

12 MAY 2026

Digital Mail Room

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 LAWSON JAMES OWEN
(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 NOLTON STABLES, NOLTON, HAVERFORDWEST PEMBROKESHIRE,			
Post town	HAVERFORDWEST	Postcode	SAG2 3NW

Telephone number at premises (if any)	01437 710360
Non-domestic rateable value of premises	£ 10,000

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)

Pembrokeshire
County Council
15 MAY 2025

- 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)

M <input type="checkbox"/>	Mr <input checked="" type="checkbox"/>	Mi <input type="checkbox"/>	M <input type="checkbox"/>	Other Title (for example, Rev)
r	s	ss	s	
Surname OWEN		First names LAUSON JAMES		
Date of birth	[REDACTED]	I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes		
Nationality	[REDACTED]			
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)

M <input type="checkbox"/>	Mr <input type="checkbox"/>	Mi <input type="checkbox"/>	M <input type="checkbox"/>	Other Title (for example, Rev)
r	s	ss	s	
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?

DD MM YYYY
17 06 20 26

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)

BARN, COURT YARD AND ON OCCASION TIPPZ/STRETCH TENT.
USING TIPPZS BOTH IN DOORS AND OUT - DEPENDING ON WEATHER. WOULD LIKE THE ABILITY TO MOVE MOBILE BAR AROUND THE WHOLE SITE DEPENDING ON EVENT. OUR LARGE OUTDOOR SCREEN COULD BE SITED IN A FEW DIFFERENT LOCATIONS ON THE SITE.

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)			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)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>	
Day	Start	Finish		Outdoors	<input type="checkbox"/>	
Mon			Please give further details here (please read guidance note 4) LARGE SCREEN IN COURT YARD, DON'T PLAN ON DOING MORE THAN 28 DAYS IN A YEAR. WOULD LIKE TO SHOW SOME SPORTING EVENTS.	Both	<input checked="" type="checkbox"/>	
Tue	12.00	23.00				
Wed				State any seasonal variations for the exhibition of films (please read guidance note 5) MAINLY SCHOOL HOLIDAY PERIODS.		
Thur	12.00	23.00				
Fri	12.00	23.00		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) IN THE EVENT OF THE TRANSMISSION OF ANY RECOGNIZED INTERNATIONAL SPORTING EVENT, LOOKING TO COMMENCE SALE OF ALCOHOL ONE HOUR BEFORE THE EVENT AND END ONE HOUR AFTER THE EVENT HAS ENDED.		
Sat	12.00	23.00				
Sun	12.00	23.00				

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			<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)
Fri			
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			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur					
Fri			<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)		
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 checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	12.00	23.00	PARTIES AND EVENTS. ACOUSTIC SETS OUTSIDE IN THE DAY. MUSIC IN THE BARNS AFTER 19.00		
Tue	12.00	23.00			
Wed	12.00	00.00	State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	12.00	23.00	MAJOLY SPRING AND SUMMER. SOME CHRISTMAS EVENTS.		
Fri	12.00	00.00	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	12.00	00.00			
Sun	12.00	23.00			

F

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"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) PARTIES AND EVENTS. SMALL SPEAKER FOR BACKGROUND MUSIC IN DAY. MOVING INSIDE FOR MUSIC IN THE EVENING.		
Mon	12.00	23.00			
Tue	12.00	23.00	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Wed	12.00	00.00			
Thur	12.00	23.00			
Fri	12.00	00.00	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 (please read guidance note 6)		
Sat	12.00	00.00			
Sun	12.00	23.00			

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			State any seasonal variations for the performance of dance (please read guidance note 5)		
Wed					
Thur			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)		
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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			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 (please read guidance note 6)		
Sun					

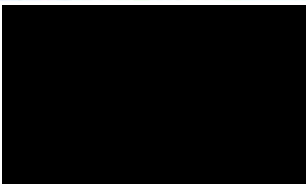

I

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 type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur					
Fri			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)		
Sat					
Sun					

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	12.00	23.00	State any seasonal variations for the supply of alcohol (please read guidance note 5) WILL ONLY BE OPEN WHEN HAVE EVENT/PARTY PLANNED. 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)		
Tue	12.00	23.00			
Wed	12.00	00.00			
Thur	12.00	23.00			
Fri	12.00	23.00			
Sat	12.00	00.00			
Sun	12.00	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	LILY JASHEN OWEN
Date of birth	
Address	
Postcode	
Personal licence number (if known)	PERS/N/2271
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).

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) INTEND TO BE OPEN FOR EVENTS AND PARTIES
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	12.00	23.00	
Tue	12.00	23.00	
Wed	12.00	00.00	
Thur	12.00	23.00	
Fri	12.00	23.00	
Sat	12.00	00.00	
Sun	12.00	23.00	

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)

b) The prevention of crime and disorder

ALL OF OUR PARTIES & EVENTS ARE EITHER FAMILY & FRIENDS PARTIES OR TICKETED EVENTS. WE HAVE BEEN OPERATING ON TENS FOR THE LAST 3 YEARS AND AS YET HAVE NOT HAD ANY PROBLEMS WITH CRIME & DISORDER. WE COULD IF REQUIRED INSTAL CCTV. DIARY KEPT AS INCIDENT BOOK.

c) Public safety

WE OPERATE TO A MAXIMUM CAPACITY OF 150 PEOPLE. PRIVATE OR TICKETED EVENTS SO WE KNOW HOW MANY PEOPLE ARE ATTENDING. FIRE SAFETY - CLEAR ESCAPE ROUTES, EMERGENCY LIGHTING, RISK ASSESSMENT, ALL ELECTRICAL AND GAS EQUIPMENT CERTIFIED ANNUALLY. FIRE EXTINGUISHERS, FIRST AIDERS (QUALIFIED STAFF).

d) The prevention of public nuisance

WE HAVE INSTALLED A SOUND CEILING. www.jbsoundceilings.com THIS IS A VERY CLEVER SYSTEM THAT PREVENTS SOUND FROM TRAVELLING WE HAVE HAD IT IN PLACE FOR THE LAST 2 YEARS AND HAVE HAD NO COMPLAINTS FROM NEIGHBOURS. CAR PARKING IS AWAY FROM NEIGHBOURS SO NO ONE IS DISTURBED WHEN EVENT/PARTY FINISHES.

e) The protection of children from harm

STAFF TRAINING, ID REQUIRED IF YOU LOOK UNDER 21.

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	8 th May 2026
Capacity	ASO



North Nolton Farm

Nolton

Sunnybank Cottage

TCB

LB

60.0m

Shell Cottage

South Nolton Farm

Track

Hill Side

Tank

Meadowside

East Nolton Farm

Nolton Stables

Pond

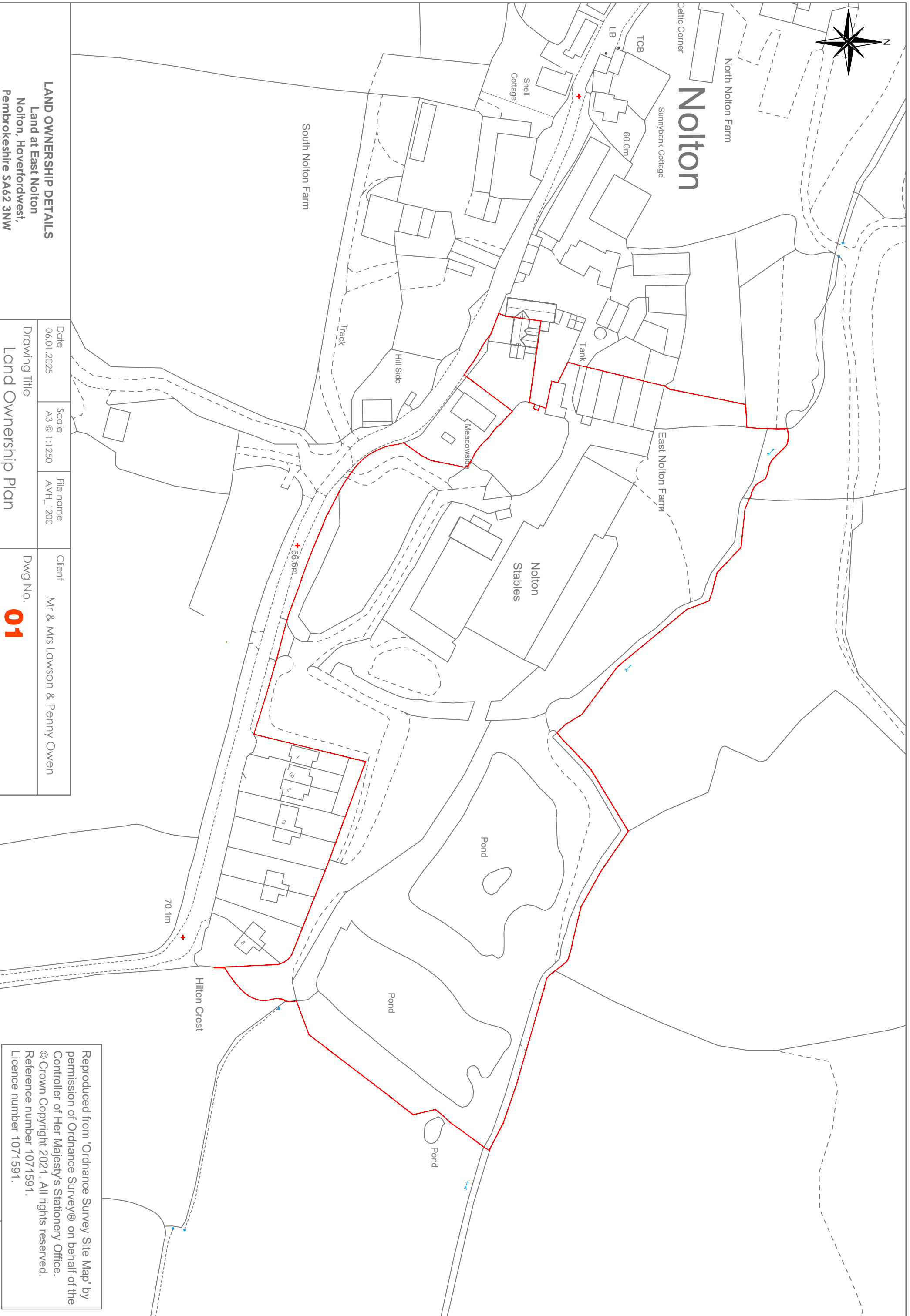
Pond

Pond

70.1m

Hilton Crest

- 7
- 8
- 2
- 5
- 9



LAND OWNERSHIP DETAILS

Land at East Nolton
 Nolton, Haverfordwest,
 Pembrokeshire SA62 3NW

Date
 06.01.2025

Scale
 A3 @ 1:1250

File name
 AVH_1200

Client
 Mr & Mrs Lawson & Penny Owen

Drawing Title
 Land Ownership Plan

Dwg No.
01

Reproduced from 'Ordnance Survey Site Map' by permission of Ordnance Survey® on behalf of the Controller of Her Majesty's Stationery Office.
 © Crown Copyright 2021. All rights reserved.
 Reference number 1071591.
 Licence number 1071591.