

[Insert name and address of relevant licensing authority and its reference number (optional).]

**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/We Ms Hatice Eltan

(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 37 High Street | | | |
| Post town | Haverfordwest | Postcode | SA61 2BW |

| | |
|---|--------------|
| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | £6100 |

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | 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 Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England ☐ please complete section (B)
- h) the chief officer of police of a police force in England and Wales ☐ please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☒

I am making the application pursuant to a
 statutory function or ☐
 a function discharged by virtue of Her Majesty's prerogative ☐

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

| | | | | | |
|---|------------------------------|-------------------------------|--|-------------------------------------|-----------------|
| Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input checked="" type="checkbox"/> | Other Title (for example, Rev) | |
| Surname Eltan | | | First names Hatice | | |
| I am 18 years old or over | | | | <input checked="" type="checkbox"/> | Please tick yes |
| Current postal address if different from premises address | | [REDACTED] | | | |
| Post town | [REDACTED] | | Postcode | [REDACTED] | |
| Daytime contact telephone number | | | [REDACTED] | | |
| E-mail address (optional) | [REDACTED] | | | | |

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) | |
| Surname | | | First names | | |
| I am 18 years old or over | | | | | <input type="checkbox"/> Please tick yes |
| Current postal address if different from premises address | | | | | |
| Post town | | | | Postcode | |
| Daytime contact telephone number | | | | | |
| E-mail address (optional) | | | | | |

(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 | | | |
|----|---|----|---|------|---|---|---|
| 2 | 1 | 1 | 2 | 2 | 0 | 2 | 3 |

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)
Off-licence, grocery store.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

- | | |
|---|--------------------------|
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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

| | | | | | |
|--|-------|--------|---|----------|--------------------------|
| Plays Standard days and timings (please read guidance note 6) | | | <u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for performing plays</u> (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | <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> (please read guidance note 5) | | |
| Sun | | | | | |
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B

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|--|-------|--------|--|--|----------|--------------------------|
| Films Standard days and timings (please read guidance note 6) | | | <u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | | |
| Mon | | | | | | |
| Tue | | | | | | |
| Wed | | | <u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4) | | | |
| Thur | | | | | | |
| Fri | | | | | | |
| Sat | | | <u>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</u> (please read guidance note 5) | | | |
| Sun | | | | | | |
| | | | | | | |

C

| | | | |
|---|-------|--------|---|
| Indoor sporting events Standard days and timings (please read guidance note 6) | | | <u>Please give further details</u> (please read guidance note 3) |
| Day | Start | Finish | |
| Mon | | | |
| Tue | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4) |
| Wed | | | |
| Thur | | | |
| Fri | | | <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> (please read guidance note 5) |
| Sat | | | |
| Sun | | | |

D

| | | | | | | |
|---|-------|--------|--|--|----------|--------------------------|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 6) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | | |
| Mon | | | | | | |
| Tue | | | | | | |
| Wed | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4) | | | |
| Thur | | | | | | |
| Fri | | | | | | |
| Sat | | | <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> (please read guidance note 5) | | | |
| Sun | | | | | | |
| | | | | | | |

E

| | | | | | |
|---|-------|--------|---|----------|--------------------------|
| Live music Standard days and timings (please read guidance note 6) | | | Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | Please give further details here (please read guidance note 3) | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | State any seasonal variations for the performance of live music (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 5) | | |
| Sun | | | | | |
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F

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|---|-------|--------|---|--|----------|--------------------------|
| 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 (please read guidance note 2) | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | Please give further details here (please read guidance note 3) | | | |
| Mon | | | | | | |
| Tue | | | | | | |
| Wed | | | State any seasonal variations for the playing of recorded music (please read guidance note 4) | | | |
| Thur | | | | | | |
| Fri | | | | | | |
| Sat | | | Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5) | | | |
| Sun | | | | | | |
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G

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|--|-------|--------|---|--|----------|--------------------------|
| Performances of dance Standard days and timings (please read guidance note 6) | | | <u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | | |
| Mon | | | | | | |
| Tue | | | | | | |
| Wed | | | <u>State any seasonal variations for the performance of dance</u> (please read guidance note 4) | | | |
| Thur | | | | | | |
| Fri | | | | | | |
| Sat | | | <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> (please read guidance note 5) | | | |
| Sun | | | | | | |
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H

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|---|-------|--------|---|----------|--------------------------|
| 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 entertainment you will be providing | | |
| Day | Start | Finish | <u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| Mon | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| | | | | | |
| Wed | | | | | |
| | | | | | |
| Thur | | | <u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4) | | |
| | | | | | |
| Fri | | | | | |
| | | | | | |
| Sat | | | <u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | | |
| | | | | | |
| Sun | | | | | |
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I

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|---|-------|--------|---|----------|--------------------------|
| Late night refreshment Standard days and timings (please read guidance note 6) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | <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> (please read guidance note 5) | | |
| Sun | | | | | |
| | | | | | |

J

| | | | | | |
|--|-------|--------|---|------------------|-------------------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | <u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 7) | On the premises | <input type="checkbox"/> |
| | | | | Off the premises | <input checked="" type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| | | | | | |
| Day | Start | Finish | <u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) N/A | | |
| Mon | 08:00 | 22:00 | | | |
| | | | | | |
| Tue | 08:00 | 22:00 | | | |
| | | | | | |
| Wed | 08:00 | 22:00 | | | |
| | | | | | |
| Thur | 08:00 | 22:00 | | | |
| | | | | | |
| | | | | | |
| | | | <u>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</u> (please read guidance note 5) N/A | | |
| Fri | 08:00 | 23:00 | | | |
| | | | | | |
| Sat | 08:00 | 23:00 | | | |
| | | | | | |
| Sun | 08:00 | 22:00 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

| | |
|---|---|
| Name Deniz Eltan | |
|  | |
| Postcode |  |
| Personal licence number (if known) Application in progress | |
| Issuing licensing authority (if known) Pembrokeshire County Council | |

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8).

N/A

L

Hours premises are open to the public
Standard days and timings
(please read guidance note 6)

| Day | Start | Finish |
|------|-------|--------|
| Mon | 08:00 | 22:00 |
| | | |
| Tue | 08:00 | 22:00 |
| | | |
| Wed | 08:00 | 22:00 |
| | | |
| Thur | 08:00 | 22:00 |
| | | |
| Fri | 08:00 | 23:00 |
| | | |
| Sat | 08:00 | 23:00 |
| | | |
| Sun | 08:00 | 22:00 |
| | | |

State any seasonal variations (please read guidance note 4)

N/A

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 (please read guidance note 5)

N/A

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 9)

We are aware that the premises is within the Cumulative Impact Policy in Haverfordwest, Pembrokeshire. We believe this premise will not have a diverse effect on the existing issues, the hours we have requested is duly considered.

The applicant has understanding of licensing law and conditions we proposed to prevent Crime and Disorder, Public Safety and Public Nuisance, We believe the ability and competency of our client to operate the premises in accordance with the licensing objectives.

My client is open to accept any additional conditions proposed by authorities.

b) The prevention of crime and disorder

- 1) The dps, a personal licence holder or trained member of staff nominated in writing by the dps shall be on duty at all times the premises are open to the public.
- 2) a) A cctv system covering the interior & exterior of the premises will be installed to current metropolitan police / Home office standards and shall be kept operational at all times the premises are open to the public.
b) It shall be capable of taking a head & shoulders shot of persons entering the premises, of recording images to an evidential standard in any light and be capable of storing images for a minimum of 31 days.
c) All staff who may work front of house shall be trained to operate the cctv system and download images.
d) At least one member of staff trained to operate the cctv system & download images shall be on duty at all times the premises are open to the public. Footage shall be shown to the police and screenshots provided to them on request. Copies of downloaded images shall be provided to the police on a usb stick, cd or other acceptable means as soon as possible and in any case within 24 hours of the request
- 3) challenge 25 shall be operated as the proof of age policy.
- 4) An incident book shall be kept at the premises, and made available to the police or authorised council officers, which will record the following:
 - A) All crimes reported,
 - B) Lost property,
 - C) All ejections of customers,
 - D) Any complaints received,
 - E) Any incidents of disorder,
 - F) Any seizure of drugs or offensive weapons,
 - G) Any faults in the cctv,
 - H) Any refusal in the sale of alcohol.
 - I) Any visit by a relevant authority or emergency service
- 5) Notices will be prominently displayed by the entry/ exit door and point of sale (as appropriate) advising customers:
 - A) That cctv & challenge 25 are in operation;
 - B) Advising customers of the provisions of the licensing act regarding underage & proxy sales;
 - C) Of the permitted hours for licensable activities & the opening times of the premises;
 - D) Not to drink in the street;
 - E) To respect residents, leave quietly, not to loiter outside the premises or in the vicinity and to dispose of litter legally.

c) Public safety

A fire risk assessment and emergency plan will be prepared and regularly reviewed. All staff will receive appropriate fire safety training and refresher training.

d) The prevention of public nuisance

- 1) The front of the premises shall be kept tidy at all times and be swept at close.
- 2) Relevant notices will be prominently displayed by the entry/ exit door and point of sale (as appropriate)
- 3) No deliveries will be received or rubbish removed from the premises between 22.00 & 07.00.
- 4) Any music played will only be played at background level.
- 5) An incident book shall be kept at the premises and made available to the police or authorised council officers –see box b condition 5 for full details of the information to be recorded.
- 6) A phone number for the premises shall be made available if required upon request to the police, any other responsible authority or any local resident to express any concerns caused by the operation of the premises. Any complaints and the outcome will be recorded in the incident book.

e) The protection of children from harm

- 1) Challenge 25 shall be operated as the proof of age policy and only a valid passport, photo driving licence, hm forces photographic id card or proof of age card with the pass logo or hologram on it may be accepted as proof of age.
- 2) All refusals of the sale of alcohol shall be recorded in the refusals section of the incident book. The incident book shall be kept and produced to police & authorised council officers on request –see section b condition 5 for full details.
- 3) relevant notices will be prominently displayed by the entry/ exit door and point of sale as appropriate–see section B condition 6 for full details.
- 4) All staff who work front of house will be trained for their role on induction and be given refresher training every six months. Written training records will be kept for each staff member and be produced to police & authorised council officers on request. Training will include identifying persons Under 25, making a challenge, acceptable proof of age & checking it, making & recording a refusal, avoiding conflict & responsible alcohol retailing.

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. ☐

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

Part 4 – Signatures (please read guidance note 10)

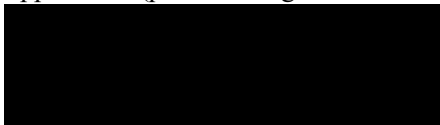
Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 11).
If signing on behalf of the applicant, please state in what capacity.

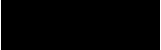



| | |
|-----------|---|
| Signature |  |
| Date | 21/11/2023 |
| Capacity | Licensing Consultant |

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

| | |
|-----------|--|
| Signature | |
| Date | |
| Capacity | |

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)



| | | | |
|---|---|----------|---|
| Post town |  | Postcode |  |
| Telephone number (if any) |  | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |
|  | | | |

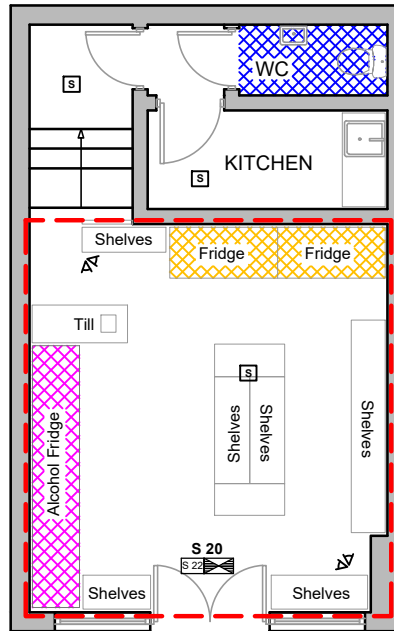
Notes for Guidance

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. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. 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.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. 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.

7. 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'.
8. 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.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



GROUND FLOOR PLAN



LEGEND

- AMBIT OF LICENSED PREMISES
- CCTV
- SMOKE DETECTOR
- ALCOHOL
- WC AREA
- FRIDGES
- S 20** FIRE ESCAPE
KEEP CLEAR
- INTERNALLY ILLUMINATED
FIRE ESCAPE SIGN (BS 5266)

