



LICENSING ACT 2003

APPLICATION FOR A PREMISES LICENCE

Before completing this application form, please read the following instructions and the guidance notes at the end of the form.

If you are completing this form by hand, please use black ink and write legibly in block capitals. In all cases, ensure that your answers are kept inside the boxes. Use additional sheets if necessary. You may wish to keep a copy for your records.

I/we WENDY MAXINE POWELL 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 description <u>FOWALLS GROUND FLOOR BME CRAD.</u>	
Post town <u>TREDEGAR</u>	Post code <u>NP22 3PS</u>
Telephone number of premises if any	Non domestic rateable value of premises £ <u>2500</u>

Part 2 – Applicant details

Please state whether you are applying for a licence as

Please tick

- (a) an individual/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 (eg. 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
- (g)(a) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (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

- 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

Section A – Individual Applicants

Mr Mrs Miss Ms Other Title (please specify) _____

I am over 18 years old

Surname POWELL	First Names WENDY MAXINE
Postal address if different from premises address	
Post town	Post code
Daytime telephone number	E-mail address (optional)

Second Individual Applicant (if applicable)

Mr Mrs Miss Ms Other Title (please specify) _____

I am over 18 years old

Surname	First Names
Postal address if different from premises address	
Post town	Post code
Daytime telephone number	E-mail address (optional)

Section 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
Address
Registered number (where applicable)
Description of applicant (e.g. partnership, company, etc.)
Telephone number
E-mail address

Part 3 – Operating Schedule

What date do you want the licence to start? _____

If you wish the licence to be valid for a limited period, what date do you want it to end? _____

If 5000 or more people are expected to attend the premises at any one time, please state number expected _____.

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

Licensed dessert bar.

What licensable activities do you intend to carry on at the premises?
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick

Provision of regulated entertainment

- | | |
|--|-------------------------------------|
| (a) plays (if 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 yes, fill in box C) | <input checked="" type="checkbox"/> |
| (d) boxing or wrestling entertainment (if yes, fill in box D) | <input type="checkbox"/> |
| (e) live music (if yes, fill in box E) | <input checked="" type="checkbox"/> |
| (f) recorded music (if yes, fill in box F) | <input checked="" type="checkbox"/> |
| (g) performances of dance (if yes, fill in box G) | <input type="checkbox"/> |
| (h) anything of a similar description to that falling within (e), (f) and (g)
(if yes, fill in box H) | <input type="checkbox"/> |

Provision of late night refreshment (if yes, fill in box I)

Supply of alcohol (if yes, fill in box J)

In all cases, complete boxes K, L and M

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 read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tues					
Wed			State any seasonal variations (please read guidance note 4)		
Thurs					
Fri			Non-standard timings. Where you intend to use the premises for the performance of plays at a different time to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both? (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tues					
Wed			State any seasonal variations (please read guidance note 4)		
Thurs					
Fri			Non-standard timings. Where you intend to use the premises for the exhibition of films at a different time to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details here (please read guidance note 3)
Day	Start	Finish	
Mon	9-00	00-00	Television Sports Rugby Racing Boxing Football
Tues	9-00	00-00	
Wed	9-00	00-00	State any seasonal variations (please read guidance note 4)
Thurs	9-00	00-00	
Fri	9-00	00-00	Non-standard timings. Where you intend to use the premises for indoor sporting events at a different time to those listed in the column on the left, please list (please read guidance note 5)
Sat	9-00	00-00	
Sun	9-00	00-00	

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both? (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)		
Tues					
Wed			State any seasonal variations (please read guidance note 4)		
Thurs					
Fri			Non-standard timings. Where you intend to use the premises for boxing or wrestling entertainment at a different time to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both? (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Solo or group singers.		
Mon	9.00	00.00			
Tues	9.00	00.00	State any seasonal variations (please read guidance note 4)		
Wed	9.00	00.00			
Thurs	9.00	00.00	Non-standard timings. Where you intend to use the premises for the performance of live music at a different time to those listed in the column on the left, please list (please read guidance note 5)		
Fri	9.00	00.00			
Sat	9.00	00.00			
Sun	9.00	00.00			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both? (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) RADIO C.D.		
Mon	9.00	00.30			
Tues	9.00	00.30	State any seasonal variations (please read guidance note 4) New Years eve 9.00-01.00		
Wed	9.00	00.30			
Thurs	9.00	00.30	Non-standard timings. Where you intend to use the premises for the playing of recorded music at a different time to those listed in the column on the left, please list (please read guidance note 5)		
Fri	9.00	00.30			
Sat	9.00	00.30			
Sun	9.00	00.30			

G

Performance of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both? (please read guidance note 2)	Indoors				
				Outdoors				
				Both				
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
Tues								
Wed						State any seasonal variations (please read guidance note 4)		
Thurs								
Fri						Non-standard timings. Where you intend to use the premises for the performance of dance at a different time to those listed in the column on the left, please list (please read guidance note 5)		
Sat								
Sun								

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Will the entertainment take place indoors or outdoors or both? (please read guidance note 2)	Indoors				
				Outdoors				
				Both				
Day	Start	Finish	Please give further details here (please read guidance note 3) and description of the type of entertainment you will be providing					
Mon								
Tues								
Wed						State any seasonal variations (please read guidance note 4)		
Thurs								
Fri						Non-standard timings. Where you intend to use the premises at a different time to those listed in the column on the left, please list (please read guidance note 5)		
Sat								
Sun								

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the late night refreshment be indoors or outdoors or both? (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	9.00	00.30			
Tues	9.00	00.30	State any seasonal variations (please read guidance note 4) new years eve 9.00 - 00.30 01.00		
Wed	9.00	00.30			
Thurs	9.00	00.30	Non-standard timings. Where you intend to use the premises for the provision of late night refreshment at a different time to those listed in the column on the left, please list (please read guidance note 5)		
Fri	9.00	00.30			
Sat	9.00	00.30			
Sun	9.00	00.30			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption on the premises, off the premises or both? (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations (please read guidance note 4) new years eve 9.00 - 00.30 01.00		
Mon	9.00	00.30			
Tues	9.00	00.30	Non-standard timings. Where you intend to use the premises for the supply of alcohol at a different time to those listed in the column on the left, please list (please read guidance note 5)		
Wed	9.00	00.30			
Thurs	9.00	00.30			
Fri	9.00	00.30			
Sat	9.00	00.30			
Sun	9.00	00.30			

State the name and details of the person whom you wish to specify as premises supervisor

Name..... WENDY MAXINE POWELL

Address.....

Postcode.....

Personal licence no. if known.....

Personal licence issuing authority if known.....

K

Please highlight any adult entertainment or services, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please see guidance note 8)

L

Hours the premises will be open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	9.00	01-00	<p>new years eve 9.00 - 02-00</p> <p>Non-standard timings. Where you intend to open the premises to the public at a different time to those listed in the column on the left, please list (please read guidance note 5)</p>
Tues	9.00	01-00	
Wed	9.00	01-00	
Thurs	9.00	01-00	
Fri	9.00	01-00	
Sat	9.00	01-00	
Sun	9.00	01-00	

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 9)

STAFF WILL BE TRAINED IN HEALTH + SAFETY
AND CUSTOMER SERVICES
CCTV WILL BE OPERATING 24hrs WITH A 31
DAY CYCLE OF RECORDING
DOOR STAFF WILL BE USED WHEN NEEDED.

(b) the prevention of crime and disorder

DOOR STAFF
STAFF TRAINING.
RECORDS OF CUSTOMERS BEING AND COURSEING PROMISE

(c) public safety

DOOR STAFF WHEN NEEDED.
CCTV
STAFF TRAINING

(d) the prevention of public nuisance

CCTV OPERATING 24 HOURS
CONTINUAL 31 DAY RECORDING.
RECORD KEEPING TO INSURE THOSE COURSEING
A PUBLIC NUISANCE WILL NO LONGER BE ADMITTED TO
THE PREMISES

(e) the protection of children from harm

CHILDREN WILL BE ASKED TO LEAVE
BY 8pm AND 6pm ON FRIDAY AND SATURDAY.

Checklist

Please tick Yes

- 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 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

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 appointed agent (please read guidance note 11) If signing on behalf of the applicant, please state in what capacity

Signature..... *L. W. Powell*

Date..... *31. 01. 17*

Capacity.....

For Joint applications, signature of second applicant or second applicant’s solicitor or other duly appointed agent (please read guidance note 12) 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 13)

Post town	Postcode
Telephone number (if any)	
E-mail address (optional)	

Notes for Guidance

1. Describe the premises. For example, the type of premises, its general situation and layout and any other information, which could be relevant to the licensing objectives. Where your application includes off supplies of alcohol and you intend to provide a place for consumption of these off supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure, please tick as appropriate. Indoors may include a tent.
3. For example, the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively) where you wish the activity to go on longer on a particular day, e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for activity.
7. If you wish people to be able to consume alcohol on the premises, please tick on. If you wish people to be able to purchase alcohol to consume away from the premises, please tick off. If you wish people to be able to do both, please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example, (but not exclusively), nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example, Solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants, or their respective agents, must sign the application form.
13. This is the address which we shall use to correspond with you about this application.