

Application Received

14 MAR 2018

Licensing Team

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 LOUISE KATHRYN STONEBRIDGE
(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 HIDEOUT CAFE
NORTH BEACH CAR PARK
CAS LANE

Post town

TENBY

Postcode

SA70 8AG

Telephone number at premises (if any)

01834 845928

Non-domestic rateable value of premises

£5,900

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

AS SOON AS POSSIBLE

| | | |
|----|----|------|
| DD | MM | YYYY |
| | | |

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)

IT IS A SINGLE STOREY CAFE STYLE PROPERTY, WITH OUTSIDE AREAS, CLEARLY MARKED ON ACCOMPANYING PLAN. PUBLIC ACCESS THROUGH A SINGLE DOOR, SITUATED IN MIDDLE FRONT WALL OF THE PREMISES. CONSISTING OF: A SEATING AREA, WITH 6 TABLES, 20 CHAIRS & 2 BENCHES AT THE RIGHT OF THE ENTRANCE. TO THE LEFT IS THE KITCHEN/PREPARATION AREA. A SEPERATE UNISEX/DISABLED TOILET WITHIN THE PROPERTY. OUTSIDE SEATING AREA, TO THE LEFT, FRONT & RIGHT OF THE PROPERTY FOR UPTO 72 PERSONS. TO OPERATE INCLUSIVE OF THE LICENCE

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 |
|-----|

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) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| 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)

☐

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"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| Day | Start | Finish | | Both | <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 4) | | |
| | | | | | |
| 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) | | |
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| Sat | | | | | |
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| Sun | | | | | |
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B

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|---|-------|--------|---|----------|--------------------------|
| Films Standard days and timings (please read guidance note 7) | | | Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | Please give further details here (please read guidance note 4) | | |
| Mon | | | | | |
| | | | | | |
| Tue | | | | | |
| | | | State any seasonal variations for the exhibition of films (please read guidance note 5) | | |
| Wed | | | | | |
| | | | | | |
| Thur | | | | | |
| | | | 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) | | |
| Fri | | | | | |
| | | | | | |
| Sat | | | | | |
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| Sun | | | | | |
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|--|-------|--------|---|
| Indoor sporting events Standard days and timings (please read guidance note 7) | | | <u>Please give further details</u> (please read guidance note 4) |
| Day | Start | Finish | |
| Mon | | | |
| Tue | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5) |
| Wed | | | |
| Thur | | | |
| 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 | | | |
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|--|-------|--------|--|----------|--------------------------|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 7) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 4) | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thur | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | <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) | | |
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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 type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| Day | Start | Finish | | | Both | <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 4) | | | |
| | | | | | | |
| Tue | | | | | | |
| | | | | | | |
| Wed | | | State any seasonal variations for the performance of live music (please read guidance note 5) | | | |
| | | | | | | |
| Thur | | | | | | |
| | | | | | | |
| Fri | | | 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) | | | |
| | | | | | | |
| Sat | | | | | | |
| | | | | | | |
| Sun | | | | | | |
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|--|-------|--------|---|--|----------|--------------------------|
| Recorded music Standard days and timings (please read guidance note 7) | | | Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3) | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| Day | Start | Finish | Both <input type="checkbox"/> | | | |
| Mon | | | | | | |
| Tue | | | <u>Please give further details here</u> (please read guidance note 4) | | | |
| | | | | | | |
| Wed | | | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) | | | |
| | | | | | | |
| Thur | | | <u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 6) | | | |
| | | | | | | |
| Fri | | | | | | |
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| Sat | | | | | | |
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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 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 | | | | | |
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|--|-------|--------|--|-----------------------------------|
| Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7) | | | Please give a description of the type of entertainment you will be providing | |
| Day | Start | Finish | <u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors <input type="checkbox"/> |
| Mon | | | | Outdoors <input type="checkbox"/> |
| | | | | Both <input type="checkbox"/> |
| Tue | | | <u>Please give further details here</u> (please read guidance note 4) | |
| | | | | |
| Wed | | | | |
| Thur | | | <u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5) | |
| | | | | |
| Fri | | | | |
| Sat | | | <u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 6) | |
| | | | | |
| Sun | | | | |

I

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

J

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|--|-------|--------|---|---------------------|--------------------------|
| 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"/> |
| Day | Start | Finish | Both <input checked="" type="checkbox"/> | | |
| Mon | 09.00 | 16.30 | <u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5) BETWEEN 1 ST JULY & 30 TH SEPTEMBER EVERY YEAR BETWEEN 09.00 & 19.00 HOURS | | |
| Tue | 09.00 | 16.30 | | | |
| Wed | 09.00 | 16.30 | | | |
| Thur | 09.00 | 16.30 | <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) | | |
| Fri | 09.00 | 16.30 | | | |
| Sat | 09.00 | 16.30 | | | |
| Sun | 09.00 | 16.30 | | | |

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 | [REDACTED] |
| Date of birth | [REDACTED] |
| Address | [REDACTED] |
| Postcode | [REDACTED] |
| Personal licence number (if known) | PERS/ [REDACTED] |
| Issuing licensing authority (if known) | PEMBROKESHIRE COUNTY COUNCIL |

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).

THERE WILL NOT BE ANY ADULT ENTERTAINMENT
THAT WILL GIVE RISE FOR CONCERN IN
RESPECT OF CHILDREN

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) BETWEEN 1 ST JULY & 30 TH SEPTEMBER EVERY YEAR TIMES BETWEEN 07.00 HRS & 19.30 HOURS |
|---|-------|--------|---|
| Day | Start | Finish | Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 6) |
| Mon | 07.00 | 17.00 | |
| Tue | 07.00 | 17.00 | |
| Wed | 07.00 | 17.00 | |
| Thur | 07.00 | 17.00 | |
| Fri | 07.00 | 17.00 | |
| Sat | 07.00 | 17.00 | |
| Sun | 07.00 | 17.00 | |

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)

NO ADDITIONAL STEPS ARE PROPOSED TO BE TAKEN/MADE, OTHER THAN THOSE SET OUT IN PARAS b-e, BELOW AS IT IS THE CONTENTION OF THE APPLICANT THAT SUCH PROPOSALS FULLY COVER THE PROMOTION OF ALL FOUR OF THE LICENSING OBJECTIVES IN RESPECT OF THE PREMISES WHICH ARE THE SUBJECT OF THIS APPLICATION

b) The prevention of crime and disorder

1. THE CCTV SYSTEM PRESENTLY INSTALLED AT THE PREMISES WILL BE OF A STANDARD THAT IS ACCEPTABLE TO PEMBROKESHIRE POLICE. THE RESPONSIBLE PERSON SHALL PRODUCE A COPY OF ANY FOOTAGE TO THE POLICE OR LOCAL AUTHORITY WITHIN 7 DAYS IF REQUIRED.
2. CUSTOMERS WILL NOT BE PERMITTED TO TAKE OPEN CONTAINERS OF ALCOHOL OFF THE PREMISES.
3. FORMS OF REFUSAL WILL BE RETAINED FOR A MINIMUM OF 31 DAYS
4. NOTICES WILL BE DISPLAYED 'CHALLENGE 21', 'ZERO TOLERANCE' ETC

c) Public safety

1. A SUITABLE FIRE RISK ASSESSMENT WILL BE CARRIED OUT AT THE PREMISES ON AN ANNUAL BASIS
2. THE FIRE EXIT DOOR AT THE SIDE OF THE PROPERTY IS CHECKED REGULARLY TO ENSURE IT FUNCTIONS SATISFACTORILY
3. ADEQUATE AND APPROPRIATE FIRST AID EQUIPMENT AND MATERIALS ARE AVAILABLE ON THE PREMISES

d) The prevention of public nuisance

1. PREMISES WILL OPERATE SO NOT TO CAUSE NUISANCE TO NEARBY PROPERTIES. SIGNAGE WILL BE DISPLAYED IN PROMINENT AREAS INFORMING CUSTOMERS TO HAVE REGARD TO THE RESIDENTS WHEN LEAVING THE PREMISES AND EXTERNAL AREA.
2. TERMINATION OF SALE OF ALCOHOL OF 16.30 HOURS IN THE EXTERNAL AREA, AFTER WHICH ONLY SMOKERS WILL BE PERMITTED OUTSIDE.
3. EXTERNAL LIGHTING OPERATED ON A TIMER AND TURNED OFF AT CLOSE OF BUSINESS. WEEKLY WASTE BY PCC REMOVED. LITTER PICKED WITHIN 5M RADIUS

e) The protection of children from harm

1. NO PERSON UNDER 18 YRS OF AGE SHALL BE EMPLOYED ON THE PREMISES EITHER PAID OR UNPAID.
2. STAFF WILL USE THEIR BEST ENDEAVOURS TO ENSURE THAT THE LICENSING OBJECTIVES ARE BEING PROMOTED.
3. CHALLENGE 21 POSTERS IN PROMINENT AREAS
4. ANYONE WHO IS ASKED TO PROVE UNDER 'CHALLENGE 21' CHALLENGED, SALE WILL BE REFUSED AND NOTED IN THE REFUSAL RECORD. ID REQUIRED PHOTO DRIVING LICENCE or PASSPORT.

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.**

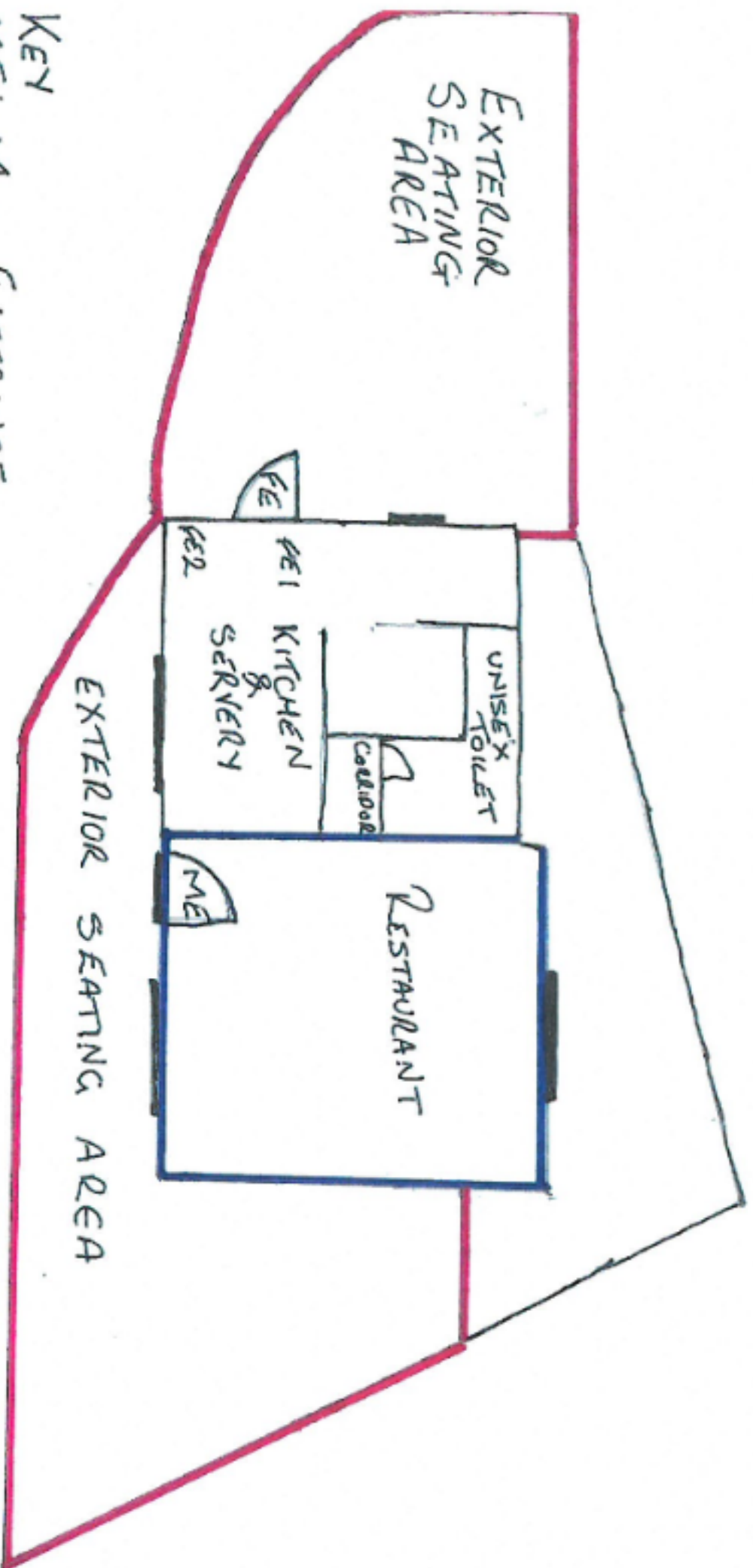
| | |
|--------------------|---|
| Declaration | <ul style="list-style-type: none">• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to 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 | 14 th MARCH 2019 |
| Capacity | MANAGERESS |

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) | | | |



KEY

ME: Main Entrance

FE: Fire Exit

FE1: Fire Extinguisher

FE2: Fire Blanket

—: Area for Sale AND Consumption of Alcohol

—: Area for Consumption of Alcohol

SCALE
1:100