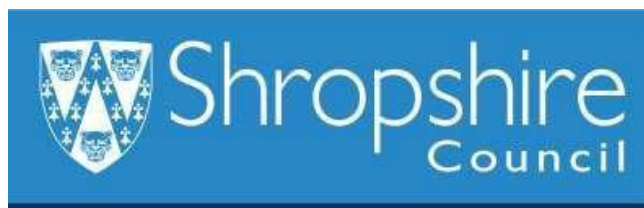


Licensing Team
Business and Consumer Protection Service
Shropshire Council
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND



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 Capital Bars Frankwell 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			
Rowley's Mansion Courtyard Barker Street			
Post town	Shrewsbury	Postcode	SY11QJ

Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	£ 1,500

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 checked="" 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 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 | <input checked="" type="checkbox"/> |
| I am making the application pursuant to a | |
| statutory function or | <input type="checkbox"/> |
| a function discharged by virtue of Her Majesty's prerogative | <input type="checkbox"/> |

(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 Capital Bars Frankwell Ltd
Address Unit C11, Tweedale Industrial Estate, Madeley, Telford, TF7 4JR
Registered number (where applicable) 12095842
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
2	5	072025

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)

- Outdoor café bar area located in courtyard adjacent to Rowley's Mansion.
- Served by one trailer-based mobile bar and one mobile food outlet.
- Seating for customers to consume food and drink.
- Alcohol to be available up until 23:00 hours after which the bar will close and only food available with access to seating to be restricted to only those customers waiting for food to be prepared.
- Decorative fencing and planting to restrict access to the courtyard.
- Non-permanent installation of covering to protect customers from inclement weather.
- CCTV cameras providing 24hr coverage with recordings retained for minimum of 30 days.
- SIA-registered security personnel to monitor area during busy trading periods.

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)			<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	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			<u>Will the exhibition of films 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 exhibition of films</u> (please read guidance note 5)		
Wed					
Thur			<u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Fri					
Sat					
Sun					

C

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			
Fri			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 6)
Sat			
Sun			

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	<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					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live 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 performance of live music</u> (please read guidance note 5)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

F

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) N/A		
Mon					
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) N/A		
Thur					
Fri					
Sat			<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) N/A		
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"/>
				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 performance of dance</u> (please read guidance note 5)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

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 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					

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	23:00	03:00	<u>Please give further details here</u> (please read guidance note 4) Provision of takeaway food items for customers leaving nearby venues. Seating to be restricted to customers waiting for food so as not to unnecessarily delay dispersal from town centre.		
Tue	23:00	03:00			
Wed	23:00	03:00	<u>State any seasonal variations for the provision of late-night refreshment</u> (please read guidance note 5) N/A		
Thur	23:00	03:00			
Fri	23:00	05:00	<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) N/A		
Sat	23:00	05:00			
Sun	23:00	03:00			

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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5) N/A		
Mon	11:00	23:00			
Tue	11:00	23:00			
Wed	11:00	23:00			
Thur	11:00	23:00	<u>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</u> (please read guidance note 6) N/A		
Fri	11:00	23:00			
Sat	11:00	23:00			
Sun	11:00	23:00			

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):

Name David Gregg



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

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	08:00	03:00	
Tue	08:00	03:00	
Wed	08:00	03:00	
Thur	08:00	03:00	
Fri	08:00	05:00	<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)
Sat	08:00	05:00	
Sun	08:00	03:00	

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)

The premises will maintain 24-hour CCTV coverage with recordings retained for a minimum of 30 days and deploy SIA-registered security staff during busy periods based on risk assessments, using tally counters to manage capacity and the Arcangel Logbook to record incidents, refusals, and customer numbers. All staff will be trained to the Licensing SAVI standard, covering areas such as Challenge 25, spiking awareness, and vulnerability protocols, with clear signage displayed to communicate these policies. The licensee will participate in the Shrewsbury Pubwatch Scheme.

A Fire Risk Assessment will be conducted, electrical systems checked, glassware regularly cleared, and food traders verified for hygiene compliance.

The venue will use signage and staff to encourage quiet dispersal, conduct daily and ongoing litter sweeps, and limit music volume.

A Challenge 25 policy will be enforced with specified ID requirements and appropriate signage, with access restrictions for unaccompanied minors after 18:00 hours.

b) The prevention of crime and disorder

- CCTV cameras providing 24hr coverage with recordings retained for minimum of 30 days.
- SIA-registered security personnel to monitor area during busy trading periods, deployment to be determined by risk assessment carried out by management.
- Use of Arcangel Logbook to record incidents, refusals, ejections and customer numbers when security personnel on duty.
- Tally counters to be utilised by security personnel to prevent overcrowding.
- All staff to be fully trained to Licensing SAVI standard to include (but not exhaustive) "Don't Do Drunk", Challenge 25, Spiking Awareness, Vulnerability Awareness, Drugs Policy.
- Clear signage displayed to communicate that Challenge 25 and other appropriate initiatives in place.
- Licensee to be a member of Shrewsbury Pubwatch Scheme.

c) Public safety

- Complete Fire Risk Assessment to determine safe capacity, means of escape, muster points, staff roles in event of an emergency.
- Ensure safety checks carried out on electrical installations.
- Regular and efficient glass collection to prevent accumulation of glassware on tables.
- Ensure food traders possess relevant food hygiene and health and safety certificates.

d) The prevention of public nuisance

- Encourage customers to leave the area quietly late at night through use of signage and staff interactions.
- Limit amount of seating available after 23:00 hours to that necessary for customers waiting for food to be prepared.
- Food to be available for takeaway only after 23:00 hours.
- Carry out a thorough litter sweep prior to open, and after close, each day the venue operates, as well as regular litter sweeps during trade.
- Limit volume of any music played (live or recorded) so as not to cause a nuisance.
- Encourage dispersal of customers from venue at close (whilst identifying any vulnerable persons).

e) The protection of children from harm

- Implement a "Challenge 25" policy where anyone appearing to be below the age of 25 is required to prove they are at least 18 years of age. Appropriate signage displayed at point of sale and all refusals logged and retained along with training records for all staff for inspection by authorised bodies on request.
- Acceptable forms of identification limited to Driving Licence, Passport, Military Identity Card or Age Verification Cards containing the PASS hologram.
- Persons aged 16 and 17 only to be allowed unaccompanied in the premises up to 18:00 hours, thereafter they must be accompanied by an appropriate and responsible adult. Persons under 16 must be always accompanied by an appropriate and responsible adult.

Checklist:

Please tick to indicate agreement

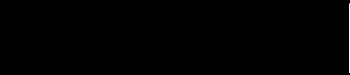
- I have made or enclosed payment of the fee. ☒
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I have enclosed the consent form completed by the individual I wish to be designated premises 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)

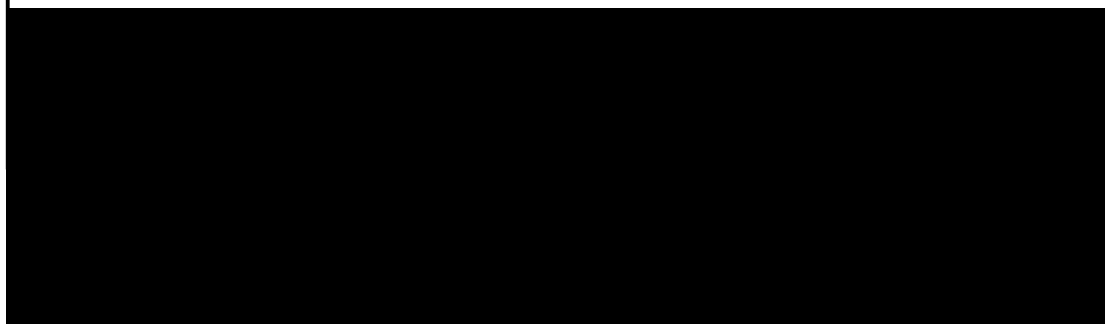
Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

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		
Date	13/06/2025	
Capacity	Manager	

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)


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