

Application for a premises licence to be granted
under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

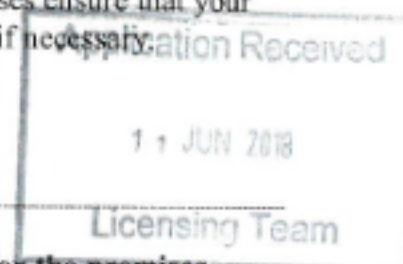
Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/We JJE ENTERPRISES 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			
UNITS 1-3 SOUTH PARADE			
Post town	TENBY	Postcode	SA70 7DG

Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	£TBC - approx £12000

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) |

- 03413574
SINGH KUMAR J
- 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)

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		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
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	JJE ENTERPRISES LTD
Address	12 J SHED KINGS ROAD SWANSEA SA1 8PL
Registered number (where applicable)	07013109
Description of applicant (for example, partnership, company, unincorporated association)	COMPANY
Telephone number (if any)	01792 516206
E-mail address (optional)	

What is the nature of your interest in the premises?

Tenants and operators

Part 3 – Schedule of works

Is the premises

Please tick as appropriate

about to be constructed

☐

being extended or altered

☒

Please give details of the work and please attach plans of the work being done or about to be done at the premises

Complete shop fit to a
Domino's Pizza store - all
internal works

Please give particulars of the premises to which the application relates (please read guidance note

1)

A3 Retail Unit - Ground
Floor Location

Which licensable activities will the premises be used for?

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- a) plays (optional, fill in box A) ☐
- b) films (optional, fill in box B) ☐
- c) indoor sporting events (optional, fill in box C) ☐
- d) boxing or wrestling entertainment (optional, fill in box D) ☐
- e) live music (optional, fill in box E) ☐
- f) recorded music (optional, fill in box F) ☐
- g) performances of dance (optional, fill in box G) ☐
- h) anything of a similar description to that falling within (e), (f) or (g) (optional, fill in box H) ☐

Provision of late night refreshment (optional, fill in box I)



Supply of alcohol (optional, fill in box J)



Complete boxes K, L and M (optional)

Part 4 – OPTIONAL – you may fill in this section if you choose to

General description of premises (please read guidance note 1)

A3 Retail unit - Green Food
LOCATION

A

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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
			State any seasonal variations for performing plays (please read guidance note 5)		
Wed					
Thur					
			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)		
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)			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"/>
					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 performance of live music (please read guidance note 5)			
Wed						
Thur						
			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)			
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)		
Mon					
Tue			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Wed			<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)		
Thur					
Fri					
Sat					
Sun					

G

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	Please give further details here (please read guidance note 4)		
Mon					
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur					
Fri			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 (please read guidance note 6)		
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"/>
			For DELIVERY ONLY	Outdoors <input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>	
Mon	11.00	23.00	Please give further details here (please read guidance note 4) TO DELIVER ORDERS TO CUSTOMERS UP TO MIDNIGHT ON FRIDAY + SATURDAY NIGHT ONLY	
Tue	11.00	23.00		
Wed	11.00	23.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5) NONE	
Thur	11.00	23.00		
Fri	11.00	00.00	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 (please read guidance note 6) N/A	
Sat	11.00	00.00		
Sun	11.00	23.00		

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

K

<p>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).</p>

L

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

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)

MONITORING EQUIPMENT MANAGER ON
DUTY AT ALL TIMES, PROCEDURES
MANUALS

b) The prevention of crime and disorder

CCTV IN OPERATION
INTRUDER ALARM
PROCEDURE MANUAL FOR STAFF

c) Public safety

- CCTV IN OPERATION
- INTRUDER ALARM
- FIRE ALARM
- PROCEDURES MANUAL FOR STAFF TO
ADHERE TO HEALTH + SAFETY

d) The prevention of public nuisance

CCTV IN OPERATION
INTRUDER ALARM
FIRE ALARM
PROCEDURE MANUAL FOR NOISE + LITTER
CONTROLS

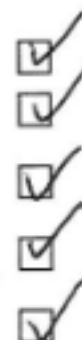
e) The protection of children from harm

CCTV IN OPERATION
INTRUDER ALARM
FIRE ALARM
PROCEDURE MANUAL FOR STAFF TO
ENSURE HEALTH + SAFETY

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I have enclosed the plans of the works to be done at the premises.
- I have sent copies of this application and the plan to responsible authorities and others where 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.



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.

Part 5 – 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.

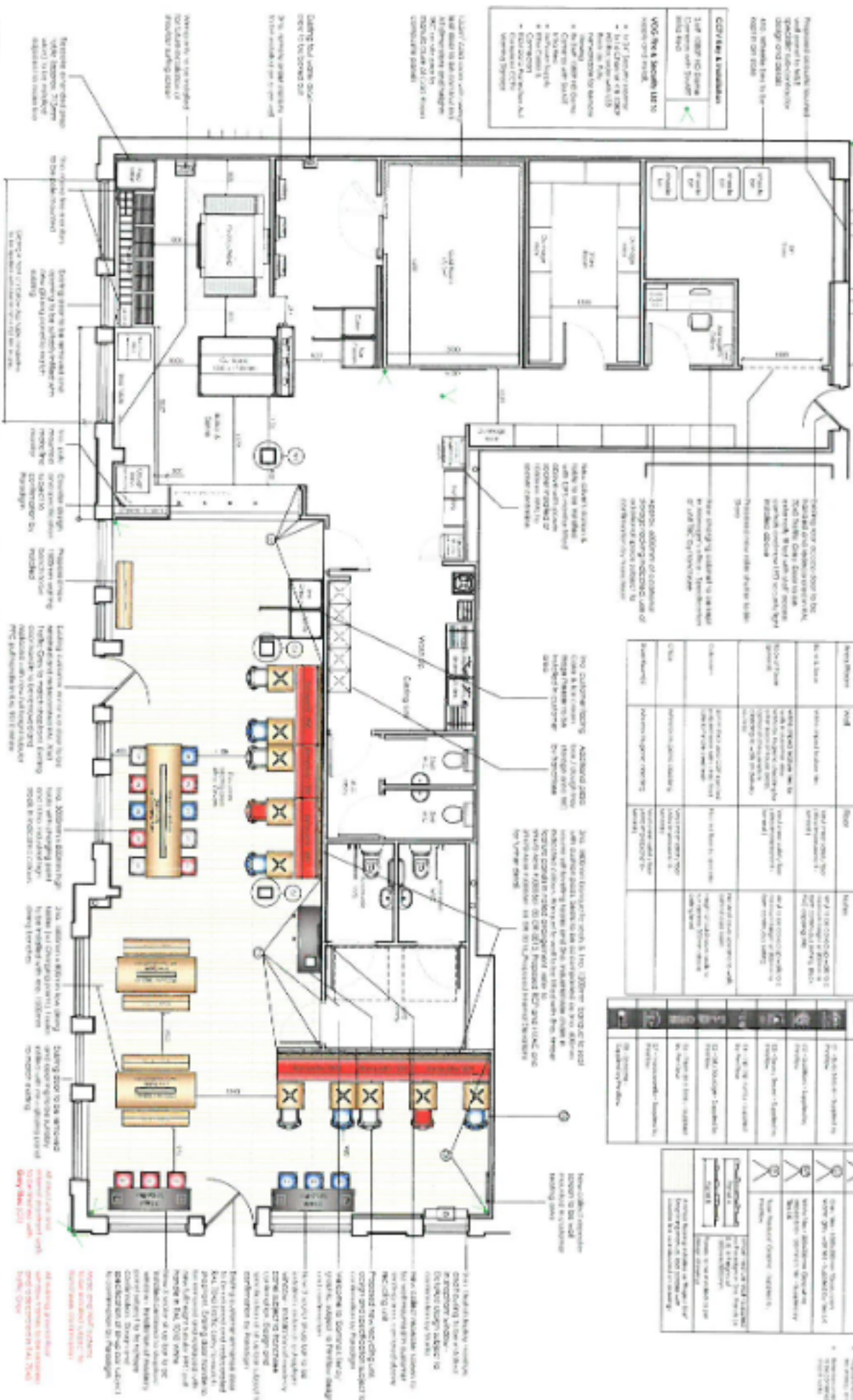
Signature	[Redacted]
Date	31/5/2018
Capacity	DIRECTOR






















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).

[Redacted] JTB ENTERPRISES 12 J SHED KINGS ROAD			
Post town	SWANSEA	Postcode	SA1 8PL
Telephone number (if any)	[Redacted]	[Redacted]	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional).			

[illegible]

Characteristics		Weathering	
	Hardness		Crack Rock - Hammer to 100 lbs.
	Fracture		On the Way 1000-1000 to 1000-1000
	Fracture		On the Way 1000-1000 to 1000-1000
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STOCK HAZARD IDENTIFICATION		NOTES	
<ol style="list-style-type: none"> 1. Identify the hazard associated with a container or material. 2. Determine the hazard associated with the container or material. 3. Determine the hazard associated with the container or material. 4. Determine the hazard associated with the container or material. 5. Determine the hazard associated with the container or material. 6. Determine the hazard associated with the container or material. 7. Determine the hazard associated with the container or material. 8. Determine the hazard associated with the container or material. 9. Determine the hazard associated with the container or material. 10. Determine the hazard associated with the container or material. 	   	<ol style="list-style-type: none"> 1. Determine the hazard associated with the container or material. 2. Determine the hazard associated with the container or material. 3. Determine the hazard associated with the container or material. 4. Determine the hazard associated with the container or material. 5. Determine the hazard associated with the container or material. 6. Determine the hazard associated with the container or material. 7. Determine the hazard associated with the container or material. 8. Determine the hazard associated with the container or material. 9. Determine the hazard associated with the container or material. 10. Determine the hazard associated with the container or material. 	<ol style="list-style-type: none"> 1. Determine the hazard associated with the container or material. 2. Determine the hazard associated with the container or material. 3. Determine the hazard associated with the container or material. 4. Determine the hazard associated with the container or material. 5. Determine the hazard associated with the container or material. 6. Determine the hazard associated with the container or material. 7. Determine the hazard associated with the container or material. 8. Determine the hazard associated with the container or material. 9. Determine the hazard associated with the container or material. 10. Determine the hazard associated with the container or material.

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