue	08.00	24.00			
Wed	08.00	24.00	<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Thur	08.00	04.00			
Fri	08.00	04.00	<b>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</b> (please read guidance note 5) CHRISTMAS EVE <del>FROM 4.00 TO 4.00</del> UNTIL 4 AM ST PATRICKS DAY UNTIL 4 AM WHEN CLOCKS GO 'BACK' AN ADDITIONAL HOUR FROM CLOSE OF BUSINESS ON NEW YEARS EVE TO START OF BUSINESS ON NEW YEARS DAY		
Sat	08.00	04.00			
Sun	08.00	24.00			

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon	08.00	24.00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	08.00	24.00	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed	08.00	24.00			
Thur	08.00	04.00	<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri	08.00	04.00			
Sat	08.00	04.00	<b><u>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</u></b> (please read guidance note 5)		
Sun	08.00	24.00	CHRISTMAS EVE UNTIL 4AM ST PATRICKS DAY UNTIL 4AM WHEN CLOCKS GO BACK AN ADDITIONAL HOUR FROM CLOSE OF BUSINESS ON NEW YEARS EVE TO START OF BUSINESS OF NEW YEARS DAY.		

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	08.00	24.00	<b>Please give further details here</b> (please read guidance note 3) OCCASIONAL TEA DANCE, MAY PROVIDE TEA + CAKE AFTER 11PM MAY PROVIDE PRE PACIL SANDWICHES		
Tue	08.00	24.00			
Wed	08.00	24.00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur	08.00	04.00			
Fri	08.00	04.00	<b>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</b> (please read guidance note 5)		
Sat	08.00	04.00			
Sun	08.00	24.00			

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	08.00	23.30 <del>24.00</del>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Tue	08.00	23.30 <del>24.00</del>			
Wed	08.00	23.30 <del>24.00</del>			
Thur	08.00	03.30 <del>04.00</del>			
Fri	08.00	03.30 <del>04.00</del>			
Sat	08.00	03.30 <del>04.00</del>			
Sun	08.00	23.30 <del>24.00</del>			
			<b>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</b> (please read guidance note 5)		
			CHRISTMAS EVE <sup>UNTIL 4AM</sup> <del>NEW YEARS EVE</del> ST PATRICKSDAY 4AM. WHEN CLOCKS 'GO BACK' AN ADDITIONAL HOUR. FROM CLOSE OF BUSINESS ON NEW YEARS EVE TO START OF BUSINESS ON NEW YEARS DAY.		

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

Name	JULIE KATHLEEN TAHER
Address	10 ATHLONE CLOSE PAPWORTH EVERARD CAMBRIDGE
Postcode	CB23 3RT
Personal licence number (if known)	TBA
Issuing licensing authority (if known)	SCDC.

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).

Gaming Machines

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	08.00	24.00	
Tue	08.00	24.00	
Wed	08.00	24.00	
Thur	08.00	04.00	<p><b>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</b> (please read guidance note 5)</p> <p>CHRISTMAS EVE <sup>UNTIL 4AM</sup> <del>UNTIL 4AM</del> ST PATRICKS DAY UNTIL 4AM</p> <p>WHEN CLOCKS GO BACK AN ADDITIONAL HOUR.</p> <p>FROM CLOSE OF BUSINESS ON NEW YEARS EVE TO START OF BUSINESS ON NEW YEARS DAY.</p>
Fri	08.00	04.00	
Sat	08.00	04.00	
Sun	08.00	24.00.	

**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)**

TRAIN AND EDUCATE STAFF TO OBSERVE LICENSING OBJECTIVES  
THE DPS OR DEPUTY (A PERSONAL LICENCE HOLDER) TO BE ON DUTY AT ALL  
TIMES THE PREMISES IS OPEN.  
TO LAISE WITH POLICE AND LICENSING AUTHORITIES TO PROMOTE OBJECTIVES

**b) The prevention of crime and disorder**

WE WILL INSTALL CCTV WHICH WILL BE MAINTAINED IN OPERATIONAL ORDER  
AND MONITORED WHILST PREMISES IN OPERATION. TAPES TO BE KEPT FOR  
31 DAYS AND MADE AVAILABLE TO POLICE / AUTHORITIES WITHIN 24 HOURS.  
MINIMUM DOORSTAFF 8 MAX 12, ALL SIA TRAINED, WEARING NAME BADGE  
AND FULLY TRAINED IN CUSTOMER CARE + CONFLICT RESOLUTION  
PROMOTE ZERO TOLERANCE POLICY ON DRUGS, VIOLENCE & DRUNKEN BEHAVIOUR

**c) Public safety**

WE WILL IMPROVE INTERNAL & EXTERNAL ~~SAFETY~~ LIGHTING  
ADDITIONAL CCTV COVERAGE TO BE INSTALLED INTERNAL + EXTERNAL.  
OPTIMUM NUMBER OF DOORSTAFF TO BE ON DUTY THURS, FRIDAY, SATURDAY  
AND TO BE ON DUTY 30 MINUTES AFTER CLOSING TO AID IN DISPERSAL  
TAXI MARSHALS TO BE DEPLOYED AT END OF EVENING TO AID DOORSTAFF  
IN CROWD DISPERSAL

**d) The prevention of public nuisance**

PROMINANT NOTICES TO BE DISPLAYED AT EXITS AND STAFF TO BE PRO ACTIVE  
IN GETTING PEOPLE TO LEAVE IN A QUIET ORDERLY MANNER,  
D.J WILL PLAY 'QUIETER' MUSIC FOR LAST 30 MINS, TO CALM PEOPLE.  
NO ONE TO BE ADMITTED / RE ADMITTED AFTER 2AM ON THURS, FR. SAT NIGHTS.

**e) The protection of children from harm**



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**Checklist:**

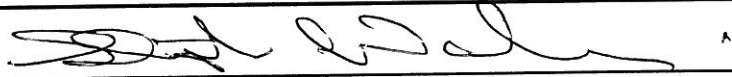
**Please tick to indicate agreement**

- 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	2nd MAY 2014.
Capacity	DIRECTOR

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)			
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

1. Describe 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.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please 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.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please 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 or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

WE WILL USE THE 'CHALLENGE 25' POLICY, NO ONE UNDER 18 TO BE ADMITTED TO ANY NIGHTCLUB EVENTS.  
 STAFF TO BE TRAINED TO ASK FOR I.D. OUR POLICY TO BE POSTED OUTSIDE & INSIDE CLUB.  
 PHOTO DRIVERS LICENCE, PASS, STUDENT ID NOT ACCEPTED.

**Checklist:**

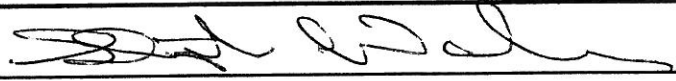
Please tick to indicate agreement

- 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.
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**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	
Capacity	DIRECTOR

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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	



LICENSING ACT 2003

SCHEDULE 11 – REGULATION 24

Consent of individual to being specified as premises supervisor

Part A

I<sup>1</sup> JULIE KATHLEEN TAHER  
of<sup>2</sup> 10 ATHLONE CLOSE PAPWORTH EVERARD HUNTINGDON  
CAMBRIDGESHIRE CB23 3RT

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for<sup>3</sup>

PREMISES LICENCE  
by<sup>4</sup> THE S ONE CLUB LTD

relating to the premises licence<sup>5</sup> TO BE APPLIED FOR.

for<sup>6</sup> THE S ONE CLUB LTD 12 ALL SAINTS PASSAGE  
HUNTINGDON CAMBS PE29 3LE

and any premises licence to be granted or varied in respect of this application made by<sup>7</sup> THE S ONE CLUB LTD

concerning the supply of alcohol at<sup>8</sup> THE S ONE CLUB LTD 12 ALL SAINTS PASSAGE  
HUNTINGDON CAMBS PE29 3LE

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<sup>9</sup> T.B.A

Personal licensing authority<sup>10</sup> SCDC

Signed..... J. TAHER

Name (please print)..... JULIE TAHER

Dated..... 2/5/14

<sup>1</sup> Full name of prospective premises supervisor

<sup>2</sup> Home address of prospective premises supervisor

<sup>3</sup> Type of application

<sup>4</sup> Name of applicant

<sup>5</sup> Number of existing licence, if any

<sup>6</sup> Name and address of premises to which the application relates

<sup>7</sup> Name of applicant

<sup>8</sup> Name and address of premises to which application relates

<sup>9</sup> Insert personal licence number, if any

<sup>10</sup> Insert name, address and telephone number or personal licensing authority, if any

**Data Protection Act 1998 – Privacy Notice – Fair Processing – How we use your information**

Huntingdonshire District Council is registered under the Data Protection Act 1998. This allows it to process personal data in performing its lawful business. Information held by the Council, including personal data you provide now or in the future, will be processed in compliance with data protection principles. Your personal data may be used to manage, monitor, improve, deliver and promote the Council's services. Where delivery of services or actions is in partnership with others, or dependent on the actions of others, it may also be shared with other persons or bodies in accordance with, and restricted to the terms of information sharing agreements and protocols. To protect public funds it may also be shared with other persons or bodies to prevent and detect fraud. Further details are available on the Council's website [www.huntingdonshire.gov.uk/privacy](http://www.huntingdonshire.gov.uk/privacy) If you have concerns about the processing of your personal data by the Council you may contact the Data Protection Officer at Pathfinder House, Huntingdon, Cambridgeshire PE29 3TN or the Office of the Information Commissioner at Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Payment Code: GM20 A08 J1095 Short code:10:1

c/o Steve's Garage

Ermine Street

Little Stukeley

Huntingdon

Cambs PE28 4BE

02/05/2014

Dear Sir,

I wish to give my consent to holding the position of DPS at The S One Club Ltd, 12 All Saints Passage  
Huntingdon, Cambs PE29 3LE.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Julie Taher'. The signature is written in a cursive style with a small circle above the 'i'.

Julie Taher

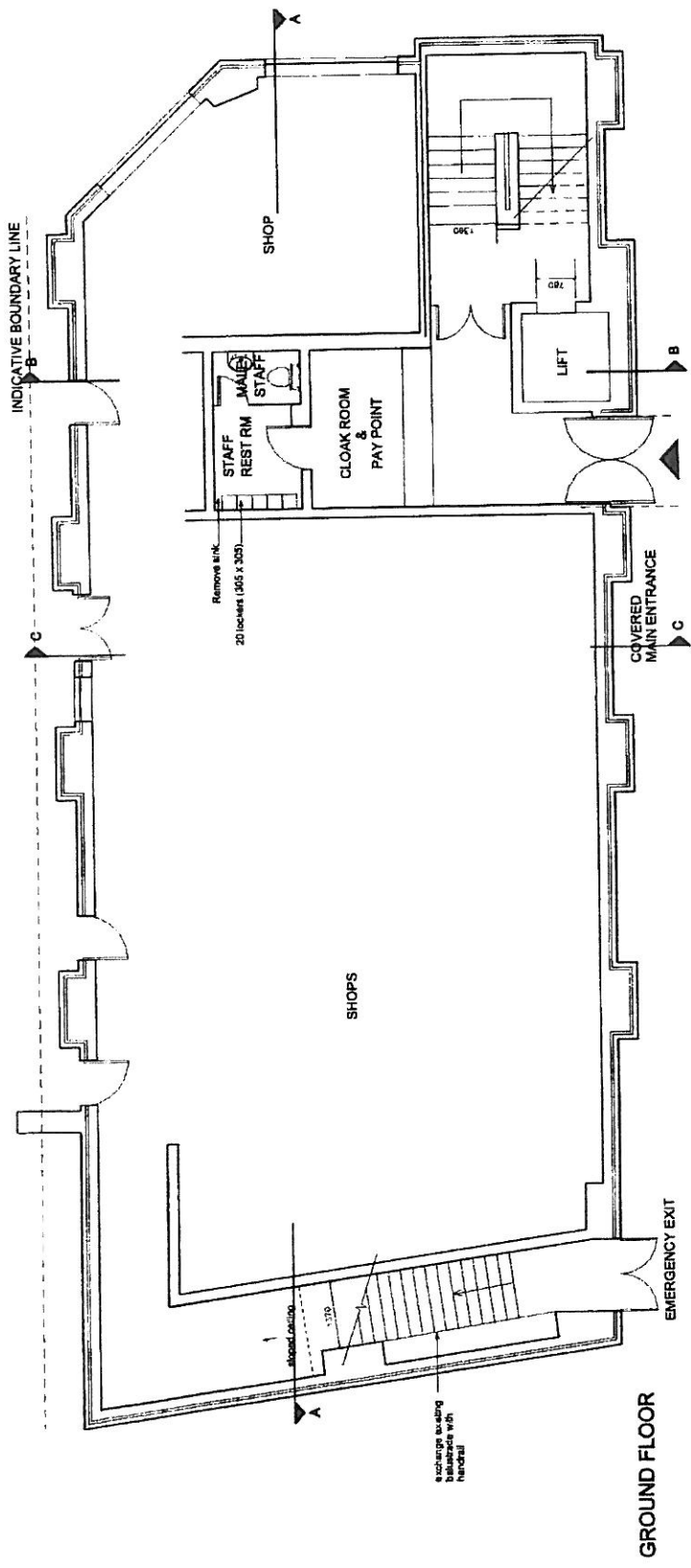




00890/05

REVISED

AS



Rev: C 09/02/05 - Changes to stall (ref room)  
 Rev: B 01/02/05 - Omitted external fire escape.  
 Rev: A 13/07/05 - Dims added.

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Cinema Centre, Princess St, Huntington	
Oliver's (nightclub) proposed refurbishment	
Proposed Ground Floor Plan	
Site	1000 # A3 / 150 # A1
Scale	2428/104 C
Date	15/10/2004
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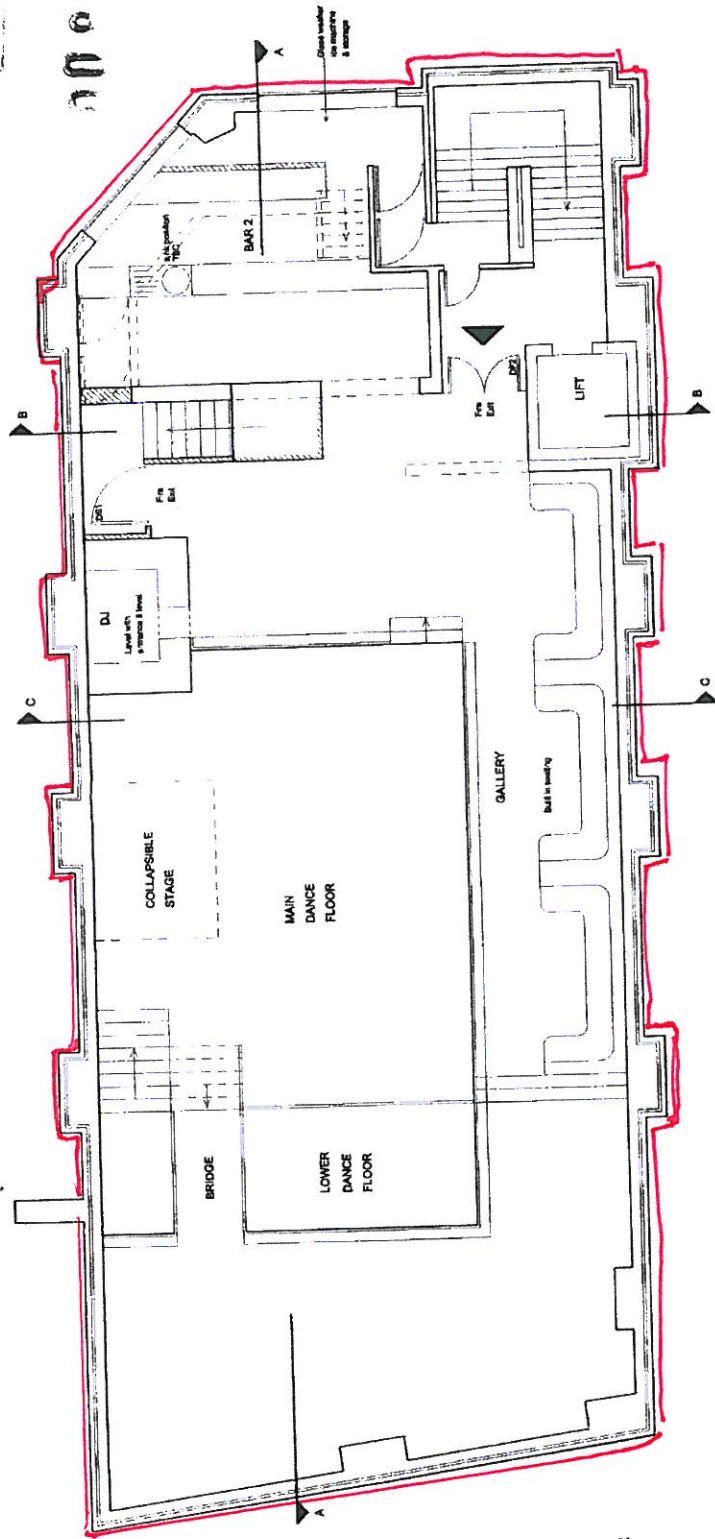






00000705

A3



SECOND FLOOR  
MEZZANINE

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Rev D 03/02/05 - Created new window & floor plan content's  
 Rev C 04/02/05 - Fire escape & minor amendments  
 Rev B 12/01/05 - Minor amendments  
 Rev A 07/01/05 - Revised according to client's & SFP's Comments

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Crema Centre, Prince's St, Huntington

Client's (highlighted) proposed refurbishment  
 Proposed 2nd Floor Mezzanine Plan

Scale: 1:100 @ A3 / 1:50 @ A4  
 Date: 5/10/2014  
 Drawing No: 2428/017 D

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