

Fee: £635  
125,001



SCHEDULE 2

regulation 10

## NEW PREMISES LICENCE APPLICATION FORM

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 JULIE BURFOOT c/o THAMES TELEVISION

.....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	
OLYMPIC WAY, WEMBLEY, USE OF THE ENTIRE PATHWAY FROM THE STADIUM SIDE OF THE BRIDGE OUTSIDE WEMPLEY PARK TUBE UP TO THE RAMPS IN FRONT OF THE STADIUM	
Post town	Post code H1A 9 ONP

Telephone number of premises (if any)

Non-domestic rateable value of premises

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
|   | <b>Please tick ✓ Yes</b>            |                             |
| 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) |
| 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) |
| c) a recognised club  | <input type="checkbox"/>            | please complete section (B) |
| d) a charity  | <input type="checkbox"/>            | please complete section (B) |
| e) the proprietor of an educational establishment   | <input type="checkbox"/>            | please complete section (B) |
| f) a health service body  | <input type="checkbox"/>            | 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  | <input type="checkbox"/>            | 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 | <input type="checkbox"/>            | please complete section (B) |
| h) the chief officer of police of a police force in England and Wales   | <input type="checkbox"/>            | please complete section (B) |

\* If you are applying as a person described in (a) or (b) please confirm:

- |   |                                     |
|---|-------------------------------------|
|   | <b>Please tick ✓ Yes</b>            |
| - I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or | <input checked="" type="checkbox"/> |
| - I am making the application pursuant to a   |                                     |
| o Statutory function or   | <input type="checkbox"/>            |
| o A function discharged by virtue of Her Majesty's prerogative  | <input type="checkbox"/>            |

**(A) INDIVIDUAL APPLICANTS (fill in as applicable)**

Mr       Mrs       Miss       Ms       Other title   
 (for example, Rev)

**Surname**       **First names**

**I am 18 years old or over** **Please tick ✓ Yes**

**Current postal address if different from premises address**

**Post Town**       **Postcode**

**Daytime contact telephone number**

**E-mail address (optional)**

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr  Mrs  Miss  Ms  Other title (for example, Rev)

Surname

First names

Please tick  Yes

I am 18 years old or over

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

E-mail address (optional)

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name	JULIE BURFOOT C/O FREMANTLEMEDIA T/A THAMES TV
Address	1 STEPHEN STREET LONDON W1T 1AZ
Registered number (where applicable)	276928
Description of applicant (for example, partnership, company, unincorporated association etc.)	X FACTOR - TELEVISION COMPANY
Telephone number (if any)	020 7691 6858
E-mail address (optional)	JULIE.BURFOOT@THAMES.TV

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
2	8	07
2	0	14

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

2	8	07
2	0	14

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

8,000 -
10,000

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

WE WILL INVITE PEOPLE TO COME AND WATCH A SHORT PERFORMANCE BY A FAMOUS MUSIC ACT. THE PERFORMANCE WILL BE A MAXIMUM OF 45 MINUTES. PRIOR TO THIS WE WILL HAVE A WARM UP ARTIST 'WARM UP' THE CROWD WHILST WE ACHIEVE SOME SHOTS. THIS WILL ALSO BE APPROX. 1 HR. THIS WILL INCLUDE OUR PRESENTER ALSO APPEARING FOR SOME FILMING.

AFTER THE PERFORMANCE OUR 4 MEMBERS OF OUR JUDGING PANEL WILL ALSO WANT TO MAKE AN APPEARANCE - THIS WILL BE BRIEF. ONCE AN EXACT SCHEDULE HAS BEEN FINALISED I CAN SEND THIS THROUGH.

THERE IS A POSSIBILITY THAT OUR EVENT MAY TAKE PLACE ON THE 1<sup>ST</sup> OR 4<sup>TH</sup> AUGUST INSTEAD OF 28<sup>TH</sup> JULY. WE ARE IN TALKS WITH WEMBLEY PARKS TEAM REGARDING THIS.

Please tick ✓ Yes

**What licensable activities do you intend to carry on from the premises?**

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment**

- 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 entertainment facilities for:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

**Provision of late night refreshment** (if ticking yes, fill in box L)

**Sale of alcohol** (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

**A**

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors	
				Outdoors	
Day	Start	Finish		Both	
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**

<b>Films</b> Standard days and timings (please read guidance note 6)			Will the performance of films take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur					
Fri			<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					
Sun					

**C**

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

**D**

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

**E**

<b>Live Music</b> 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	
				Outdoors	✓
				Both	
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	1230	1400			
Tue			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Wed					
Thur			<b>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</b> (please read guidance note 5) WE WILL ALLOW THE QUEUE OF PEOPLE TO DEVELOP THROUGHOUT THE MORNING PRIOR TO THE PERFORMANCE AS WELL AS GETTING OUR WARM UP ARTIST AND PRESENTER TO WARM UP THE CROWD AND INTRODUCE THE ACT(S)		
Fri					
Sat					
Sun					

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoors		
Day	Start	Finish		Outdoors		
Mon			<b>Please give further details here (please read guidance note 3)</b>	Both		
Tue						
Wed				<b>State any seasonal variations for playing recorded music (please read guidance note 4)</b>		
Thur						
Fri				<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 (please read guidance note 5)</b>		
Sat						
Sun						

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).</b>	Indoors		
Day	Start	Finish		Outdoors		
Mon			<b>Please give further details here (please read guidance note 3)</b>	Both		
Tue						
Wed				<b>State any seasonal variations for the performance of dance (please read guidance note 4)</b>		
Thur						
Fri				<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 (please read guidance note 5)</b>		
Sat						
Sun						



**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)			<b>Please give a description of the activities you will be providing</b>		
			<b>Will this entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).</b>		
			Indoors		
			Outdoors		
			Both		
<b>Day</b>	<b>Start</b>	<b>Finish</b>			
Mon			<b>Please give further details here (please read guidance note 3)</b>		
Tue					
Wed			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</b>		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the entertainment of 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 5)</b>		
Sat					
Sun					

**I**

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the facilities for making music you will be providing</b>		
			<b>Will this entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).</b>		
			Indoors		
			Outdoors		
			Both		
<b>Day</b>	<b>Start</b>	<b>Finish</b>			
Mon			<b>Please give further details here (please read guidance note 3)</b>		
Tue					
Wed			<b>State any seasonal variations for the provision of facilities for making music (please read guidance note 4)</b>		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list (please read guidance note 5)</b>		
Sat					
Sun					

**J**

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick [✓] (see guidance note 2).</b>	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			<b>Please give a description of the facilities for dancing you will be providing</b>		
Tue			<b>Please give further details here (please read guidance note 3)</b>		
Wed					
Thur			<b>State any seasonal variations for providing dancing facilities (please read guidance note 4)</b>		
Fri			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list (please read guidance note 5)</b>		
Sat					
Sun					

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within (i) or (j)</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment facility you will be providing</b>	<b>Will the entertainment facility be indoors or outdoors or both – please tick [✓] (please read guidance note 2).</b>	
Day	Start	Finish		Indoors	
				Outdoors	
			Both		
Mon			<b>Please give further details here (please read guidance note 3)</b>		
Tue					
Wed			<b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within (i) or (j) (please read guidance note 4)</b>		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within (i) or (j) at different times to those listed in the column on the left, please list (please read guidance note 5)</b>		
Sat					
Sun					

**L**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick [✓]</b> (please read guidance note 2).	Indoors		
Day	Start	Finish		Outdoors		
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both		
Tue						
Wed				<b>State any seasonal variations for the provision of late night refreshment (please read guidance note 4)</b>		
Thur						
Fri				<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 (please read guidance note 5)</b>		
Sat						
Sun						

**M**

<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 box ✓) (please read guidance note 7)</b>	On the premises		
Day	Start	Finish		Off the premises		
Mon			<b>State any seasonal variations for the provision of late night refreshment (please read guidance note 4)</b>	Both		
Tue						
Wed				<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 (please read guidance note 5)</b>		
Thur						
Fri						
Sat						
Sun						

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

Name JULIE BURFOOT

Address 1 STEPHEN STREET

LONDON

Postcode W1T 1AL

Personal Licence number (if known) .....

Issuing licensing authority (if known) .....

**N**

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)

**O**

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

State any seasonal variation (please read guidance note 4)

Day	Start	Finish
Mon	00:00	15:00
Tue		
Wed		
Thur		
Fri		
Sat		
Sun	19.00	23.59

Non-standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 5)

WE WOULD BUILD A BARRIER SYSTEM ON OLYMPIC WAY ON SUNDAY EVENING TO ACCOMMODATE PEOPLE AS SOON AS THEY ARRIVE.  
WHEN THE PERFORMANCE IS OVER AND PEOPLE LEAVE WE'LL REMOVE THE BARRIERS. NOISE WOULD ONLY BE MADE FOR A SHORT PERIOD DURING THE DAY SO NOT TO BE A NUISANCE TO LOCAL RESIDENTS

**P** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b, c, d, e) (please read guidance note 9)**

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

WE ARE INVITING FANS OF THE SHOW WHO OFTEN WOULD ATTEND SIMILAR EVENTS. WE WOULD EMPLOY STEWARDING FROM WEMBLEY PARK AND SEEK THEIR ADVICE ON NUMBERS REQUIRED

**c) Public safety**

ALONGSIDE ALL THE STEWARDS WE WOULD HAVE A LARGE STAFF PRESENCE TO ADVISE PEOPLE. WE ALSO HAVE A PA SYSTEM TO USE IF NEEDED FOR CROWD CONTROL

**d) The prevention of public nuisance**

AS ABOVE WITH STEWARDS AND STAFF WE WOULD KEEP EVERYONE UP TO DATE AND INFORMED ABOUT WHERE THEY ARE GOING, TOILETS, FACILITIES ETC.

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

WE WOULD ADVISE YOUNG CHILDREN NOT TO ATTEND. IF SOME WERE TO ATTEND WITH PARENTS WE WOULD ADVISE THEM TO NOT ENTER THE BUSIER PARTS OF THE BARRIER SYSTEM.

**Checklist**

Please tick ✓ Yes

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises – see enclosed information leaflet
- 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 premises supervisor, if applicable
- I understand that I must now advertise my application – see enclosed information leaflet
- I understand that if I do not comply with the above requirements my application will be rejected

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO 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)

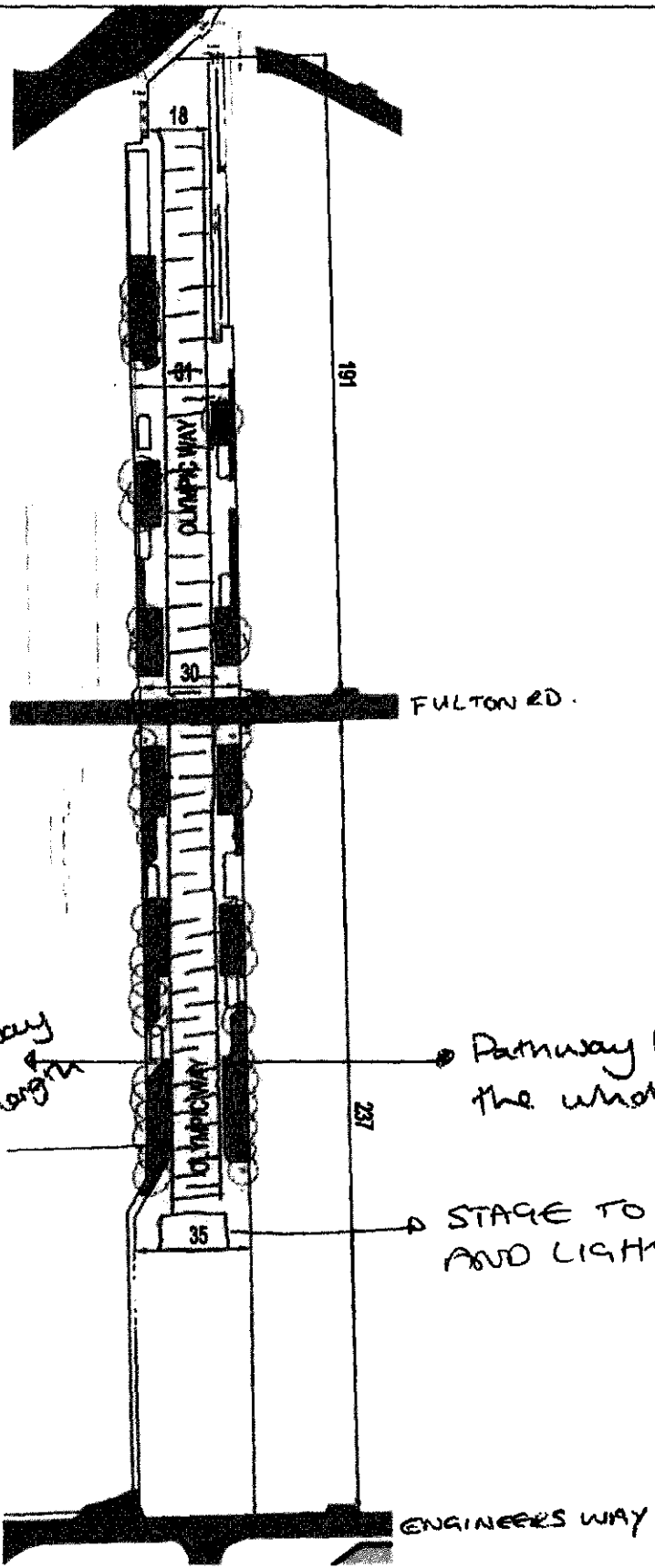
Signature of applicant or applicant’s solicitor or other duly authorised agent. (Please read guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature *G. S. Lyall*  
 Date 16/05/14  
 Capacity Applicant

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 .....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b>	
<u>JULIE BURFOOT 1 STEPHEN STREET</u>	
<b>Post town</b> <u>LONDON</u>	<b>Post code</b> <u>W1T 1AZ</u>
<b>Telephone number</b> <u>02076916858</u>	
<b>E-mail address (optional)</b> <u>JULIE.BURFOOT@THAMES.TV</u>	



**Note:**  
 All dimensions are shown in meters.  
 Typical unless noted otherwise.

# Suggested  
 capacity 10,000

Pathway  
 the whole length

Pathway for people to walk down  
 the whole length.

STAGE TO INCLUDE CAMERAS  
 AND LIGHTING.

**SITE PLAN - OLYMPIC WAY**

1:1250 @ A1

For	Client	Rev
	Wembley City Estate Management Limited	
Contract: OLYMPIC WAY		
Rev	12500 @ A1	Rev
	April 2008	
Rev	WC_GEN_01	Rev
		00

