

**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** Bryn Perry

*(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 <b>Fferm Wernllwyd</b> <b>Welsh Hook</b>			
<b>Post town</b>	<b>Haverfordwest</b>	<b>Postcode</b>	<b>SA62 5NN</b>

Telephone number at premises (if any)	<b>N/A</b>
Non-domestic rateable value of premises	<b>£None</b>

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as **appropriate** **Please tick as**

- 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)   | <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 ☒

I am making the application pursuant to a

statutory function or ☐

a function discharged by virtue of Her Majesty's prerogative ☐

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> Perry			<b>First names</b> Bryn James		
<b>Date of birth</b> 27/04/1988		I am 18 years old or over <input checked="" type="checkbox"/>		Please tick yes	
<b>Nationality</b> British					
Current residential address if different from premises address		Same as Premises Address			
Post town				Postcode	
<b>Daytime contact telephone number</b>			07931 922608		
<b>E-mail address (optional)</b>		bryn_perry@hotmail.com			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

**SECOND INDIVIDUAL APPLICANT** (if applicable)

M r <input type="checkbox"/>	Mr s <input type="checkbox"/>	Mis s <input type="checkbox"/>	M s <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b> over		I am 18 years old or		<input type="checkbox"/>	Please tick yes
<b>Nationality</b>					
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?

DD		MM		YYYY			
2	3	0	3	2	0	2	2

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)

Farm house located on farm in Welsh Hook. Alcohol to be stored in locked cupboard in the spare bedroom as outlined in attached plan. No public will be on site and all sales will be via delivery or postage.

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) ☐
- 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

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

## B

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input 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)		
Mon					
Tue					
			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 5)		
Wed					
Thur					
			<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)		
Fri					
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			
			<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)
Thur			
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	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
Tue					
			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Wed					
Thur					
			<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)		
Fri					
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	<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 live music</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 live music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)		
Sat					
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 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 playing of recorded music</u></b> (please read guidance note 5)		
Thur					
Fri			<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)		
Sat					
Sun					

# 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					



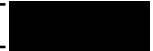

# I

<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 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

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b><u>Will the supply of alcohol be for consumption – please tick</u></b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 5)		
Mon	00:00	00:00			
Tue	00:00	00:00			
Wed	00:00	00:00			
Thur	00:00	00:00	<b><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></b> (please read guidance note 6)  Due to the nature of the business the application is for 24 hours as sales will mainly be via online business website, internet and remote sales and payment booking system as well as by email.  Placed orders will be arranged for pre-agreed delivery time slots or mail order throughout the day.		
Fri	00:00	00:00			
Sat	00:00	00:00			
Sun	00:00	00:00			

**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):**

<b>Name</b> Bryn Perry	
<b>Date of birth</b>	
<b>Address</b> 	
<b>Postcode</b>	
<b>Personal licence number (if known)</b> 	
<b>Issuing licensing authority (if known)</b> 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).

Not Applicable

## L

**Hours premises are open to the public**

Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon		
Tue		
Wed		
Thur		
Fri		
Sat		
Sun		

**State any seasonal variations** (please read guidance note 5)

Not Applicable as no public will be on site.

**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)

## 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 licence holder will comply with the premises licence and undertake any statutory duties placed upon them as required through other relevant statutory legislation ie: Health and Safety, Fire Safety, Food Hygiene – Environmental Health.

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

Due to the nature and location of the business it is not anticipated that there will be any issues of anti-social behaviour or disorder.

There will be no entry to the premises by members of the public – off sales via website, internet and remote sales only.

**c) Public safety**

For the duration of the premises licence there will be in place a suitable and adequate public liability insurance policy for the business.

All staff will be given adequate training in regards to age related sales and asking for appropriate forms of Identification for anyone who appears to be under the age of 18 in line with Licensing Act 2003 requirements. Training will also apply to any delivery drivers employed (directly) through the business.

**d) The prevention of public nuisance**

Due to the nature of the business and being internet, online and remote off sales it is not anticipated that there will be any issues of public nuisance caused by the operation of the business.

There will be no entry to the premises by members of the public.

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

We will comply with the requirements as set out in accordance with the Licensing Act 2003 in relation to age related sales but specifically in respect of :-

**INTERNET SALES:**

The Premises Licence Holder shall ensure that any person who purchases from the site shall complete details at checkout on the site. Such registration details shall include the person's full name, full address, and phone number.

Records of purchasers details shall be kept for a period of 12 months (or as deemed necessary by the business) and shall be produced on the request of the Police or an 'authorised officer' from the Local Authority (to include Licensing, Food Safety and Trading Standards Officer) of Pembrokeshire County Council. The website shall contain a declaration to the fact that purchasers' details will be checked and retained in accordance with the General Data Protection Regulations.

**WEBSITE:**

The terms and conditions of the company website will contain the following: -

- a) The company will not sell alcohol to any person until it has been verified that the person is over 18 years of age.
- b) An age confirmation requirement when first visiting the site.
- c) The only payment acceptable shall be 'PayPal' or bank payment card or any other similar type of payment which requires the person to be aged 18 years old or over to obtain such method of payment.
- d) That no alcohol will be left by the delivery driver if the person at the delivery address appears to be under 18 years of age and is unable to produce appropriate identification.

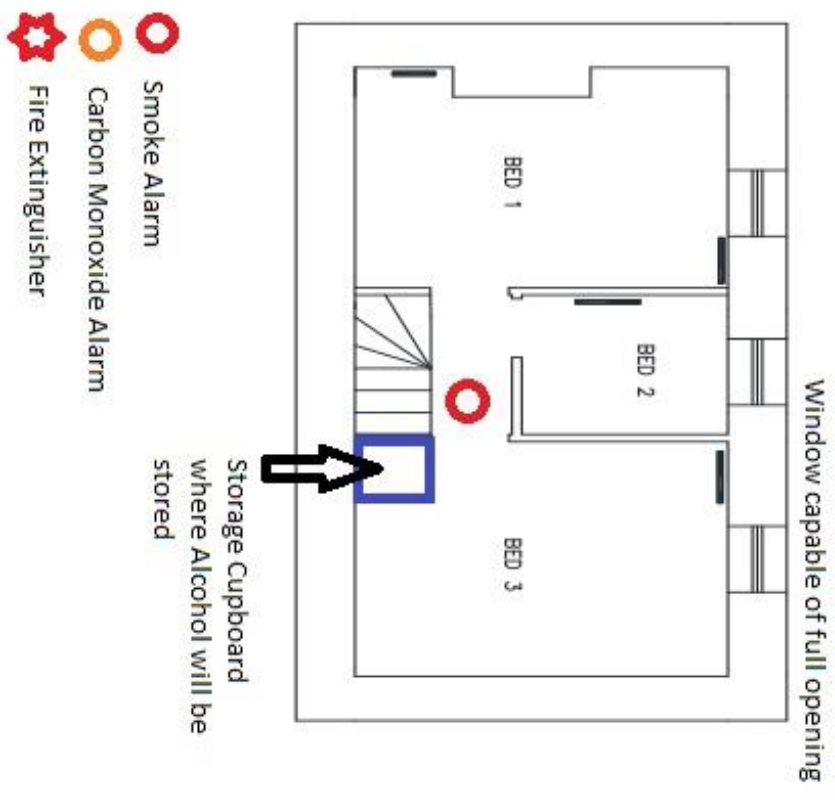
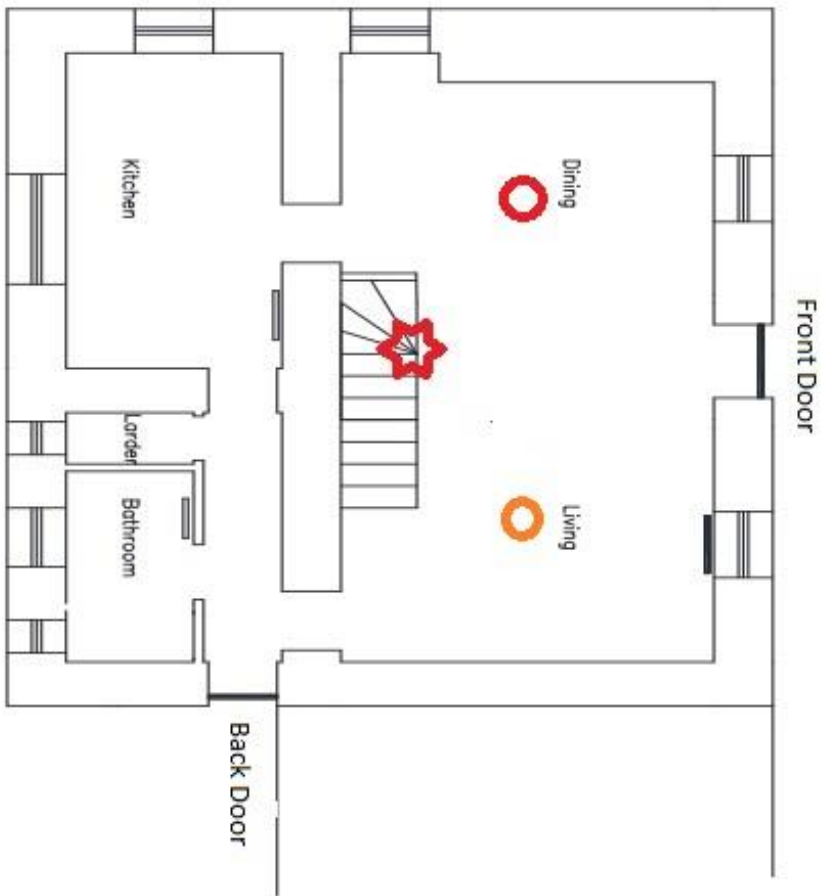
**DELIVERIES:**

The person delivering the alcohol to the premises shall operate an age verification policy and shall require proof of age prior to the alcohol being left with or handed over if they suspect a person to be under the age of 18.

The only acceptable proof of identity shall be a photographic driver's licence, a passport or an Identity Card containing the PASS Hologram. The website shall contain a declaration to this effect.

Where deliveries are undertaken by royal mail/delivery company the age verification checks will be carried out at the point of sale ie: via website, internet age verification procedures.

## Appendix 'A'



## Appendix 'C'

Pembrokeshire County Council  
Cyngor Sir Penfro



### Consent of individual to being specified as premises supervisor

I

**Bryn Perry**

.....  
*[full name of prospective premises supervisor]*

of

Fferm Wernllwyd  
Welsh Hook  
Haverfordwest  
Pembrokeshire  
SA62 5NN

.....  
*[home address of prospective premises supervisor]*

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

*[type]* Off Sales – Fferm Wernllwyd

.....  
*[of application]*

by

**Bryn Perry**

.....  
*[name of applicant]*

relating to a premises licence

.....  
*[number of existing licence, if any]*

for

Fferm Wernllwyd  
Welsh Hook  
Haverfordwest  
Pembrokeshire  
SA62 5NN

.....

and any premises licence to be granted or varied in respect of this application made by

Bryn Perry

-----  
*[name of applicant]*

concerning the supply of alcohol at

Fferm Wernllwyd  
Welsh Hook  
Haverfordwest  
Pembrokeshire  
SA62 5NN

-----  
*[name and address of premises to which application relates]*

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number



-----  
*[insert personal licence number, if any]*

Personal licence issuing authority

Pembrokeshire County Council  
Haverfordwest

-----  
*[insert name and address and telephone number of personal licence issuing authority, if any]*

Signed



Name (please print)

Bryn Perry

Date

23/02/2022