

Area 3

Cyngor Sir Powys County Council

WALNORSHIRE



FORM 9

7 JUL 2021

Application for a premises licence to be granted under the Licensing Act 2003

LICENSING SERVICE

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 Gwalla Ithon Road Llandrindod Wells Powys LD1 6AA	Council Offices Neuadd Maldwyn Severn Road Welshpool Powys SY21 7AS
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 WILLIAM PAUL BUSHNELL  
(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

<b>Part 1 - Premises Details</b>			
Postal address of premises if any or if none ordnance survey map reference or description.			
THE VILLAGE SPORTS BAR REAR HALL ABERCRAVE MINERS WELFARE TAN YR ALLT, ABERCRAVE			
Post town	SWANSEA	Post code	SA9 1XA

Telephone number of premises (if any)	07448 147147
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£ Non-domestic rateable value of premises	£
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Application for a Premises Licence - Updated 06/04/2017

↑  
NOT CURRENTLY KNOWN

<b>Part 2 - Applicant Details</b>		
<b>Please state whether you are applying for a premises licence as</b>	<b>Please Tick or insert "YES" in the relevant box</b>	<b>Next Step</b>
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)

<b>*If you are applying as a person described in (a) or (b) please confirm:</b>	
<b>(Please state whether you are applying for a premises licence as)</b>	<b>Please tick ✓</b>
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 BUSHNELL

Forenames WILLIAM PAUL

Are you over 18 Yes  No

Date of Birth  
DD/MM/YYYY

Place of Birth

Nationality

CURRENT ADDRESS If different from premises address

[Empty address box]

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

Forenames

Are you over 18 Yes  No

Date of Birth  
DD/MM/YYYY

Place of Birth

Nationality

CURRENT ADDRESS If different from premises address

[Empty address box]

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**

When do you want the premises licence to start?

Day Month Year

04 08 2021

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)

The Premises consists of a large hall, Bar, Kitchen toilets, some off-set storage rooms and a stage. The premises are set over 1 floor (except the stage) with 4 doors access to the storage rooms, 1 main entrance and 1 set of double doors fire exit. I intend to have a small Bar/seating area with multiple TV's and 8 pool tables in the hall. I'm also hoping to make use of the stage for live entertainment and also hold functions in the hall. I will hopefully use the bar to provide alcohol and the kitchen to serve food.

**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 <input checked="" type="checkbox"/>
b) films (if ticking yes, fill in box B)	YES	NO <input checked="" type="checkbox"/>
c) indoor sporting events (if ticking yes, fill in box C)	YES <input checked="" type="checkbox"/>	NO
d) boxing or wrestling entertainment (if ticking yes, fill in box D)	YES	NO <input checked="" type="checkbox"/>
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	NO <input checked="" type="checkbox"/>
h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	YES	NO <input checked="" type="checkbox"/>
	Please tick <input checked="" type="checkbox"/>	
Provision of late night refreshment (if ticking yes, fill in box I)	YES	NO <input checked="" type="checkbox"/>
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	
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				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)	
Sat					
Sun					

<b>[BOX B] FILMS</b> 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			<b>Please give further details here (please read guidance note 3)</b>		
Tue					
Wed			<b>State any seasonal variations for the exhibition of films (please read guidance note 4)</b>		
Thur					
Fri			<b>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)</b>		
Sat					
Sun					

<b>[BOX C]</b> <b>INDOOR SPORTING EVENTS</b> Standard days and timings (please read guidance note 6)			<b>Please give further details here (please read guidance note 3)</b>		
Day	Start	Finish			
Mon	08.00	00.00	SUN - WEDS - 8 AM - 00.00 THU - SAT - 8 AM - 01.00		
Tue			<b>State any seasonal variations for indoor sporting events (please read guidance note 4)</b>		
Wed					
Thu		01.00	<b>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)</b>		
Fri			OCCASIONALLY (FOR TOURNAMENTS OVER 12 HRS) IN THESE INSTANCES, AN ADDITIONAL HOUR IS REQUIRED IF PAST LICENCE HOURS.		
Sat					
Sun		00.00			

<b>[BOX D] BOXING OR WRESTLING ENTERTAINMENT</b> 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				

<b>[BOX E] LIVE MUSIC</b> 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	08:00	00:00	Please give further details here (please read guidance note 3) 8AM - 00:00 SUN → WEEKS 8AM - 01:00 THUR → SAT	Both
Tue				
Wed				State any seasonal variations for the performance of live music (please read guidance note 4)
Thur	08:00	01:00		
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	08:00	00:00		

<b>[BOX F] RECORDED MUSIC</b> 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	08.00	00.00	Please give further details here (please read guidance note 3)  8.00 - 00.00 SUN → WEDS 8.00 - 01.00 - THU → SAT	Both	
Tue					
Wed				<u>State any seasonal variations for playing recorded music (please read guidance note 4)</u>	
Thur	08.00	01.00			
Fri				<u>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)</u>	
Sat					
Sun	08.00	00.00			

<b>[BOX G] PERFORMANCE OF DANCE</b> 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	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed				<u>State any seasonal variations for the performance of dance (please read guidance note 4)</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 5)</u>	
Sat					
Sun					



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

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

<b>[BOX J]</b> <b>SUPPLY OF ALCOHOL</b> 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)  <hr/> <b>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)</b>  NYE - EXTEND TO 1:00 AM IF NOT ON WEEKEND / IN LIC TIMES  ADDITIONAL HOUR ON B/H WEEKEND		
Mon	08:00	03:00			
Tue					
Wed					
Thur	08:00	01:00			
Fri					
Sat					
Sun	08:00	00:00			

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	BUSHNELL		
Forenames	WILLIAM PAUL		
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			
Personal Licence Number of DPS (if any)	00NN/00/246		
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)

**d) The prevention of public nuisance**

Signs on exits asking customers to leave quietly + respect local residents

**e) The protection of children from harm**

All ulbs must be accompanied by an adult  
challenge 25 will be adopted.

<b>CHECKLIST:</b>	
Please Tick or Insert "YES" in the boxes below to indicate agreement	
• I have made or enclosed payment of the fee	<input checked="" type="checkbox"/>
• I have enclosed a plan of the premises	<input checked="" type="checkbox"/>
• I have sent copies of this application to responsible authorities and others where applicable	<input checked="" 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"/>
• I understand that I must now advertise my application	<input checked="" type="checkbox"/>
• I understand that if I do not comply with the above requirements my application will be rejected	<input 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**

<b>[BOX L] HOURS PREMISES ARE OPEN TO THE PUBLIC</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variation (please read guidance note 4)</b>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	
Mon	08.00	00.30	<b>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)</b>  ADDITIONAL HOURS WHEN POOL TOURNAMENT OVER BURNS.  NYE - 01.30.
Tue			
Wed			
Thu		01.30	
Fri			
Sat			
Sun		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)**

**b) The prevention of crime and disorder**

I intend to join Local BOBB scheme.  
CCTV installed 30 day recordable system

**c) Public safety**

Electrical Certificate will be done & made available for inspection  
Public liability insurance

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.

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [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).</li> <li>• 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)</li> </ul>
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**Signature**

**Date**

~~12/14/21~~ 12/14/21

**Capacity**

Business Owner

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)

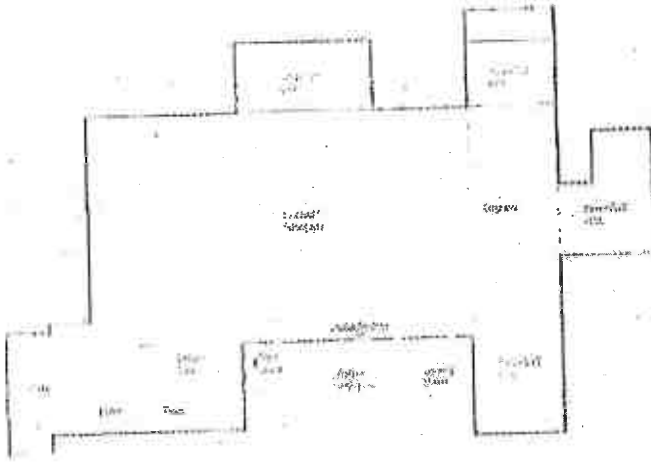
As Applicant

Post Town		Postcode	
Telephone number			
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. In terms of specific regulated entertainments please note that:
  - Plays: no licence is required for performances between 08:00 and 23:00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08:00 and 23:00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
  - Indoor sporting events: no licence is required for performances between 08:00 and 23:00 on any day, provided that the audience does not exceed 1000.
  - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08:00 and 23:00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
  - Live music: no licence permission is required for:
    - a performance of unamplified live music between 08:00 and 23:00 on any day, on any premises.
    - a performance of amplified live music between 08:00 and 23:00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
    - a performance of amplified live music between 08:00 and 23:00 on any day, in a workplace that is not licensed to sell alcohol on those premises, provided that the audience does not exceed 500.

RADNORSHIRE  
7 JUL 2021  
LICENSING SERVICE



1. Name of the premises	
2. Address of the premises	
3. Name of the licensee	
4. Name of the premises	
5. Name of the licensee	
6. Name of the premises	
7. Name of the licensee	
8. Name of the premises	
9. Name of the licensee	
10. Name of the premises	
11. Name of the licensee	
12. Name of the premises	
13. Name of the licensee	
14. Name of the premises	
15. Name of the licensee	

