

**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 FRASERS GROUP TRADING LIMITED**

**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**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>			
Everlast + Gym Chiswick Sports Ground Hartington Road Chiswick			
<b>Post town</b>	London	<b>Post code</b>	W4 3AN

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£65,000

**Part 2 - Applicant Details**

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

- 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  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>		
<b>Date of Birth old or over</b>		<b>I am 18 years</b> <input type="checkbox"/> Please tick yes			
<b>Nationality</b>					
<b>Current residential address if different from premises address</b>					
<b>Post Town</b>				<b>Postcode</b>	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
<b>Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)</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>		
<b>Date of Birth old or over</b>		<b>I am 18 years</b>		<input type="checkbox"/>	Please tick yes
<b>Nationality</b>					
<b>Current residential address if different from premises address</b>					
<b>Post Town</b>		<b>Postcode</b>			
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
<b>Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)</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 Frasers Group Trading Limited
Address Unit A Brook Park East Shirebrook NG20 8RY
Registered number (where applicable) 03406347
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited company
Telephone number (if any)
E-mail address (optional) [REDACTED]

**Part 3 Operating Schedule**

When do you want the premises licence to start? 

Day	Month	Year
a	s	a p

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

Day	Month	Year

**A**

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

Lounge/café facilities within a gym and beauty treatment business. The sale of alcohol will take place within the lounge/café and may be consumed either in the lounge/café or within any of the beauty treatment areas.

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

N/A
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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) **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)

- 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 7)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)		
Thur					
Fri			<b><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></b> (please read guidance note 6)		
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon	0600	0000			
Tue	0600	0000	<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Wed	0600	0000			
Thur	0600	0000	<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 6)		
Fri	0600	0000			
Sat	0600	0000			
Sun	0600	0000			

**C**

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

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)		
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 6)		
Sat					
Sun					

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Thur					
Fri			<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 6)		
Sat					
Sun					

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)		Indoors	<input checked="" 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 4)			
Mon						
Tue			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)			
Wed						
Thur						
Fri			<b><u>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</u></b> (please read guidance note 6)			
Sat						
Sun						

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)		Indoors	<input checked="" 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 4)			
Mon						
Tue			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 5)			
Wed						
Thur						
Fri			<b><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></b> (please read guidance note 6)			
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 7)			<b><u>Please give a description of the type of entertainment you will be providing</u></b>		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>	
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed					
Thur			<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 5)		
Fri					
Sat			<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 6)		
Sun					

**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b><u>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)		Indoors	x
				Outdoors	<input type="checkbox"/>	
Day	Start	Finish		Both	<input type="checkbox"/>	
Mon	2300	0000	<b><u>Please give further details here</u></b> (please read guidance note 4)			
Tue	2300	0000				
Wed	2300	0000	<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)			
Thur	2300	0000				
Fri	2300	0000	<b><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></b> (please read guidance note 6)			
Sat	2300	0000				
Sun	2300	0000				

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption</b> <b>(Please tick box)</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	x
Mon	0600	0000	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Tue	0600	0000			
Wed	0600	0000			
Thur	0600	0000			
Fri	0600	0000	<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 6)		
Sat	0600	0000			
Sun	0600	0000			

**State the name and details of the individual whom you wish to specify on the licence as premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):**

<b>Name</b> Darrell Harris	
<b>Date of birth</b> [REDACTED]	
<b>Address</b> [REDACTED]	
<b>Postcode</b>	[REDACTED]
<b>Personal Licence number (if known)</b> TO BE CONFIRMED	
<b>Issuing licensing authority (if known)</b> TO BE CONFIRMED	

**K**

<b>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</b> (please read guidance note 9) N/A
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**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)          <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 6) For confirmation the opening hours of the premises for non-licensable activities such as exercise classes is not restricted by this Premises Licence
Day	Start	Finish	
Mon	0600	0000	
Tue	0600	0000	
Wed	0600	0000	
Thur	0600	0000	
Fri	0600	0000	
Sat	0600	0000	
Sun	0600	0000	

**M** 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 10)

1. The Licensable activities will be ancillary to the use of the building as a gym and beauty treatment venue.
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**b) The prevention of crime and disorder**

2. The premises will maintain a CCTV system to cover the area where the sale of alcohol takes place. The system will be in good working order, be correctly time and date stamped, recordings must be kept in good working order and kept for a minimum period of 28 days. At all times the premises are open there will a member of staff able to immediately provide viewable copies of recordings to the police or licensing authority staff upon reasonable request.
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**c) Public safety**

3. The consumption of alcohol will not be permitted in the areas where gym equipment and exercise classes are in operation.
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**d) The prevention of public nuisance**

Given the nature of the premises, its location and the type of licensable activities proposed there are no steps required to ensure this licensing objective is promoted.

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

4. The premises will operate a Challenge 25 policy whereby anyone attempting to purchase alcohol who appears to be under the age of 25 will have to provide valid ID confirming they are aged 18 or over. Acceptable forms of ID will be passport, photo driving licence, national ID card, HM Forces ID card, ID with a PASS hologram or any ID approved by the secretary of state.  
5. Challenge 25 notices shall be prominently displayed in the area where alcohol is sold

**Please tick yes**


- I have made or enclosed payment of the fee or
- I have not made or enclosed payment of the fee because the application has been made in relation to the introduction of the late night levy
- 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
- ***[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).

**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 11). **If signing on behalf of the applicant please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [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 the UK (please read guidance note 15)</li> <li>• 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)</li> </ul>
Signature	
Date	15/04/2026
Capacity	Poppleston Allen – Solicitors for and on behalf of the 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 13). **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</b> (please read guidance note 14)			
Poppleston Allen Solicitors 37 Stoney Street The Lace Market			
<b>Post town</b>	Nottingham	<b>Post code</b>	NG1 1LS
<b>Telephone number (if any)</b>			
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>			
			

**Notes for Guidance**

**London**

The Kirby Group  
One Kingdom Street,  
Paddington Central, London W2 6BD

t: +44 (0)207 834 6714

**Birmingham**

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One Victoria Square, Birmingham B1 1BD

t: +44 (0)121 270 0770

**Manchester**

The Kirby Group  
Peter House, Oxford Street, Manchester M1 5AN

t: +44 (0)161 241 2068

**Sheffield (H/O)**

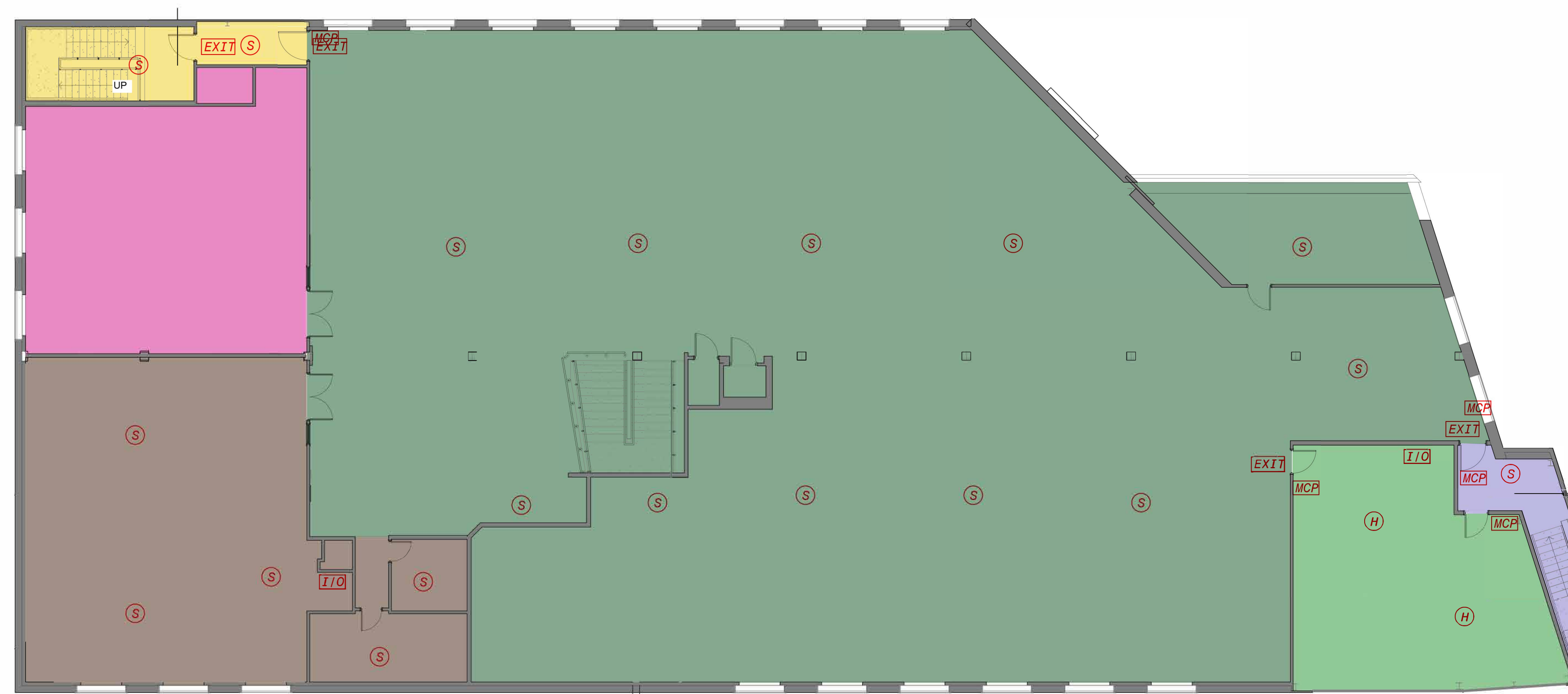
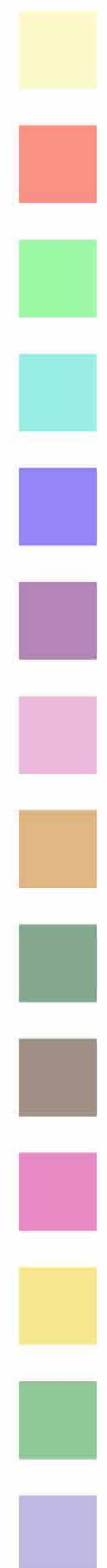
The Kirby Group  
210 White Lane, Sheffield S12 3GL

t: +44 (0)845 241 6777

**Glasgow**

The Kirby Group  
Gainsborough House, 151 West George Street  
Glasgow G2 2JJ

t: +44 (0)141 404 0580



First Floor



Ground Floor

Area for the provision of licensable activities

- FAP Fire Alarm Panel
- I/O I/O Unit
- MCP Manual Call Point
- S Smoke Detector
- H Heat Detector
- EXIT Fire Exit

property name  
**Roko, Chiswick Sports Ground,  
Hartington Road, Chiswick, London,  
W4 3UH**

drawing  
**Fire Alarm Zone GF & FF Layout**

job number  
.

drawing number  
**ROK3942**  
do not scale this drawing

drawn **FK**

scale **NTS** date **FEB 20 2 6**