

28 JUL 2020

PUBLIC PROTECTION
ABERGAVENTNY OFFICE



Monmouthshire Licensing Section, Abergavenny Community Education
Centre, Old Hereford Road, Abergavenny, NP7 6EL

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.

We Andreas Christou
(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 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 <u>24 Frogmore St. Abergavenny</u>	
Post town <u>Abergavenny</u>	Postcode <u>NP7 5AH</u>
Telephone number at premises (if any)	
Non-domestic rateable value of premises	£

Part 2 - Applicant details

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

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 <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev) <input type="checkbox"/>
Surname Christou		First name: Andrews		
Date of birth or over	[REDACTED]			
Nationality				
Current address from previous address				
Post town				
Daytime number				
E-mail (optional)				
Where you work (please see note 15 for information)				

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
20	03	2020

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)

We will be looking to do a cocktail bar
for people 21 and over
Sale of alcohol and snacks

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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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)

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music take place indoors or outdoors or both = please tick (please read guidance note 3)</u>	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	7pm	9pm	<u>Please give further details here (please read guidance note 4)</u> this will happen mostly on special occasions.		
Tue	7pm	11pm			
Wed	7pm	9pm	<u>State any seasonal variations for the performance of live music (please read guidance note 5)</u>		
Thur	7pm	11pm			
Fri	7pm	2am	<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 (please read guidance note 6)</u>		
Sat	7pm	2am			
Sun	7pm	9pm			

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	10am	2am	Please give further details here (please read guidance note 4) We will be playing background music		
Tue	10am	2am			
Wed	10am	2am	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	10am	2am			
Fri	10am	2am	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	10am	2am			
Sun	10am	9pm			

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)
Day	Start	Finish	
Mon	9am	2pm	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)
	6pm	2am	
Tue	9am	2pm	
	6pm	2am	
Wed	9am	2pm	
	6pm	2am	
Thur	9am	2pm	
	6pm	2am	
Fri	9am	2am	
Sat	9am	2am	
Sun	6pm	9pm	

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

We will have Security from 9pm
on Friday Saturday
We will have 24 hour CCTV

c) Public safety

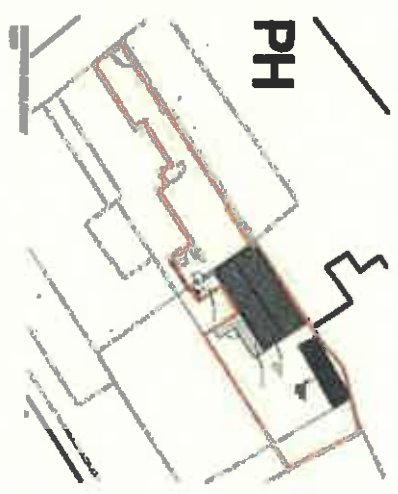
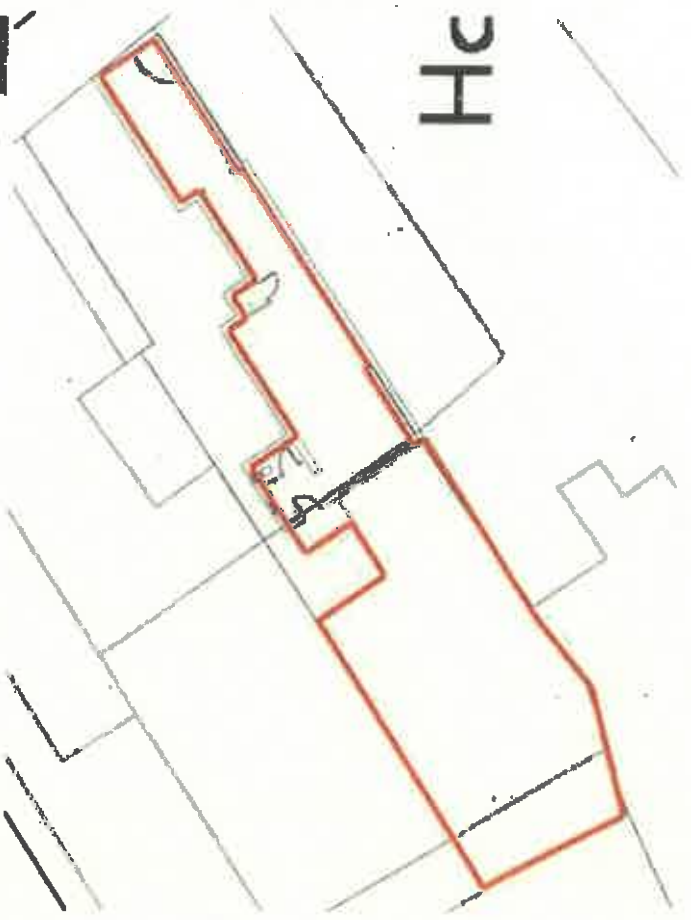
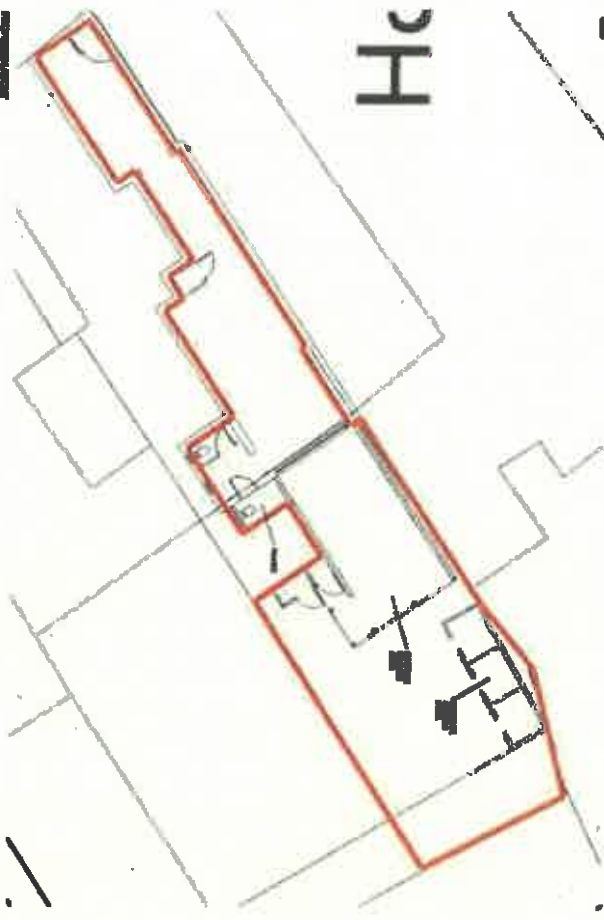
We will have Security from 9pm
on weekends

d) The prevention of public nuisance

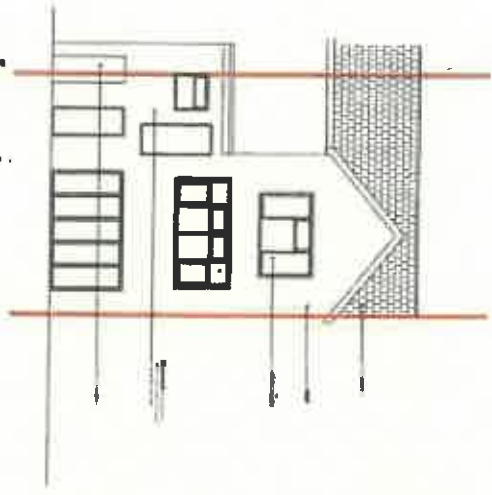
We will be booking only and have 21 and
over only
have a no nuisance policy

e) The protection of children from harm

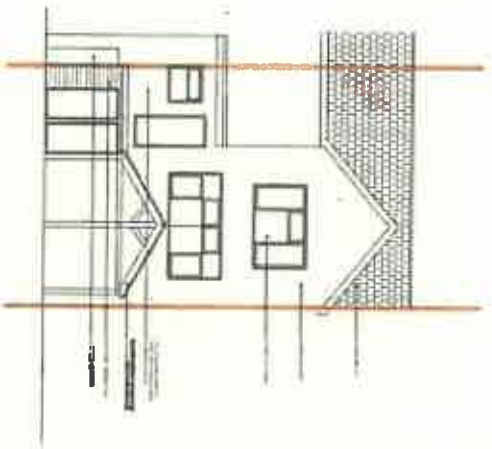
No children will be allowed from 6pm
its 21 and over we will be checking
Id open entry



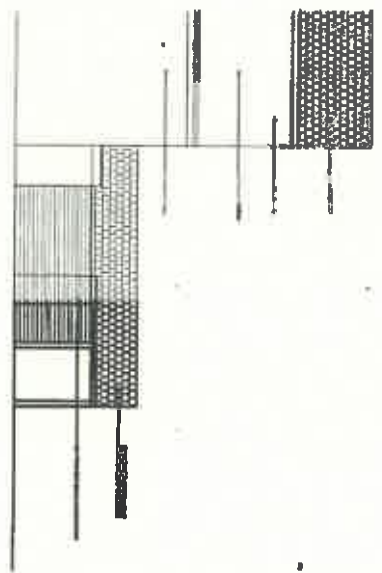
DATE: _____
 PROJECT: _____
 DRAWING: _____
 SHEET: _____



SECTION THROUGH HOUSE (FRONT ELEVATION)



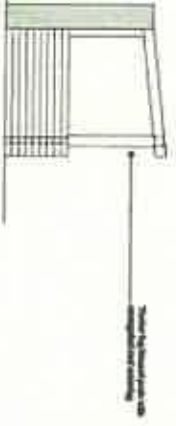
SECTION THROUGH HOUSE (SIDE ELEVATION)



SECTION THROUGH CHIMNEY AND ROOF



SECTION THROUGH WINDOW



SECTION THROUGH WINDOW

 Rockfield Architecture	
Project Name: _____ Project Address: _____ Project Description: _____	Date: _____ Drawn by: _____ Checked by: _____