

Application Received

26 JAN 2018

Licensing Team

N/0807

ELECTRONIC

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 Trehale Farm 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			
Trehale Farm Trehale Nr. Mathay			
Post town	Haverfordwest	Postcode	SA62 5HX
Telephone number at premises (if any)		01348 831037	
Non-domestic rateable value of premises		£ 0 (Farm exempt)	

**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 ☐ 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 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)					

**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					
Current postal 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	Trehale Farm Ltd.
Address	Trehale Farm Nr. Mathry Haverfordwest SA62 5HX
Registered number (where applicable)	10205773
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited company
Telephone number (if any)	01348 831087
E-mail address (optional)	trehalefarm@yahoo.co.uk

### Part 3 Operating Schedule

When do you want the premises licence to start?

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)

Premises is an open wooden barn located on Trehale Farm. Sufficient car parking available on site. Will be used for private weddings and similar events, also other organised events.

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)

☐  
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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>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
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>Please give further details here</b> (please read guidance note 4)			
Mon						
Tue						
			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)			
Wed						
Thur						
			<b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</b> (please read guidance note 6)			
Fri						
Sat						
Sun						

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed			
Thur			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 (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	<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>Will the performance of live music 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 checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4) To be played at weddings or similar/other organised events			
Mon	11.00	00.00				
Tue	11.00	00.00				
Wed	11.00	00.00	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)			
Thur	11.00	00.00				
Fri	11.00	00.00	<b>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</b> (please read guidance note 6)			
Sat	11.00	00.00				
Sun	11.00	00.00				

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4) To be played at weddings or other organised events.		
Mon	12.00	00.00			
	00.00	00.30			
Tue	12.00	00.00			
	00.00	00.30			
Wed	12.00	00.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
	00.00	00.30			
Thur	12.00	00.00			
	00.00	00.30			
Fri	12.00	00.00	<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)		
	00.00	00.30			
Sat	12.00	00.00			
	00.00	00.30			
Sun	12.00	00.00			
	00.00	00.30			

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	10:00	00:00	<u>Please give further details here</u> (please read guidance note 4) Possibility that a dance group may wish to perform at an open day or similar event		
Tue	10:00	00:00			
Wed	10:00	00:00	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur	10:00	00:00			
Fri	10:00	00:00	<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)		
Sat	10:00	00:00			
Sun	10:00	00:00			

# 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					

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	00.00	<u>Please give further details here</u> (please read guidance note 4) To be able to serve hot buffets and teas & coffees at private & organised events.		
	00.00	01.00			
Tue	23.00	00.00			
	00.00	01.00			
Wed	23.00	00.00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
	00.00	01.00			
Thur	23.00	00.00			
	00.00	01.00			
Fri	23.00	00.00	<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)		
	00.00	01.00			
Sat	23.00	00.00			
	00.00	01.00			
Sun	23.00	00.00			
	00.00	01.00			

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 type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	Both <input checked="" type="checkbox"/>		
Mon	09.00	00.00	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
	00.00	01.00			
Tue	09.00	00.00			
	00.00	01.00			
Wed	09.00	00.00			
	00.00	01.00			
Thur	09.00	00.00	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 (please read guidance note 6)		
	00.00	01.00			
Fri	09.00	00.00			
	00.00	01.00			
Sat	09.00	00.00			
	00.00	01.00			
Sun	09.00	00.00			
	00.00	01.00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	Adam Rossiter  Vincent
Date of birth	
Address	Trehale Farm Trehale Nr. Mathry
Postcode	SA62 5HX
Personal licence number (if known)	PEMBS/PERS/N/1672
Issuing licensing authority (if known)	PCC

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).

None

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)	
Day	Start	Finish		
Mon	9.00	00.00		
	00.00	01.30		
Tue	9.00	00.00		
	00.00	01.30		
Wed	9.00	00.00		
	00.00	01.30		
Thur	9.00	00.00		<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)
	00.00	01.30		
Fri	9.00	00.00		
	00.00	01.30		
Sat	9.00	00.00		
	00.00	01.30		
Sun	9.00	00.00		
	00.00	01.30		

**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)**

We intend for all our events to be well organised with the appropriate staffing levels to supervise and monitor the event to ensure the 4 licensing objectives are met.

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

Staffing levels will ensure that all our events are carefully monitored. Security staff will be employed at our discretion if we feel the event requires it. We will refuse to serve anyone who is intoxicated.

**c) Public safety**

We have full public liability insurance. The site will be monitored carefully before each event to ensure any potential risks to public safety are minimised, eg. generators fenced off, toilet access adequately lit, gas bottles stored correctly. First aid kit and suitable firefighting equipment kept in accordance with mid & west fire authority. Clear access kept for emergency vehicles.

**d) The prevention of public nuisance**

Noise levels will be closely monitored and kept at an appropriate level. Clear signage will be in place to ensure our guests are clear of our boundaries and stay within this area during any event. Adequate litter and recycling bins will be in place to ensure the site and surrounding area is kept tidy.

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

We will comply with the age restrictions as set out in the licensing act 2003. Also, as we are a family farm and will be holding family events we will have signage in place, reminding parents to be responsible for their own children. We will also assess any risks to children and constantly monitor the whole site.



**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. ☒ email
- ☒ 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 (please read note 15). ☐

**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

**Part 4 – Signatures** (please read guidance note 11)

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

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li><li>• The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)</li></ul>
Signature	
Date	17/01/18
Capacity	Director of Trehale Farm Ltd.

**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	

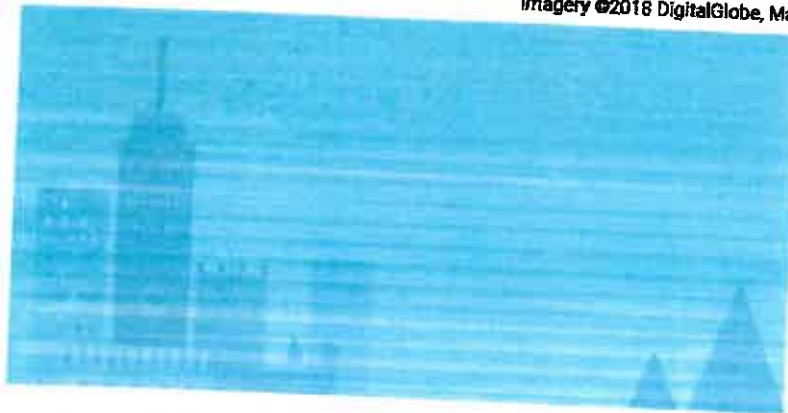
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



Imagery ©2018 DigitalGlobe, Map data ©2018 Google 50 m

Barn  
area

field to be  
licensed for  
performance of  
dance



SA62 5HX

Mathry

Haverfordwest

Postcode

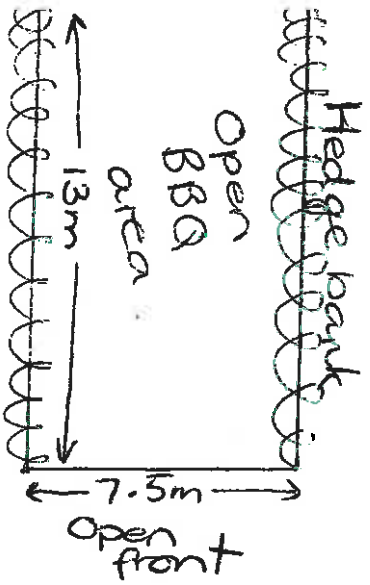


Field for  
Car park

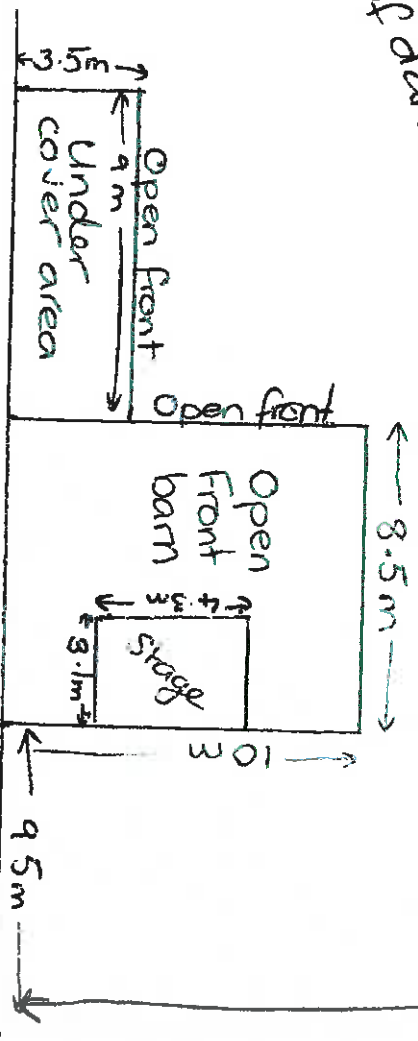
This field to be licensed for  
performance  
of dance  
(See other)  
Field for  
camping

← 60m →

Area to be  
licensed sales  
for alcohol  
for live music  
recorded music  
performance of dance



Entrance



Main lane

Large emergency  
vehicle access

