

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

Table with 3 columns: Council Offices (Neuadd Brycheiniog, Cambrian Way, Brecon, Powys, LD3 7HR), Council Offices (Y Gwalia, Ithon Road, Llandrindod Wells, Powys, LD1 6AA), Council Offices (Neuadd Maldwyn, Severn Road, Welshpool, Powys, SY21 7AS). Includes contact info: 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 GERALDINE WARREN & GRAHAM NEIL WARREN
(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

Form sections: Part 1 - Premises Details, Postal address of premises... Bank Cottage, The Bank, Powys; Post town: NEWTOWN, Post code: SY16 2AB; Telephone number of premises (if any): 01686 629 689; £ Non-domestic rateable value of premises: £ 3800

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		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 ✓
I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or	Yes
I am making this application pursuant to a Statutory function	Yes
A function discharged by virtue of Her Majesty's prerogative	Yes

A. INDIVIDUAL APPLICANTS (fill in as applicable)			
Your personal details			
Name			
Delete as appropriate: Mr. (Mrs) Miss. Ms. Other title (for example, Rev)			
Surname	WARREN		
Forenames	GERALDINE		
Are you over 18	Yes <input checked="" type="checkbox"/>	No	Date of Birth DD/MM/YYYY
Place of Birth	NEWTOWN POWYS		
CURRENT ADDRESS if different from premises address			
ARLAN MOCHDRE NEWTOWN POWYS			
Post Town	STILB NEWTOWN	Post Code	SY16 4JL
Daytime contact telephone number			
E-mail Address if any (optional)			

SECOND INDIVIDUAL APPLICANT (fill in as applicable)			
Your personal details			
Name			
Delete as appropriate: (Mr) Mrs. Miss. Ms. Other title (for example, Rev)			
Surname	WARREN		
Forenames	GRAHAM NEIL		
Are you over 18	Yes <input checked="" type="checkbox"/>	No	Date of Birth DD/MM/YYYY
Place of Birth	FARNBOROUGH		
CURRENT ADDRESS if different from premises address			
ARLAN MOCHDRE POWYS			
Post Town	NEWTOWN	Post Code	SY16 4JL
Daytime contact telephone number			
E-mail Address if any (optional)			

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	
Address	
Post Town	Post Code
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	
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	052017
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.			
Please give a general description of premises (Please read guidance note 1)			
RESTAURANT / CAFE			

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 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	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 <input checked="" type="checkbox"/>	NO
f) recorded music (if ticking yes, fill in box F)	YES <input checked="" type="checkbox"/>	NO
g) performances of dance (if ticking yes, fill in box G)	YES <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	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 6)			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 2)	Indoors	Outdoors	Both
Day	Start	Finish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)			
Tue						
Wed						
Thur			State any seasonal variations for performing plays (please read guidance note 4)			
Fri						
Sat			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 5)			
Sun						

[BOX B] FILMS Standard days and timings (please read guidance note 6)			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 2) Please give further details here (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<p><u>State any seasonal variations for the exhibition of films (please read guidance note 4)</u></p> <p><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 5)</u></p>		
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

[BOX 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			<p><u>State any seasonal variations for indoor sporting events (please read guidance note 4)</u></p> <p><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 5)</u></p>
Tue			
Wed			
Thu			
Fri			
Sat			
Sun			

[BOX D] BOXING OR WRESTLING ENTERTAINMENT Standard days and timings (please read guidance note 6)			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 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed				State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)	
Thur					
Fri				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 5)	
Sat					
Sun					

[BOX 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 Tick or Insert "YES" in the relevant box (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	09-00	00-00	Please give further details here (please read guidance note 3)	Both	
Tue	09-00	00-00			
Wed	09-00	00-00		State any seasonal variations for the performance of live music (please read guidance note 4)	
Thur	09-00	00-00			
Fri	09-00	00-00		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 5)	
Sat	09-00	00-00			
Sun	09-00	00-00			

[BOX 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 Tick or insert "YES" in the relevant box (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	17-00	22-00	Please give further details here (please read guidance note 3)	Both	
Tue	09-00	00-00			
Wed	09-00	00-00		State any seasonal variations for playing recorded music (please read guidance note 4)	
Thur	09-00	00-00			
Fri	09-00	00-00		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 5)	
Sat	09-00	00-00			
Sun	09-00	00-00			

[BOX 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 Tick or insert "YES" in the relevant box (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	19-00	02-00	Please give further details here (please read guidance note 3)	Both	
Tue	09-00	00-00			
Wed	09-00	00-00		State any seasonal variations for the performance of dance (please read guidance note 4)	
Thur	09-00	00-00			
Fri	09-00	00-00		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 5)	
Sat	09-00	00-00			
Sun	09-00	00-00			

[BOX H] ANYTHING OF A SIMILAR DESCRIPTION TO THAT FALLING WITHIN (E), (F) or (G). Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
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 2)	Indoors	
Mon				Outdoors	
				Both	
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thu			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri					
Sat			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 5)		
Sun					

[BOX I] LATE NIGHT REFRESHMENT Standard days and timings (please read guidance note 6)			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 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	23-00	00-00		Both	
Tue	23-00	00-00		Please give further details here (please read guidance note 3)	
Wed	23-00	00-00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	23-00	00-00			
Fri	23-00	00-00	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 5)		
Sat	23-00	00-00			
Sun	23-00	00-00			

[BOX J] SUPPLY OF ALCOHOL Standard days and timings (please read guidance note 6)			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 7)		On	
					Off	
					Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)			
Mon	09-00	00-00				
Tue	09-00	00-00				
Wed	09-00	00-00				
Thur	09-00	00-00				
Fri	09-00	00-00				
Sat	09-00	00-00				
Sun	09-00	00-00				
			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 5)			
			00-00 - 00.30 - New Years Eve			

State the Name and Details of the Individual whom you wish to specify on your licence as the - Designated Premises Supervisor (DPS)
(A DPS is required to be a Personal Licence Holder)

Delete as appropriate: Mr. (Mrs) Miss. Ms. Other title (for example, Rev)

Surname	WARREN		
Forenames	GERALDINE		
Are you over 18	Yes <input checked="" type="checkbox"/>	No	Date of Birth DD/MM/YYYY
Place of Birth			
CURRENT ADDRESS of Designated Premises Supervisor if different from premises address			
Arlan Hochoire			
Post Town	NEWTOWN	Post Code	S416 4JL
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 8)

[BOX L] HOURS PREMISES ARE OPEN TO THE PUBLIC Standard days and timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	09.00	00.30	
Tue	09.00	00.30	
Wed	09.00	00.30	<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 5)</u> 00.30 - 1.00 - New Year's Eve
Thu	09.00	00.30	
Fri	09.00	00.30	
Sat	09.00	00.30	
Sun	09.00	00.30	

[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 9)

As a Cafe / Restaurant, people will generally be consuming alcohol with meals / food. Proof of Age will always be in place.

b) The prevention of crime and disorder

Aim to join BOBS Scheme
 Will display any crime prevention notices.
 Will operate Challenge 21
 Incidents / Accidents will be recorded or reported when necessary.

c) Public safety

Adequate lighting provided in all areas.
 First aid facilities available.

d) The prevention of public nuisance

No music / entertainment outside.
Customers will only take drinks outside.
During hours food is served & are restricted to the gated / seating area.
Notices will be displayed to inform customers of this.

e) The protection of children from harm

No smoking / cigarettes available on premises.
Unaccompanied children (under 16) not allowed in after 9pm. Proof of age will be required.
Anyone over age of 16 allowed in unaccompanied if eating - no alcohol will be served. Sold to anyone under 18 (challenge 21) who is also eating.
only alcohol purchased by an adult - can be consumed by under 18's with a meal.

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 We will do this	
• 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	✓

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