

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 EMILY-JANE THOMAS
(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 | |
| NOLTON CROSS FARM SHOP NOLTON CROSS FARM NOLTON HAVERFORDWEST PEMBROKESHIRE | |
| Post town | HAVERFORDWEST |
| Postcode | SA62 3NP |

| | |
|---|--------------|
| Telephone number at premises (if any) | 01437 710154 |
| Non-domestic rateable value of premises | £100 |

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)
- 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 (by ticking yes to one box below):

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)



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 | | |
| Date of birth | | | I am 18 years old or over <input type="checkbox"/> Please tick yes | | |
| Nationality | | | | | |
| 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 | |
| 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
1 0 0 6 2 0 2 1

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)

Farm Shop selling local produce and
wishing to add local and wider range
alcoholic beverages for off site
consumption

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

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

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|---|-------|--------|---|----------|--------------------------|
| Films Standard days and timings (please read guidance note 7) | | | Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| Day | Start | Finish | | Both | <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 4) | | |
| | | | | | |
| | | | | | |
| Tue | | | State any seasonal variations for the exhibition of films (please read guidance note 5) | | |
| | | | | | |
| | | | | | |
| Wed | | | 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) | | |
| | | | | | |
| | | | | | |
| Thur | | | | | |
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| Fri | | | | | |
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| Sat | | | | | |
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| Sun | | | | | |
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|--|-------|--------|---|
| Indoor sporting events Standard days and timings (please read guidance note 7) | | | <u>Please give further details</u> (please read guidance note 4) |
| Day | Start | Finish | |
| Mon | | | |
| | | | |
| Tue | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5) |
| | | | |
| Wed | | | |
| | | | |
| Thur | | | <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 6) |
| | | | |
| Fri | | | |
| | | | |
| Sat | | | |
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| Sun | | | |
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|--|-------|--------|--|----------|--------------------------|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 7) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | 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 4) | | |
| Mon | | | | | |
| | | | | | |
| Tue | | | | | |
| | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5) | | |
| Wed | | | | | |
| | | | | | |
| Thur | | | | | |
| | | | <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 6) | | |
| Fri | | | | | |
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| Sat | | | | | |
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|---|------|-------|---|-----------------------------------|-----------------------------------|
| I've made standard keys and timing tables and attached note 1) | | | Has the performance of the music been since achieved in practice at home - please list (please read guidance note 5) | Indirect <input type="checkbox"/> | Indirect <input type="checkbox"/> |
| | | | | Indirect <input type="checkbox"/> | Indirect <input type="checkbox"/> |
| Key | Time | Tempo | | | |
| 1/4 | | | Please give further details here (please read guidance note 6) | | |
| 1/2 | | | | | |
| 3/4 | | | Note any unusual variations for the performance of the music (please read guidance note 5) | | |
| 1/2 | | | | | |
| 1/4 | | | Note standard timings. Where you intend to use the premises for the performance of the music at different times to those listed in the column on the left, please list (please read guidance note 6) | | |
| 1/2 | | | | | |
| 1/4 | | | | | |

| | | | | | | |
|--|-------|--------|--|--|----------|--------------------------|
| Recorded music Standard days and timings (please read guidance note 7) | | | <u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | | 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 4) | | | |
| Mon | | | | | | |
| | | | | | | |
| Tue | | | | | | |
| | | | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) | | | |
| Wed | | | | | | |
| | | | | | | |
| Thur | | | | | | |
| | | | <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> (please read guidance note 6) | | | |
| Fri | | | | | | |
| | | | | | | |
| Sat | | | | | | |
| | | | | | | |
| Sun | | | | | | |

G

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

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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 7) | | | 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 3) | 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 4) | |
| | | | | |
| 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 5) | |
| | | | | |
| 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 6) | |
| | | | | |
| Sun | | | | |

| | | | | | |
|--|-------|--------|---|----------|--------------------------|
| Late night refreshment Standard days and timings (please read guidance note 7) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3) | 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 4) | | |
| Mon | | | | | |
| | | | | | |
| Tue | | | | | |
| | | | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5) | | |
| Wed | | | | | |
| | | | | | |
| Thur | | | | | |
| | | | <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 6) | | |
| Fri | | | | | |
| | | | | | |
| Sat | | | | | |
| | | | | | |
| Sun | | | | | |
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J

| | | | | |
|---|-------|--------|--|--|
| Supply of alcohol Standard days and timings (please read guidance note 7) | | | Will the supply of alcohol be for consumption – please tick (please read guidance note 8) | On the premises <input type="checkbox"/> |
| | | | | Off the premises <input checked="" type="checkbox"/> |
| | | | | Both <input type="checkbox"/> |
| Day | Start | Finish | State any seasonal variations for the supply of alcohol (please read guidance note 5) | |
| Mon | 8am | 8pm | | |
| | | | | |
| Tue | 8am | 8pm | | |
| | | | | |
| Wed | 8am | 8pm | | |
| | 8am | | | |
| Thur | 8am | 8pm | | |
| | | | | |
| Fri | 8am | 8pm | | |
| | | | | |
| Sat | 8am | 8pm | | |
| | | | | |
| Sun | 8am | 8pm | | |
| | | | | |

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):

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).

N/A

SALE OF ALCOHOL

L

Hours premises are open to the public
Standard days and timings (please read guidance note 7)

| Day | Start | Finish |
|------|-------|--------|
| Mon | 8am | 8pm |
| | | |
| Tue | 8am | 8pm |
| | | |
| Wed | 8am | 8pm |
| | | |
| Thur | 8am | 8pm |
| | | |
| Fri | 8am | 8pm |
| | | |
| Sat | 8am | 8pm |
| | | |
| Sun | 8am | 8pm |
| | | |

State any seasonal variations (please read guidance note 5)

WINTER MONTHS E.G.
OCT - FEB LIKELY TO CLOSE
ONE DAY PER WEEK.

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 6)

THE DESIGNATED SUPERVISOR WILL ENSURE
THE PREMISES IS RUN IN AN ORDERLY MANNER

b) The prevention of crime and disorder

C.C.T.V ON ALL AREAS OF THE PREMISES
AND REPORT ANY ISSUES TO POLICE

c) Public safety

WE WILL ENSURE A RELEVANT PUBLIC LIABILITY
INSURANCE POLICY IS IN PLACE ON THE PREMISES
AND A FULL FIRST AID KIT ALONG WITH ANY
FIRE FIGHTING EQUIPMENT RECOMMENDED BY
MID+NEST WALES FIRE

d) The prevention of public nuisance

OFF SITE SALES ONLY

e) The protection of children from harm

ALL STAFF GIVEN APPROPRIATE TRAINING FOR
UNDER AGE SALES AND ASKING FOR
RECOGNISED ID.

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). ☒

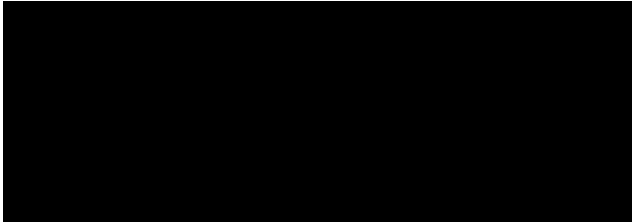
IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

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.**

| | |
|--------------------|---|
| Declaration | <ul style="list-style-type: none">• [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).• 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, 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 | | |
| Capacity | | |

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

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

| | | | |
|---|--|----------|--|
| Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) | | | |
| | | | |
| Post town | | Postcode | |
| Telephone number (if any) | | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |

Schedule of Fire Alarm Symbols

- Manual Call Point
- Optical Smoke Detector
- Heat Detector
- Vision Panel Doors
- ☀ Combined Strobes/Sounder ceiling mounted with detection
- ☀ FIRE ALARM PANEL TO BE FLUSH MOUNTED. CONTRACTOR TO CONFIRM SIZE OF UNIT AND PROVIDE WALL SPACE FOR THE UNIT. CLIENT TO CONFIRM EXACT LOCATION ON SITE
- ☀ PAD FOUNDATIONS TO SUPPORT COLUMNS/POSTS FOR CANOPY
- ☀ FIRE ESCAPE DOORS TO BE LEVEL THRESHOLD & TO INCLUDE ACO DOOR DRAINS THAT DISCHARGE IN TO LOCALISED SOAKAWAY

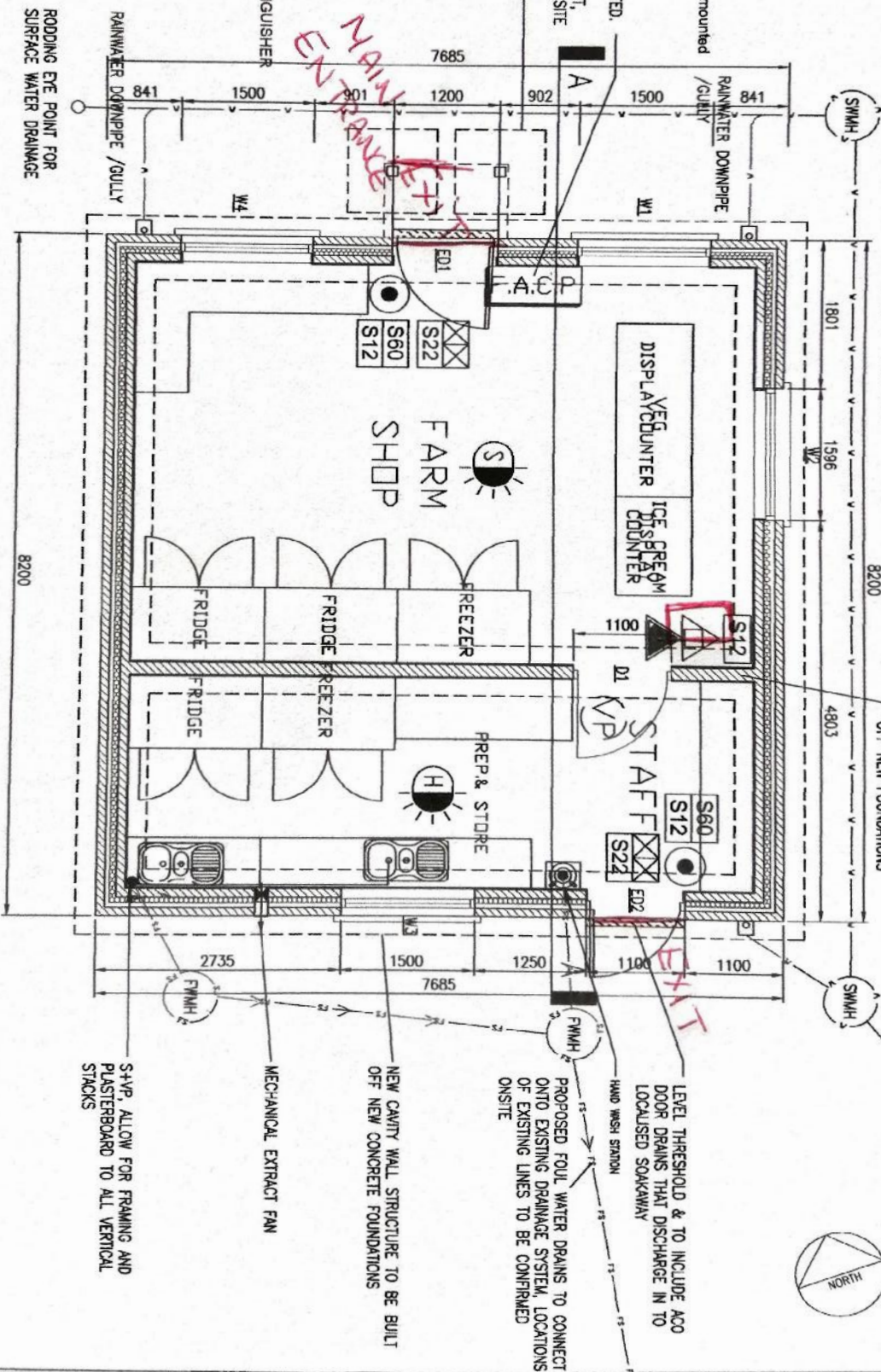
KEY TO PLAN SYMBOLS

- ▲ DRY POWDER TYPE EXTINGUISHER
- ▲ CARBON DIOXIDE TYPE EXTINGUISHER
- ▲ FIRE ACTION SIGN
- ▲ FIRE EXIT SIGN
- ▲ STAFF FIRE NOTICE
- ▲ ILLUMINATED SIGN

DESIGN PREPARED USING BUILDING REGULATIONS APPROVED DOCUMENT B VOLUME 2

L2 FIRE ALARM INSTALLED TO BS5839-1:2017
EMERGENCY LIGHTING INSTALLED TO BS5266-1:2016
SIGNAGE TO BS 5499-1:2002

SURFACE WATER DRAINS TO CONNECT ONTO NEW SOAKAWAY SYSTEM. REFER TO SITE PLAN
150MM BLOCKWORK TO BE BUILT OFF NEW FOUNDATIONS



NB - THIS BUILDING IS UNHEATED AND NO PROVISION OF PART L APPLY

ANY DISCREPANCIES ARE TO BE REPORTED IMMEDIATELY TO IAN BARTLETT PLANNING & ARCHITECTURAL SERVICES.
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Ian Bartlett

Planning & Architectural Services

8 Cavendish Place, Haverfordwest, Pembrokeshire, SA81 1HL
Tel: 01437 770708
Email: info@ianbartlett.co.uk
www.ianbartlett.co.uk

PROJECT TITLE

CONVERSION OF OUTBUILDING AT NDLTON CROSS FARM TO CREATE FARM SHOP

SCALE

1:50 on A3

DATE

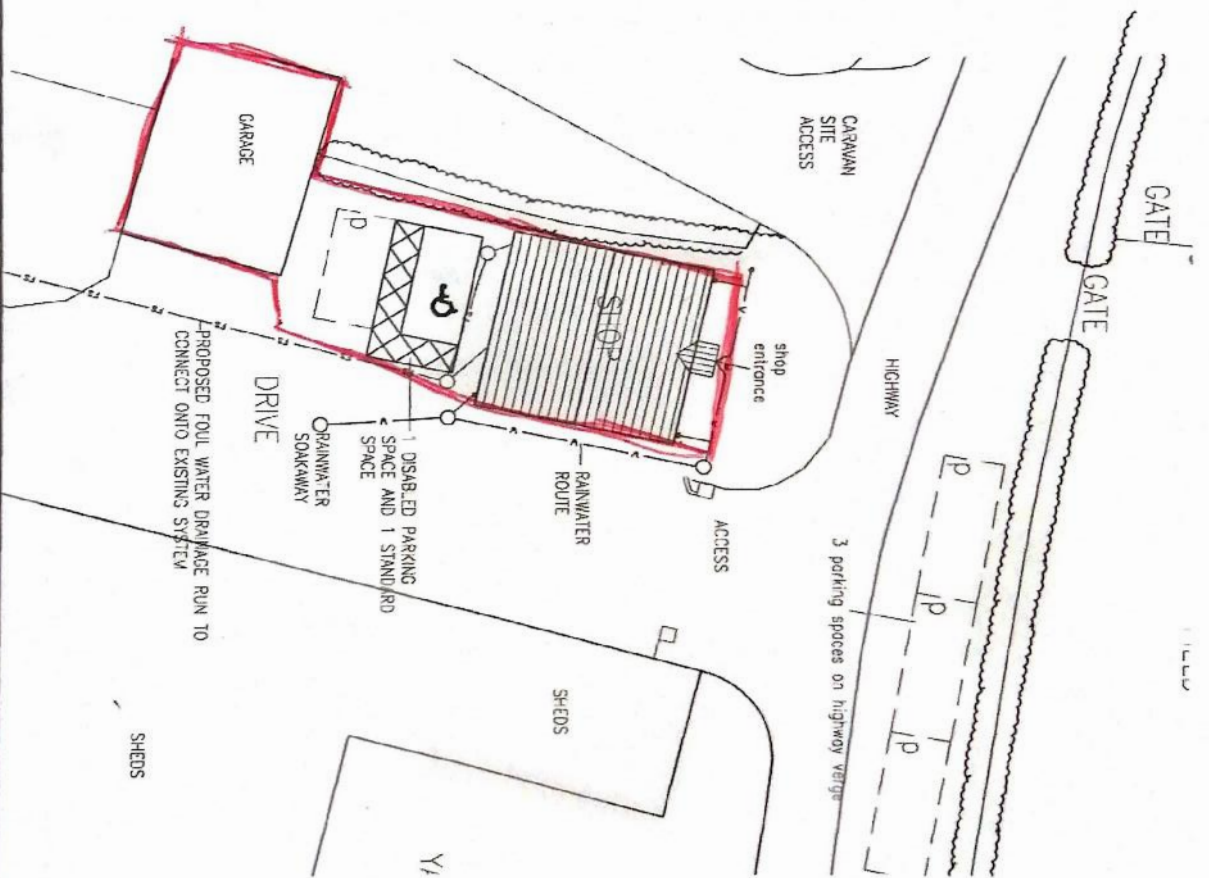
25.01.21

REVISION

608-03

BRANDING TITLE

PROPOSED GROUND FLOOR PLAN



ANY DISCREPANCIES ARE TO BE REPORTED IMMEDIATELY TO IAN BARTLETT
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Ian Bartlett

Planning &
Architectural
Services

PROJECT TITLE
CONVERSION OF OUTBUILDING AT NDL TON CROSS
FARM TO CREATE FARM SHOP

DRAWING TITLE
PROPOSED SITE LAYOUT

SCALE
1:200
on A3

DRAWING No.
608-05

DATE
25.01.21

REVISION

09/03/2018 IAN B.

8 Caradoc Place, Haverfordwest, Pembrokeshire, SA61 1HL
Tel: 01437 778708
Email: info@ianbartlett.co.uk
Website: www.ianbartlett.co.uk