

Helen Farman-McKenna

From: Ivor Robinson <ivor@adventurefarm.co.uk>
Sent: 01 July 2020 15:19
To: Helen Farman-McKenna
Cc: Thomas Robinson
Subject: premises licence
Attachments: revised supervisor consent.pdf; map (2).pdf; revised application.pdf

Hi Helen,

Please find attached all the revised sections of the new premises licence application.

Thank you once again for your feedback and corrective advice. I hope it is all now in order.

I am available to make payment now , so if you want to call me when it is convenient my mobile is 07790804079.

Cheers,
Ivor.

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 POSTERN LEISURE LTD
(Insert name(s) of applicant)

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 <u>NATIONAL FOREST ADVENTURE FARM</u> <u>POSTERN ROAD</u> <u>TATENHILL</u>			
Post town	<u>BURTON UPON TRENT</u>	Postcode	<u>DE1395J</u>

Telephone number at premises (if any)	<u>01283 - 533933</u>
Non-domestic rateable value of premises	<u>£ 82,000.</u>

Part 2 - Applicant details

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

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
- i as a limited company/limited liability partnership please complete section (B)
- ii as a partnership (other than limited liability) 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 in Wales 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 (by ticking yes to one box below):

- 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)	
Surname			First names		
Date of birth			I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
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)					

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)	
Surname			First names		
Date of birth			I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality					
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)					
Current residential 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 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	POSTERN LEISURE LTD.
Address	POSTERN HOUSE FARM POSTERN ROAD TATENHILL BURTON UPON TRENT DE139SJ.
Registered number (where applicable)	05453229
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY.

Telephone number (if any)	01283 533933
E-mail address (optional)	ivor@adventurefarm.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	08	2020

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

DD	MM	YYYY

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

THE NATIONAL FOREST ADVENTURE FARM IS A FARM BASED VISITOR ATTRACTION. THE FACILITIES INCLUDE A CAR PARK, INDOOR AND OUTDOOR PLAY EQUIPMENT, ANIMAL INTERACTION AREAS, A RESTAURANT, SATELLITE CATERING OUTLETS AND FREE SPACE FOR EVENTS & PLAY. THE ADVENTURE FARM ALSO HOSTS SEVERAL SEASONAL EVENTS, PRINCIPALLY AT EASTER, SUMMER HOLIDAYS, HALLOWEEN & CHRISTMAS. AT PRESENT (DURING THE COVID-19 PANDEMIC) A DRIVE THROUGH SHOP IS OPERATING FROM THE CAR PARK AREA. IT IS UNCLEAR HOW LONG THIS PARTICULAR ACTIVITY WILL CONTINUE; HOWEVER IT IS A GOOD EXAMPLE OF HOW ADAPTABLE OUR BUSINESS MUST BECOME TO SURVIVE IN THE PRESENT AND POST-COVID WORLD.

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

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

(please see sections 1 and 14 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) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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

B

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

C

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

D

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

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon	10:00	23:45	OCCASSIONAL LIVE MUSIC PERFORMANCES WE HAVE HAD TO DATE HAVE BEEN FOR CHARITY EVENTS THAT HAVE BEEN COVERED BY TENS LICENCES. TO IMPROVE BUSINESS FLEXIBILITY DURING AND POST COVID-19, WE WOULD LIKE TO BE ABLE TO OFFER PRIVATE HIRE OR TICKETED PERFORMANCES.	
Tue	10:00	23:45		
Wed	10:00	23:45	State any seasonal variations for the performance of live music (please read guidance note 5)	
Thur	10:00	23:45		
Fri	10:00	23:45	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 (please read guidance note 6)	
Sat	10:00	23:45		
Sun	10:00	23:45		

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10:00	23:45	Please give further details here (please read guidance note 4) TO DATE RECORDED MUSIC HAS BEEN PLAYED MAINLY AT OUR ANNUAL HALLOWEEN EVENING EVENT (SCREAMFEST) AND AT OCCASIONAL CHARITY EVENTS, BOTH COVERED BY TENS LICENCES. AS PREVIOUSLY STATED WE WOULD LIKE THE FLEXIBILITY TO OFFER PRIVATE HIRE AND ALTERNATIVE EVENTS AS WE ADAPT TO LIFE POST COVID-19.	Both	<input checked="" type="checkbox"/>
Tue	10:00	23:45			
Wed	10:00	23:45		State any seasonal variations for the playing of recorded music (please read guidance note 5)	
Thur	10:00	23:45			
Fri	10:00	23:45		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 6)	
Sat	10:00	23:45			
Sun	10:00	23:45			

G

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

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p>Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)</p>	Indoors	<input type="checkbox"/>
Mon	10:00	23:45		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	10:00	23:45	<p>Please give further details here (please read guidance note 4) IN THIS CATEGORY I WOULD INCLUDE PERFORMANCES WHICH WOULD NORMALLY BE ASSOCIATED WITH OUR HALLOWEEN EVENT (SCREAMFEST), THESE WOULD INCLUDE, COMEDIANS, MAGICIANS, ILLUSIONISTS AND ESCAPOLOGISTS. AGAIN YEAR ROUND FLEXIBILITY FOR SUCH ACTS WOULD BE BENEFICIAL.</p>		
Wed	10:00	23:45			
Thur	10:00	23:45	<p>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)</p>		
Fri	10:00	23:45			
Sat	10:00	23:45	<p>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 (please read guidance note 6)</p>		
Sun	10:00	23:45			

I

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

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	10:00	23:30			
Tue	10:00	23:30			
Wed	10:00	23:30			
Thur	10:00	23:30			
Fri	10:00	23:30			
Sat	10:00	23:30			
Sun	10:00	23:30			
			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 6)		

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):

Name		IAN ALEXANDER LIPP	
Date of birth		15-11-57	
Address		80 HOPLEY ROAD ANSLOW BURTON UPON TRENT	
Postcode	DE139PZ		
Personal licence number (if known)		PA 0012	
Issuing licensing authority (if known)		EAST STAFFORDSHIRE BOROUGH COUNCIL.	

K

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).

L

<p>Hours premises are open to the public Standard days and timings (please read guidance note 7)</p>			<p><u>State any seasonal variations</u> (please read guidance note 5)</p>
Day	Start	Finish	<p><u>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</u> (please read guidance note 6)</p>
Mon	10:00	00:00	
Tue	10:00	00:00	
Wed	10:00	00:00	
Thur	10:00	00:00	
Fri	10:00	00:00	
Sat	10:00	00:00	
Sun	10:00	00:00	

M

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)

WE SHALL ENSURE THAT AT ALL TIMES, WHEN THE PREMISES ARE OPEN FOR ANY LICENSABLE ACTIVITY, THAT THERE ARE SUFFICIENT COMPETANT STAFF ON DUTY TO ENSURE ALL ASPECTS OF THE LICENSING CONDITIONS ARE MET. WE SHALL ENSURE THAT ALL STAFF WILL RECEIVE ADEQUATE TRAINING WITH REGARD TO DRUNKENNESS AND UNDERAGE PERSONS. TRAINING RECORDS WILL BE KEPT.

b) The prevention of crime and disorder

ANY CRIMINAL INCIDENTS THAT OCCUR ON THE PREMISES WILL BE REPORTED TO THE POLICE.
A COMPREHENSIVE CCTV SYSTEM IS ALREADY IN OPERATION ON THE SITE. THIS CAN BE MODIFIED OR ADDED TO FOR THE NEEDS AND LAYOUT OF SPECIFIC EVENTS.
FOR LARGER EVENTS, IN PARTICULAR BUT NOT EXCLUSIVELY, HALLWAY DOOR SUPERVISORS ARE EMPLOYED TO ASSIST WITH GENERAL BEHAVIOUR, AND ASSIST IN ENFORCEMENT OF THE LICENSE CONDITIONS.

c) Public safety

APPROPRIATE FIRE SAFETY PROCEDURES IN PLACE, THIS INCLUDES PROVISION OF FIRE EXTINGUISHERS, FIRE BLANKETS, SMOKE DETECTORS AND EMERGENCY LIGHTING IN INTERNAL AREAS. EXTERNAL AREAS AND TEMPORARY EVENT AREAS WILL ALSO BE EQUIPPED WITH FIRE EXTINGUISHERS AND EMERGENCY LIGHTING WHERE APPROPRIATE. THE ABOVE MEASURES ARE REFERENCED IN THE SITE FIRE RISK ASSESSMENT, A COPY OF WHICH IS ENCLOSED.

d) The prevention of public nuisance

CLEAR NOTICES ASKING PUBLIC TO LEAVE QUIETLY AND RESPECT OUR NEIGHBOURS WILL BE CLEARLY DISPLAYED. THIS WILL BE PARTICULARLY RELEVANT TO ANY EVENING FUNCTIONS / OPENINGS.

e) The protection of children from harm

THE LICENSEE & TRAINED STAFF SHALL ASK CUSTOMERS WHO APPEAR UNDER AGED 25 TO PRODUCE VALID PHOTOGRAPHIC I.D. DOOR SUPERVISORS WILL ASSIST SERVING STAFF IN ENSURING THIS POLICY IS MAINTAINED DURING BUSY EVENT PERIODS. STAFF WILL BE TRAINED IN UNDERAGE SALES PREVENTION, AND RECORDS OF THIS TRAINING WILL BE KEPT.

	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)
Signature	
Date	23-6-20
Capacity	DIRECTOR

For joint applications, signature of 2nd applicant or 2nd 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	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
IVOR ROBINSON, NATIONAL FOREST ADVENTURE FARM, POSTERN ROAD TATENHILL			
Post town	BURTON UPON TRENT	Postcode	DE139SJ
Telephone number (if any)	07790 804079		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
ivor @ adventurefarm.co.uk			

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- 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 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none">• [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).• 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
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Consent of individual to being specified as premises supervisor

I IAN ALEXANDER LIPP
[full name of prospective premises supervisor]

of 80 HOPLEY ROAD
ANSLOW
BURTON UPON TRENT
STAFFORDSHIRE
DE139PZ
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

NEW PREMISES LICENCE
[type of application]

by

POSTERN LEISURE LTD.
[name of applicant]

relating to a premises licence TBA
[number of existing licence, if any]

for

THE NATIONAL FOREST ADVENTURE FARM,
POSTERN ROAD
TATENHILL
BURTON UPON TRENT, STAFFORDSHIRE
DE139SJ
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

POSTERN LEISURE LTD.
[name of applicant]

concerning the supply of alcohol at

THE NATIONAL FOREST ADVENTURE FARM
POSTERN ROAD
TATENHILL
BURTON UPON TRENT
STAFFORDSHIRE
DE1395J

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

PA 0012
[insert personal licence number, if any]

Personal licence issuing authority

EAST STAFFORDSHIRE BOROUGH COUNCIL
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

Name (please print)

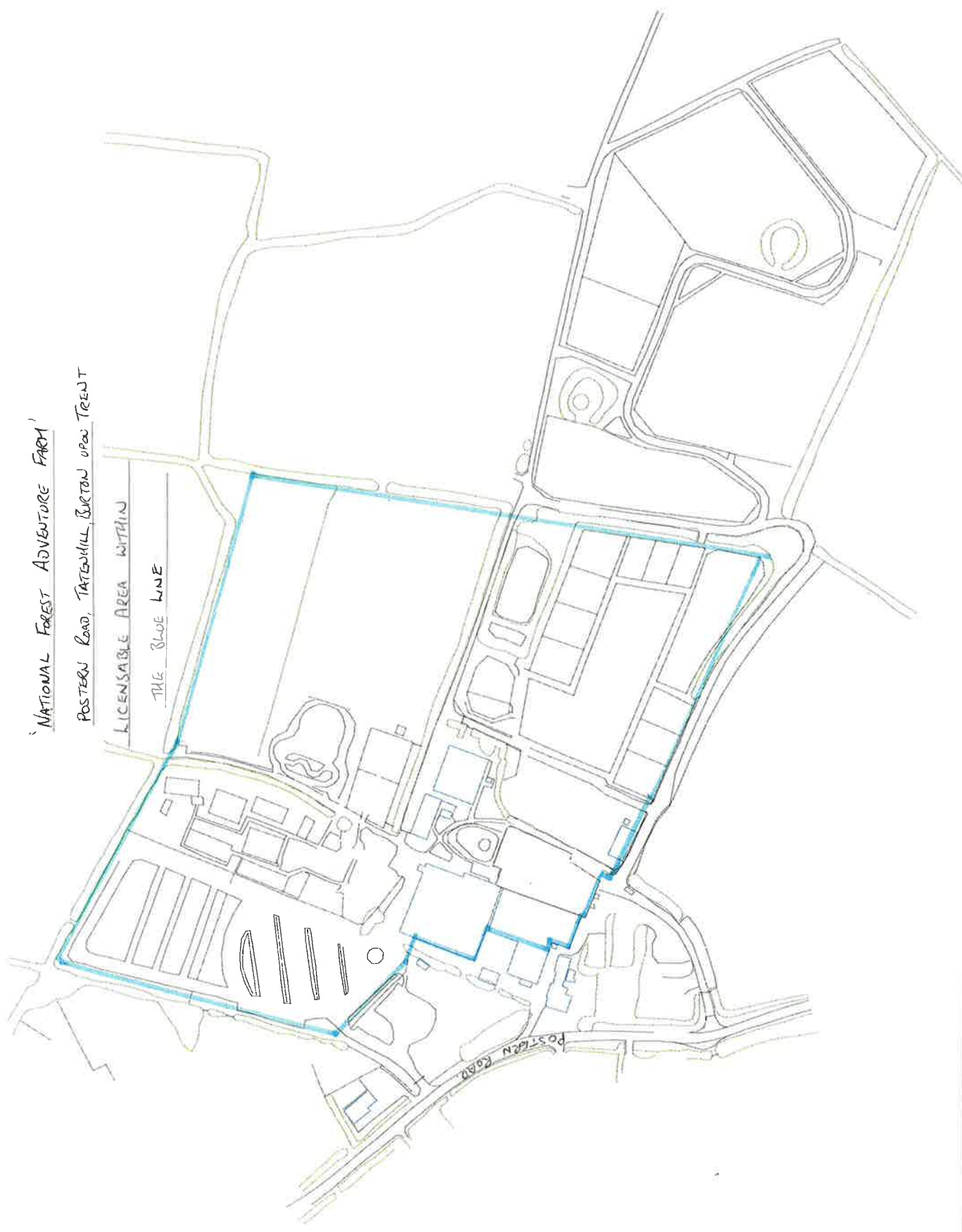
IAN ALEXANDER LIPP

Date

23-6-20

'NATIONAL FOREST ADVENTURE FARM'
POSTERN ROAD, TATESHILL, BURTON UPON TRENT

LICENSABLE AREA WITHIN
THE BLUE LINE



Companies House

Companies House does not verify the accuracy of the information filed
(<http://resources.companieshouse.gov.uk/serviceInformation.shtml#compInfo>)

POSTERN LEISURE LIMITED

Company number **05453229**

Registered office address

Postern House Farm, Postern Road, Tatenhill, Burton On Trent, Staffordshire, DE13 9SJ

Company status

Active

Company type

Private limited Company

Incorporated on

16 May 2005

Accounts

Next accounts made up to **31 December 2019**
due by **30 September 2020**

Last accounts made up to **31 December 2018**

Confirmation statement

Next statement date **15 May 2021**
due by **29 May 2021**

Last statement dated **15 May 2020**

Nature of business (SIC)

- 82990 - Other business support service activities not elsewhere classified

Tell us what you think of this service([link opens a new window](https://www.research.net/r/S78XJMV)) Is there anything wrong with this page?([link opens a new window](https://beta.companieshouse.gov.uk/help/feedback?sourceurl=https://beta.companieshouse.gov.uk/company/05453229)) (<https://beta.companieshouse.gov.uk/help/feedback?sourceurl=https://beta.companieshouse.gov.uk/company/05453229>)

Companies House

Companies House does not verify the accuracy of the information filed
(<http://resources.companieshouse.gov.uk/serviceInformation.shtml#compInfo>)

POSTERN LEISURE LIMITED

Company number **05453229**

- [Officers](#)
- [Persons with significant control](https://beta.companieshouse.gov.uk/company/05453229/persons-with-significant-control) (<https://beta.companieshouse.gov.uk/company/05453229/persons-with-significant-control>)

Filter officers

<input type="checkbox"/> Current officers
<input type="button" value="Apply filter"/>

5 officers / 1 resignation

ROBINSON, Jeanette

Correspondence address **Postern House Farm, Postern Road, Tatenhill, Burton-On-Trent, DE13 9SJ**

Role Active **Secretary**

Appointed on **16 May 2005**

Nationality **British**

ROBINSON, Ivor James

Correspondence address **The Croft, Postern Road, Tatenhill, Burton-On-Trent, Staffordshire, DE13 9SJ**

Role Active **Director**

Date of birth **July 1970**

Appointed on **16 May 2005**

Nationality **British**

Country of residence **United Kingdom**

Occupation **Company Director**

ROBINSON, Jeanette

Correspondence address **Postern House Farm, Postern Road, Tatenhill, Burton-On-Trent, DE13 9SJ**

Role Active **Director**

Date of birth **May 1944**

Appointed on **16 May 2005**

Nationality **British**

Country of residence **United Kingdom**

Occupation **Company Director**

ROBINSON, Thomas Ivan

Correspondence address **Woodhill Cottage, 19 Main Street, Milton, Derby, DE65 6GF**

Role Active **Director**

Date of birth **June 1968**

Appointed on **16 May 2005**

Nationality **British**

Country of residence **England**

Occupation **Director**

ROBINSON, James David Edmund

Correspondence address **Postern House Farm, Postern Road, Tatenhill, Burton-On-Trent, DE13 9SJ**

Role Resigned **Director**

Date of birth **September 1945**

Appointed on **16 May 2005**

Resigned on **23 March 2007**

Nationality **British**

Occupation **Company Director**

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