

New Premises Licence

Premises Details

Premises Address *

HELI FIELD, CHELTENHAM RACECOURSE EVESHAM
ROAD CHELTENHAM GLOUCESTERSHIRE GL50 4SH

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 2470000

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:

an individual or individuals

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

Individual Applicant

Title *

Mr

First name *

Darren

Surname *

McClure

Street address *

The Crown Inn Norton Road

Individual Applicant

Town/City *

Iverley / Stourbridge

County

Postcode *

DY8 2RX

Date of Birth *

☒

I am 18 years old or over

Nationality *

Daytime Contact Telephone Number *

Email *

Operating Schedule

When do you want the premises licence to start? *

30/08/2025

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

30/08/2025

Please give a general description of the premises. *

Helifield at Cheltenham racecourse surrounded on one side by Cheltenham racecourse and open fields on the other

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

8000

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) *

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Plays

Operating Schedule

- ☐
- Films

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Live Music Standard Times

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

Day *

Saturday

12:00

23:00

Live Music

Will the Performance of Live Music take place indoors or outdoors or both? (please read guidance note 3) *

Outdoors

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

Live Music

State any seasonal variations for the Performance of Live Music. (please read guidance note 5)

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

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 *

Saturday

12:00

23:00

Recorded Music

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

Outdoors

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

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

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)

Dance Standard Times

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

Day *

Saturday

12:00

23:00

Performances of Dance

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

Outdoors

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

State any seasonal variations for the performances of dance. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the performance of dance 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 *

Saturday

12:00

23:00

Supply of Alcohol

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

Both

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 *

Mr

First name *

Darren

Designated Premises Supervisor

Surname *	McClure
Street address *	<div></div> <div></div> <div></div>
Town/City *	<div></div>
County	
Postcode *	<div></div>
Personal Licence Number (if known)	05/00228/Lapert
Issuing Licensing Authority (if known)	Lichfield

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).	NA
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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 *	Saturday
	12:00
	23:00

Licensing Objectives

Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

Licensing Objectives

a) General - all four licensing objectives (b, c, d and e) (please read guidance note 10)

Sufficient competently trained staff on duty. All staff trained in Challenge 25. Records kept of all training of bar staff pre event. Alcohol and soft drinks will be served in plastic glasses. Customers carrying open or sealed bottles or glasses will not be admitted to the premises at any time.

b) The prevention of crime and disorder

Door supervisors shall be correctly registered with the SIA Will display the correct name / identification badge. Female door supervisors shall be available if searches are to be conducted on female customers. Door supervisors will be issued with multi-channel radios capable with communicating with other door supervisors & the DPS. We have a capacity limit of 2500 – the event shall be ticketed in advance.

c) Public safety

We have conducted a suitable Fire Risk Assessment at the premises and implemented necessary control measures. Notices detailing the actions to be taken in the event of fire or other emergency are prominently displayed and maintained in good condition. Access is provided for emergency vehicles and kept clear and free from obstruction at all times. First aid provision on site. First aiders are trained to deal with drug and alcohol related problems

d) The prevention of public nuisance

A continuous and accurate record is maintained of the number of patrons within the premises. Searching as a condition of entry will be considered at all times.

e) The protection of children from harm

The premises will operate a Proof of age policy – Challenge 25

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.

Declarations

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 *

Darren Patrick McClure

Date *

08/07/2025

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

Darren

Surname /Company Name

McClure

Email *

Telephone