

# Cyngor Sir Powys County Council



FORM 9

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

### PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form.

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets if necessary.

Once completed please send your application to: -

**CYNGOR SIR POWYS COUNTY**  
The Licensing Officer

WELSHPOOL  
06 SEP 2019  
LICENSING SERVICE

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

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

I/We M DAVID OWEN  
(Insert name of applicant / applicants)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I / we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises Details			
Postal address of premises if any or if none Ordnance Survey map reference or description.			
The old stable block Smithfield Road			
Post town	Builth Wells	Post code	LD2 3AN
Telephone number of premises (if any)		N/A	
£ Non-domestic rateable value of premises		£ ?	

<b>Part 2 - Applicant Details</b>		
<b>Please state whether you are applying for a premises licence as</b>	<b>Please Tick or insert "YES" in the relevant box</b>	<b>Next Step</b>
a). An individual or individuals.	<input checked="" type="checkbox"/>	Please complete Section (A)
b). A person other than an individual.		Please complete Section (B)
i. as a limited company		Please complete Section (B)
ii. as a partnership		Please complete Section (B)
iii. as an unincorporated association or		Please complete Section (B)
iv. other (for example a statutory corporation)		Please complete Section (B)
c) A recognised club		Please complete Section (B)
d) A charity		Please complete Section (B)
e) The proprietor of an educational establishment		Please complete Section (B)
f) A Health Service Body		Please complete Section (B)
g) A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England		Please complete Section (B)
h) The chief officer of police of a police force in England and Wales		Please complete Section (B)

<b>* If you are applying as a person described in (a) or (b) please confirm:</b>	
(Please state whether you are applying for a premises licence as)	Please tick <input checked="" type="checkbox"/>
I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or	Yes <input checked="" type="checkbox"/>
I am making this application pursuant to a Statutory function	Yes <input type="checkbox"/>
A function discharged by virtue of Her Majesty's prerogative	Yes <input type="checkbox"/>

A. DETAILS of INDIVIDUAL NOTICE GIVERS (fill in as applicable)					
Name					
Delete as appropriate: <del>Mr.</del> Mrs. Miss. Ms. Other title (for example, Rev)					
Surname		OWENS			
Forenames		DAVID			
Are you over 18	Yes <input checked="" type="checkbox"/>	No	Date of Birth DD/MM/YYYY	02/01/1956	
Place of Birth		W. Germany			
Nationality		British / Welsh			
CURRENT POSTAL ADDRESS if different from premises address					
35. Oaklands Builtth Wells Powys					
Post Town		Builtth Wells		Post Code LD2 3ET	
Contact Phone number in working hours			07751156595		
E-mail Address if any (optional)			dragonpropertyservice56@gmail.com		
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit "share code" provided to the applicant by the service (please see note 2 for information).					
Share Code					

DETAILS of SECOND INDIVIDUAL NOTICE GIVER (If Applicable)					
Name					
Delete as appropriate: Mr. Mrs. Miss. Ms. Other title (for example, Rev)					
Surname					
Forenames					
Are you over 18	Yes	No	Date of Birth DD/MM/YYYY		
Place of Birth					
Nationality					
CURRENT POSTAL ADDRESS if different from premises address					
Post Town				Post Code	
Contact Phone number in working hours					
E-mail Address if any (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit "share code" provided to the applicant by the service (please see note 2 for information).					
Share Code					

<b>B. OTHER APPLICANTS (fill in as applicable)</b>	
Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of partnership or joint venture (other than a body corporate), please give the name and address of each party concerned.	
Name	
Address	
Post Town	Post Code
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	
Telephone number (if any)	
E-mail address (optional)	

<b>Part 3 Operating Schedule</b>	<b>Day</b>	<b>Month</b>	<b>Year</b>
When do you want the premises licence to start?			
If you wish the licence to be valid only for a limited period, when do you want it to end?			
If 5,000 or more people are expected to attend the premises at any one time please state the number expected to attend.	NA		
Please give a general description of premises (Please read guidance note 1)			
<p>The Premises is a council owned old stable block formally a Joiners shop</p> <p>We intend to renovate the property and convert to a Gin bar and bistro employing 2 bar staff, 1 cook and 1 cleaner</p>			

<b>What licensable activities do you intend to carry on from the premises?</b>
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<b>(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)</b>		
<b>Provision of regulated entertainment (please read guidance note 2)</b>	<b>Please tick ✓</b>	
a) plays (if ticking yes, fill in box A)	YES	NO ✓
b) films (if ticking yes, fill in box B)	YES	NO ✓
c) indoor sporting events (if ticking yes, fill in box C)	YES	NO ✓
d) boxing or wrestling entertainment (if ticking yes, fill in box D)	YES	NO ✓
e) live music (if ticking yes, fill in box E)	YES ✓	NO
f) recorded music (if ticking yes, fill in box F)	YES ✓	NO
g) performances of dance (if ticking yes, fill in box G)	YES	NO ✓
h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	YES	NO ✓
	<b>Please tick ✓</b>	
Provision of late night refreshment (if ticking yes, fill in box I)	YES	NO ✓
Sale / Supply of alcohol (if ticking yes, fill in box J)	YES ✓	NO

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

<b>[BOX A] PLAYS</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both - Please Tick or insert "YES" in the relevant box. (please read guidance note 3)</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here (please read guidance note 4)</b>	Both	
Tue					
Wed			<b>State any seasonal variations for performing plays (please read guidance note 5)</b>		
Thur					
Fri			<b>Non-standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list. (please read guidance note 6)</b>		
Sat					
Sun					

<b>[BOX B] FILMS</b> Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – Please Tick or insert “YES” in the relevant box. (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here (please read guidance note 4)</b>		
Tue					
Wed			<b>State any seasonal variations for the exhibition of films (please read guidance note 5)</b>		
Thur					
Fri			<b>Non-standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list. (please read guidance note 6)</b>		
Sat					
Sun					

<b>[BOX C]</b> <b>INDOOR SPORTING EVENTS</b> Standard days and timings (please read guidance note 7)			<b>Please give further details here (please read guidance note 4)</b>		
Day	Start	Finish			
Mon					
Tue			<b>State any seasonal variations for indoor sporting events (please read guidance note 5)</b>		
Wed					
Thu			<b>Non-standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list. (please read guidance note 6)</b>		
Fri					
Sat					
Sun					

[BOX D] BOXING OR WRESTLING ENTERTAINMENT Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – Please Tick or insert "YES" in the relevant box (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			<u>Please give further details here (please read guidance note 4)</u>		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)</u>		
Thur					
Fri			<u>Non-standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list. (please read guidance note 6)</u>		
Sat					
Sun					

[BOX E] LIVE MUSIC Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – Please Tick or insert "YES" in the relevant box (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
				Both	
Mon			<u>Please give further details here (please read guidance note 4)</u>		
Tue			Single artists such as folk, Jazz Country Singers		
Wed			<u>State any seasonal variations for the performance of live music (please read guidance note 5)</u>		
Thur					
Fri	9pm	11.30pm	<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. (please read guidance note 6)</u>		
Sat	9pm	11.30pm			
Sun					

[BOX F] RECORDED MUSIC Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both - Please Tick or Insert "YES" in the relevant box (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b>Please give further details here (please read guidance note 4)</b>		
Tue			Back ground only please		
Wed			<b>State any seasonal variations for playing recorded music (please read guidance note 5)</b>		
Thur	6:30 PM	12 PM			
Fri	"	"	<b>Non-standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list. (please read guidance note 6)</b>		
Sat	"	"			
Sun	"	"			

*Background only ignore*

[BOX G] PERFORMANCE OF DANCE Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both - Please Tick or Insert "YES" in the relevant box (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b>Please give further details here (please read guidance note 4)</b>		
Tue					
Wed			<b>State any seasonal variations for the performance of dance (please read guidance note 5)</b>		
Thur					
Fri			<b>Non-standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list. (please read guidance note 6)</b>		
Sat					
Sun					



<b>[BOX H] ANYTHING OF A SIMILAR DESCRIPTION TO THAT FALLING WITHIN (E), (F) or (G). Standard days and timings (please read guidance note 7)</b>			<b>Please give a description of the type of entertainment you will be providing</b>		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Will the entertainment be taking place indoors or outdoors or both – Please Tick or insert “YES” in the relevant box (please read guidance note 3)</b>	<b>Indoors</b>	
<b>Mon</b>				<b>Outdoors</b>	
				<b>Both</b>	
<b>Tue</b>			<b>Please give further details here (please read guidance note 4)</b>		
<b>Wed</b>					
<b>Thu</b>			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)</b>		
<b>Fri</b>					
<b>Sat</b>			<b>Non-standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list. (please read guidance note 6)</b>		
<b>Sun</b>					

<b>[BOX I] LATE NIGHT REFRESHMENT Standard days and timings (please read guidance note 7)</b>			<b>Will the provision of late night refreshment take place indoors or outdoors or both –Please Tick or insert “YES” in the relevant box (please read guidance note 3)</b>	<b>Indoors</b>	
<b>Day</b>	<b>Start</b>	<b>Finish</b>		<b>Outdoors</b>	
				<b>Both</b>	<input checked="" type="checkbox"/>
<b>Mon</b>			<b>Please give further details here (please read guidance note 4)</b>		
<b>Tue</b>					
<b>Wed</b>			<b>State any seasonal variations for the provision of late night refreshment (please read guidance note 5)</b>		
<b>Thur</b>	7.30pm	10.30			
<b>Fri</b>	"	"	<b>Non-standard timings. Where you intend to use the premises for the provision of late night refreshment at different times to those listed in the column on the left, please list. (please read guidance note 6)</b>		
<b>Sat</b>	"	"			
<b>Sun</b>	11.30am	3.00pm			

*not applicable  
23:00  
1am onwards*

<b>[BOX J]</b>	<b>Will the sale of alcohol be for consumption on</b>	<b>On</b>	
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SUPPLY OF ALCOHOL Standard days and timings <small>(please read guidance note 7)</small>			or off the premises or both – Please Tick or insert "YES" in the relevant box <small>(please read guidance note 8)</small>	Off	
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	11.30am	11.30pm	<b>State any seasonal variations for the supply of alcohol (please read guidance note 5)</b> We only intend to open Premis on Thurs, Fri, Sat evenings and Sunday Lunch time  <b>Non-standard timings. Where you intend to use the premises for the            supply of alcohol at different times to those listed in the column on the            left, please list. (please read guidance note 6)</b> But will require to open bar on important days such as Show week ect.		
Tue	"	"			
Wed	"	"			
Thur	"	"			
Fri	"	"			
Sat	"	"			
Sun	"	"			

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

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

Surname: OWENS  
Forenames: DAVID

Are you over 18: Yes  No  Date of Birth DD/MM/YYYY: 02/01/1956

Place of Birth: W. Germany British

CURRENT ADDRESS of Designated Premises Supervisor if different from premises address:  
35 Oaklands Buth Wells Powys  
former licensee of Lion Hotel

Post Town: Buth Wells Post Code: LD2 3ET

Personal Licence Number of DPS (if any): Licence out of date

Issuing Licensing Authority, if applicable: Powys

[BOX K] Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (Please Read Guidance Note 9)

<b>[BOX L] HOURS PREMISES ARE OPEN TO THE PUBLIC</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variation (please read guidance note 5)</b>  ?
<b>Day</b>	<b>Start</b>	<b>Finish</b>	
Mon	11.30 am	12.00 pm	<b>Non-standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list. (please read guidance note 6)</b>  New years Eve
Tue			
Wed			
Thu			
Fri			
Sat			
Sun			

<b>[BOX M] Please describe the steps you intend to take to promote the four licensing objectives:</b>	
<b>a) General – all four licensing objectives (b,c,d,e) (please read guidance note 10)</b>	
	X
<b>b) The prevention of crime and disorder</b>	
CCTV	X
<b>c) Public safety</b>	
	X
<b>d) The prevention of public nuisance</b>	
Double glazing	X

e) The protection of children from harm

We only intend to admit over 25 years old in the evenings and children with Parents Sunday Lunch X

CHECKLIST: Please Tick or insert "YES" in the boxes below to indicate agreement	
• I have made or enclosed payment of the fee	£100
• I have enclosed a plan of the premises	✓
• I have sent copies of this application to responsible authorities and others where applicable	✓
• I have enclosed the consent form completed by the individual I wish to be the Designated Premises Supervisor, if applicable	✓
• I understand that I must now advertise my application	✓
• I understand that if I do not comply with the above requirements my application will be rejected	✓
• [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).	✓

**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

**Part 4 – Signatures (please read guidance note 11)**

Signature of applicant or applicant's solicitor or other duly authorised agent. (See guidance note 12) If signing on behalf of the applicant please state in what capacity.

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li> <li>• The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)</li> </ul>
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<b>Signature</b>	
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<b>Date</b>	5 <sup>th</sup> sept 2019
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<b>Capacity</b>	applicant
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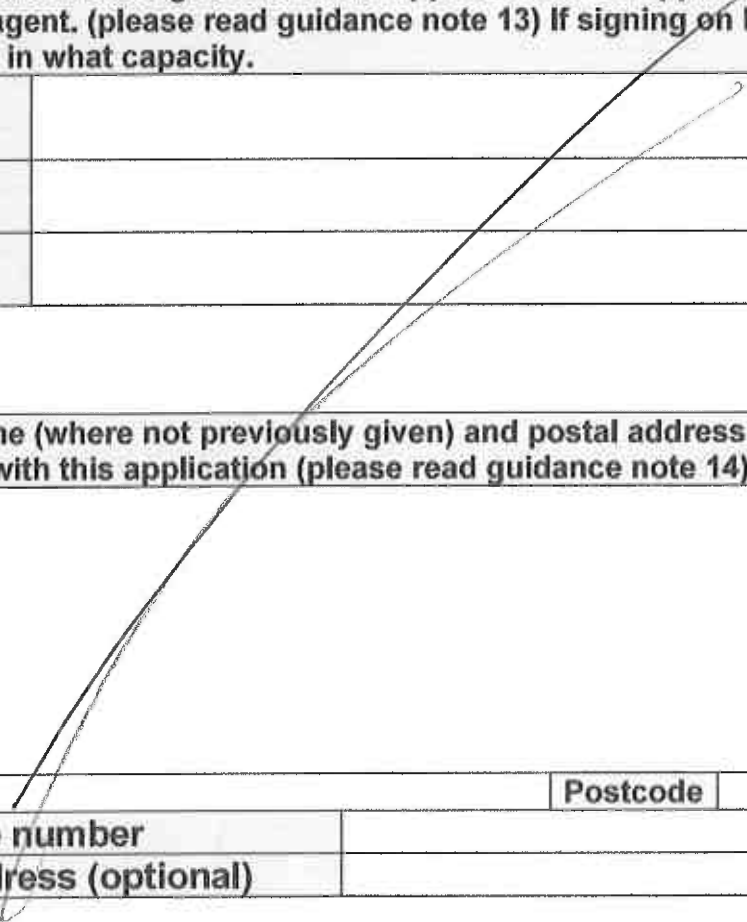
For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 13) If signing on behalf of the applicant please state in what capacity.

<b>Signature</b>	
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<b>Date</b>	
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<b>Capacity</b>	
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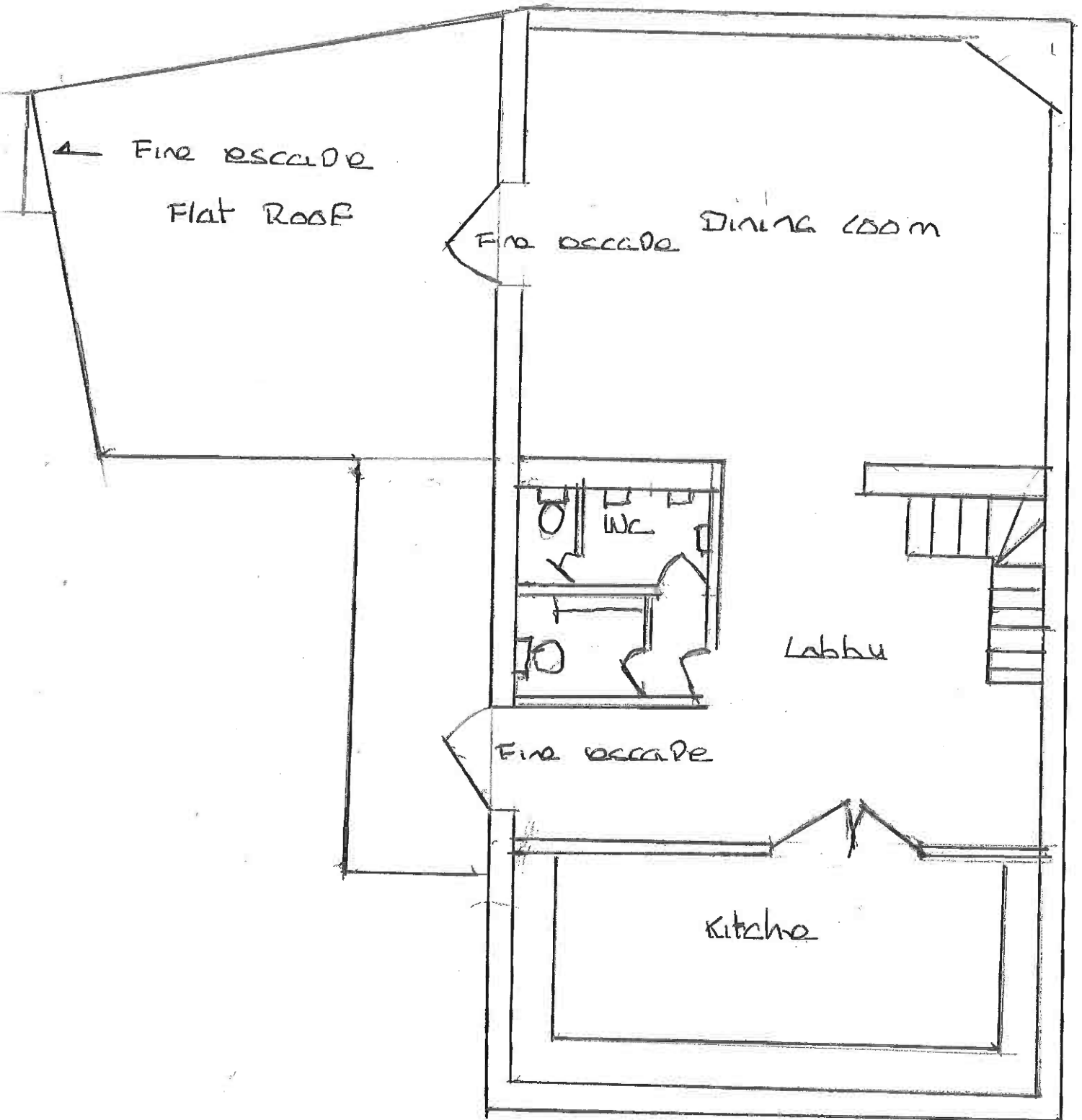
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)



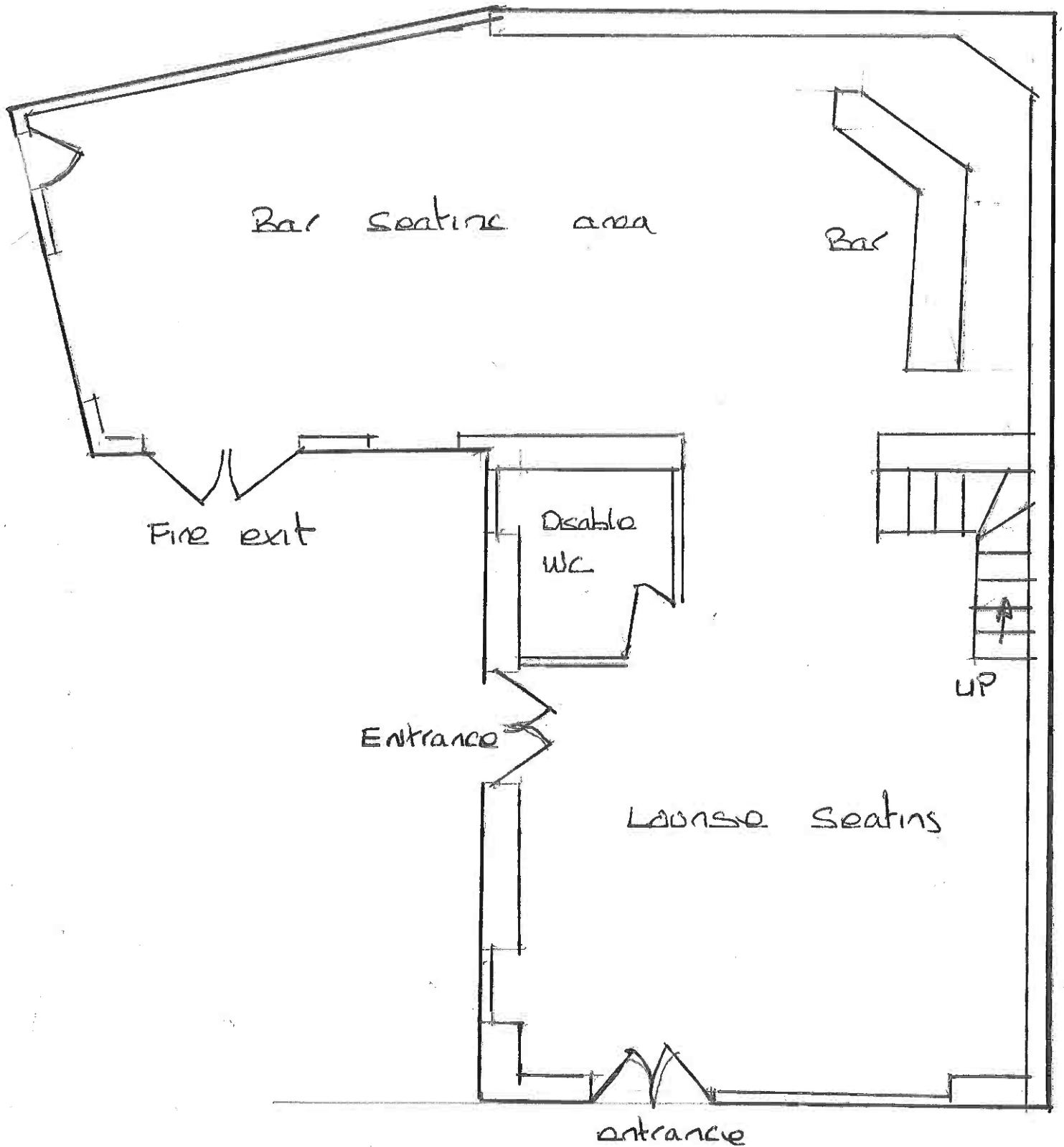
<b>Post Town</b>		<b>Postcode</b>	
<b>Telephone number</b>			
<b>E-mail address (optional)</b>			

Proposed 1<sup>st</sup> Floor Layout  
Old Stable block Smithfield Road

Approx Scale 1 cm = 1 m



Proposed ground Floor layout  
old stable block Smithfield Road  
Approx scale 20cm = 1m













# Sinks

FORDD SMITHFIELD

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Former Stable Block, Smithfield Road, Builth Wells LD2 3AN

303975/250884



Cyngor Sir Powys County Council

Printed by: jermanl Date: 03/09/2019

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250700

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