



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 PAUL BROOKFIELD

(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 9 HALL STREET			
THE WHOLE BUILDING INCLUDING 9a & 9b & FIRST FLOOR THE BUILDING WILL BE CONVERTED TO <u>ONE</u> UNIT			
Post town	LLANELLI	Postcode	SA15 3BB

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£3850

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)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname BROOKFIELD		First names PAUL		
Date of birth 2006		I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes		
Nationality BRITISH				
Current residential address if different from premises address		£		
Post town	LLANELLI		Postcode	SA15 3LA
Daytime contact telephone number		+ 09		
E-mail address (optional)		@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 that service (please see note 15 for information)				

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					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (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 that service (please see note 15 for information)					

(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			
0	1	0	7	2	0	2	4

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)

PUBLIC HOUSE/ BAR OVER TWO FLOORS.

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

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

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

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

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

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

In all cases complete boxes K, L and M

A

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

B

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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
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					
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4) Sorry I put a line my mistake, I want to apply for this
Day	Start	Finish	
Mon	09.00	01.00	
Tue	09.00	01.00	State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed	09.00	01.00	
Thur	09.00	01.00	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)
Fri	09.00	01.00	
Sat	09.00	01.00	
Sun	09.00	01.00	

D

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			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
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</u> (please read guidance note 6)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	09.00	01.00	<u>Please give further details here</u> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	09.00	01.00			
Wed	09.00	01.00	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5) NEW YEARS EVE, BOXING DAY & BANK HOLIDAY SUNDAYS INTO MONDAY I WOULD LIKE A 2 HOUR EXTENSION UNTIL 3AM WITH 30 MINUTES DRINKING UP TIME.		
Thur	09.00	01.00			
Fri	09.00	01.00	<u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u> (please read guidance note 6) NEW YEARS EVE, BOXING DAY & BANK HOLIDAY SUNDAYS INTO MONDAY I WOULD LIKE A 2 HOUR EXTENSION UNTIL 3AM WITH 30 MINUTES DRINKING UP TIME.		
Sat	09.00	01.00			
Sun	09.00	01.00			

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	09.00	01.00	<u>Please give further details here</u> (please read guidance note 4)		
Tue	09.00	01.00			
Wed	09.00	01.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) NEW YEARS EVE, BOXING DAY & BANK HOLIDAY SUNDAYS INTO MONDAY I WOULD LIKE A 2 HOUR EXTENSION UNTIL 3AM WITH 30 MINUTES DRINKING UP TIME.		
Thur	09.00	01.00			
Fri	09.00	01.00	<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) NEW YEARS EVE, BOXING DAY & BANK HOLIDAY SUNDAYS INTO MONDAY I WOULD LIKE A 2 HOUR EXTENSION UNTIL 3AM WITH 30 MINUTES DRINKING UP TIME.		
Sat	09.00	01.00			
Sun	09.00	01.00			

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 checked="" 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	09.00	01.00			
Tue	09.00	01.00			
Wed	09.00	01.00	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5) NEW YEARS EVE, BOXING DAY & BANK HOLIDAY SUNDAYS INTO MONDAY I WOULD LIKE A 2 HOUR EXTENSION UNTIL 3AM WITH 30 MINUTES DRINKING UP TIME.		
Thur	09.00	01.00			
Fri	09.00	01.00	<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) NEW YEARS EVE, BOXING DAY & BANK HOLIDAY SUNDAYS INTO MONDAY I WOULD LIKE A 2 HOUR EXTENSION UNTIL 3AM WITH 30 MINUTES DRINKING UP TIME.		
Sat	09.00	01.00			
Sun	09.00	01.00			

H

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 checked="" type="checkbox"/>
Mon	09.00	01.00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	09.00	01.00	<u>Please give further details here</u> (please read guidance note 4)		
Wed	09.00	01.00			
Thur	09.00	01.00	<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) NEW YEARS EVE, BOXING DAY & BANK HOLIDAY SUNDAYS INTO MONDAY I WOULD LIKE A 2 HOUR EXTENSION UNTIL 3AM WITH 30 MINUTES DRINKING UP TIME.		
Fri	09.00	01.00			
Sat	09.00	01.00	<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) NEW YEARS EVE, BOXING DAY & BANK HOLIDAY SUNDAYS INTO MONDAY I WOULD LIKE A 2 HOUR EXTENSION UNTIL 3AM WITH 30 MINUTES DRINKING UP TIME.		
Sun	09.00	01.00			

I

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 checked="" type="checkbox"/>
Day	Start	Finish			
Mon	09.00	01.00	<u>Please give further details here</u> (please read guidance note 4)		
Tue	09.00	01.00			
Wed	09.00	01.00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5) NEW YEARS EVE, BOXING DAY & BANK HOLIDAY SUNDAYS INTO MONDAY I WOULD LIKE A 2 HOUR EXTENSION UNTIL 3AM WITH 30 MINUTES DRINKING UP TIME.		
Thur	09.00	01.00			
Fri	09.00	01.00	<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) NEW YEARS EVE, BOXING DAY & BANK HOLIDAY SUNDAYS INTO MONDAY I WOULD LIKE A 2 HOUR EXTENSION UNTIL 3AM WITH 30 MINUTES DRINKING UP TIME.		
Sat	09.00	01.00			
Sun	09.00	01.00			

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 type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) NEW YEARS EVE, BOXING DAY & BANK HOLIDAY SUNDAYS INTO MONDAY I WOULD LIKE A 2 HOUR EXTENSION UNTIL 3AM WITH 30 MINUTES DRINKING UP TIME.		
Mon	09.00	01.00			
Tue	09.00	01.00			
Wed	09.00	01.00			
Thur	09.00	01.00			
Fri	09.00	01.00			
Sat	09.00	01.00			
Sun	09.00	01.00			
			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)		

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):

Name	
Date of birth	
Address THE DPS WILL BE ADDED AT A LATER DATE – PRIOR TO ANY LICENSING ACTIVITIES TAKING PLACE.	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	09.00	01.30	<p>I HAVE ADDED 30 MINUTES TO ALLOW DRINKING UP TIME</p> <p><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u> (please read guidance note 6)</p> <p>NEW YEARS EVE, BOXING DAY & BANK HOLIDAY SUNDAYS INTO MONDAY I WOULD LIKE A 2 HOUR EXTENSION UNTIL 3AM WITH 30 MINUTES DRINKING UP TIME.</p>
Tue	09.00	01.30	
Wed	09.00	01.30	
Thur	09.00	01.30	
Fri	09.00	01.30	
Sat	09.00	01.30	
Sun	09.00	01.30	

M

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

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

1. Thirty minutes “drinking up” time will allow appropriate dispersal of customers and use of toilets at closing time

b) The prevention of crime and disorder

1. The Premises will be a member of the Pub watch scheme and agrees to comply with all the drug and anti-social behaviour initiatives.
2. All bottles and glasses will be removed from public areas as soon as possible.
3. Any restrictions on the admission children to the premises are displayed.

c) Public safety

1. A suitable fire risk assessment is in place and is reviewed annually
2. Notices detailing actions to be taken in event of fire or emergency are prominently displayed.
3. Suitable and efficient lighting provided and maintained.
4. Local taxi services are promoted to ensure safe departure.
5. Customers will exit to the side avoiding the main road

d) The prevention of public nuisance

1. Doors and Windows will be kept closed whenever necessary.
2. Notices asking customers to respect our neighbours are displayed at exits.
3. Any music/entertainment in outside areas will cease at 23.00
4. All ventilation systems are maintained to prevent noxious smells and noise to neighbours
5. All outside lighting is on a timer and is turned off at close of business.
6. The premises has a waste collection contract who remove waste weekly.
7. The “beer gardens” will be closed for licensable activities after midnight (except for smoking)
8. The property is not in a residential area.

e) The protection of children from harm

1. We may employ people over 16 years of age, having informed the local authority. This is to allow people to train and to attain NVQs etc.
2. Unaccompanied children are not allowed on the premises
3. Children shall only be allowed on the premises if accompanied by an adult.

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	<i>P Brookfield</i>
Date	1st March 2024
Capacity	OWNER

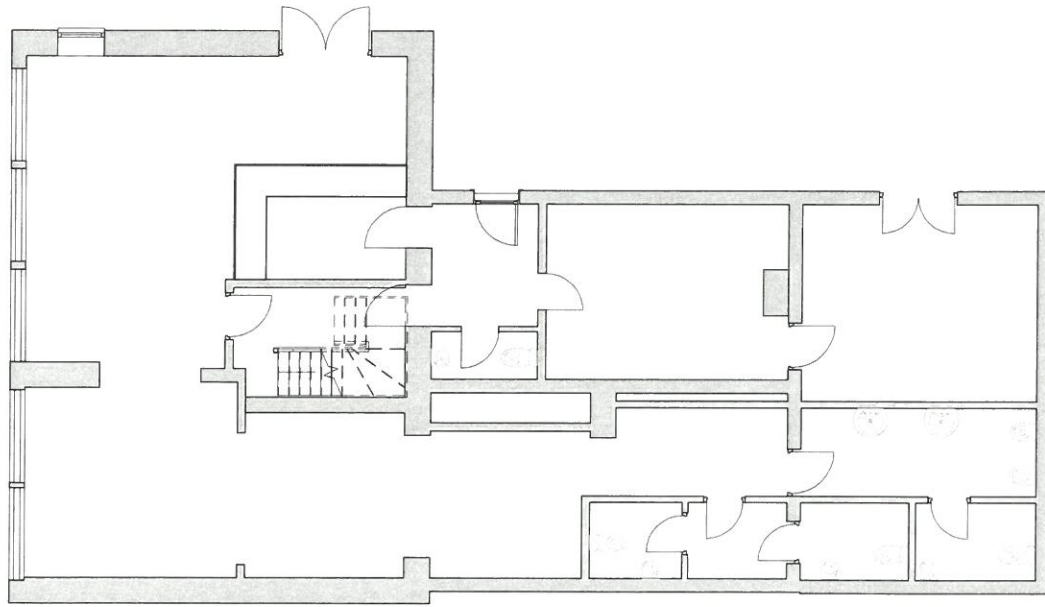
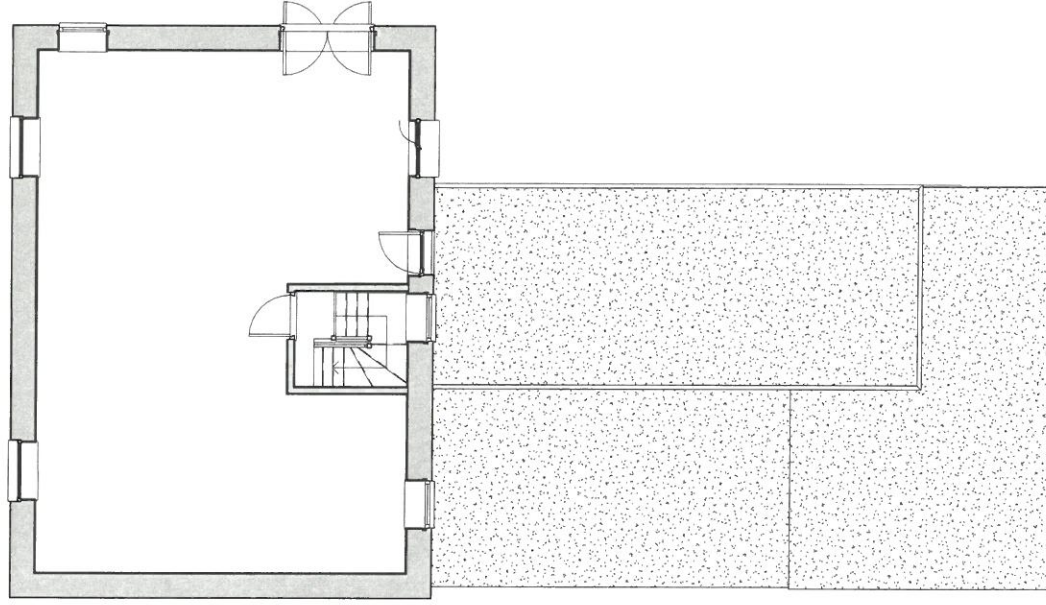
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

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)			

SCALE
Use only figured dimensions
Do not scale except in connection with Planning Applications
Contractor to check all dimensions and notify CA of any discrepancies
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Rev: P01 PLANNING APPLICATION 12/6/23
Date



Floor Plans proposed

WGA ARCHITECTS PENSURI
Ffynnon Church
Thomas St, Llanelli
SA45 3JB Wllne.co.uk
TEL 01792 651535

PROJECT
9 HALL STREET LLANELLI

SCALE 1:100 SIZE A3
DRAWN jrt DATE 4/5/23
CHECKED - DATE

SERIES KEY -
0 - views; 1 - plans; 2 - elevations; 3 - sections; 4 - site; 5 - sketch; A - client approval; P - planning;
5 - stairs; 6 - 120 rooms; 7 - details; 8 - schedules

SUITABILITY -
Level: xx
Vol. 1

Job	1846	Series number	P1-8	Suitability	Revision
		Level	A		P01

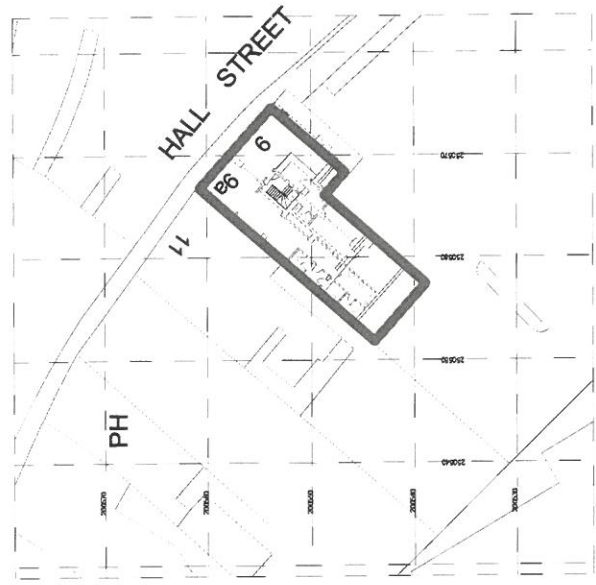
Floor Plans proposed



A19

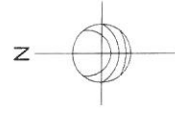
SCALE
Use only figured dimensions
Do not scale except in connection with Planning Applications
Contractor to check all dimensions and notify CA of any discrepancies
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Rev.	Info added	Desc.	Date
P02	For Client Approval		10/11/23
P01			04/09/23



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A20



SUITABILITY -
0 - views; 1 - plans; 2 - elevations; 3 - sections; 4 - site; 5 - sketch; A - client approval; P - planning;
5 - stairs; 6 - 120 rooms; 7 - details; 8 - schedules
B - building regs; C - contract; R - record

TITLE	Series, number	Suitability	Revision
Location plan	P4-5		P02
Job	1846		
Level			
Vol.			

SCALE	1:500	SIZE	A3
DRAWN	jrt	DATE	10/05/23
CHECKED		CHECKED	

PROJECT
9 HALL STREET LLANELLI

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