

ANNEX B

Cyngor Sir Powys County Council



FORM 9

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 or typed in black ink. Use additional sheets if necessary.

Once completed please send your application to: -

CYNGOR SIR POWYS COUNTY COUNCIL The Licensing Officer

Council Offices Neuadd Brycheiniog Cambrian Way Brecon Powys LD3 7HR	Council Offices Y Gwalia Ithon Road Llandrindod Wells Powys LD1 6AA	Council Offices Ty Maldwyn Brook Street Welshpool Powys SY21 7PH
Contact: 0845 602 7037 and ask to speak to an Officer		

You may wish to keep a copy of the completed form for your records

I/We ... Y Gaer, NPTC Group of Colleges...
(Insert name of applicant / applicants)

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 if any or if none Ordnance Survey map reference or description.			
Y Gaer Glamorgan Street			
Post town	Brecon	Post code	LD37DW
Telephone number of premises (if any)			
£ Non-domestic rateable value of premises		UNKNOWN	

Part 2 - Applicant Details		
Please state whether you are applying for a premises licence as	Please Tick or insert "YES" in the relevant box	Next Step
a). An individual or individuals.		Please complete Section (A)
b). A person other than an individual.		Please complete Section (B)
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	YES	Please complete Section (B)
f) A Health Service Body		Please complete Section (B)
g) 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 state whether you are applying for a premises licence as)	Please tick <input checked="" type="checkbox"/>
I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or	Yes <input checked="" type="checkbox"/>
I am making this application pursuant to a	
Statutory function	Yes
A function discharged by virtue of Her Majesty's prerogative	Yes

A. DETAILS of INDIVIDUAL NOTICE GIVERS <i>(fill in as applicable)</i>									
Name									
Delete as appropriate: Mr. Mrs. Miss. Ms. Other title (for example, Rev)									
Surname									
Forenames									
Are you over 18	Yes	No	Date of Birth						
			DD/MM/YYYY						
Place of Birth									
Nationality									
CURRENT POSTAL ADDRESS if different from premises address									
Post Town					Post Code				
Contact Phone number in working hours									
E-mail Address if any <i>(optional)</i>									
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 the service (please see note 2 for information).									
Share Code									

DETAILS of SECOND INDIVIDUAL NOTICE GIVER <i>(If Applicable)</i>									
Name									
Delete as appropriate: Mr. Mrs. Miss. Ms. Other title (for example, Rev)									
Surname									
Forenames									
Are you over 18	Yes	No	Date of Birth						
			DD/MM/YYYY						
Place of Birth									
Nationality									
CURRENT POSTAL ADDRESS if different from premises address									
Post Town					Post Code				
Contact Phone number in working hours									
E-mail Address if any <i>(optional)</i>									
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 the service (please see note 2 for information).									
Share Code									

B. OTHER APPLICANTS (fill in as applicable)			
Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of partnership or joint venture (other than a body corporate), please give the name and address of each party concerned.			
Name			
NPTC Group of Colleges			
Address			
Caffi Y Gaer NPTC Group of Colleges Glamorgan Street			
Post Town	Brecon	Post Code	LD37DW
Registered number (where applicable)			
N/A			
Description of applicant (for example, partnership, company, unincorporated association etc.)			
NPTC Group of Colleges. Further Education			
Telephone number (if any)			
E-mail address (optional)			

Part 3 Operating Schedule	Day	Month	Year
When do you want the premises licence to start?	0 1	0 3	2 0 2 3
If you wish the licence to be valid only for a limited period, when do you want it to end?			
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		
Please give a general description of premises (Please read guidance note 1)			

Café located in the library building. Serving hot and cold drinks and meals for both the public and members and visitors of the college. Providing hospitality for College, library, and local community functions. Area to have licensable activities are outlined in yellow on attached floor plans. Please note outside area is up to the fence only.

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 (please read guidance note 2)	Please tick <input checked="" type="checkbox"/>	
a) plays (if ticking yes, fill in box A)	YES	NO
b) films (if ticking yes, fill in box B)	YES <input checked="" type="checkbox"/>	NO
c) indoor sporting events (if ticking yes, fill in box C)	YES	NO
d) boxing or wrestling entertainment (if ticking yes, fill in box D)	YES	NO
e) live music (if ticking yes, fill in box E)	YES	NO
f) recorded music (if ticking yes, fill in box F)	YES	NO
g) performances of dance (if ticking yes, fill in box G)	YES	NO
h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	YES	NO
	Please tick <input checked="" type="checkbox"/>	
Provision of late night refreshment (if ticking yes, fill in box I)	YES	NO
Sale / Supply of alcohol (if ticking yes, fill in box J)	YES <input checked="" type="checkbox"/>	NO

IN ALL CASES PLEASE COMPLETE BOXES K, L, AND M BELOW

[BOX 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 or insert "YES" in the relevant box. (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 4)	Both	

Tue			
Wed			<u>State any seasonal variations for performing plays (please read guidance note 5)</u>
Thur			
Fri			<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. (please read guidance note 6)</u>
Sat			
Sun			

[BOX 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 or insert "YES" in the relevant box. (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon	0900	2300	Please give further details here (please read guidance note 4)	Both	√
Tue	0900	2300		Within the College and library spaces	
Wed	0900	2300	<u>State any seasonal variations for the exhibition of films (please read guidance note 5)</u>		
Thur	0900	2300		None	
Fri	0900	2300	<u>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)</u>		
Sat	0900	2300			
Sun	0900	2300		No	

[BOX C] INDOOR SPORTING EVENTS Standard days and timings (please read guidance note 7)			Please give further details here (please read guidance note 4)	
Day	Start	Finish		
Mon				

Tue			<u>State any seasonal variations for indoor sporting events (please read guidance note 5)</u>
Wed			
Thu			<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. (please read guidance note 6)</u>
Fri			
Sat			
Sun			

[BOX D] BOXING OR WRESTLING ENTERTAINMENT Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – Please Tick or insert “YES” in the relevant box (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)</u>		
Thur					
Fri					
Sat					
Sun					
			<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. (please read guidance note 6)</u>		

[BOX 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 or insert “YES” in the relevant box (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					

Wed			<u>State any seasonal variations for the performance of live music (please read guidance note 5)</u>
Thur			
Fri			
Sat			
Sun			

[BOX 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 or insert "YES" in the relevant box (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 4)	Both	
Tue					
Wed					
Thur			<u>State any seasonal variations for playing recorded music (please read guidance note 5)</u>		
Fri					
Sat					
Sun					

[BOX G] PERFORMANCE OF DANCE Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – Please Tick or insert "YES" in the relevant box (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 4)	Both	
Tue					
Wed			<u>State any seasonal variations for the performance of dance (please</u>		

			<u>read guidance note 5)</u>
Thur			
Fri			<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. (please read guidance note 6)</u>
Sat			
Sun			

[BOX H] ANYTHING OF A SIMILAR DESCRIPTION TO THAT FALLING WITHIN (E), (F) or (G). Standard days and timings (please read guidance note 7)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	Will the entertainment be taking place indoors or outdoors or both – Please Tick or insert “YES” in the relevant box (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			<u>Please give further details here (please read guidance note 4)</u>		
Wed					
Thu			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)</u>		
Fri			None		
Sat			<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. (please read guidance note 6)</u>		
Sun			None		

[BOX 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 or insert “YES” in the relevant box (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon				Both	
			<u>Please give further details here (please read guidance note 4)</u>		

Tue			
Wed			<u>State any seasonal variations for the provision of late night refreshment (please read guidance note 5)</u>
Thur			
Fri			<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. (please read guidance note 6)</u>
Sat			
Sun			

[BOX J] SUPPLY OF ALCOHOL Standard days and timings (please read guidance note 7)			Will the sale of alcohol be for consumption on or off the premises or both – Please Tick or insert "YES" in the relevant box (please read guidance note 8)	On	
Day	Start	Finish		Off	
Mon	0900	2300	State any seasonal variations for the supply of alcohol (please read guidance note 5)	Both	√
Tue	0900	2300		None	
Wed	0900	2300	<u>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)</u>		
Thur	0900	2300		None	
Fri	0900	2300		None	
Sat	0900	2300			
Sun	0900	2300			

State the Name and Details of the Individual whom you wish to specify on your licence as the – (DPS) Designated Premises Supervisor. (Please see declaration about the entitlement to work in the checklist at the end of the form):
(A DPS is required to be a Personal Licence Holder)

Delete as appropriate: Mr.

Surname

Forenames

Are you over 18	Date of Birth DD/MM/YYYY
Place of Birth	
CURRENT ADDRESS of Designated Premises Supervisor if different from premises address	

Post Town	Post Code
Personal Licence Number of DPS (if any)	
Issuing Licensing Authority, if applicable	

[BOX 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)

[BOX L] HOURS PREMISES ARE OPEN TO THE PUBLIC Standard days and timings (please read guidance note 7)			State any seasonal variation (please read guidance note 5)
Day	Start	Finish	<u>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 6)</u>
Mon	0900	2330	
Tue	0900	2330	
Wed	0900	2330	
Thu	0900	2330	
Fri	0900	2330	
Sat	0900	2330	
Sun	0900	2330	

[BOX M] Please 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)

b) The prevention of crime and disorder

c) Public safety
d) The prevention of public nuisance
e) The protection of children from harm

CHECKLIST: Please Tick or insert "YES" in the boxes below to indicate agreement	
• I have made or enclosed payment of the fee	✓
• I have enclosed a plan of the premises	✓
• I have sent copies of this application to responsible authorities and others where applicable	LA TO SEND
• I have enclosed the consent form completed by the individual I wish to be the 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).	N/A

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 her proof of entitlement to work, if appropriate (please see note 15).
Signature	
Date	8/2/23
Capacity	
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)			
NPTC GROUP OF COLLEGES NEATH COLLEGE DWR Y FELIN ROAD NEATH			
Post Town	NEATH PORT TALBOT	Postcode	SA107RF
Telephone number			
E-mail address (optional)			