

[Insert name and address of relevant licensing authority and its reference number (optional)]

EH & TS / LICENSING SECTION  
RECEIVED  
- 3 MAR 2016  
TO:

Application for a premises licence to be granted  
under the Licensing Act 2003

LICENSING SECTION  
RECEIVED  
22 FEB 2016  
TO: PRO1715

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 WILLIAM REYNOLDS for PWC (BARTESTREE) LLP  
(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 <u>NEW INN, LEDBURY ROAD, BARTESTREE.</u>			
Post town	<u>HEREFORD</u>	Postcode	<u>HR1 4BX</u>
Telephone number at premises (if any)			
Non-domestic rateable value of premises		<u>£ 3100-00</u>	

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  please complete section (B)
  - ii. as a partnership  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:

Please tick yes

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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town		Postcode			
Daytime contact telephone number					
E-mail address (optional)					

**(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	PWC (BARTESTREE) LLP
Address	BROADWAY HOUSE, 32-35 BROAD STREET, HEREFORD, HR4 9AR
Registered number (where applicable)	OC 354397
Description of applicant (for example, partnership, company, unincorporated association etc.)	PARTNERSHIP
Telephone number (if any)	
E-mail address (optional)	

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
28	03	2016

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)

THE PREMISES IS A PUBLIC HOUSE WITH A RESTAURANT AND LETTING ROOMS

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any 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

N/A.

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

**B**

N/A.

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)					
Mon								
Tue								
Wed						<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur								
Fri						<b>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</b> (please read guidance note 5)		
Sat								
Sun								

C

N/A

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Tue			
Wed			<b><u>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</u></b> (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

D

N/A

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					



**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)			
			Indoors	<input checked="" type="checkbox"/>		
			Outdoors	<input type="checkbox"/>		
			Both	<input type="checkbox"/>		
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue						
Wed					<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)	
Thur						
Fri						
					<b>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</b> (please read guidance note 5)	
	19.00	00.00				
Sat	19.00	00.00				
Sun	19.00	00.00				

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	11.00	00.00			
Tue	11.00	00.00			
			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Wed	11.00	00.00			
Thur	11.00	00.00			
			<b>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</b> (please read guidance note 5)		
Fri	11.00	00.00			
Sat	11.00	00.00			
Sun	11.00	00.00			

G

N/A

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input type="checkbox"/>	
					Outdoors	<input type="checkbox"/>	
Day	Start	Finish	Both				<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)				
Tue							
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)				
Thur							
Fri			<b><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></b> (please read guidance note 5)				
Sat							
Sun							

H

N/A

<p><b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><b><u>Please give further details here</u></b> (please read guidance note 3)</p>		
Wed					
Thur			<p><b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)</p>		
Fri					
Sat			<p><b><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></b> (please read guidance note 5)</p>		
Sun					

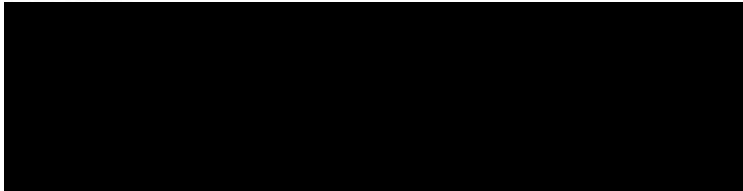

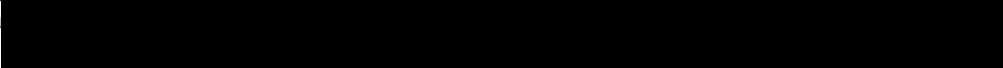
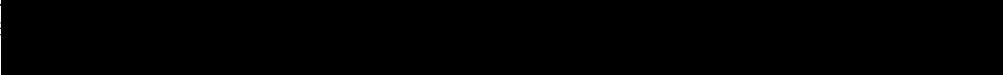
I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Mon	11.00	00.00	<u>Please give further details here</u> (please read guidance note 3)		
Tue	11.00	00.00			
Wed	11.00	00.00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur	11.00	00.00			
Fri	11.00	00.00	<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 5)		
Sat	11.00	00.00			
Sun	11.00	00.00			

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	11.00	00.00			
Tue	11.00	00.00			
Wed	11.00	00.00			
Thur	11.00	00.00			
Fri	11.00	00.00			
Sat	11.00	00.00			
Sun	11.00	00.00			
			<b>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</b> (please read guidance note 5)		

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

Name	WILLIAM REYNOLDS		
Address			
Postcode			
Personal licence n			
Issuing licensing a			

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 8).

ANYONE WHO APPEARS TO BE UNDER THE AGE OF 18 AND IS ATTEMPTING TO BUY ALCOHOL MUST BE REQUIRED TO PRODUCE PROOF OF AGE BEFORE A SALE IS MADE.

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	11.00	00.30	<p><b><u>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</u></b> (please read guidance note 5)</p>
Tue	11.00	00.30	
Wed	11.00	00.30	
Thur	11.00	00.30	
Fri	11.00	00.30	
Sat	11.00	00.30	
Sun	11.00	00.30	

**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 9)**

THE LICENSEE SHALL TAKE ALL REASONABLE PRECAUTIONS TO ENSURE THE SAFETY OF THE PUBLIC AND PERFORMERS ON THE PREMISES.  
THE LICENSEE WILL COMPLY WITH ALL REASONABLE REQUESTS OF THE POLICE, FIRE AUTHORITY AND LICENSING AUTHORITY.  
THE MEANS OF ESCAPE, FIRE ALARM AND FIRE FIGHTING EQUIPMENT ELECTRICAL INSTALLATIONS SHALL BE MAINTAINED IN GOOD CONDITION AND FULL WORKING ORDER.

**b) The prevention of crime and disorder**

NO IRRESPONSIBLE SALES PROMOTIONS OF ALCOHOLIC BEVERAGES SHALL BE OFFERED TO CUSTOMERS  
A SIGN WILL BE DISPLAYED ON THE PREMISES INDICATING THE STANDARD HOURS DURING WHICH THE SALE OF ALCOHOL IS PERMITTED.

**c) Public safety**

ALL FIRE DOORS WILL BE MAINTAINED EFFECTIVELY SELF CLOSING.  
NOTICES DETAILING THE ACTIONS TO BE TAKEN IN THE EVENT OF FIRE OR OTHER EMERGENCIES, INCLUDING HOW THE FIRE BRIGADE SHALL BE SUMMONED, ARE TO BE PROMINENTLY DISPLAYED.

**d) The prevention of public nuisance**

WHEN AMPLIFIED MUSIC IS TAKING PLACE INSIDE THE PREMISES AFTER 22.00 WINDOWS & DOORS, SAVE FOR ENTRANCE & EXIT PURPOSES, WILL BE KEPT SHUT.  
A SIGN WILL BE LOCATED AT THE EXIT REQUESTING THAT CUSTOMERS LEAVING THE PREMISES, DO SO QUIETLY.

**e) The protection of children from harm**



~~18~~

NO ADULT ENTERTAINMENT.

ANYONE WHO APPEARS TO BE UNDER THE AGE OF 21 & WHO IS ATTEMPTING TO PURCHASE ALCOHOL MUST BE REQUIRED TO PRODUCE PROOF OF AGE BEFORE SUCH A SALE IS MADE

**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.

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**Part 4 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 11).  
If signing on behalf of the applicant, please state in what capacity.

~~18~~

Signature	[Redacted]
Date	19-2-2016
Capacity	M.D.

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant’s solicitor or other authorised agent** (please read guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Post town

Postcode

Telephone number (if any)

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

### Notes for Guidance

1. Describe 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.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please 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.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please 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 or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

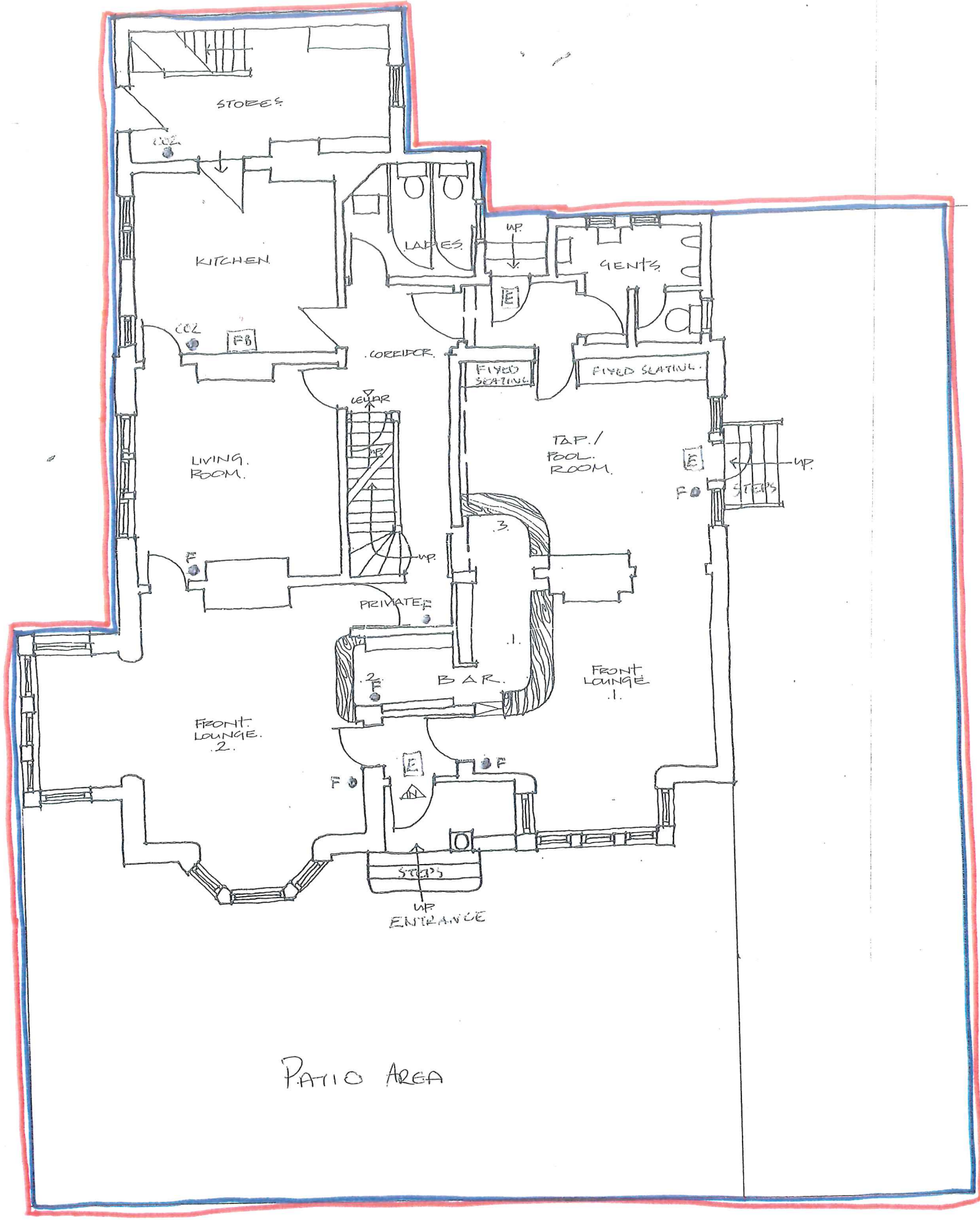


HEREFORDSHIRE  
COUNCIL

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

I, WILLIAM REYNOLDS.....[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 WILLIAM REYNOLDS.....[insert  
full name of applicant] in respect of the application to convert an existing justices'  
licence held by the applicant/ where the holder of the licence has consented to  
the application being made by the applicant [delete as applicable] for  
NEW INN PUB, BAETESTREE  
HEREFORD NR1 4BX.....[Insert name and  
address of the existing licensed premises] if that application is successful.

Dated 19-02-2016



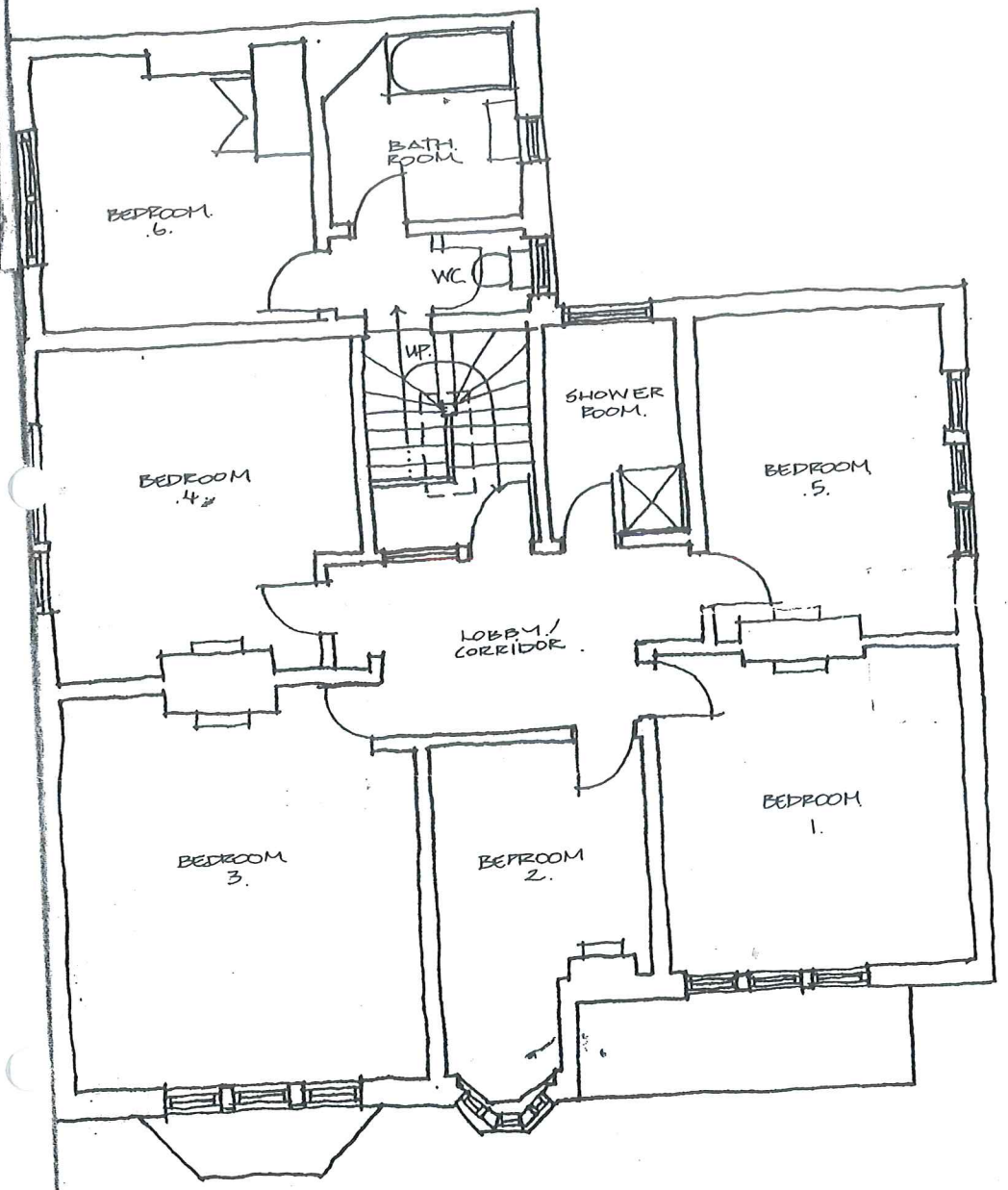
- CO2 CO2 TYPE EXTINGUISHER
- P FOAM TYPE EXTINGUISHER
- FB FIRE BLANKET
- E EXIT / ESCAPE ROUTE
- Licensable Activity
- Consumption Area

GROUND FLOOR.

existing  
SCALE 1/100

CAR PARK

THE  
NEW INN.  
AT  
BARTESTREE



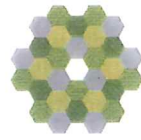
SHEET NO 2.

FIRST FLOOR.  
existing

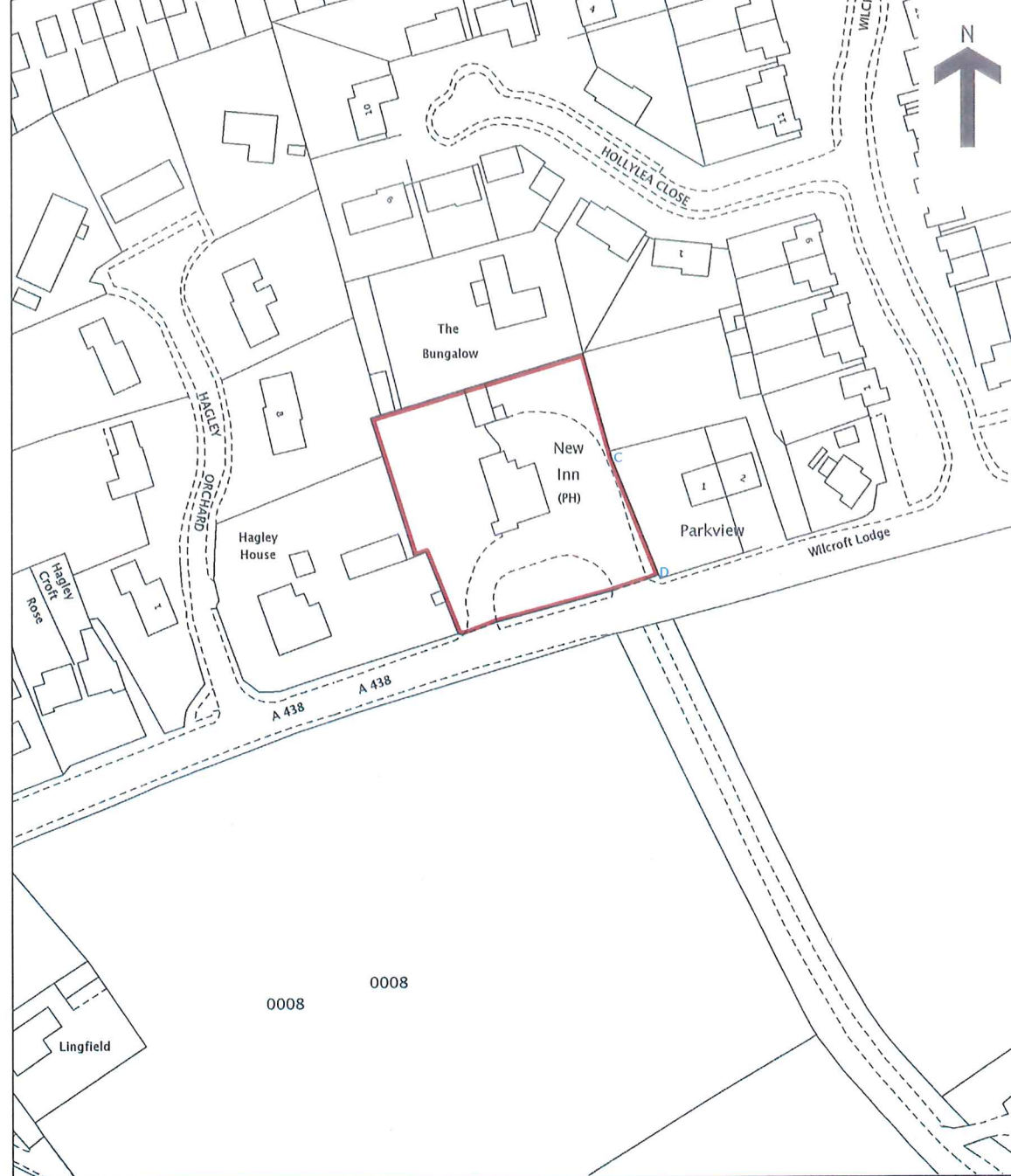
THE  
NEW INN.  
AT  
BARTESTRE

Land Registry  
Current title plan

Title number **HE12862**  
Ordnance Survey map reference **SO5641SW**  
Scale **1:1250 enlarged from 1:2500**  
Administrative area **Herefordshire**



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