



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 retain a copy of the completed form for your records.

I/We

HE CLUB

(/i).

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			
15, WHITECROSS ST MONMOUTH.			
Post town	MONMOUTH	Postcode	NP235BY

Telephone number (any)
Non-domestic rate premises

Part 2 - Applicant details

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

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input 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 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

(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	The Club
Address	15 Whitecross St Monmouth
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	
Tele	
E-mail address (optional)	monconclub@mail.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give a general description of the premises (please read guidance note 1)

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
Thur					
Fri			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)		
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) <u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5) <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)	
Mon				
Tue				
Wed				
Thur				
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	0800		<p>State any seasonal variations for indoor sporting events (please read guidance note 5)</p> <p>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)</p>
		0030 0100	
Tue	0800		
		0030 0100	
Wed	0800		
		0030 0100	
Thur	0800		
		0030 0100	
Fri	0800		
		0030 0100	
Sat	0800		
		0030 0100	
Sun	0800		
		0030 0100	

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)	Both	<input type="checkbox"/>
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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	0800		Please give further details here (please read guidance note 4)		
		0030			
Tue	0200				
		0030			
Wed	0200		State any seasonal variations for the performance of live music (please read guidance note 5)		
		0030			
Thur	0800				
		0030			
Fri	0800		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)		
		0030			
Sat	0800				
		0030			
Sun	0800				
		0030			

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take <u>place indoors or outdoors or both –</u> <u>please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finis h	Please give further details here (please read guidance note 4)		
Mon	0800	0030			
Tue	0800	0030			
Wed	0800	0030	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	0800	0030			
Fri	0800	0030	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	0800	0030	NEW YEAR'S EVE 0800 - 1.30		
Sun	0800	0030			

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
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	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					

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

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for <u>consumption – please tick</u> (please read guidance note 8)	On the premises	<input type="checkbox"/>	
				Off the premises	<input type="checkbox"/>	
Day	Start	Finis h		Both	<input checked="" type="checkbox"/>	
Mon	0800		State any seasonal variations for the supply of alcohol (please read guidance note 5)			
		0030				
Tue	0800					
		0030				
Wed	0800					
		0030				
Thur	0800			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)		
		0030				
Fri	0800				NEW YEARS EVE	
		0030			0800 – 1.30	
Sat	0800					
		0030				
Sun	0800					
		0030				

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).

N/A.

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	0800		<p>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)</p> <p>NEW YEARS EVE 0800 - 1.30</p>
		0100	
Tue	0800		
		0100	
Wed	0800		
		0100	
Thur	0800		
		0100	
Fri	0800		
		0100	
Sat	0800		
		0100	
Sun	0800		
		0100	

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)

~~LICENSEE TO BE RESIDENT AT HOVELTY~~

b) The prevention of crime and disorder

CCTV FITTED
CHALLENGE 25
~~WOULD LIKE TO JOIN~~ PUB WATCH ^{will be a member of}

c) Public safety

COVID RISK ASSESSMENT
FULLY COMPLIANT FIRE ALARM + RISK ASSESSMENT

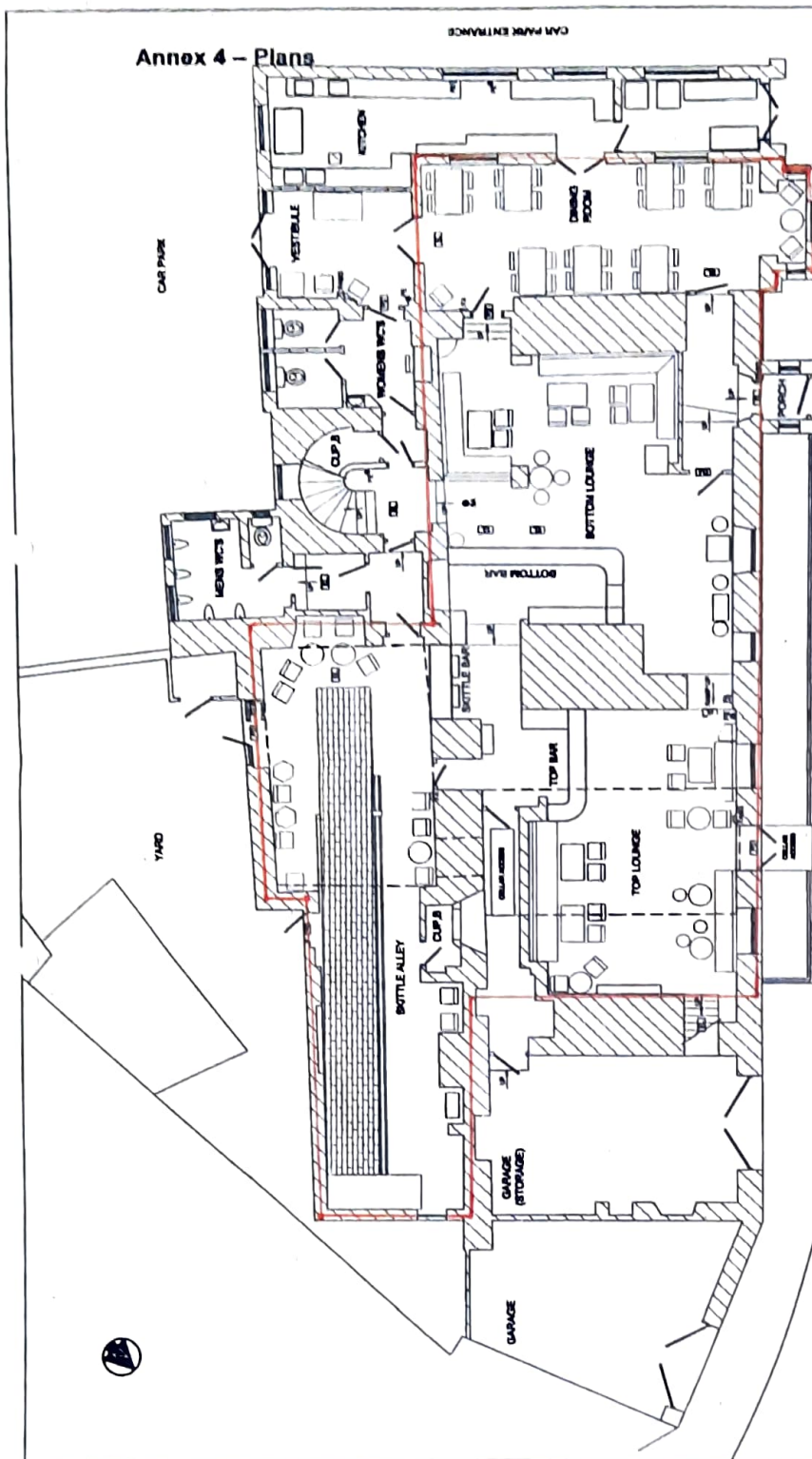
d) The prevention of public nuisance

NOTICES ON PREMISES TO LEAVE
QUIETLY.
NO MUSIC (LIVE) OUTSIDE

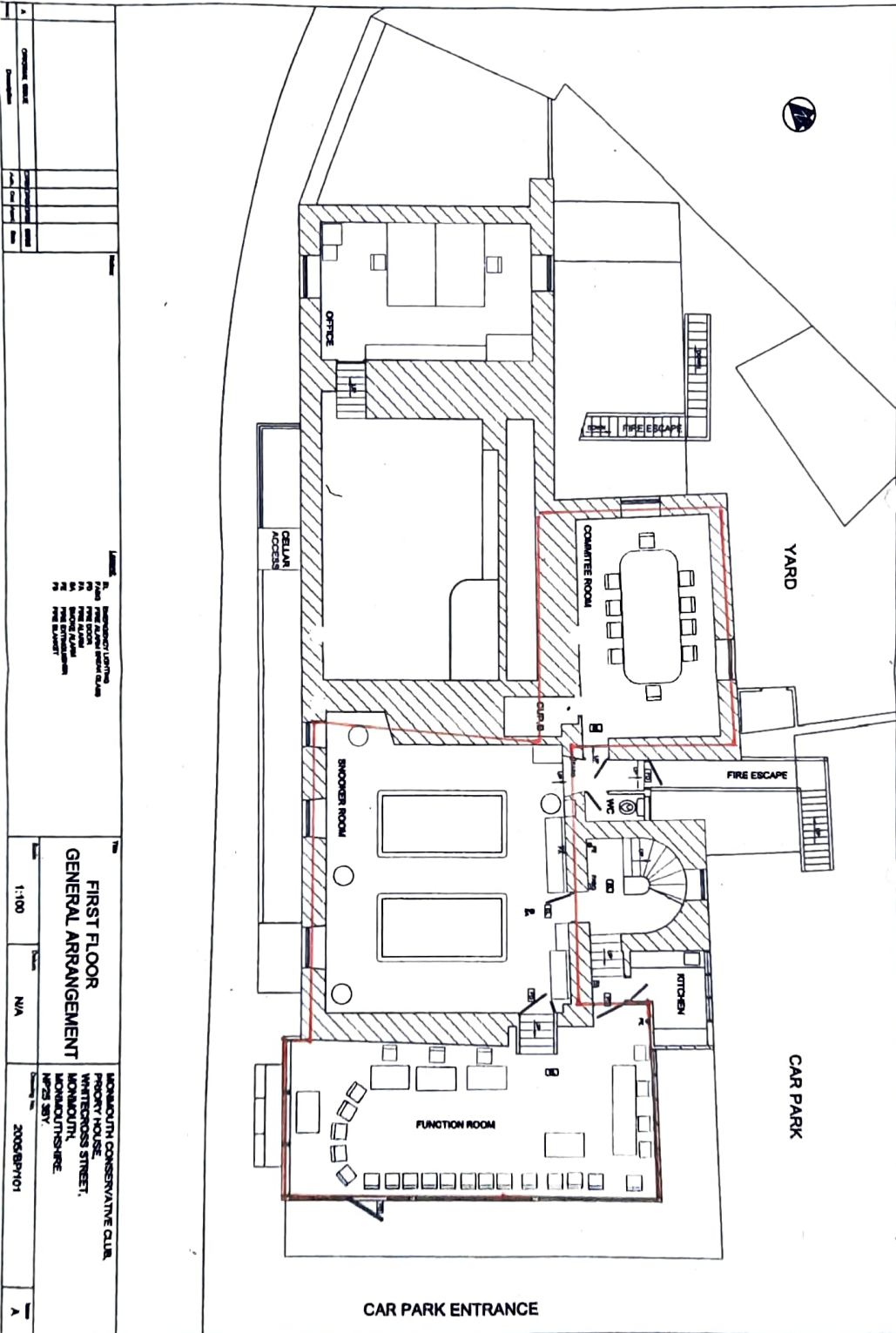
e) The protection of children from harm

CHILDREN NOT ALLOWED AFTER 9 P.M.

Annex 4 – Plans



Project Information		Scale		Location	
Client	MONMOUTH CONSERVATIVE CLUB, PROBY HOUSE, WHITECROSS STREET, MONMOUTH, MONMOUTHSHIRE, NP23 3EY.	Scale	1:100	Location	N/A
Project Name	GROUND FLOOR GENERAL ARRANGEMENT	Scale	1:100	Location	N/A
Drawn By	2005/SP/100	Scale	1:100	Location	N/A
Checked By		Scale	1:100	Location	N/A
Approved By		Scale	1:100	Location	N/A
Date		Scale	1:100	Location	N/A



<p>FIRST FLOOR GENERAL ARRANGEMENT</p>	
<p>Scale: 1:100</p>	<p>Notes: N/A</p>
<p>Location: MONMOUTH CONSERVATIVE CLUB, PROXY HOUSE, WINTERS CROSS STREET, MONMOUTH, MONMOUTHSHIRE, NP23 5BT</p>	<p>Reference No: 2005/8P/101</p>

NO.	REVISIONS	DATE	BY	CHKD.
1	ORIGINAL DRAWING			
2				
3				
4				