

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

(7)

## 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** LLANFAIR WATERDINE COMMUNITY TRUST  
*(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			
THE COMMUNITY PAULION LLANFAIR WATERDINE			
<b>Post town</b>	KNIGHTON	<b>Postcode</b>	LD7 1TU
Telephone number at premises (if any)		—	
Non-domestic rateable value of premises		£ NOT YET RATED	

### 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 type="checkbox"/> please complete section (A)            |
| b) a person other than an individual *               |   |
| i as a limited company/limited liability partnership | <input type="checkbox"/> please complete section (B)            |
| ii as a partnership (other than limited liability)   | <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                                 | <input type="checkbox"/> please complete section (B)            |
| d) a charity   | <input checked="" type="checkbox"/> please complete section (B) |
| e) the proprietor of an educational establishment    | <input type="checkbox"/> please complete section (B)            |
| f) a health service body                             | <input type="checkbox"/> please complete section (B)            |

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- 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)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other Title (for example, Rev)
<b>Surname</b>			<b>First names</b>	
<b>Date of birth</b>		I am 18 years old or over <input type="checkbox"/> Please tick yes		
<b>Nationality</b>				
Current residential address if different from premises address				
Post town		Postcode		
<b>Daytime contact telephone number</b>				
<b>E-mail address</b>				

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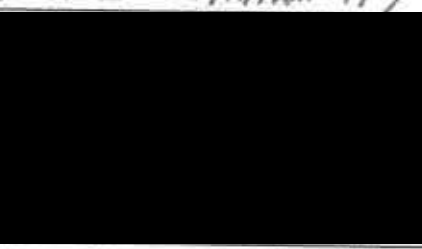
(optional)
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)

**SECOND INDIVIDUAL APPLICANT (if applicable)**

M <input type="checkbox"/>	Mr <input type="checkbox"/>	Mi <input type="checkbox"/>	M <input type="checkbox"/>	Other Title (for example, Rev)
r	s	ss	s	
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	LLANGAIR WATERDINE COMMUNITY TRUST		
Address	C.O. TRUSTEE		
Registered number (where applicable)	1159992		
Description of applicant (for example, partnership, company, unincorporated association etc.)	CHARITY.		

Telephone number (if any)	[REDACTED]
E-mail address (optional)	[REDACTED]

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**Part 3 Operating Schedule**

When do you want the premises licence to start? 

DD	MM	YYYY
06	12	2020

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)

THE PREMESIS IS NEW BUILD WITH OAK FRAME AND TIMBER CLADDING. IT IS 20METRES X 8METRES OVERALL WITH A 20M X 4M TERRACE. WINDOWS AND DOORS ARE ALL DOUBLE GLAZED.

THE BUILDING IS SITUATED IN THE CORNER OF A COMMUNITY FIELD WITH PRIVATE ON SITE PARKING. IT IS SITUATED ON THE EDGE OF THE VILLAGE 80METRES FROM THE NEAREST PROPERTY. EVENT WILL INCLUDE VILLAGE FETES, CHILDRENS GROUPS, COMMITTEE MEETING, INDOOR SPORTS, SOCIAL GATHERINGS.

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

N/A
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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

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Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Mon	12.00	23.00	Please give further details here (please read guidance note 4)  MUSIC AMPLIFIED		
Tue	12.00	23.00			
Wed	12.00	23.00	State any seasonal variations for performing plays (please read guidance note 5)  NONE		
Thur	12.00	23.00			
Fri	12.00	23.30	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	12.00	23.30			
			CHRISTMAS EVE 0.1.00 NEW YEARS EVE 0.1.00		
Sun	12.00	23.00			

**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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	12.00	23.00	<b>Please give further details here</b> (please read guidance note 4)  MUSIC WILL BE AMPLIFIED	Both	<input type="checkbox"/>
Tue	12.00	23.00			
Wed	12.00	23.00	<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)  NONE		
Thur	12.00	23.00			
Fri	12.00	23.30	<b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		
Sat	12.00	23.30			
Sun	12.00	23.00			

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Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	12.00	23.00	Please give further details here (please read guidance note 4)  MUSIC WILL BE AMPLIFIED	Both	<input type="checkbox"/>
Tue	12.00	23.00			
Wed	12.00	23.00	State any seasonal variations for the performance of live music (please read guidance note 5)  NONE		
Thur	12.00	23.00			
Fri	12.00	24.00	Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 6)  CHRISTMAS EVE 0.100 NEW YEARS EVE 0.100 PRIVATE PARTIES 0.100		
Sat	12.00	24.00			
Sun	12.00	23.00			

F

14

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – <u>please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finis h		Outdoors	<input type="checkbox"/>
Mon	12:00	23:00	Please give further details here (please read guidance note 4)  MUSIC WILL BE AMPLIFIED	Both	<input type="checkbox"/>
Tue	12:00	23:00			
Wed	12:00	23:00	State any seasonal variations for the playing of recorded music (please read guidance note 5)  NONE		
Thur	12:00	23:00			
Fri	12:00	24:00	Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 6)  CHRISTMAS EVE 01:00 NEW YEARS EVE 01:00 PRIVATE PARTIES 01:00		
Sat	12:00	24:00			
Sun	12:00	23:00			



G

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Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	12:00	23:00	<b>Please give further details here</b> (please read guidance note 4)  MUSIC WILL BE AMPLIFIED		
Tue	12:00	23:00			
Wed	12:00	23:00	<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)  NONE		
Thur	12:00	23:00			
Fri	12:00	23:30	<b>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		
Sat	12:00	23:30			
Sun	12:00	23:00			

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)		
Thur			NONE		
Fri	23.00	24.00	<b>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</b> (please read guidance note 6)		
Sat	23.00	24.00	NEW YEARS EVE <sup>23.00</sup> → 01.00		
			CHRISTMAS EVE 23.00 → 01.00		
Sun			PRIVATE PARTIES 23.00 → 01.00		

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):

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Name	LLANFAIK WATERDINE COMMUNITY TRUST
Date of birth	N/A
Address	C.O. [REDACTED]
Postcode	[REDACTED]
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).

N/A



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	08.00	23.30	<p><b>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</b> (please read guidance note 6)</p> <p>CHRISTMAS EVE 12.00 To 01:00</p> <p>NEW YEARS EVE 12.00 To 01:00</p> <p>PRIVATE PARTIES 12.00 To 01:00</p>
Tue	08.00	23.30	
Wed	08.00	23.30	
Thur	08.00	23.30	
Fri	08.00	00.30	
Sat	08.00	00.30	
Sun	08.00	23.30	

M

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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)**

**b) The prevention of crime and disorder**

THE PREMISES WILL HAVE A ZERO TOLERANCE TO DRUGS POLICY. WE SHALL DISPLAY NOTICES AT ALL ENTRANCES ADVISING ATTENDEES THAT THE POLICE WILL BE INFORMED IF ANYONE IS FOUND IN POSSESSION. WE WILL MAKE ARRANGEMENTS WITH THE POLICE FOR COLLECTION OF ANY ITEMS AS SOON AS THEY ARE FOUND.

**c) Public safety**

WE WILL ENSURE ALL FIRE SAFETY PROCEDURES ARE IN PLACE, AND CHECKED REGULARLY, TO ENSURE THE OUTDOOR LIGHTING IS SUFFICIENT WHEN ~~LEAV~~ LEAVING THE PREMISES.

**d) The prevention of public nuisance**

WE WILL HAVE NOTICES DISPLAYED AT ALL EXITS REQUESTING THE PUBLIC LEAVE THE PREMISES QUIETLY. ALL WINDOWS AND DOORS WILL BE CLOSED EXCEPT FIRE EXITS AT 23.00

**e) The protection of children from harm**

ALL PERSONS MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT UNDER 18. A CHALLENGE 25 POLICY WILL BE IMPLEMENTED WITH APPROPRIATE SIGNAGE DISPLAYED AT THE POINT OF SALE. IDENTIFICATION - WILL BE ASKED FOR - I.E. PASSPORT, DRIVING LICENCE, PHOTO CARD

Please tick to indicate agreement

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- 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)

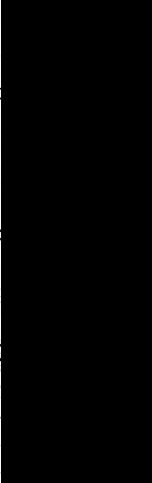




**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li><li>• The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, 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)</li></ul>
Signature	
Date	5 <sup>th</sup> NOVEMBER 2020
Capacity	LLANFAIR WATERLOO COMMUNITY TRUST TRUSTEE

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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	15 <sup>th</sup> November 2020
Capacity	TRUSTEE

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

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



# Licensing Act 2003

## Public Site Notice

Notice is Hereby Given that I/We

LLANFAIR WATERDINE COMMUNITY TRUST

of LLANFAIR WATERDINE.

have made an application for a ~~premises licence~~  
~~premises certificate~~ held at:

THE COMMUNITY PAVILION LLANFAIR WATERDINE.

For the following days/hours:

	Licensable Activities		Opening Hours	
	From:	To:	From:	To:
Monday	12.00	23.00	08.00	23.30
Tuesday	12.00	23.00	08.00	23.30
Wed	12.00	23.00	08.00	23.30
Thurs	12.00	23.00	08.00	23.30
Friday	12.00	24.00	08.00	00.30
Sat	12.00	24.00	08.00	00.30
Sun	12.00	23.00	08.00	23.30

Or alterations to conditions, site plans as follows:

N/A.

Any persons wishing to make comments must do so in writing to the Licensing Team, Shropshire Council, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND or [licensing@shropshire.gov.uk](mailto:licensing@shropshire.gov.uk) **within 28 days** from the date of this notice. Applications can be viewed during normal office hours at the above address and [www.shropshire.gov.uk](http://www.shropshire.gov.uk)).

Dated: 10<sup>th</sup> NOVEMBER 2020

It is an offence under Section 158 of the Licensing Act 2003, knowingly or recklessly to make a false statement in connection with an application and the maximum fine for which a person is liable on summary conviction for the offence is unlimited.