

## 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 in black ink. Use additional sheets if necessary.

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

I Jon Kellie

*(Insert name(s) of applicant)*

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 or description<br><b>10b West Street</b> |           |          |                 |
| Post town                                                                                                      | Fishguard | Postcode | <b>SA65 9AE</b> |

|                                         |            |
|-----------------------------------------|------------|
| Telephone number at premises (if any)   | <b>N/A</b> |
| Non-domestic rateable value of premises | <b>£</b>   |

#### Part 2 - Applicant details

Please state whether you are applying for a premises licence as **Please tick as appropriate**

- a) an individual or individuals \* ☒ please complete section (A)
- b) a person other than an individual \*
- i as a limited company/limited liability partnership ☐ please complete section (B)
- ii as a partnership (other than limited liability) ☐ 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)



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**SECOND INDIVIDUAL APPLICANT (if applicable)**

|                                                                                                                                                                                                                         |                              |                               |                                                                    |                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|--------------------------------------------------------------------|--------------------------------|--|
| Mr <input type="checkbox"/>                                                                                                                                                                                             | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/>                                        | Other Title (for example, Rev) |  |
| <b>Surname</b>                                                                                                                                                                                                          |                              |                               | <b>First names</b>                                                 |                                |  |
| <b>Date of birth</b>                                                                                                                                                                                                    |                              |                               | I am 18 years old or over <input type="checkbox"/> Please tick yes |                                |  |
| <b>Nationality</b>                                                                                                                                                                                                      |                              |                               |                                                                    |                                |  |
| 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 that service: (please see note 15 for information) |                              |                               |                                                                    |                                |  |
| Current residential address if different from premises address                                                                                                                                                          |                              |                               |                                                                    |                                |  |
| Post town                                                                                                                                                                                                               |                              |                               |                                                                    | Postcode                       |  |
| <b>Daytime contact telephone number</b>                                                                                                                                                                                 |                              |                               |                                                                    |                                |  |
| <b>E-mail address (optional)</b>                                                                                                                                                                                        |                              |                               |                                                                    |                                |  |

**(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 (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?

| DD | MM | YYYY |
|----|----|------|
| 1  | 12 | 2025 |

If you wish the licence to be valid only for a limited period, when do you want it to end?

| DD | MM | YYYY |
|----|----|------|
|    |    |      |

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

The premises is a small shop front room, approx. 4 by 5 metres square. It is accessed via a shop front at the front of the premises.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- a) plays (if ticking yes, fill in box A) ☐
- b) films (if ticking yes, fill in box B) ☐
- c) indoor sporting events (if ticking yes, fill in box C) ☐
- d) boxing or wrestling entertainment (if ticking yes, fill in box D) ☐
- e) live music (if ticking yes, fill in box E) ☐

- f) recorded music (if ticking yes, fill in box F) ☐
- g) performances of dance (if ticking yes, fill in box G) ☐
- h) anything of a similar description to that falling within (e), (f) or (g)  
(if ticking yes, fill in box H) ☐

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

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

**In all cases complete boxes K, L and M**

# A

|                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
|-------------------------------------------------------------------------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Plays</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 3)                                                                            | Indoors  | <input type="checkbox"/> |
|                                                                         |       |        |                                                                                                                                                                                                               | Outdoors | <input type="checkbox"/> |
|                                                                         |       |        |                                                                                                                                                                                                               | Both     | <input type="checkbox"/> |
| Day                                                                     | Start | Finish |                                                                                                                                                                                                               |          |                          |
| Mon                                                                     |       |        | <b><u>Please give further details here</u></b> (please read guidance note 4)                                                                                                                                  |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Tue                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Wed                                                                     |       |        | <b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)                                                                                                                |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Thur                                                                    |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Fri                                                                     |       |        | <b><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</u></b> (please read guidance note 6) |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Sat                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Sun                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                               |          |                          |

## B

|                                                                         |       |        |                                                                                                                                                                                                       |          |                          |
|-------------------------------------------------------------------------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Films</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the exhibition of films take place indoors or outdoors or both – please tick</b><br>(please read guidance note 3)                                                                             | Indoors  | <input type="checkbox"/> |
|                                                                         |       |        |                                                                                                                                                                                                       | Outdoors | <input type="checkbox"/> |
|                                                                         |       |        |                                                                                                                                                                                                       | Both     | <input type="checkbox"/> |
| Day                                                                     | Start | Finish | <b>Please give further details here</b> (please read guidance note 4)                                                                                                                                 |          |                          |
| Mon                                                                     |       |        |                                                                                                                                                                                                       |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                       |          |                          |
| Tue                                                                     |       |        |                                                                                                                                                                                                       |          |                          |
|                                                                         |       |        | <b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)                                                                                                        |          |                          |
| Wed                                                                     |       |        |                                                                                                                                                                                                       |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                       |          |                          |
| Thur                                                                    |       |        |                                                                                                                                                                                                       |          |                          |
|                                                                         |       |        | <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</b> (please read guidance note 6) |          |                          |
| Fri                                                                     |       |        |                                                                                                                                                                                                       |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                       |          |                          |
| Sat                                                                     |       |        |                                                                                                                                                                                                       |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                       |          |                          |
| Sun                                                                     |       |        |                                                                                                                                                                                                       |          |                          |
|                                                                         |       |        |                                                                                                                                                                                                       |          |                          |

# C

|                                                                                          |       |        |                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Indoor sporting events</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Please give further details</u></b> (please read guidance note 4)                                                                                                                                     |
| Day                                                                                      | Start | Finish |                                                                                                                                                                                                             |
| Mon                                                                                      |       |        |                                                                                                                                                                                                             |
|                                                                                          |       |        |                                                                                                                                                                                                             |
| Tue                                                                                      |       |        | <b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5)                                                                                                        |
|                                                                                          |       |        |                                                                                                                                                                                                             |
| Wed                                                                                      |       |        |                                                                                                                                                                                                             |
|                                                                                          |       |        |                                                                                                                                                                                                             |
| Thur                                                                                     |       |        | <b><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</u></b> (please read guidance note 6) |
|                                                                                          |       |        |                                                                                                                                                                                                             |
| Fri                                                                                      |       |        |                                                                                                                                                                                                             |
|                                                                                          |       |        |                                                                                                                                                                                                             |
| Sat                                                                                      |       |        |                                                                                                                                                                                                             |
|                                                                                          |       |        |                                                                                                                                                                                                             |
| Sun                                                                                      |       |        |                                                                                                                                                                                                             |
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## D

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|------------------------------------------------------------------------------------------------------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Boxing or wrestling entertainments</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)                                                                            | Indoors  | <input type="checkbox"/> |
|                                                                                                      |       |        |                                                                                                                                                                                                                        | Outdoors | <input type="checkbox"/> |
|                                                                                                      |       |        |                                                                                                                                                                                                                        | Both     | <input type="checkbox"/> |
| Day                                                                                                  | Start | Finish |                                                                                                                                                                                                                        |          |                          |
| Mon                                                                                                  |       |        | <b><u>Please give further details here</u></b> (please read guidance note 4)                                                                                                                                           |          |                          |
|                                                                                                      |       |        |                                                                                                                                                                                                                        |          |                          |
| Tue                                                                                                  |       |        |                                                                                                                                                                                                                        |          |                          |
|                                                                                                      |       |        |                                                                                                                                                                                                                        |          |                          |
| Wed                                                                                                  |       |        | <b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)                                                                                                        |          |                          |
|                                                                                                      |       |        |                                                                                                                                                                                                                        |          |                          |
| Thur                                                                                                 |       |        |                                                                                                                                                                                                                        |          |                          |
|                                                                                                      |       |        |                                                                                                                                                                                                                        |          |                          |
| Fri                                                                                                  |       |        | <b><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</u></b> (please read guidance note 6) |          |                          |
|                                                                                                      |       |        |                                                                                                                                                                                                                        |          |                          |
| Sat                                                                                                  |       |        |                                                                                                                                                                                                                        |          |                          |
|                                                                                                      |       |        |                                                                                                                                                                                                                        |          |                          |
| Sun                                                                                                  |       |        |                                                                                                                                                                                                                        |          |                          |
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# E

|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
|------------------------------------------------------------------------------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Live music</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 3)                                                                             | Indoors  | <input type="checkbox"/> |
|                                                                              |       |        |                                                                                                                                                                                                                    | Outdoors | <input type="checkbox"/> |
|                                                                              |       |        |                                                                                                                                                                                                                    | Both     | <input type="checkbox"/> |
| Day                                                                          | Start | Finish |                                                                                                                                                                                                                    |          |                          |
| Mon                                                                          |       |        | <b><u>Please give further details here</u></b> (please read guidance note 4)                                                                                                                                       |          |                          |
|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
| Tue                                                                          |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
| Wed                                                                          |       |        | <b><u>State any seasonal variations for the performance of live music</u></b><br>(please read guidance note 5)                                                                                                     |          |                          |
|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
| Thur                                                                         |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
| Fri                                                                          |       |        | <b><u>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</u></b> (please read guidance note 6) |          |                          |
|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
| Sat                                                                          |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
| Sun                                                                          |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |

# F

|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |
|----------------------------------------------------------------------------------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Recorded music</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 3)                                                                             | Indoors  | <input type="checkbox"/> |
|                                                                                  |       |        |                                                                                                                                                                                                                    | Outdoors | <input type="checkbox"/> |
|                                                                                  |       |        |                                                                                                                                                                                                                    | Both     | <input type="checkbox"/> |
| Day                                                                              | Start | Finish |                                                                                                                                                                                                                    |          |                          |
| Mon                                                                              |       |        | <b><u>Please give further details here</u></b> (please read guidance note 4)                                                                                                                                       |          |                          |
|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |
| Tue                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |
| Wed                                                                              |       |        | <b><u>State any seasonal variations for the playing of recorded music</u></b><br>(please read guidance note 5)                                                                                                     |          |                          |
|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |
| Thur                                                                             |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |
| Fri                                                                              |       |        | <b><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</u></b> (please read guidance note 6) |          |                          |
|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |
| Sat                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |
| Sun                                                                              |       |        |                                                                                                                                                                                                                    |          |                          |
|                                                                                  |       |        |                                                                                                                                                                                                                    |          |                          |

# G

|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
|-----------------------------------------------------------------------------------------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Performances of dance</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 3)                                                                             | Indoors  | <input type="checkbox"/> |
|                                                                                         |       |        |                                                                                                                                                                                                               | Outdoors | <input type="checkbox"/> |
|                                                                                         |       |        |                                                                                                                                                                                                               | Both     | <input type="checkbox"/> |
| Day                                                                                     | Start | Finish |                                                                                                                                                                                                               |          |                          |
| Mon                                                                                     |       |        | <b><u>Please give further details here</u></b> (please read guidance note 4)                                                                                                                                  |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Tue                                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Wed                                                                                     |       |        | <b><u>State any seasonal variations for the performance of dance</u></b><br>(please read guidance note 5)                                                                                                     |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Thur                                                                                    |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Fri                                                                                     |       |        | <b><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</u></b> (please read guidance note 6) |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Sat                                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Sun                                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |

# H

|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        |          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Anything of a similar description to that falling within (e), (f) or (g)</b><br>Standard days and timings (please read guidance note 7) |       |        | Please give a description of the type of entertainment you will be providing                                                                                                                                                                                           |          |                          |
| Day                                                                                                                                        | Start | Finish | <b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)                                                                                                                                               | Indoors  | <input type="checkbox"/> |
| Mon                                                                                                                                        |       |        |                                                                                                                                                                                                                                                                        | Outdoors | <input type="checkbox"/> |
|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        | Both     | <input type="checkbox"/> |
| Tue                                                                                                                                        |       |        | <b><u>Please give further details here</u></b> (please read guidance note 4)                                                                                                                                                                                           |          |                          |
|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        |          |                          |
| Wed                                                                                                                                        |       |        |                                                                                                                                                                                                                                                                        |          |                          |
|                                                                                                                                            |       |        | <b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)                                                                                                            |          |                          |
| Thur                                                                                                                                       |       |        |                                                                                                                                                                                                                                                                        |          |                          |
|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        |          |                          |
| Fri                                                                                                                                        |       |        | <b><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</u></b> (please read guidance note 6) |          |                          |
|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        |          |                          |
| Sat                                                                                                                                        |       |        |                                                                                                                                                                                                                                                                        |          |                          |
| Sun                                                                                                                                        |       |        |                                                                                                                                                                                                                                                                        |          |                          |
|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        |          |                          |

# I

|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
|------------------------------------------------------------------------------------------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Late night refreshment</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)                                                                                        | Indoors  | <input type="checkbox"/> |
|                                                                                          |       |        |                                                                                                                                                                                                                               | Outdoors | <input type="checkbox"/> |
|                                                                                          |       |        |                                                                                                                                                                                                                               | Both     | <input type="checkbox"/> |
| Day                                                                                      | Start | Finish |                                                                                                                                                                                                                               |          |                          |
| Mon                                                                                      |       |        | <b><u>Please give further details here</u></b> (please read guidance note 4)                                                                                                                                                  |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Tue                                                                                      |       |        |                                                                                                                                                                                                                               |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Wed                                                                                      |       |        | <b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)                                                                                                         |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Thur                                                                                     |       |        |                                                                                                                                                                                                                               |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Fri                                                                                      |       |        | <b><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</u></b> (please read guidance note 6) |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Sat                                                                                      |       |        |                                                                                                                                                                                                                               |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Sun                                                                                      |       |        |                                                                                                                                                                                                                               |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |

# J

|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                   |                  |                               |
|-------------------------------------------------------------------------------------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------|
| <b>Supply of alcohol</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)                                                                                                                                                                                                                  | On the premises  | <input type="checkbox"/>      |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                   | Off the premises | Y<br><input type="checkbox"/> |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                   | Both             | <input type="checkbox"/>      |
| Day                                                                                 | Start | Finish | <b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)                                                                                                                                                                                                                      |                  |                               |
| Mon                                                                                 | 1000  | 1800   |                                                                                                                                                                                                                                                                                                                   |                  |                               |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                   |                  |                               |
| Tue                                                                                 | 1000  | 1800   |                                                                                                                                                                                                                                                                                                                   |                  |                               |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                   |                  |                               |
| Wed                                                                                 | 1000  | 1800   |                                                                                                                                                                                                                                                                                                                   |                  |                               |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                   |                  |                               |
| Thur                                                                                | 1000  | 1800   |                                                                                                                                                                                                                                                                                                                   |                  |                               |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                   |                  |                               |
| Fri                                                                                 | 1000  | 1800   |                                                                                                                                                                                                                                                                                                                   |                  |                               |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                   |                  |                               |
| Sat                                                                                 | 1000  | 1800   |                                                                                                                                                                                                                                                                                                                   |                  |                               |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                   |                  |                               |
| Sun                                                                                 | 1000  | 1800   |                                                                                                                                                                                                                                                                                                                   |                  |                               |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                   |                  |                               |
|                                                                                     |       |        | <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</b> (please read guidance note 6)<br>For the whole month of December each year opening hours until 20.00 hrs for the Christmas shopping period. |                  |                               |

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

|                                                             |            |
|-------------------------------------------------------------|------------|
| <b>Name</b> Jon Kellie                                      |            |
| <b>Date of birth</b> [REDACTED]                             |            |
| <b>Address</b><br>[REDACTED]<br>[REDACTED]                  |            |
| <b>Postcode</b>                                             | [REDACTED] |
| <b>Personal licence number (if known)</b><br>[REDACTED]     |            |
| <b>Issuing licensing authority (if known)</b><br>[REDACTED] |            |

## 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).

## L

|                                                                                                         |       |        |                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hours premises are open to the public</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>State any seasonal variations</u></b> (please read guidance note 5)                                                                                                                                                                                                 |
| Day                                                                                                     | Start | Finish |                                                                                                                                                                                                                                                                           |
| Mon                                                                                                     | 1000  | 1800   | <b><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u></b> (please read guidance note 6)<br>For the whole of December each year opening hours until 20.00 hrs |
|                                                                                                         |       |        |                                                                                                                                                                                                                                                                           |
| Tue                                                                                                     | 1000  | 1800   |                                                                                                                                                                                                                                                                           |
|                                                                                                         |       |        |                                                                                                                                                                                                                                                                           |
| Wed                                                                                                     | 1000  | 1800   |                                                                                                                                                                                                                                                                           |
|                                                                                                         |       |        |                                                                                                                                                                                                                                                                           |
| Thur                                                                                                    | 1000  | 1800   |                                                                                                                                                                                                                                                                           |
|                                                                                                         |       |        |                                                                                                                                                                                                                                                                           |
| Fri                                                                                                     | 1000  | 1800   |                                                                                                                                                                                                                                                                           |
|                                                                                                         |       |        |                                                                                                                                                                                                                                                                           |
| Sat                                                                                                     | 1000  | 1800   |                                                                                                                                                                                                                                                                           |
|                                                                                                         |       |        |                                                                                                                                                                                                                                                                           |
| Sun                                                                                                     | 1000  | 1800   |                                                                                                                                                                                                                                                                           |
|                                                                                                         |       |        |                                                                                                                                                                                                                                                                           |

## M

Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)**

All members of staff will be trained / briefed on the licensing objectives.

Alcohol is sold for 'off the premises' consumption only.

Customers 'under the influence' will be refused entry or asked to leave.

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

There will be a capacity limit on number of customers permitted in the shop at one time, so staff can safely manage sales, and prevent overcrowding which may lead to crime and disorder,

Any incidents of a criminal nature will be reported to the police.

**c) Public safety**

The premises will have clear emergency exit signs and smoke alarm, with exits kept free from obstruction at all times.

I will conduct a suitable fire risk assessment at the premises.

Adequate First aid will be available on the premises.

**d) The prevention of public nuisance**

Irresponsible drinks promotions will not be permitted.

Customers who are deemed 'under the influence' will not be served.

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

We will have a strict proof of age policy to prevent underage purchasing. Any customers who appear to be under 25 will be asked for valid photo id such as age card, driving licence or passport.

A register of refused sales will be kept on the premises.

**Checklist:****Please tick to indicate agreement**

- 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 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). ☐

**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</li></ul> |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                        |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           | her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15) |
| Signature |                                                                                                                       |
| Date      | 29/10/25                                                                                                                                                                                               |
| Capacity  | applicant                                                                                                                                                                                              |

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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) |  |          |  |
|                                                                                                                                                 |  |          |  |
| Post town                                                                                                                                       |  | Postcode |  |
| Telephone number (if any)                                                                                                                       |  |          |  |
| If you would prefer us to correspond with you by e-mail, your 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.
    - a performance of amplified live music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school or (iii) the health care provider for the hospital.
  - Recorded Music: no licence permission is required for:
    - any playing of recorded 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.
    - any playing of recorded music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500,

- and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
    - any playing of recorded music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school proprietor or (iii) the health care provider for the hospital.
  - Dance: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 500. However, a performance which amounts to adult entertainment remains licensable.
  - Cross activity exemptions: no licence is required between 08.00 and 23.00 on any day, with no limit on audience size for:
    - any entertainment taking place on the premises of the local authority where the entertainment is provided by or on behalf of the local authority;
    - any entertainment taking place on the hospital premises of the health care provider where the entertainment is provided by or on behalf of the health care provider;
    - any entertainment taking place on the premises of the school where the entertainment is provided by or on behalf of the school proprietor; and
    - any entertainment (excluding films and a boxing or wrestling entertainment) taking place at a travelling circus, provided that (a) it takes place within a moveable structure that accommodates the audience, and (b) that the travelling circus has not been located on the same site for more than 28 consecutive days.
3. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
  4. 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.
  5. For example (but not exclusively), where the activity will occur on additional days during the summer months.
  6. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
  7. 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 the activity.
  8. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
  9. 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 or the presence of gaming machines.
  10. Please list here steps you will take to promote all four licensing objectives together.
  11. The application form must be signed.
  12. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
  13. Where there is more than one applicant, each of the applicants or their respective agent must sign the application form.
  14. This is the address which we shall use to correspond with you about this application.

## **Right to work/immigration status**

A personal licence may not be issued to an individual or an individual in a partnership which is not a limited liability partnership who is resident in the UK who:

- does not have the right to live and work in the UK; or
- is subject to a condition preventing him or her from doing work relating to the carrying on of a licensable activity.

Any personal licence issued in respect of an application made on or after 6 April 2017 will become invalid if the holder ceases to be entitled to work in the UK.

Applicants must demonstrate that they have the right to work in the UK and are not subject to a condition preventing them from doing work relating to the carrying on of a licensing activity. They do this in one of two ways:

- 1) by providing with this application copies or scanned copies of the documents which an applicant may provide to demonstrate their entitlement to work in the UK (which do not need to be certified) that are published on GOV.UK and in [guidance issued under section 182 of the Licensing Act 2003](#).
- 2) by providing their 'share code' to enable the licensing authority to carry out a check using the Home Office online right to work checking service (see below).

### **Home Office online right to work checking service**

As an alternative to providing a copy of the documents listed above, applicants may demonstrate their right to work by allowing the licensing authority to carry out a check with the Home Office online right to work checking service.

To demonstrate their right to work via the Home Office online right to work checking service, applicants should include in this application their 9-digit share code (provided to them upon accessing the service at <https://www.gov.uk/prove-right-to-work>) which, along with the applicant's date of birth (provided within this application), will allow the licensing authority to carry out the check.

In order to establish the applicant's right to work, the check will need to indicate that the applicant is allowed to work in the United Kingdom and is not subject to a condition preventing them from doing work relating to the carrying on of a licensable activity.

An online check will not be possible in all circumstances because not all applicants will have an immigration status that can be checked online. The Home Office online right to work checking service sets out what information and/or documentation applicants will need in order to access the service. Applicants who are unable to obtain a share code from the service should submit copy documents as set out above.

