



**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 keep a copy of the completed form for your records.

I/We Chesters Wine Merchants Ltd

(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 46 CROSS STREET			
Post town	ABERGAVENNY	Postcode	NP75BA

Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	

Part 2 - Applicant details

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

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

(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)	
Surname			First names		
Date of birth or over			I am 18 years old <input type="checkbox"/> Please tick yes		
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

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		
Date of birth or over		I am 18 years old <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)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

(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 CHESTERS WINE MERCHANTS LTD
Address 2 STABLE MEWS, LEWIS LANE, ABERGAVENNY, NP75BA
Registered number (where applicable) 10896943
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
0	8	072021

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 MAIN ROOM OF THE GROUND FLOOR OF THE PREMISES WILL BE THE RETAIL SPACE WHERE ALCOHOL IS PURCHASED TO TAKE OFF SITE. TO THE FAR END OF THE MAIN ROOM, WE WILL HAVE TABLES TO DRINK ON SITE. THE BACK GARDEN WILL BE USED FOR DRINKING ON SITE. BOTH THE GROUND FLOOR SPACE, AND THE BACK GARDEN, WILL BE USED TO HOLD TASTING EVENTS. THE SECOND FLOOR WILL BE USED FOR STORAGE OR AS OFFICE SPACE, NO DRINKS WILL BE SERVED OR CONSUMED.

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) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) Indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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

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			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			
Thur			
Fri			<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)
Sat			
Sun			

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue					
			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Wed					
Thur					
			<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)		
Fri					
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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finis h	Please give further details here (please read guidance note 4) ON MINIMAL OCCASIONS WE WILL HAVE A MUSICIAN PERFORM ACOUSTICALLY IN THE BACKGROUND WHILST CUSTOMERS DRINK ON SITE. THIS MAY OR MAY NOT BE AMPLIFIED.		
Mon	10.00	19.00			
Tue	10.00	19.00	State any seasonal variations for the performance of live music (please read guidance note 5) N/A		
Wed	10.00	19.00			
Thur	09.00	22.00	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) N/A		
Fri	09.00	22.00			
Sat	09.00	22.00			
Sun	10.00	17.00			

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" 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) N/A		
Mon	10.00	19.00			
Tue	10.00	19.00			
			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) N/A		
Wed	10.00	19.00			
Thur	09.00	22.00			
			<u>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</u> (please read guidance note 6) N/A		
Fri	09.00	22.00			
Sat	09.00	22.00			
Sun	10.00	17.00			

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance 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)			
Mon						
Tue						
			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)			
Wed						
Thur						
			<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> (please read guidance note 6)			
Fri						
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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
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 consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	09.30	19.30	State any seasonal variations for the supply of alcohol (please read guidance note 5) N/A		
Tue	09.30	19.30			
Wed	09.30	22.30			
Thur	08.30	22.30	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) N/A		
Fri	08.30	22.30			
Sat	08.30	22.30			
Sun	09.30	17.30			

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	
Date of birth	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	

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).

The consumption and sale of alcohol on premises, as well as hosting tasting events in store.

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) IN WINTER OR COLDER SEASONS WHERE DRINKING OUTSIDE WON'T BE POSSIBLE, WE MAY REDUCE HOURS IN THE WEEK.
Day	Start	Finish	
Mon	10.00	19.00	
Tue	10.00	19.00	
Wed	10.00	19.00	
Thur	09.00	22.00	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)
Fri	09.00	22.00	ON SUNDAYS AND OVER HOLIDAYS, SUCH AS BANK HOLIDAYS, WE MAY WORK REDUCED HOURS.
Sat	09.00	22.00	WHEN HOSTING AN EVENT, WE MAY BE OPEN TO 23:00 RATHER THAN THE USUAL SHOP HOURS.
Sun	10.00	17.00	

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)

To ensure all objectives are completed and maintained, all staff will be trained in their responsibilities in relation to the sale of alcohol, particularly regarding drunkenness and underage persons. Records will be kept of training and refresher training when required. There will also always be enough staff on site to be able to manage the number of customers, as to maintain crime and disorder.

b) The prevention of crime and disorder

Any incidents of a criminal nature that may occur on the premises will be reported to the Police. We will also install 24hr CCTV coverage at the premises covering the entrances, shop floor, drinking area in the rear garden and the till area. The CCTV will be high quality images, able to show the faces of the suspect and the crime committed. They will also be available to be viewed by Police on request and the recording device will be held in a secure location, with a sufficient export method, holding up to 31 days at a time.

We will have an alarm system fitted and operational when the shop is closed, this will also be used to alert the police.

c) Public safety

We will have appropriate fire extinguishers accessible inside and outside. In the kitchen there will be a fire blanket as well as fire exit signs and smoke detectors. All appliances will be inspected annually, and all emergency exits shall be always kept free from obstruction.

d) The prevention of public nuisance

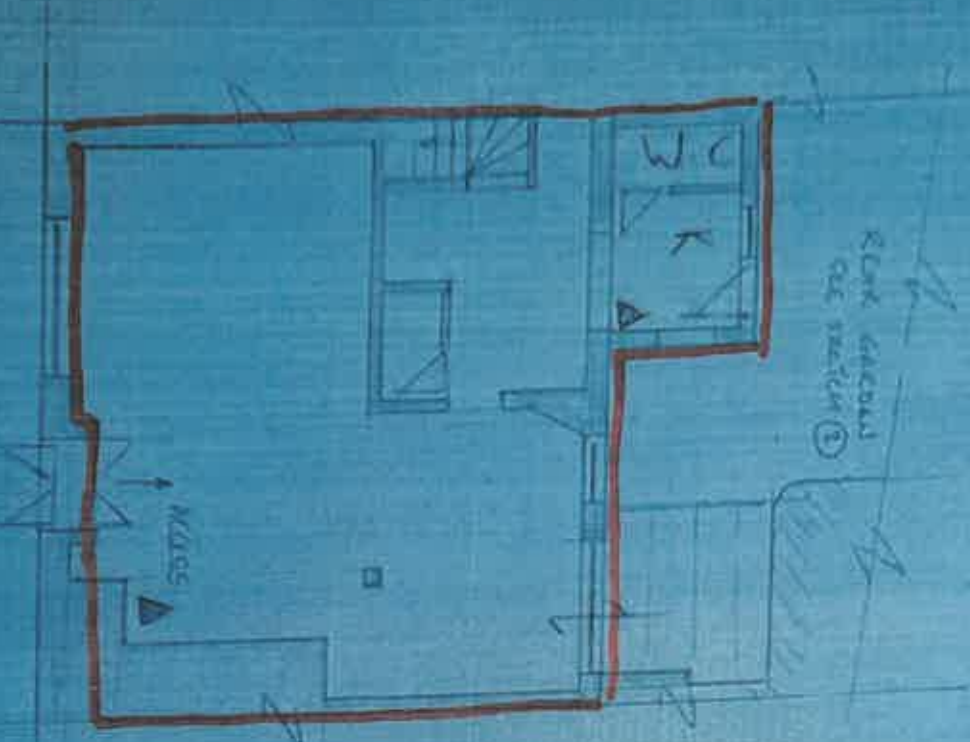
We will encourage customers to leave the premises quietly, whilst providing signs on the premises asking for cooperation also. Customers will not be permitted to take drinks outside of the premises onto any public property or walkways in open containers.

e) The protection of children from harm

No person under the age of eighteen will be permitted on the premises for onsite drinking from 18:00. Premises will operate a "Challenge 25" policy whereby any person attempting to buy alcohol who appears to be under 25 will be asked for photographic ID to prove their age. Suitable signage advertising the "Challenge 25" policy will be displayed in prominent locations in the premises.

①

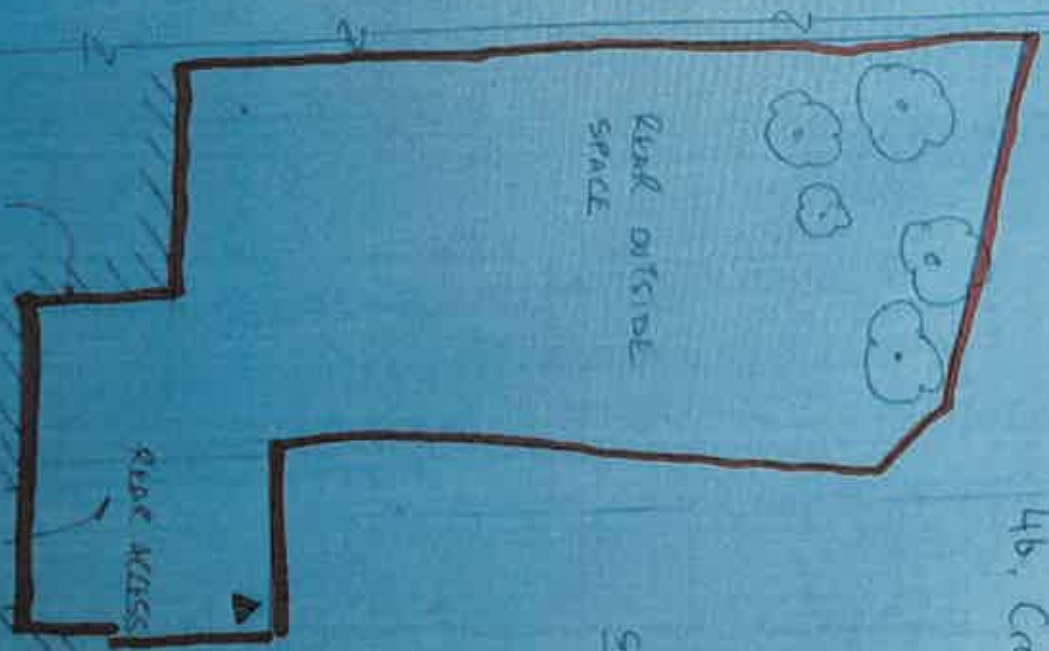
INTERNAL LAYOUT
4b, Cross St.
4b, Cross St.



Key
▲ - Fire safety equipment
- On site drinking boundary
WC - Toilet
K - Kitchen

②

EXTERNAL PLAN
4b, Cross St.
4b, Cross St.



SCALE: 1:100

BACK & PROFILE