

Cyngor Sir **Powys** County Council

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ANNEX B.

## **Cyngor Sir Powys County Council**

JRM 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: -

(Insert name of applicant / applicants)

Application for a Premises Licence - Updated 01/10/2012

## CYNGOR SIR POWYS COUNTY COUNCIL

The Licensing Officer

THE STOCKIONING CTITION	
Council Offices	Council Offices
Y Gwalia	Neuadd Maldwyn
Ithon Road	Severn Road
Llandrindod Wells	Welshpool
Powys	Powys
LD1 6AA	SY21 7AS
602 7037 and ask to spea	ak to an Officer
	Council Offices Y Gwalia Ithon Road Llandrindod Wells Powys LD1 6AA

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

DWE LISA MARY HUGGES.

premises describe application to you the Licensing Act	as the relevant lie	censing aut	thority in acc	ordance with	section 12 of
Part 1 – Premis					
Postal address of description.	premises if any o	r if none or	dnance surv	ey map refere	nce or
4 SEASON FFINNAN	IS HEALTHAN	e des	BARRY A	COUNTR	PARK
TREFEGA	mys.				
TREFECT POWYS Post town	.wys.		Post code	SY17 /	507

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

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

A. INDIVIDUAL	APPLICANT	S (fill in	as applicable)	
Your personal deta	ails			
Name LISA M	ARY HULLES			
Delete as appropri	ate: Mr. Mrs.	Miss. Ms.	Other title (for exan	nple, Rev)
Surname HU	GUES			
Forenames AS	A MAR	.4		
Are you over 18	Yes	No	Date of Birth DD/MM/YYYY	AND THE STATE OF T
Place of Birth	LLANIDAC	CS.		
<b>CURRENT ADDRE</b>	SS if differen	t from pre	emises address	
ARRAGINAL.				
TREFECHINY	S			
CAENSWS				
Powys	-			
Post Town	description of the second	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Post Code	
Daytime contac	t telephone	number	r WARRANT THE	
E-mail Address			MARKET	MAN TO SOME THE PARTY OF THE PA

SECOND INDIVID	DUAL APP	LICANT (	fill in as applicab	le)		i Parin	
Your personal detail	THE RESERVE THE PARTY OF THE PA				JE CHE	WALLES III	
Name	Take III		STATE OF STATE OF	inalie			Tie
Delete as appropria	te: Mr. Mrs	. Miss. Ms. (	Other title (for exam	ple, Re	(AX)		
Surname Forenames							
Are you over 18	Yes	No	Date of Birth DD/MM/YYYY				
Place of Birth	- "-						_
<b>CURRENT ADDRES</b>	S if differe	nt from pren	nises address		4. 4.4		SIL
			I Devide Code				
Post Town			Post Code				
<b>Daytime</b> contact	telephon	e number		ar-11-15 a/arr-17-77-5			
E-mail Address i	f any (opt	ional)					

please give any registered number. In a body corporate), please give the nam	case of partnership or jo ne and address of each p	arty concerned.
Name		
Address		
	B	
Post Town	Post Code	HS AN ARRAY I FRANCISCO
Registered number (where applicable)		
Description of applicant (for example,	partnership, company, u	nincorporated
association etc.)		
Telephone number (if any) E-mail address (optional)		
E-mail address (optional)  Part 3 Operating Schedule	Day	Month Year
		Month Year
E-mail address (optional)  Part 3 Operating Schedule  When do you want the premises licen  If you wish the licence to be valid only	ce to start?	Month Year  O 7 2 0 2
E-mail address (optional)  Part 3 Operating Schedule  When do you want the premises licen  If you wish the licence to be valid only period, when do you want it to end?  If 5,000 or more people are expected to	for a limited o attend the	Month Year  O 7 2 0 2
E-mail address (optional)  Part 3 Operating Schedule When do you want the premises licen If you wish the licence to be valid only period, when do you want it to end? If 5,000 or more people are expected to premises at any one time please state	for a limited o attend the	Month Year  0 7 2 0 2
E-mail address (optional)  Part 3 Operating Schedule When do you want the premises licen If you wish the licence to be valid only period, when do you want it to end? If 5,000 or more people are expected to premises at any one time please state expected to attend.	for a limited o attend the the number	07202
E-mail address (optional)  Part 3 Operating Schedule When do you want the premises licen If you wish the licence to be valid only period, when do you want it to end? If 5,000 or more people are expected to premises at any one time please state expected to attend.  Please give a general description of p	for a limited o attend the the number remises (Please read gui	0 7 2 0 2 dance note 1)
E-mail address (optional)  Part 3 Operating Schedule When do you want the premises licen  If you wish the licence to be valid only period, when do you want it to end?  If 5,000 or more people are expected to premises at any one time please state expected to attend.  Please give a general description of p	for a limited o attend the the number remises (Please read gui	0 7 2 0 2 dance note 1)
E-mail address (optional)  Part 3 Operating Schedule When do you want the premises licen If you wish the licence to be valid only period, when do you want it to end? If 5,000 or more people are expected to premises at any one time please state expected to attend.  Please give a general description of p	for a limited o attend the the number remises (Please read gui	0 7 2 0 2 dance note 1)
Part 3 Operating Schedule When do you want the premises licent If you wish the licence to be valid only period, when do you want it to end? If 5,000 or more people are expected to premises at any one time please state expected to attend. Please give a general description of p	for a limited o attend the the number remises (Please read gui	0 7 2 0 2 dance note 1)
Part 3 Operating Schedule When do you want the premises licent If you wish the licence to be valid only period, when do you want it to end? If 5,000 or more people are expected to premises at any one time please state expected to attend. Please give a general description of p	for a limited o attend the the number remises (Please read gui	0 7 2 0 2 dance note 1)
Part 3 Operating Schedule When do you want the premises licent If you wish the licence to be valid only period, when do you want it to end? If 5,000 or more people are expected to premises at any one time please state expected to attend. Please give a general description of p	for a limited o attend the the number remises (Please read gui	0 7 2 0 2 dance note 1)

and 2 to the Licensing Act 2003	E 3	Disease tiple of	
Provision of regulated entertainment		Please tick √	
a) plays (if ticking yes, fill in box A)	YES	NO W	
b) films (if ticking yes, fill in box B)	YES	NO MA	
c) indoor sporting events (if ticking yes, fill in box C)	YES	NO MAN	
d) boxing or wrestling entertainment (if ticking yes, fill in box D)	YES	NO V	
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 /	
Within (0), (i) 0. (g) (ii 2011.13)	Please tick √		
Provision of late night refreshment (if ticking yes, fill in box I)	YES	NO	
Sale / Supply of alcohol (if ticking yes, fill in box J)	YES	NO	

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

[BOX A] PLAYS Standard days and timings (please read guidance note 6)		Will the performance of a play take place	Indoors
		Please Tick or insert "YES" in the relevant	Outdoors
Start	Finish	box. (please read guidance note 2)	Both
		Please give further details here (please read	guidance note 3)
		State any seasonal variations for performing guidance note 4)	plays (please read
	-/	performance of plays at different times to th	ose listed in the column
-		Oil the left, please hat. (please read gardans	<u></u>
	rd days and read guida	rd days and timings read guidance note 6)	indoors or outdoors or both - Please Tick or insert "YES" in the relevant box. (please read guidance note 2)  Please give further details here (please read  State any seasonal variations for performing

[BOX	B] FILMS rd days and t	imings	Will the exhibition of films take place indoors or outdoors or both –	Indoors Outdoors				
(please read guidance note 6)		ce note 6)	Please Tick or insert "YES" in the relevant	15244104167777				
Day	Start	Finish	box. (please read guidance note 2)	note 2) Both				
Mon	10.00	22-00						
Tue								
Wed			State any seasonal variations for the exhibition guidance note 4)	n of films (pleas	e read			
Thur								
Fri			Non-standard timings. Where you intend to us exhibition of films at different times to those lift, please list. (please read guidance note 5)	e the premises t sted in the colu	or the			
Sat			leπ, please list. (please read guidance note 5)					
Sun			-					
		V						

BOX C] NDOOR SPORTING EVENTS Standard days and timings please read guidance note 6)		imings	Please give further details here (please read guidance note 3)
Day	Start	Finish	
Mon	10.00	22.00	
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed			
Thu			Non-standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list. (please read guidance note 5)
Fri			lett, please list. (please read guidance note of
Sat			<del>-</del> <del>-</del>
Sun			

		Will the boxing or wrestling entertainment take	Indoors	
WRESTLING ENTERTAINMENT Standard days and timings (please read guidance note 6)		Please Tick or insert "YES" in the relevant box (please read guidance note 2)	Outdoors	
Start	Finish		Both	
		Please give further details here (please read guid	dance note 3)	
	****			
		State any seasonal variations for boxing or wres (please read guidance note 4)	tling entertainment	
		Non-standard timings. Where you intend to use or wrestling entertainment at different times to t	hose listed in the	
		column on the leπ, please list. (please read guiα	ance note of	
	LING ENTER rd days and read guidar	rd days and timings read guidance note 6)	Please Tick or insert "YES" in the relevant box (please read guidance note 2)    Start   Finish   Please give further details here (please read guidance note 2)    State any seasonal variations for boxing or wrest (please read guidance note 4)    Non-standard timings. Where you intend to use	

[BOX E] LIVE MUSIC Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both –	Indoors Outdoors		
		e note 6)	Please Tick or insert "YES" in the relevant			
Day	Start	Finish	box (please read guidance note 2)			
Mon	12-00	00.00	Please give further details here (please read g	uidance note 3)		
Tue						
Wed			State any seasonal variations for the performa read guidance note 4)			
Thur			NEW YEARS EVE - OL	.00 (10)	oor)	
Fri			Non-standard timings. Where you intend to us performance of live music at different times to column on the left, please list. (please read gu	those listed in t	o <u>r the</u> h <u>e</u>	
Sat			COlumn on the left, please list. (please read gu	idance note of		
Sun						

[BOX F] RECORDED MUSIC Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both -				
			Please Tick or insert "YES" in the relevant	Outdoors			
Day	Start	Finish	(please read guidance note 2) Both				
Mon	12.00	00.00	Please give further details here (please read g	uidance note 3)			
Tue							
Wed			State any seasonal variations for playing recoguidance note 4)				
Thur			NEW YEARS EVE - 01.	00 (inde	or)		
Fri			Non-standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the				
Sat			column on the left, please list. (please read gu	idance note 5)			
Sun							

DANCE Standard days and timings (please read guidance note 6)			ORMANCE OF Will the performance of dance take place Indoors indoors or outdoors or both –				
			Please Tick or insert "YES" in the relevant Outdoors				
Day	Start	Finish	(please read guidance note 2) Both				
Mon	1200	00.00	Please give further details here (please read	guidance note 3)	te 3)		
Tue							
Wed			State any seasonal variations for the perform read guidance note 4)		<u>lease</u>		
Thur			ME - 01.00 (INDOOR)				
Fri			Non-standard timings. Where you intend to uperformance of dance at different times to the	ose listed in the o			
Sat			on the left, please list. (please read guidance	note 5)			
Sun							

[BOX H] ANYTHING OF A SIMILAR DESCRIPTION TO THAT FALLING WITHIN (E), (F) or (G). Standard days and timings (please read guidance note 6)			Please give a description of the type of entertain providing	iment you will be		
Day	Start	Finish	Will the entertainment be taking place indoors Indoors or outdoors or both –			
Mon			Please Tick or insert "YES" in the relevant box	Outdoors		
	(please read guidance note 2)	(please read guidance note 2)	Both			
Tue Wed			Please give further details here (please read gui	dance note 3)		
Thu			State any seasonal variations for entertainment description to that falling within (e), (f) or (g) (ple			
Fri			note 4)			
Sat			Non-standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or			
Sun	/		(g) at different times to those listed in the column list. (please read guidance note 5)	<u>n on the leπ, please</u>		

[BOX			łT .	10 M	Will the provision of late night refreshment	Indoors		
Standard days and timings (please read guidance note 6)					take place indoors or outdoors or both – Please Tick or insert "YES" in the relevant box  Outdoors			
Day	Star		Finis		(please read guidance note 2)	Both	1/	
Mon	23	00	00	00	Please give further details here (please read guidance note			
Tue		n =						
Wed			-		State any seasonal variations for the provision refreshment (please read guidance note 4)	on of late night		
Thur								
Fri					Non-standard timings. Where you intend to uprovision of late night refreshment at different the late of the late o	nt times to those	listed in	
Sat					the column on the left, please list. (please rea	ia guidance note	<u>: 5)</u>	
Sun		/		/				

[BOX J		SEE SEE	a ji K	Will the sale of a	alcohol be for cons	umption	on On	
Standar	OF ALCOH d days and t	iming	5		nsert "YES" in the	relevant	Off	
please	read guidan	ce not	e 6)	box (please read guidance note 7)			Both	1/
Day	Start	TARREST ST			nal variations for t	he suppl		olease read
Vion	10.00	01.	00	guidance note 4				
Tue				NYE -	right thron	rah-		
					.5.	O.		
Wed								
Thur				supply of alcoho	mings. Where you of at different time:	s to those	e listed in the	nises for the column on the
Fri					(please read quida	nce note	<u>. 5)</u>	
				* **	MANAM			,
Sat								
				_				
Sun	1		/	-				
Surnai Forena Are yo	The Control of the	LIS	Yes	MARY	Date of Birt	All the second second		
Dlaga	of Birth				DU/MINI/TH		W. Carrier	
CURR	ENT ADDI	RESS	of De	signated Prem	ises Supervisor	r if diffe	rent from p	remises
addres						INCTEDED		
VEN	EXECUTE OF	CONT						
T	KEFEG	ナート	145					
		-52						
Post T	anam				Post Code	e Sta		Newsons
						W. G	JE 11/1/19	MAN.
Dorca				of DPS (if any)	5.66			
				a it ammicanie	PCC			
	g Licensir	ig Au	monty	y, if applicable				
[BOX	K] Please	high r mat	light a	any adult enteri	tainment or sen	ises tha	ctivities, ot at may give	her rise to
[BOX	K] Please	high r mat	light a	any adult enteri	tainment or sen	ises tha	ctivities, ot at may give	her rise to
[BOX	K] Please	high r mat	light a	any adult enteri	tainment or sen	ises tha	ctivities, ot at may give	her rise to
[BOX	K] Please	high r mat	light a	any adult enteri	tainment or sen	ises tha	ctivities, ot it may give	her rise to

ARE (	OPEN TO T lard days a se read guid 6)	dance	State any seasonal variation (please read guidance note 4)  NEW YEARS EVE -all through.
Day	Start	Finish	
Mon	2.0		
	1	1	
Tue			
Wed			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
Thu			on the left, please list. (please read guidance note 5)
Fri			
Sat			-
Sun			
		1/	
D1 111	e Dieventio	II OI CITIII a	and primarily be for the ers to the site (caravaners) open to the public. Proof of ago ce at all times and operate a amed children in dubhours produced the made available
K	the any	Police	or Lic Officer on request oor alcohol sales, plastic
· Fo	M 00. ()	outde	our accordisates, prostre
g	larse.	outdo	be used.
c) Pu	blic safety	, mu	We cosed.
c) Pu	iblic safety	d Kit i	ill be kept on site and statf
c) Pu	iblic safety	d Kit i	be used.  ill be kept on site and statt  adard wording) - will be installed  will be cleaned immediately

d) The prevention of public nuisance
- Notices will be displayed asking customers to leave quetly
e) The protection of children from harm
- Proof of age policy will be adopted. LZ
- Proof of age policy will be adopted. C21 - All children 1145 must be accompanied
- No gaming machines

CI	HECKLIST:	Please Tick or insert "YES" in the	boxes below to indicate agreement
		sed payment of the fee	
•	I have enclosed a pla	n of the premises	
0	I have sent copies of others where applica	this application to responsible a ble	uthorities and
•	I have enclosed the o	onsent form completed by the inc Premises Supervisor, if applicabl	dividual I wish
•	I understand that I m	ist now advertise my application	V,
•	I understand that if I application will be re	lo not comply with the above req ected	uirements my

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 12) If signing on behalf of the applicant please state in what capacity.  Signature  Date	Signature		ne applicant please state in what capacity.
For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 12) If signing on behalf of the applicant please state in what capacity.  Signature  Date  Capacity	Date	21.05.	2-1
authorised agent. (please read guidance note 12) If signing on behalf of the applicant please state in what capacity.  Signature  Date  Capacity	Capacity	DIRECTO	2,
Date Capacity	authorised age	nt. (please read guidance n	licant or 2nd applicant's solicitor or other ote 12) If signing on behalf of the applicant
Capacity	Signature		
	Date	10-0-1	
Contact name (where not previously given) and postal address for correspondence	Capacity	The state of the s	A STATE OF THE STA
associated with this application (please read guidance note 13)	Contact name	(where not previously giver	and postal address for correspondence
Post Town Postcode	Post Town		Postcode
Post Town Postcode Telephone number	The state of the s	umber	Postcode