



**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.

I/We ROSS CONSERVATIVE CLUB
(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>HILLSBOROUGH HOUSE</u> <u>THE AVENUE</u> <u>ROSS-ON-WYE</u> <u>HEREFORDSHIRE</u>			
Post town	<u>ROSS-ON-WYE</u>	Postcode	<u>HR9 5AW</u>

Telephone number at premises (if any)	<u>01989 562444</u>
Non-domestic rateable value of premises	<u>£0</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/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)

M <input type="checkbox"/>	Mr <input type="checkbox"/>	Mi <input type="checkbox"/>	M <input type="checkbox"/>	Other Title (for example, Rev)
r		s		
Surname			First names	
Date of birth		I am 18 years old or over		<input type="checkbox"/> Please tick yes
Nationality British				
Current residential address if different from premises address				
Post town		Postcode		
Daytime contact telephone number				
E-mail address (optional)				

SECOND INDIVIDUAL APPLICANT (if applicable)

M <input type="checkbox"/>	Mr <input type="checkbox"/>	Mi <input type="checkbox"/>	M <input type="checkbox"/>	Other Title (for
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r	s	ss	s	example, Rev)	
Surname			First names		
Date of birth over		I am 18 years old or		<input type="checkbox"/>	Please tick yes
Nationality					
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	ROSS on WYE CONSERVATIVE CLUB
Address	HILLSBOROUGH HOUSE THE AVENUE ROSS-on-WYE HR9 5AW
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	UNINCORPORATED ASSOCIATION
Telephone number (if any)	01989 562444
E-mail address (optional)	BUSINESSROSSONCLUB@GMAIL.COM

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
10 06 2024

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)

CONSERVATIVE CLUB / PRIVATE MEMBERS
CLUB WISHING TO OPEN SECTION
OF BUILDING TO GENERAL PUBLIC
TO INCREASE PROFITS.

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)

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

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon	-----	-----	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Tue	-----	-----	
Wed	-----	-----	
Thur	-----	-----	<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> (please read guidance note 6)
Fri	-----	-----	
Sat	-----	-----	
Sun	-----	-----	
	-----	-----	

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	-----	-----	Please give further details here (please read guidance note 4)		
Tue	-----	-----			
Wed	-----	-----	State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
Thur	-----	-----			
Fri	-----	-----	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 (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	Please give further details here (please read guidance note 4)		
Mon	11.00	23.00	OCCASSIONAL DISCO/LIVE BAND IF BOOKED FOR AN EVENT		
Tue	11.00	23.00			
Wed	11.00	23.00	State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	11.00	23.00	N/A - SEE ABOVE.		
Fri	11.00	00.30	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)		
Sat	11.00	00.30			
Sun	11.00	00.30			

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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	11:00	23:00	DISCO DEPENDANT on EVENT BOOKINGS.		
Tue	11:00	23:00			
Wed	11:00	23:00	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	11:00	23:00			
Fri	11:00	00:30	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	11:00	00:30			
Sun	11:00	00:30			

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

I

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	11:00	23:00	Please give further details here (please read guidance note 4) PARTIES / WAKES / OTHER PRIVATE FUNCTIONS / MEETINGS / DINNERS .		
Tue	11:00	23:00			
Wed	11:00	23:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur	11:00	23:00			
Fri	11:00	00:30	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 (please read guidance note 6)		
Sat	11:00	00:30			
Sun	11:00	00:30			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	11.00	23.00						
Tue	11.00	23.00						
Wed	11.00	23.00						
Thur	11.00	23.00				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) PRIVATE FUNCTIONS I.E WAKES, WEDDINGS BIRTHDAY PARTIES ETC.		
Fri	11.00	00.30						
Sat	11.00	00.30						
Sun	11.00	00.30						

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	ADRIAN JONES
Date of birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	PL1871
Issuing licensing authority (if known)	HEREFORDSHIRE COUNCIL

□□□□

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	11.00	23.00	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)
Tue	11.00	23.00	
Wed	11.00	23.00	
Thur	11.00	23.00	
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 10)

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)

we will ensure relevant staff are in place to accommodate each function.

b) The prevention of crime and disorder

Any incidents of a criminal nature will be reported to the police
cctv will be installed as to the required needs
ie. Entrance + exits, Bar area.

c) Public safety

Appropriate fire safety procedures are in place
fire exit signage, fire extinguishers,
smoke detectors linked to fire alarm system.

d) The prevention of public nuisance

All customers will be asked to leave quietly.
clear and legible notices will be prominently displayed
to remind customers to respect our neighbors.

e) The protection of children from harm

The licensee and staff will ask persons for proof of age. i.e. photo id cards

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.
-

[Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

*pd
23.05.24*

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE

WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). • The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
Signature	[REDACTED]
Date	07.06.2024
Capacity	BAR STEWARD / MANAGER

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

Signature	[REDACTED]
Date	[REDACTED]
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
ROSS CONSERVATIVE CLUB HILLSBOROUGH MOUSE THE AVENUE			
Post town	ROSS-ON-WYE	Postcode	UR9 5AW
Telephone number (if any)	01989 562444		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
BUSINESSROSSCONCLUB@GMAIL.COM.			

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. In terms of specific regulated entertainments please note that:
 - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
 - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
 - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
 - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
 - Live music: no licence permission is required for:
 - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
 - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
 - a performance of amplified live music between 08.00 and 23.00 on any day, in a workplace that is not licensed to sell alcohol on those premises, provided that the audience does not exceed 500.
 - a performance of amplified live music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
 - a performance of amplified live music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the

Consent of individual to being specified as premises supervisor

I ADRIAN JONES
[full name of prospective premises supervisor]

of



.....
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

..... Grant application

[type of application]

by

Ross Conservative Club

.....
[name of applicant – premises licence holder]

relating to a premises licence

CLUB PREMISES CERT. NO
CP00018
.....
[number of existing licence, if any]

for

ROSS CONSERVATIVE CLUB
HILLSBOROUGH HOUSE
ROSS-ON-WYE
HEREFORDSHIRE
NR9 5AW.

.....
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

Ross Conservative Club

[name of applicant - premises licence holder]

concerning the supply of alcohol at

ROSS CONSERVATIVE CLUB
WILLSBOROUGH HOUSE
ROSS-ON-WYRE
HEREFORDSHIRE
WR9 5AW.

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

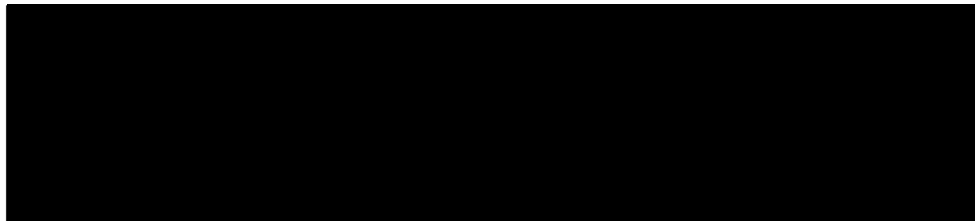
Personal licence number

PL1871 ----- *[insert personal licence number, if any]*

Personal licence issuing authority

HEREFORDSHIRE COUNCIL
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

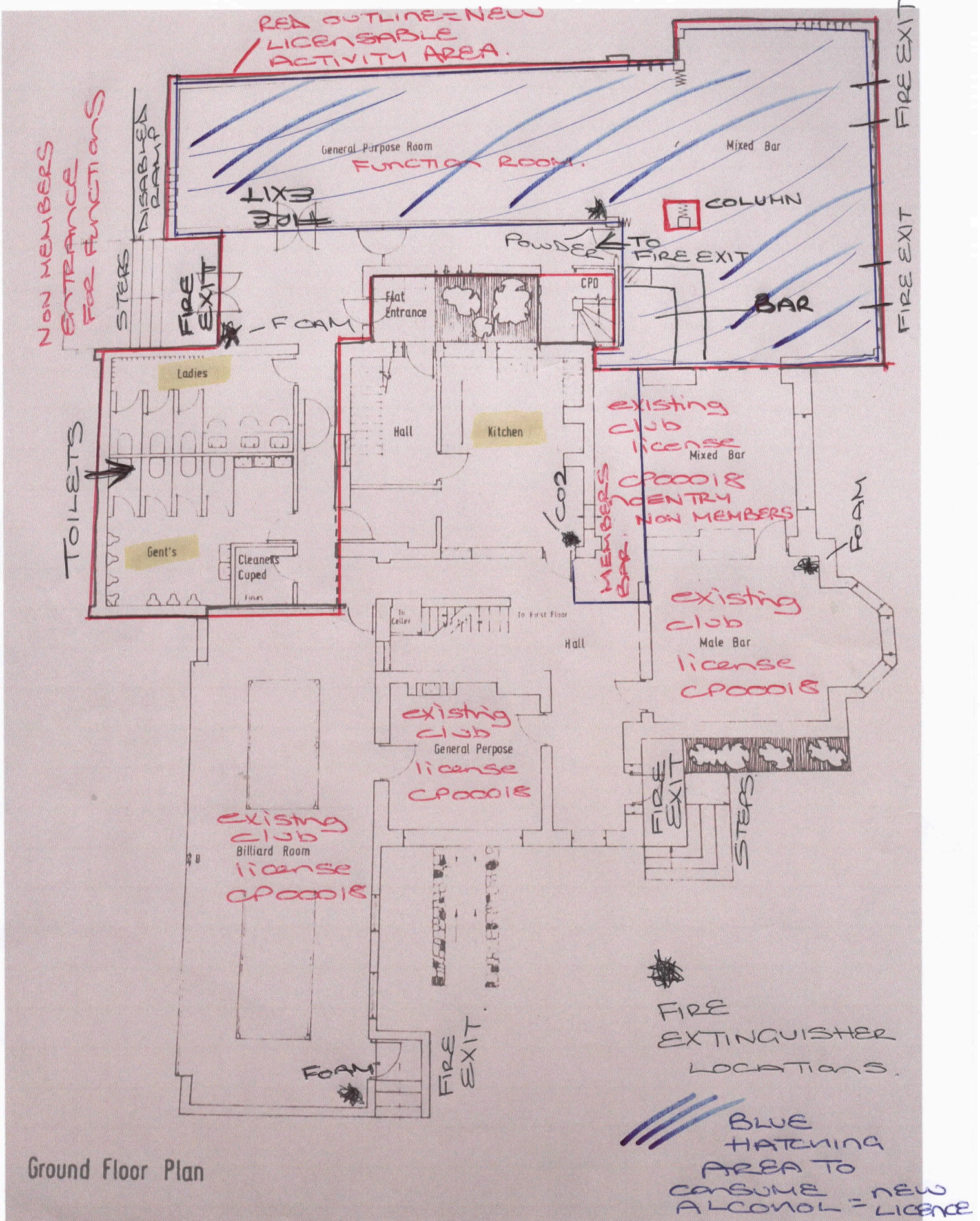


Name (please print)

ADRIAN JONES

Date

07.06.2024



Ground Floor Plan

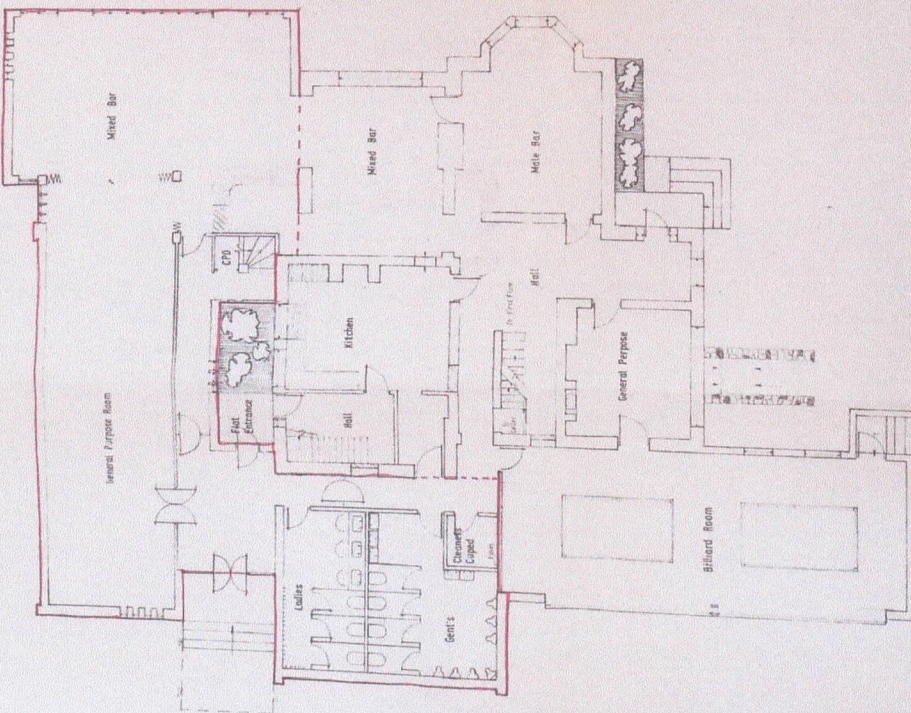
ROSS ON WYE CONSERVATIVE CLUB

PLAN 1/2

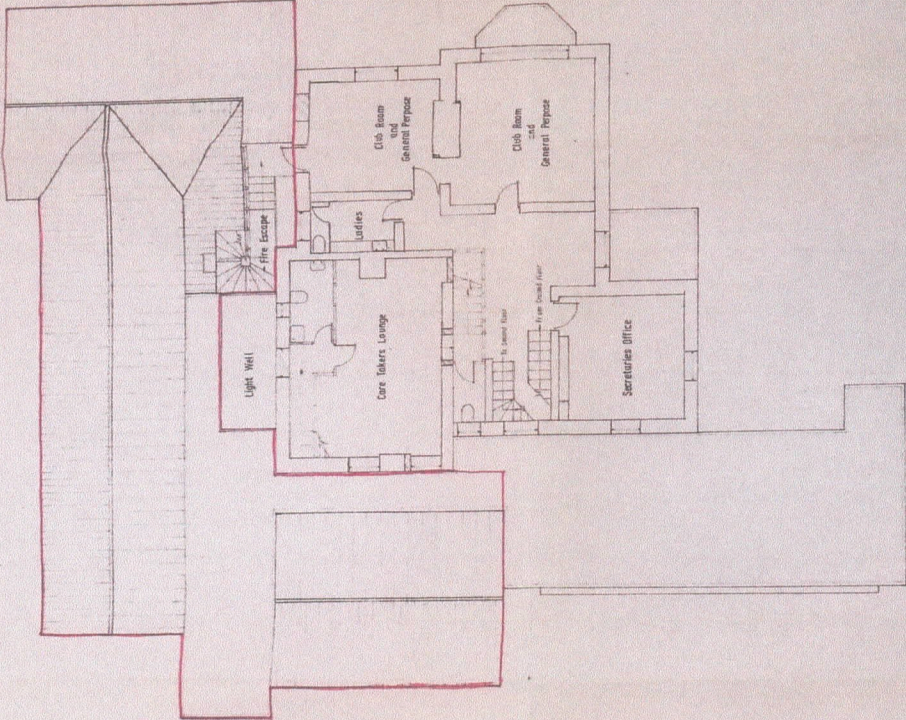
SCALE 1/8" = 1"

/// LICENSABLE ACTIVITY AREA

Notes
 Do not scale this drawing
 Do not use for any other purpose
 without the written consent of the
 architect. All dimensions are in
 millimeters unless otherwise stated.
 The drawing is copyright.



Ground Floor Plan



First Floor Plan

Amendments	Date	By
No		

Job for
 Ross Conservative Club
GROUND FLOOR PLAN
FIRST FLOOR PLAN

Title
 Proposed Alterations to
 Hillsborough
 The Avenue
 Ross-on-Wye

Derek T. Preece B.Sc. A.R.I.B.A.
 Chartered Architect Engineer and Surveyor
 Telford House
 Ross-on-Wye 3201
 12 Castle Street
 Hereford 67557

Scale	No.
Date	CC/PH/1
Drawn	