

Licensing Team  
Business and Consumer Protection Service  
Shropshire Council  
Shirehall  
Abbey Foregate  
Shrewsbury  
SY2 6ND



[www.shropshire.gov.uk](http://www.shropshire.gov.uk)  
0345 678 9026

## 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 RB SHREWSBURY LTD**

*(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 UNIT 1 THORNES HALL 28 CASTLE STREET			
Post town	SHREWSBURUY	Postcode	SY1 2BQ
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£12,250	

## 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  | x                        | 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 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) |
| g)  | a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales   | <input type="checkbox"/> | 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 | <input type="checkbox"/> | please complete section (B) |
| h)  | the chief officer of police of a police force in England and Wales  | <input type="checkbox"/> | 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 x

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 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)			

**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 RB SHREWSBURY LTD
Address RED BRICK UNIT 1 THORNES HALL CASTLE STREET SHREWSBURY SHROPSHIRE. SY1 2BQ
Registered number (where applicable) 16029886
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	8	0 4 2 0 2 5

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 venue spans two floors, offering versatile and inviting spaces.

**Main Floor:** An open-concept bar and kitchen area with a dedicated ordering point. Seating is thoughtfully arranged by the windows and around the bar, complemented by additional tables on the main floor, creating a dynamic and social atmosphere. External Seating will fall with the deeds of the building.

**Basement:** Currently featuring an open space with a corridor leading to restrooms and a fire exit at the rear of the building. The area will be furnished with tables and chairs, comfortably accommodating up to 30 guests.

The ability to sell alcohol both on and off the premises is essential for maximizing the business's potential and catering to a diverse customer base.

**On-Premises Sales:** Serving alcohol on-site enhances the overall dining and social experience, attracting customers who want to relax and enjoy a drink with their meal or during events.

**Off-Premises Sales:** Allowing alcohol sales to-go enables us to offer packaged beverages, such as craft beers, wines, or specialty drinks, which complements our food offerings. This is particularly valuable for customers who wish to purchase drinks to enjoy at home or as part of takeaway meals.

By offering both on and off-premises alcohol sales, we can meet customer expectations, increase revenue, and enhance the business's appeal as a versatile and dynamic venue.

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)  | <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)   | x                        |
| f) recorded music (if ticking yes, fill in box F)   | x                        |
| 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)

x

**Supply of alcohol** (if ticking yes, fill in box J)

x

**In all cases complete boxes K, L and M**

A

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

## B

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

# C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b><u>Please give further details</u></b> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5)
Wed			
Thur			<b><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></b> (please read guidance note 6)
Fri			
Sat			
Sun			



## D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue					
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Thur					
Fri			<b><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></b> (please read guidance note 6)		
Sat					
Sun					

# E

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	x
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	-----	-----	<b><u>Please give further details here</u></b> (please read guidance note 4) Live DJ's and Musicians to play until times specified on the left.		
Tue	-----	-----			
Wed	-----	-----	<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 5)		
Thur	-----	-----			
Fri	2300-----	0030-----	<b><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></b> (please read guidance note 6) Christmas Eve, Day, Boxing Day, New Years Eve and Bank Holidays extended times to 01:30		
Sat	2300-----	0030-----			
Sun	-----	-----			

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4) Recorded amplified music indoors		
Mon					
Tue			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Wed	2300	0000			
Thur	2300	0000	<b><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></b> (please read guidance note 6) Christmas Eve, Day, Boxing Day, New Years Eve and Bank Holidays extended times to 01:30		
Fri	2300	0100			
Sat	2300	0100			
Sun	2300	0000			

# G

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

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> 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	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)		
Fri					
Sat			<b><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></b> (please read guidance note 6)		
Sun					

# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late-night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 4) Food & Hot Beverages to be purchased		
Tue					
Wed	2300	0000	<b>State any seasonal variations for the provision of late-night refreshment</b> (please read guidance note 5)		
Thur	2300	0000			
Fri	2300	0100	<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) Christmas Eve, Day, Boxing Day, New Years Eve and Bank Holidays extended times to 01:30		
Sat	2300	0100			
Sun	2300	0000			

# J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	x
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Mon	1000	2230			
Tue	1000	2230			
Wed	1000	2330			
Thur	1000	2330	<b>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</b> (please read guidance note 6) Christmas Eve, Day, Boxing Day, New Years Eve and Bank Holidays extended times to 01:30		
Fri	0900	0030			
Sat	0900	0030			
Sun	0900	2330			

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 Zak Hammond**



**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**



# L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b><u>State any seasonal variations</u></b> (please read guidance note 5)
Day	Start	Finish	
Mon	0600	2300	
Tue	0600	2300	
Wed	0600	0000	
Thur	0600	0000	
Fri	0600	0100	
Sat	0600	0100	
Sun	0600	0000	<b><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></b> (please read guidance note 6) Christmas Eve, Day, Boxing Day, New Years Eve and Bank Holidays extended times to 02:00

# 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)**

- CCTV will be installed both inside and outside the premises to ensure comprehensive surveillance.
- Clear zero-tolerance signage against crime, antisocial behavior, and drug use will be prominently displayed throughout the venue.
- Large groups will be carefully monitored, with access granted only when deemed safe.
- The business will actively participate in local safety initiatives, including the Shop Radio and Pub Watch schemes.
- The **Challenge 25** policy will be strictly enforced, with accurate records maintained of all challenge events.
- A Personal Licence Holder or Designated Premises Supervisor (DPS) will be on-site at all times, ensuring effective management and compliance.
- Ongoing staff training will be conducted regularly to promote safety and reduce the risk of crime and disorder.

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

Two licensed door supervisors will be present on-site during Friday and Saturday nights, as well as on key dates such as bank holidays.

A strict zero-tolerance policy towards abusive behavior, crime, and drug use will be enforced. All incidents will be documented in an on-site log and reported to the police as necessary.

## **c) Public safety**

Appropriate fire safety procedures are in place including fire extinguishers (foam, H2O and CO2), fire blanket, internally illuminated fire exit signs, numerous smoke detectors and emergency lighting.

All appliances are electric and inspected annually.

All emergency exits shall be kept free from obstruction at all times.

## **d) The prevention of public nuisance**

Outside seating areas will be regularly monitored, with clear signage reminding patrons to respect neighbors and keep noise to a minimum. Those not adhering to these guidelines will be directed indoors or asked to leave if causing a disturbance.

Notices will also be prominently displayed at exits, encouraging customers to be mindful of noise when leaving the premises.

Door supervisors will be present on Friday and Saturday evenings, as well as during key events such as bank holidays, to support noise management and ensure compliance.

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

Individuals under 18 will not be permitted on-site after 10 pm. After 7 pm, they will only be allowed if accompanied by an adult and consuming food.

A register of refused sales will be maintained on the premises as part of the **Challenge 25** policy, ensuring compliance and accountability.

**Checklist:**

**Please tick to indicate agreement**

- |  |   |
|--|---|
| ■ I have made or enclosed payment of the fee.  | x |
| ■ I have enclosed the plan of the premises.  | x |
| ■ I have sent copies of this application and the plan to responsible authorities and others where applicable.  | x |
| ■ I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.   | x |
| ■ I understand that I must now advertise my application.   | x |
| ■ I understand that if I do not comply with the above requirements my application will be rejected.  | x |
| ■ [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). | x |

**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	12/03/2025
Capacity	DIRECTOR

**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	
Capacity	

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