

New Premises Licence

Premises Details

Premises Address *	Wisbech Masonic Centre Lynn Road Wisbech Cambridgeshire PE13 3DB
Telephone number at premises (if any)	
Non-domestic value of premises. *	£ 1

Applicant Details

I/We 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.

Please state whether you are applying for a premises licence as:	a charity
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Other Applicant (Non Individual)

Name *	Wisbech Masonic Benevolent Fund CIO
Registered Address *	Wisbech Masonic Centre
Address line 2	Lynn Road
Address line 3	
Town/City *	Wisbech
County	Cambridgeshire
Postcode *	PE13 3DB
Registered Number (where applicable)	1199199
Description of applicant (for example partnership, company, unincorporated association, etc) *	A Charitable Incorporated Organisation governed by 10 Trustees elected by members. The objects of the Charity

Other Applicant (Non Individual)

	are to provide relief of such poor and distressed Masons or their poor and distressed widows and children or to or for the benefit of such Masonic charities or other charitable institutions, societies and objects as they shall decide.
Telephone Number	<div></div>
Email *	<div></div>

Operating Schedule

When do you want the premises licence to start? *	14/09/2025
If you wish the licence to be valid only for a limited period, when do you want it to end?	<div></div>
Please give a general description of the premises. *	The former Magistrates Courtrooms recently granted a change of use to a Masonic Centre (F/YR24/0636/F) The premises will be used for Masonic meetings to continue the charitable activities previously meeting in the former Methodist Chapel in the Crescent, Wisbech. The premises will also be available to the wider community
If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.	<div></div>

Operating Schedule

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 read guidance note 2) *

☐

Plays

☐

Films

☐

Indoor Sporting Events

☐

Boxing or Wrestling

Operating Schedule

☐ Live Music

☐ Recorded Music

☐ Performances of Dance

☐ Anything of a similar description falling under Music or Dance

☐ Provision of late night refreshment

☒ Supply of Alcohol

Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 7)*
Please enter times in 24hr format (HH:MM)

Day *

Every Day

10:00

01:00

Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) *

On the premises

Is the premises used exclusively or primarily for supply of alcohol for consumption on the premises? *

No

State any seasonal variations for the supply of alcohol. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the supply of alcohol at different times from the Standard days and times listed?(please read guidance note 6)

Designated Premises Supervisor

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)

Title *

First name *

Surname *

Street address *

Town/City *

County

Postcode *

Personal Licence Number (if known)

Issuing Licensing Authority (if known)

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Licensing Objectives

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 Wisbech Masonic Benevolent Fund CIO (WMBF CIO) is committed to running the premises responsibly at all times.

Licensing Objectives

	Staff and volunteers will receive proper training, with records maintained. WMBF CIO will collaborate with the police and other authorities to uphold and promote licensing objectives.
b) The prevention of crime and disorder *	WMBF CIO will always ensure the premises are managed effectively and responsibly. Staff and volunteers will receive proper instruction, training, and supervision. The Challenge 25 scheme will be in place at all times, with volunteers and staff appropriately trained and supervised. An incident and refusals book will be maintained and made available to the Police or authorized personnel upon request. WMBF CIO will uphold a zero-tolerance policy toward the use of any controlled substances.
c) Public safety *	WMBF CIO will always ensure effective and responsible management of premises. They will provide proper instruction, training, and supervision for staff and volunteers. They will conduct thorough and adequate risk assessments and ensure enough personnel are employed or engaged to maintain the safety of the premises and patrons.
d) The prevention of public nuisance *	WMBF CIO will always ensure the premises are managed effectively and responsibly. They will provide proper instruction, training, and supervision to staff and volunteers to prevent any public nuisance. Notices will also be displayed to encourage quiet and orderly dispersal from the premises.
e) The protection of children from harm *	WMBF CIO will ensure the premises are managed effectively and responsibly. They will provide proper instruction, training, and supervision for all staff and volunteers, especially to safeguard children from harm. The Challenge 25 scheme will be enforced at all times, with staff and volunteers receiving the necessary training and guidance.

Declarations

Declaration Type *	Sole Applicant - Individual or Other
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Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand 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 '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

Declarations

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.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 12). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.



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).

Full Name *

[REDACTED]

Date *

28/07/2025

Capacity *

Applicant



Declaration made

Do you wish to provide alternative correspondence details? *

No

Email confirmation

On submission an email confirmation will be sent using the details below

Forename

[REDACTED]

Surname /Company Name

[REDACTED]

Email *

[REDACTED]

Telephone

[REDACTED]