

ANNEX A



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.	YES.	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 <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 <input type="checkbox"/>
A function discharged by virtue of Her Majesty's prerogative	Yes <input type="checkbox"/>

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

SECOND INDIVIDUAL APPLICANT (fill in as applicable)				
Your personal details				
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				
CURRENT ADDRESS if different from premises address				
Post Town		Post Code		
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 | 0 | 7 | 2 | 0 | 2 | 1

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)

BAR + RESTURANT ON HOLIDAY PARK.
(CLUBHOUSE)

**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 ✓	
a) plays (if ticking yes, fill in box A)	YES	NO XXXX ✓
b) films (if ticking yes, fill in box B)	YES ✓	NO XXXX
c) indoor sporting events (if ticking yes, fill in box C)	YES ✓	NO XXXX
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 ✓	
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 ✓	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		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 3)	Both		
Tue						
Wed				State any seasonal variations for performing plays (please read guidance note 4)		
Thur						
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)	Indoors	
Day	Start	Finish		Outdoors	
Mon	10.00	22.00	Please give further details here (please read guidance note 3)	Both	<input checked="" type="checkbox"/>
Tue					
Wed				State any seasonal variations for the exhibition of films (please read guidance note 4)	
Thur					
Fri				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)	
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	10.00	22.00	Please give further details here (please read guidance note 3)			
Tue					State any seasonal variations for indoor sporting events (please read guidance note 4)	
Wed						
Thu					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)	
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	
Day	Start	Finish		Outdoors	
Mon	12.00	00.00	Please give further details here (please read guidance note 3)	Both	✓
Tue					
Wed				State any seasonal variations for the performance of live music (please read guidance note 4)	
Thur				NEW YEARS EVE – 01.00 (INDOOR)	
Fri				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					
Sun					

[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	
				Outdoors	
				Both	✓
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	12.00	00.00	<p>State any seasonal variations for playing recorded music (please read guidance note 4)</p> <p>NEW YEARS EVE - 01.00 (INDOOR)</p> <p>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)</p>		
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

[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	
				Outdoors	
				Both	✓
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	12.00	00.00	<p>State any seasonal variations for the performance of dance (please read guidance note 4)</p> <p>NYE - 01.00 (INDOOR)</p> <p>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)</p>		
Tue					
Wed					
Thur					
Fri					
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 6)			<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 2)	Indoors	
Mon				Outdoors	
				Both	
Tue			<u>Please give further details here (please read guidance note 3)</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 4)</u>		
Fri					
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 5)</u>		
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	
Day	Start	Finish		Outdoors	
Mon	23.00	00.00		Both	✓
Tue			<u>Please give further details here (please read guidance note 3)</u>		
Wed			<u>State any seasonal variations for the provision of late night refreshment (please read guidance note 4)</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 5)</u>		
Sat					
Sun					

[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	
Day	Start	Finish		Off	
Mon	10.00	01.00	<u>State any seasonal variations for the supply of alcohol (please read guidance note 4)</u> NYE - right through - <hr/> <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 5)</u> * XXXXXXXXXXXXXXXXXXXX	Both	<input checked="" type="checkbox"/>
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

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	HUANES		
Forenames	LISA MARY		
Are you over 18	Yes <input checked="" type="checkbox"/>	No	Date of Birth DD/MM/YYYY XXXXXXXXXX
Place of Birth			
CURRENT ADDRESS of Designated Premises Supervisor if different from premises address			
XXXXXXXXXXXXXXXXXXXX TREFEGLWYS			
Post Town		Post Code	XXXXXXXXXX
Personal Licence Number of DPS (if any)			
Issuing Licensing Authority, if applicable		PCC	

[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) NEW YEARS EVE - all through.
Day	Start	Finish	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)
Mon	08.00	01.30	
Tue			
Wed			
Thu			
Fri			
Sat			
Sun			

[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)

This premise will primarily be for the use of customers to the site (caravaners) but will be open to the public. Proof of age scheme in place at all times and operate a no unaccompanied children in clubhouse policy

b) The prevention of crime and disorder

- CCTV will be installed + made available to the Police or Lic officer on request
- For any outdoor alcohol sales, plastic glasses will be used.

c) Public safety


- First Aid kit will be kept on site and staff are trained.
- RCD's (use standard wording) – will be installed
- Broken glass will be cleaned immediately

d) The prevention of public nuisance

- Notices will be displayed asking customers to leave quietly

e) The protection of children from harm

- Proof of age policy will be adopted. C21
- All children U14s must be accompanied by an adult
- No gaming machines

CHECKLIST:		Please Tick or insert "YES" in the boxes below to indicate agreement	
<input type="checkbox"/>	I have made or enclosed payment of the fee		<input checked="" type="checkbox"/>
<input type="checkbox"/>	I have enclosed a plan of the premises		<input checked="" type="checkbox"/>
<input type="checkbox"/>	I have sent copies of this application to responsible authorities and others where applicable		<input checked="" type="checkbox"/>
<input type="checkbox"/>	I have enclosed the consent form completed by the individual I wish to be the Designated Premises Supervisor, if applicable		<input checked="" type="checkbox"/>
<input type="checkbox"/>	I understand that I must now advertise my application		<input checked="" type="checkbox"/>
<input type="checkbox"/>	I understand that if I do not comply with the above requirements my application will be rejected		<input checked="" type="checkbox"/>

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 authorised agent. (See guidance note 11) If signing on behalf of the applicant please state in what capacity.

Signature 

Date 21.05.21

Capacity DIRECTOR.

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised 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

E-mail address (optional)