

Herefordshire Application for a premises licence Licensing Act 2003

For help contact ethelpline@herefordshire.gov.uk Telephone: 01432 261761

on

		* required information
Section 1 of 19		
You can save the form at a	ny 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.
**** **9 3		
Are you an agent acting on	behalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or
C Yes .	No	work for.
Applicant Details		
* First name	Clive	
* Family name	Edwards	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you w	ould prefer not to be contacted by telephone	
Are you:		
Applying as a busines	ss or organisation, including as a sole trader	A sole trader is a business owned by one
 Applying as an individual 	dual	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?	d (Yes (No	
* Is your business registered outside the UK?	d () Yes (© No	
* Business name	Edwards Plaice	If your business is registered, use its registered name.
* VAT number -	none	Put "none" if you are not registered for VAT.
* Legal status	Partnership	

Continued from previous page		
* Your position in the business	Owner	
Home country	United Kingdom	The country where the headquarters of your business is located.
Business Address		If you have one, this should be your official
* Building number or name	100	address - that is an address required of you by law for receiving communications.
* Street	Grandstand Road	
District		
* City or town	Hereford	
County or administrative area	Herefordshire	
* Postcode	HR4 9NR	
* Country	United Kingdom	
Section 2 of 19		
PREMISES DETAILS		
	ply for a premises licence under section 17 of the the premises) and I/we are making this application of the Licensing Act 2003.	
Premises Address		
Are you able to provide a post	al address, OS map reference or description of t	he premises?
♠ Address	p reference O Description	
Postal Address Of Premises		
Building number or name	100	
Street	Grandstand Road	
District		
City or town	Hereford	
County or administrative area	Herefordshire	
Postcode	HR4 9NR	
Country	United Kingdom	
Further Details		
Telephone number		
Non-domestic rateable value of premises (£)	0	

APPLICATION DETAILS In what capacity are you applying for the premises licence? A Inindividual or individuals A Inindividual or individuals A partnership A partnership An unincorporated association 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 Other (for example a statutory corporation) 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 statutory function I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative Section 4 of 19 INDIVIDUAL APPLICANT DETAILS Applicant Name Is the name the same as (or similar to) the details given in section one? First name Clive Family name Edwards If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details. Select "No" to enter a completely new set of details.	Sect	ion 3 of 19		
An individual or individuals A limited company A partnership An unincorporated association 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 Other (for example a statutory corporation) 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 Her Majesty's prerogative Section 4 of 19 INDIVIDUAL APPLICANT DETAILS Applicant Name Is the ame the same as (or similar to) the details given in section one? If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.	APP	LICATION DETAILS		
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Is the name the same as (or similar to) the details given in section one? (a) Yes (b) No (c) No (c) No (details) (details) (e) Yes (f) "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details. First name (c) Clive Family name (e) Edwards Is the applicant 18 years of age or older?	INDIV	IDUAL APPLICANT DET	AILS	
			nilar to) the details given in section one?	
Family name Edwards Is the applicant 18 years of age or older?	⊚ Y	'es	O No	Select "No" to enter a completely new set of
Is the applicant 18 years of age or older?	First r	name	Clive	
	Famil	y name	Edwards	
• Yes O No	Is the	applicant 18 years of age	or older?	
	⊚ Y	es	O No	

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Applicant Postal Address					
Is the address the same as (or	similar to) the address given in section one?	If "Yes" is selected you can re-use the details			
• Yes	C No	from section one, or amend them as required. Select "No" to enter a completely new set of details.			
Building number or name	100				
Street	Grandstand Road				
District					
City or town	Hereford				
County or administrative area	Herefordshire				
Postcode	HR4 9NR				
Country	United Kingdom				
Applicant Contact Details					
Are the contact details the san	ne as (or similar to) those given in section one?	If "Yes" is selected you can re-use the details			
Yes	○ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.			
E-mail					
Telephone number					
Other telephone number					
	Add another applicant				
Section 5 of 19					
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				
licensing objectives. Where yo	ses, its general situation and layout and any othour application includes off-supplies of alcohol a plies you must include a description of where the	nd you intend to provide a place for			
The premises is a local, takeaw The seating area is located at t	ray food establishment. However, there is also so he rear of the shop.	eating available for customers to eat in house.			

Continued from previous page	
If 5,000 or more people are	
expected to attend the	
premises at any one time, state the number expected t	
attend	
Section 6 of 19	
PROVISION OF PLAYS	
Will you be providing plays?	
○ Yes	No
Section 7 of 19	
PROVISION OF FILMS	
Will you be providing films?	
○ Yes	No
Section 8 of 19	
PROVISION OF INDOOR SPO	PRTING EVENTS
Will you be providing indoor	sporting events?
C Yes	No No
Section 9 of 19	
PROVISION OF BOXING OR	WRESTLING ENTERTAINMENTS
Will you be providing boxing	or wrestling entertainments?
C Yes	No
Section 10 of 19	
PROVISION OF LIVE MUSIC	
Will you be providing live mu	sic?
C Yes	No
Section 11 of 19	
PROVISION OF RECORDED N	NUSIC
Will you be providing recorde	ed music?
○ Yes	No
Section 12 of 19	
PROVISION OF PERFORMAN	CES OF DANCE
Will you be providing perform	nances of dance?
○ Yes	No
Section 13 of 19	
PROVISION OF ANYTHING CO	F A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF
Will you be providing anythir performances of dance?	ng similar to live music, recorded music or
○ Yes	No

Continued from previous	s page	
Section 14 of 19		A Liference Dealer
LATE NIGHT REFRESH	IMENT	
Will you be providing I	late night refreshment?	
C Yes	No	
Section 15 of 19		
SUPPLY OF ALCOHOL		
Will you be selling or s	upplying alcohol?	
Yes	O No	
Standard Days And T	imings	
MONDAY		Give timings in 24 hour clock.
	Start 11:30	End 21:00 (e.g., 16:00) and only give details for the days
	Start	of the week when you intend the premises to be used for the activity.
TUESDAY		
10.02	Start 11:30	End 21:00
	Start	End
WEDNESDAY		
	Start 11:30	End 21:00
	Start	End
THURSDAY		
	Start 11:30	End 21:00
	Start	End
FRIDAY		
, , , , , , ,	Start 11:30	End 21:00
	Start	End
SATURDAY		
	Start 11:00	End 21:00
	Start	End
SUNDAY		
	Start	End
	Start	End

Continued from previous page	•	*
Will the sale of alcohol be for a	consumption:	If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol
On the premises	C Off the premises C Both	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 exclusive	ely) where the activity will occur on additi	ional days during the summer months.
column on the left, list below		of alcohol at different times from those listed in the longer on a particular day e.g. Christmas Eve.
State the name and details of t licence as premises supervisor	the individual whom you wish to specify o	on the
Name		
First name	Clive	
Family name	Edwards	
Enter the contact's address		
Building number or name		
Street		
District		
City or town		
County or administrative area		
Postcode		
Country		
Personal Licence number (if known)		
Issuing licensing authority (if known)		

Continued from previous			
	TED PREMISES SUPERVISO		
How will the consent f be supplied to the auti	orm of the proposed desigr hority?	nated premises supervisor	
○ Electronically, by	the proposed designated p	oremises supervisor	
As an attachmen	t to this application		
Reference number for form (if known)	consent		If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.
Section 16 of 19			
ADULT ENTERTAINME	INT		
premises that may give Give information abou rise to concern in respe	e rise to concern in respect of the anything intended to occu	of children ur at the premises or ancilla If whether you intend child	ent or matters ancillary to the use of the ary to the use of the premises which may give ren to have access to the premises, for example c gambling machines etc.
Section 17 of 19			
HOURS PREMISES ARE	OPEN TO THE PUBLIC		
Standard Days And Ti	mings		
MONDAY			Cive timings in 24 hour clock
	Start 11:30	End 21:00	Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days
	Start	End	of the week when you intend the premises to be used for the activity.
TUESDAY			
* ************************************	Start 11:30	End 21:00	
	Start	End	
WEDNECDAY			
WEDNESDAY	0		
	Start 11:30	End 21:00	
	Start	End	
THURSDAY			
	Start 11:30	End 21:00	
	Start	End	
FRIDAY			
	Start 11:30	End 21:00	
	Start	End	

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Continued from previous page
SATURDAY
Start 11:30 End 21:00
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.
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.
Section 18 of 19
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)
List here steps you will take to promote all four licensing objectives together.
We shall take all reasonable precautions to ensure the safety of the public on the premises. We will comply with all reasonable requests of the Police, Fire and Licensing authorities. The escape routes, fire alarms, fire extinguishers and all electrical installations shall be maintained in good condition and full working order.
b) The prevention of crime and disorder
There will be NO irresponsible sales promotions of alcohol offered to customers. A sign will be displayed indicating the standard hours during which the sale of alcohol is permitted. CCTV is also in constant operation on the premises, signs will be displayed to make customers aware of this.
c) Public safety
Notices detailing the actions to be taken in the event of a fire (or other emergency), including how the fire services shall be called, will be displayed clearly for all to see.

Continued from previous page...

d) The prevention of public nuisance

Where possible, windows and doors (except for entrance and exit purposes) will be kept shut. A sign shall also be located at the exit, requesting that customers leaving the premises do so in a quiet manner to ensure there is no nuisance caused.

e) The protection of children from harm

There will be no adult entertainment on the premises. Anyone who appears to be under the age of 25, and attempts to purchase alcohol, must be required to produce proof of age before the sale of alcohol can be made (Challenge 25 policy will be adopted). Our staff will also be provided with training on the sale of alcohol too.

Section 19 of 19

PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card. Premises Licence Fees are determined by the non domestic rateable value of the premises.

To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/business_rates/index.htm

Band A - No RV to £4300	£100.00
Band B - £4301 to £33000	£190.00
Band C - £33001 to £87000	£315.00
Band D - £87001 to £125000	£450.00*
Band E - £125001 and over	£635.00*

*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then you are required to pay a higher fee.

Band D - £87001 to £125000 £900.00 Band E - £125001 and over £1,905.00

There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required.

Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college.

If you operate a large event you are subject to ADDITIONAL fees based upon the number in attendance at any one time.

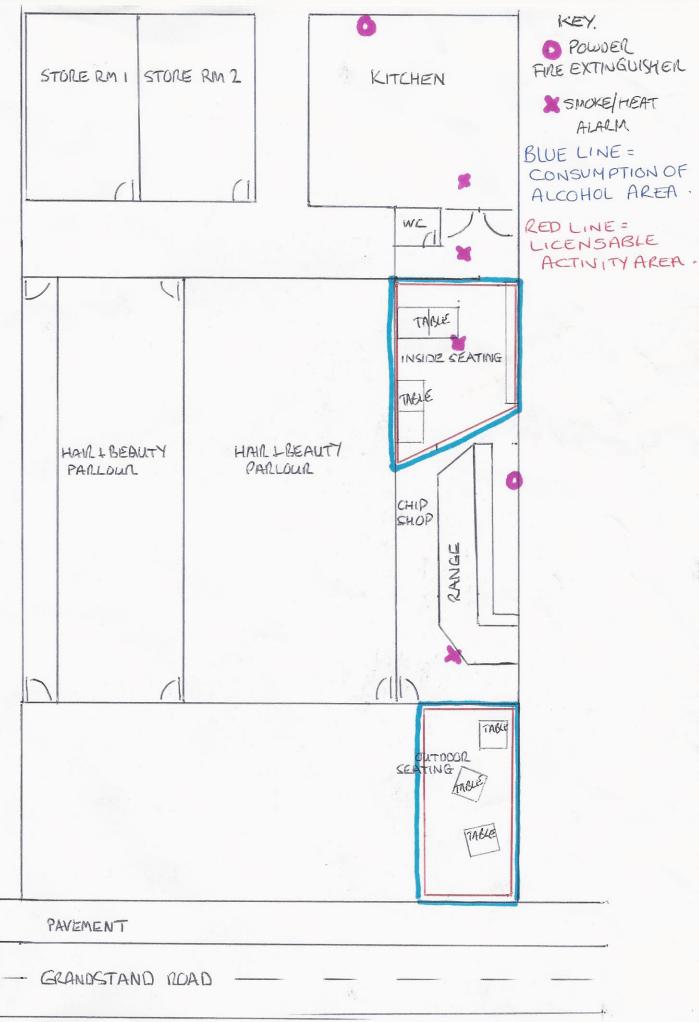
Capacity 5000-9999	£1,000.00
Capacity 10000 -14999	£2,000.00
Capacity 15000-19999	£4,000.00
Capacity 20000-29999	£8,000.00
Capacity 30000-39999	£16,000.00
Capacity 40000-49999	£24,000.00
Capacity 50000-59999	£32,000.00
Capacity 60000-69999	£40,000.00
Capacity 70000-79999	£48,000.00
Capacity 80000-89999	£56,000.00
Capacity 90000 and over	£64,000.00

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* Fee amount (£)	100.00								
ATTACHMENTS					-				
AUTHORITY POSTAL ADDRES	SS								
Address									
Building number or name									
Street]				
District]				
City or town]				
County or administrative area									
Postcode									
Country	United Kingdom								
DECLARATION									
* I/we understand it is an offen licensing act 2003, to make a						ard scale,	under se	ection 15	58 of the
☐ Ticking this box indicate	es you have read	and under	stood the	above de	eclaration				
This section should be completed behalf of the applicant?"	ed by the applica	nt, unless	you answe	ered "Yes	" to the que	estion "Ar	e you an	agent a	cting on
* Full name									
* Capacity									
Date (dd/mm/yyyy)									
	Add	another sig	natory					-	
Once you're finished you need 1. Save this form to your compute. 2. Go back to https://www.gov continue with your application. Don't forget to make sure you h	to do the followir uter by clicking file uk/apply-for-a-lic nave all your supp	ng: e/save as cence/prer orting doc	<u>mises-licen</u> cumentatio	on to han	nd.				
IT IS AN OFFENCE, LIABLE ON SCALE, UNDER SECTION 158 (WITH THIS APPLICATION									



Form of consent given by the person whom the applicant wishes to be the premises supervisor

I, CLIVE EDWANDS [insert first names and surname of prospective
premises supervisor] hereby consents to being named as the premises supervisor in a
new licence granted under paragraph 4 of Schedule 8 to the Licensing Act 2003 to
CLIVE EDWANDS [insert full name of applicant] where the
holder of the licence has consented to the application being made by the applicant [delete
as applicable] for EDWARDS PLAICE , LOG GRANDSTAND ROAD
HEREFORD HR4 9NR
of the proposed licensed premises] if that application is successful.
Dated 26/4/16



EDWARDS PLAICE 100 GRANDSTAND ROAD HEREFORD HR49NR APLICATION FOR ALCHOMOL LICENSE 26:4:16

SERVING AREA'S MARKED IN RED