

# APPENDIX A



Monmouthshire  
Application for a premises licence  
Licensing Act 2003

For help contact  
[licensing@monmouthshire.gov.uk](mailto:licensing@monmouthshire.gov.uk)  
Telephone: 01873 735420 or 01291 635711

\* required information

## Section 1 of 21

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

☐ Yes ☒ No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

### Applicant Details

\* First name

\* Family name

\* E-mail

Main telephone number

Include country code.

Other telephone number

☐ Indicate here if you would prefer not to be contacted by telephone

Are you:

☒ Applying as a business or organisation, including as a sole trader  
☐ Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

### Applicant Business

Is your business registered in the UK with Companies House?

☐ Yes ☒ No

Note: completing the Applicant Business section is optional in this form.

Is your business registered outside the UK?

☐ Yes ☒ No

Business name

PUGHS GARDEN KITCHEN LIMITED

If your business is registered, use its registered name.

VAT number

GB

492825458

Put "none" if you are not registered for VAT.

Legal status

Public Limited Company

*Continued from previous page...*

Your position in the business

Home country

The country where the headquarters of your business is located.

**Business Address**

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

**Section 2 of 21**

**PREMISES DETAILS**

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

**Premises Address**

Are you able to provide a postal address, OS map reference or description of the premises?

☒ Address ☐ OS map reference ☐ Description

**Postal Address Of Premises**

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

**Further Details**

Telephone number

Non-domestic rateable value of premises (£)

Continued from previous page...

### Section 3 of 21

#### APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- ☐ An individual or individuals
- ☒ A limited company / limited liability partnership
- ☐ A partnership (other than limited liability)
- ☐ An unincorporated association
- ☐ Other (for example a statutory corporation)
- ☐ A recognised club
- ☐ A charity
- ☐ The proprietor of an educational establishment
- ☐ A health service body
- ☐ A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- ☐ A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- ☐ The chief officer of police of a police force in England and Wales

#### Confirm The Following

- ☒ I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- ☐ I am making the application pursuant to a statutory function
- ☐ I am making the application pursuant to a function discharged by virtue of His Majesty's prerogative

### Section 4 of 21

#### NON INDIVIDUAL APPLICANTS

Provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), give the name and address of each party concerned.

#### Non Individual Applicant's Name

Name

#### Details

Registered number (where applicable)

Continued from previous page...

Description of applicant (for example partnership, company, unincorporated association etc)

LIMITED COMPANY

### Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

### Contact Details

E-mail

Telephone number

Other telephone number

\* Date of birth  /  /   
dd mm yyyy

\* Nationality

[Documents that demonstrate entitlement to work in the UK](#)

Add another applicant

## Section 5 of 21

### OPERATING SCHEDULE

When do you want the premises licence to start?  /  /   
dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end  /  /   
dd mm yyyy

Provide a general description of the premises

For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off- supplies you must include a description of where the place will be and its proximity to the premises.

We are opening a Pughs Garden Kitchen in the currently vacant property of 7-9 Mill street, we will be offering food, houseplants and gifting retailing with a large deli counter and ambient food products. The restaurant will consist of 60 covers and upstairs will expand into a private dining room. We would like to give customers the option to purchase alcohol

*Continued from previous page...*

in our restaurant during the day and specialist events. Also customers would have the option to purchase alcohol from our food hall for off sales at home

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

#### Section 6 of 21

##### PROVISION OF PLAYS

[See guidance on regulated entertainment](#)

Will you be providing plays?

☐ Yes ☒ No

#### Section 7 of 21

##### PROVISION OF FILMS

[See guidance on regulated entertainment](#)

Will you be providing films?

☐ Yes ☒ No

#### Section 8 of 21

##### PROVISION OF INDOOR SPORTING EVENTS

[See guidance on regulated entertainment](#)

Will you be providing indoor sporting events?

☐ Yes ☒ No

#### Section 9 of 21

##### PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

[See guidance on regulated entertainment](#)

Will you be providing boxing or wrestling entertainments?

☐ Yes ☒ No

#### Section 10 of 21

##### PROVISION OF LIVE MUSIC

[See guidance on regulated entertainment](#)

Will you be providing live music?

☐ Yes ☒ No

#### Section 11 of 21

##### PROVISION OF RECORDED MUSIC

[See guidance on regulated entertainment](#)

Will you be providing recorded music?

☐ Yes ☒ No

#### Section 12 of 21

##### PROVISION OF PERFORMANCES OF DANCE

[See guidance on regulated entertainment](#)

Continued from previous page...

Will you be providing performances of dance?

☐ Yes

☒ No

### Section 13 of 21

#### PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

[See guidance on regulated entertainment](#)

Will you be providing anything similar to live music, recorded music or performances of dance?

☐ Yes

☒ No

### Section 14 of 21

#### LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

☐ Yes

☒ No

### Section 15 of 21

#### SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

☒ Yes

☐ No

#### Standard Days And Timings

##### MONDAY

Start

End

Start

End

##### TUESDAY

Start

End

Start

End

##### WEDNESDAY

Start

End

Start

End

##### THURSDAY

Start

End

Start

End

##### FRIDAY

Start

End

Start

End

Give timings in 24 hour clock.  
(e.g., 16:00) and only give details for the days  
of the week when you intend the premises to  
be used for the activity.

Continued from previous page...

**SATURDAY**

Start

End

Start

End

**SUNDAY**

Start

End

Start

End

Will the sale of alcohol be for consumption:

☐ On the premises      ☐ Off the premises      ☒ Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

**Name**

First name

Family name

Date of birth

/  / 

dd

mm

yyyy

Continued from previous page...

**Enter the contact's address**

Building number or name	<input type="text"/>
Street	<input type="text"/>
District	<input type="text"/>
City or town	<input type="text"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text" value="United Kingdom"/>
Personal Licence number (if known)	<input type="text"/>
Issuing licensing authority (if known)	<input type="text"/>

**PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT**

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- ☐ Electronically, by the proposed designated premises supervisor
- ☒ As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

**Section 16 of 21**

**ADULT ENTERTAINMENT**

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc.

N/A

**Section 17 of 21**

**HOURS PREMISES ARE OPEN TO THE PUBLIC**

**Standard Days And Timings**

MONDAY

Start

End

Start

End

Give timings in 24 hour clock.  
(e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.



Continued from previous page...

**TUESDAY**

Start

End

Start

End

**WEDNESDAY**

Start

End

Start

End

**THURSDAY**

Start

End

Start

End

**FRIDAY**

Start

End

Start

End

**SATURDAY**

Start

End

Start

End

**SUNDAY**

Start

End

Start

End

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

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Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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**Section 18 of 21**

**LICENSING OBJECTIVES**

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e)

