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 Neil John Armstrong and Jennifer Louise Rogers
(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

Market Tavern,
15 Pembroke Street,
Pembroke Dock,
Pembrokeshire.

Post town	Pembroke Dock	**Postcode**	SA72 6XH

Telephone number at premises (if any)	None.
Non-domestic rateable value of premises	

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 ☒	Mrs ☐	Miss ☐	Ms ☐	Other Title (for example, Rev)	
Surname Armstrong				**First names** Neil John	
Date of birth [redacted]		I am 18 years old or over ☒		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 ☐	Mrs ☐	Miss ☒	Ms X ☐	Other Title (for example, Rev)	
Surname [redacted]				**First names** [redacted]	
Date of birth [redacted]		I am 18 years old or over	☒ Please tick yes		
Nationality – British					
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	[redacted]				
Post town	[redacted]			Postcode	[redacted]
Daytime contact telephone number	[redacted]				
E-mail address (optional)	[redacted]				

(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: 22

- As soon as possible

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)

Stone built, two storey terraced building situated in Pembroke Dock.
This application is for the ground floor only.

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

<table>
<tr><td colspan="3">Plays
Standard days and timings (please read guidance note 7)</td><td rowspan="2"><u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)</td><td>Indoors</td><td>☐</td></tr>
<tr><td rowspan="2">Day</td><td rowspan="2">Start</td><td rowspan="2">Finish</td><td>Outdoors</td><td>☐</td></tr>
<tr><td colspan="2">Both</td><td>☐</td></tr>
<tr><td>Mon</td><td></td><td></td><td colspan="3" rowspan="2"><u>Please give further details here</u> (please read guidance note 4)</td></tr>
<tr><td>Tue</td><td></td><td></td></tr>
<tr><td>Wed</td><td></td><td></td><td colspan="3" rowspan="2"><u>State any seasonal variations for performing plays</u> (please read guidance note 5)</td></tr>
<tr><td>Thur</td><td></td><td></td></tr>
<tr><td>Fri</td><td></td><td></td><td colspan="3" rowspan="3"><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> (please read guidance note 6)</td></tr>
<tr><td>Sat</td><td></td><td></td></tr>
<tr><td>Sun</td><td></td><td></td></tr>
</table>

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	☐
				Outdoors	☐
				Both	☐
Day	Start	Finish			
Mon			**Please give further details here** (please read guidance note 4)		
Tue					
Wed			**State any seasonal variations for the exhibition of films** (please read guidance note 5)		
Thur					
Fri			**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)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			**Please give further details** (please read guidance note 4) Playing of pool, darts and similar games.
Day	Start	Finish	
Mon	1030	2300	
Tue	1030	2300	**State any seasonal variations for indoor sporting events** (please read guidance note 5)
Wed	1030	2300	
Thur	1030	2300	**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	1030	0030	
Sat	1030	0030	
Sun	1030	2300	

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			**Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick** (please read guidance note 3)		
				Indoors	☐
				Outdoors	☐
				Both	☐
Day	Start	Finish			
Mon			**Please give further details here** (please read guidance note 4)		
Tue					
Wed			**State any seasonal variations for boxing or wrestling entertainment** (please read guidance note 5)		
Thur					
Fri			**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** (please read guidance note 6)		
Sat					
Sun					

E

<table>
<tr><td colspan="3">Live music
Standard days and timings (please read guidance note 7)</td><td rowspan="2"><u>Will the performance of live music take place indoors or outdoors or both – please tick</u>
(please read guidance note 3)</td><td>Indoors</td><td>X</td></tr>
<tr><td>Day</td><td>Start</td><td>Finish</td><td>Outdoors</td><td>☐</td></tr>
<tr><td>Mon</td><td></td><td></td><td colspan="2" rowspan="2">Both</td><td rowspan="2">☐</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Tue</td><td></td><td></td><td colspan="3" rowspan="2"><u>Please give further details here</u> (please read guidance note 4)

Singing and playing of instruments.</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Wed</td><td>1800</td><td>2230</td><td colspan="3" rowspan="2"><u>State any seasonal variations for the performance of live music</u>
(please read guidance note 5)</td></tr>
<tr><td>Thur</td><td>1800</td><td>2230</td></tr>
<tr><td>Fri</td><td>1800</td><td>2400</td><td colspan="3" rowspan="4"><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> (please read guidance note 6)</td></tr>
<tr><td>Sat</td><td>1800</td><td>2400</td></tr>
<tr><td>Sun</td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
</table>

F

Recorded music Standard days and timings (please read guidance note 7)		
Day	Start	Finish
Mon	1030	2300
Tue	1030	2300
Wed	1030	2300
Thur	1030	2300
Fri	1030	0030
Sat	1030	0030
Sun	1030	0030

Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)

Indoors	☒
Outdoors	☐
Both	☐

Please give further details here (please read guidance note 4)

Recorded music via CD, jukebox and smart devices.

State any seasonal variations for the playing of recorded music (please read guidance note 5)

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)

G

<table>
<tr><td colspan="3">Performances of dance
Standard days and timings (please read guidance note 7)</td><td rowspan="2"><u>Will the performance of dance take place indoors or outdoors or both – please tick</u>
(please read guidance note 3)</td><td>Indoors</td><td>☒</td></tr>
<tr><td colspan="3"></td><td>Outdoors</td><td>☐</td></tr>
<tr><td>Day</td><td>Start</td><td>Finish</td><td></td><td>Both</td><td>☐</td></tr>
<tr><td>Mon</td><td></td><td></td><td colspan="3" rowspan="2"><u>Please give further details here</u> (please read guidance note 4)</td></tr>
<tr><td>Tue</td><td></td><td></td></tr>
<tr><td>Wed</td><td>1800</td><td>2230</td><td colspan="3" rowspan="2"><u>State any seasonal variations for the performance of dance</u>
(please read guidance note 5)</td></tr>
<tr><td>Thur</td><td>1800</td><td>2230</td></tr>
<tr><td>Fri</td><td>1800</td><td>2400</td><td colspan="3" rowspan="3"><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)</td></tr>
<tr><td>Sat</td><td>1800</td><td>2400</td></tr>
<tr><td>Sun</td><td></td><td></td></tr>
</table>

H

<table>
<tr><td colspan="3">Anything of a similar description to that falling within (e), (f) or (g)
Standard days and timings (please read *guidance note 7)</td><td colspan="3">Please give a description of the type of entertainment you will be providing</td></tr>
<tr><td>Day</td><td>Start</td><td>Finish</td><td colspan="3" rowspan="3"><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)</td></tr>
<tr><td>Mon</td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Tue</td><td></td><td></td><td colspan="3" rowspan="2"><u>Please give further details here</u> (please read guidance note 4)</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Wed</td><td></td><td></td><td colspan="3" rowspan="2"></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Thur</td><td></td><td></td><td colspan="3" rowspan="2"><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)</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Fri</td><td></td><td></td><td colspan="3" rowspan="2"></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Sat</td><td></td><td></td><td colspan="3" rowspan="2"><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)</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Sun</td><td></td><td></td><td colspan="3" rowspan="2"></td></tr>
<tr><td></td><td></td><td></td></tr>
</table>

I

<table>
<tr><td colspan="3">Late night refreshment
Standard days and timings (please read guidance note 7)</td><td rowspan="2">Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)</td><td>Indoors</td><td>☐</td></tr>
<tr><td colspan="3"></td><td>Outdoors</td><td>☐</td></tr>
<tr><td>Day</td><td>Start</td><td>Finish</td><td></td><td>Both</td><td>☐</td></tr>
<tr><td>Mon</td><td></td><td></td><td colspan="3" rowspan="2"><u>Please give further details here</u> (please read guidance note 4)</td></tr>
<tr><td>Tue</td><td></td><td></td></tr>
<tr><td>Wed</td><td></td><td></td><td colspan="3" rowspan="2"><u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)</td></tr>
<tr><td>Thur</td><td></td><td></td></tr>
<tr><td>Fri</td><td></td><td></td><td colspan="3" rowspan="3"><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)</td></tr>
<tr><td>Sat</td><td></td><td></td></tr>
<tr><td>Sun</td><td></td><td></td></tr>
</table>

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	☐
				Off the premises	☐
Day	Start	Finish		Both	☒
Mon	1030	2300	**State any seasonal variations for the supply of alcohol** (please read guidance note 5)		
Tue	1030	2300			
Wed	1030	2300			
Thur	1030	2300	**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)		
Fri	1030	0030			
Sat	1030	0030			
Sun	1030	2300			

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 Jennifer Louise Rogers	
Date of birth [redacted]	
Address [redacted]	
Postcode [redacted]	
Personal licence number (if known) Application to be made	
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 in any adult entertainment that will give rise for concern in respect to children.

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	1030	2300
Tue	1030	2300
Wed	1030	2300
Thur	1030	2300
Fri	1030	0030
Sat	1030	0030
Sun	1030	2400

State any seasonal variations (please read guidance note 5)

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)

b) The prevention of crime and disorder

CCTV installed to cover internal licensed area and front and rear access.
All images will be retained for a minimum of 31 days will copies supplied to the police and licensing authority upon request.
Premises alarmed when unoccupied.

c) Public safety

Public liability insurance inforce.
First aid kit on premises.
Telephone in premises in use in case of emergency.
Occupancy figure determined upon advice of fire authority.

d) The prevention of public nuisance

No access to rear beer garden after 2200 hours, except to smoking shelter where notice will be displayed advising customers to be aware of disturbing neighbours.
Noise levels will be monitored at all times.
Rear door to the beer garden will be closed at 2200 hours every day.

e) The protection of children from harm

No sale of alcohol to any persons under the age of 18 years old, and the notice will be displayed to that effect.
If any person attempting to purchase alcohol or are consuming alcohol is suspected to under the age of eighteen years identification will be sought in the form of driving licence or passport.
If neither document is produced no sale will be made and alcohol will be taken off any person consuming.

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	• [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

Consent of individual to being specified as premises supervisor

Jennifer Louise Rogers

I

[full name of prospective premises supervisor]

of

[redacted]

[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

New premises license.

[type of application]

by

Neil John Armstrong and Jennifer Louise Rogers

[name of applicant]

relating to a premises licence N/A

[number of existing licence, if any]

for

Market Tavern
15 Pembroke Street
Pembroke Dock
Pembrokeshire
SA72 6XH

[name and address of premises to which the application relates]

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

Neil John Armstrong and Jennifer Louise Rogers

[name of applicant]

concerning the supply of alcohol at

Market Tavern
15 Pembroke Street
Pembroke Dock
Pembrokeshire
SA72 6XH

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

Application to be made

[insert personal licence number, if any]

Personal licence issuing authority

Pembrokeshire County Council

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

Signed [redacted]

Name (please print) Jennifer Louise Rogers

Date 15/03/2019

	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	[redacted]
Date	18/3/19.
Capacity	Joint Owner

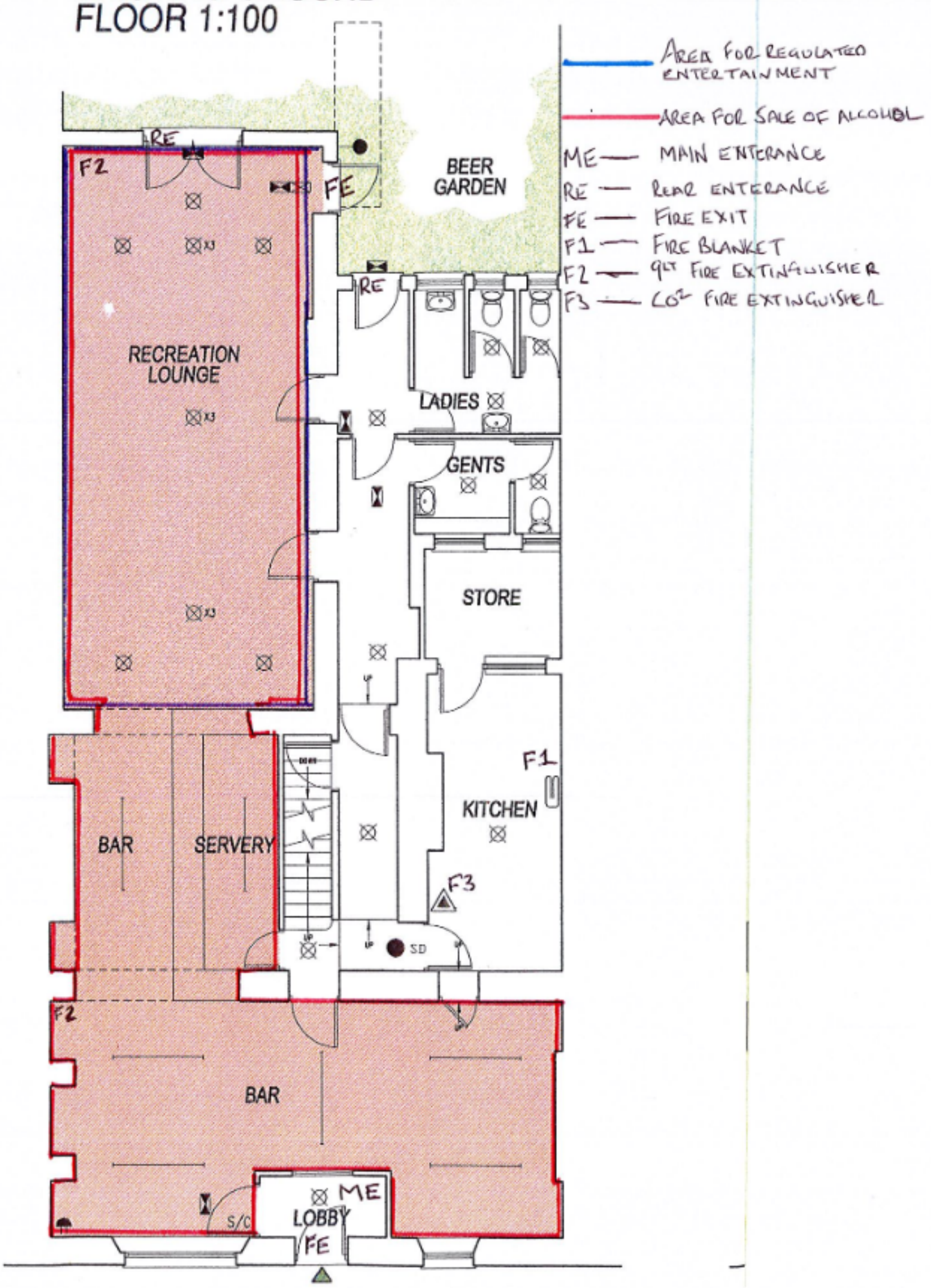
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

Signature	[redacted]
Date	18/3/19
Capacity	Joint Owner

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

[redacted]

Post town	[redacted]	Postcode	[redacted]
Telephone number (if any)			

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

EXISTING GROUND FLOOR 1:100