

New Premises Licence

Premises Details

Premises Address *

WINNERS BINGO 1 BLACKFRIARS ROAD WISBECH
CAMBRIDGESHIRE PE13 1AT

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 23000.00

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 person other than an individual -as a limited company/
limited liability partnership

Applicant Details

If you are applying as a person described in one of the above please confirm: *

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

Other Applicant (Non Individual)

Name *

Registered Address *

Address line 2

Address line 3

Town/City *

County

Other Applicant (Non Individual)

Postcode *	<div></div>
Registered Number (where applicable)	<div></div>
Description of applicant (for example partnership, company, unincorporated association, etc) *	<div>we are a limited company family run and we are a fully licensed bingo hall under the gambling commission</div>
Telephone Number	<div></div>
Email *	<div></div>

Operating Schedule

When do you want the premises licence to start? *	<div>05/08/2025</div>
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. *	<div>Bingo Hall</div>
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☐

☒

 Anything of a similar description falling under Music or Dance☐

☒

 Supply of Alcohol

Recorded Music Standard Times

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

Day *

Every Day

11:00

22:00

Recorded Music

Will the playing of recorded music take place indoors or outdoors or both? (please read guidance note 3) *

Indoors

Please provide further details.(please read guidance note 4)

back ground music DJ ON PARTYS OR LIVE SINGER

State any seasonal variations for the playing of recorded music. (please read guidance note 5)

XMAS MOTHERS DAY HALLOWEEN

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

Anything of a similar description falling under Music or Dance Standard Times

Standard days and timings, where you intend to use the premises for anything of a similar description falling under music or dance. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Every Day

11:00

22:00

Anything of a similar description falling under Music or Dance Standard Times

Standard days and timings, where you intend to use the premises for anything of a similar description falling under music or dance. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Every Day

11:00

22:00

Anything of a similar description falling under Music or Dance

Please give a description of the type of entertainment you will be providing.

BINGO HALL

Will the entertainment take place indoors or outdoors or both?(please read guidance note 3) *

Indoors

Please provide further details.(please read guidance note 4)

State any seasonal variations for the entertainment.(please read guidance note 5)

EASSTER MOTHER DAY HOLLWEEN CHRISTMAS

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

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

Supply of Alcohol Standard Times

11:00

22:00

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)

Designated Premises Supervisor

Issuing Licensing Authority (if known)

██████████

Adult Entertainment

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).

WE WILL ONLY BE DOING BINGO

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 *

Every Day

11:00

22:00

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 prevention of crime and disorder Public safety The prevention of public nuisance The protection of children from harm

b) The prevention of crime and disorder *

Prevention of Crime and Disorder Ensure all staff are trained in responsible alcohol sales, including how to spot and refuse service to intoxicated or underage individuals. Install CCTV cameras covering key areas, with recordings kept securely. Work closely with local authorities and police if issues arise. Operate a zero-tolerance policy towards drugs and anti-social behaviour.

c) Public safety *

Public Safety Keep the premises well-lit, clean, and free from hazards. Ensure all fire exits are clear and staff are trained in emergency procedures. Carry out regular safety checks and risk assessments. Limit capacity to prevent overcrowding.

d) The prevention of public nuisance *

Prevention of Public Nuisance Monitor noise levels, especially during late hours, and keep doors/windows closed where possible. Display clear signage asking customers to leave quietly and respect the neighbourhood. Arrange for

Licensing Objectives

e) The protection of children from harm *

regular litter checks around the premises. Use licensed waste disposal services.

Protection of Children from Harm Operate a strict Challenge 25 policy to prevent underage sales. Train staff on verifying ID and refusing service when necessary. Ensure no children are allowed in age-restricted areas. Avoid advertising alcohol in a way that appeals to minors.

Declarations

Declaration Type *

Sole Applicant - Individual or Other

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 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 *

[REDACTED]

Capacity *

[REDACTED]

Declarations



Declaration made

Do you wish to provide alternative correspondence details? * Yes

Alternative Correspondence

Please provide Contact Name and postal address for correspondence associated with this application.

Title	<div></div>
First name	<div></div>
Surname	<div></div>
Street address *	<div></div>
Address line 2	<div></div>
Address line 3	<div></div>
Town/City *	<div></div>
County	<div></div>
Postcode *	<div></div>
Telephone Number	<div></div>
Email *	<div></div>

Email confirmation

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

Forename	<div></div>
Surname /Company Name	<div></div>

Email confirmation

Email *

Telephone