

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

sterlingpetroleum@hotmail.com

Main telephone number

Include country code.

Other telephone number

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

Is the applicant:

☐ 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 the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

Continued from previous page...

Address

* Building number or name	<input type="text" value=""/>
* Street	<input type="text" value=""/>
District	<input type="text" value=""/>
* City or town	<input type="text" value=""/>
County or administrative area	<input type="text" value=""/>
* Postcode	<input type="text" value=""/>
* Country	<input type="text" value="United Kingdom"/>

Agent Details

* First name	<input type="text" value=""/>
* Family name	<input type="text" value=""/>
* E-mail	<input type="text" value=""/>
Main telephone number	<input type="text" value=""/>
Other telephone number	<input type="text" value=""/>

Include country code.

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

Are you:

- ☒ An agent that is a business or organisation, including a sole trader
- ☐ A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Agent Business

Is your business registered in the UK with Companies House? ☒ Yes ☐ No

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

Registration number	<input type="text" value="06100860"/>
Business name	<input type="text" value="Preradic@hotmail.co.uk"/>
VAT number	<input type="text" value="-"/>
Legal status	<input type="text" value="Private Limited Company"/>
Your position in the business	<input type="text" value="Director"/>
Home country	<input type="text" value="United Kingdom"/>

If your business is registered, use its registered name.

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

The country where the headquarters of your business is located.

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Agent Registered Address

Address registered with Companies House.

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"/>

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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	<input type="text" value="Raglan Service Station"/>
Street	<input type="text" value="High street"/>
District	<input type="text"/>
City or town	<input type="text" value="Raglan"/>
County or administrative area	<input type="text" value="Usk"/>
Postcode	<input type="text" value="NP15 2DY"/>
Country	<input type="text" value="United Kingdom"/>

Further Details

Telephone number	<input type="text"/>
Non-domestic rateable value of premises (£)	<input type="text" value="9,900"/>

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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 Her Majesty's prerogative

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INDIVIDUAL APPLICANT DETAILS

Applicant Name

Is the name the same as (or similar to) the details given in section one?

☒ Yes ☐ No

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.

First name

Family name

Is the applicant 18 years of age or older?

☒ Yes ☐ No

Continued from previous page...

Current Residential Address

Is the address the same as (or similar to) the address given in section one?

☒ Yes

☐ No

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.

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"/>

Applicant Contact Details

Are the contact details the same as (or similar to) those given in section one?

☒ Yes

☐ No

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.

E-mail	<input type="text"/>
Telephone number	<input type="text"/>
Other telephone number	<input type="text"/>
* Date of birth	<input type="text" value="dd"/> / <input type="text" value="mm"/> / <input type="text" value="yyyy"/>
* Nationality	<input type="text"/>
Right to work share code	<input type="text"/>

Documents that demonstrate entitlement to work in the UK

Right to work share code if not submitting scanned documents

Add another applicant

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OPERATING SCHEDULE

When do you want the premises licence to start?

<input type="text" value="26"/>	/	<input type="text" value="10"/>	/	<input type="text" value="2022"/>
dd		mm		yyyy

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

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
dd		mm		yyyy

Provide a general description of the premises

Continued from previous page...

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.

Convenience store with a small petrol station

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

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PROVISION OF PLAYS

[See guidance on regulated entertainment](#)

Will you be providing plays?

☐ Yes ☒ No

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PROVISION OF FILMS

[See guidance on regulated entertainment](#)

Will you be providing films?

☐ Yes ☒ No

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PROVISION OF INDOOR SPORTING EVENTS

[See guidance on regulated entertainment](#)

Will you be providing indoor sporting events?

☐ Yes ☒ No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

[See guidance on regulated entertainment](#)

Will you be providing boxing or wrestling entertainments?

☐ Yes ☒ No

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PROVISION OF LIVE MUSIC

[See guidance on regulated entertainment](#)

Will you be providing live music?

☐ Yes ☒ No

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PROVISION OF RECORDED MUSIC

[See guidance on regulated entertainment](#)

Continued from previous page...

Will you be providing recorded music?

☐ Yes

☒ No

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PROVISION OF PERFORMANCES OF DANCE

[See guidance on regulated entertainment](#)

Will you be providing performances of dance?

☐ Yes

☒ No

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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

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

☐ Yes

☒ No

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

☒ Yes

☐ No

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.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

Continued from previous page...

FRIDAY

Start 00:00

End

Start

End 23:59

SATURDAY

Start 00:00

End

Start

End 23:59

SUNDAY

Start 00:00

End

Start

End 23:59

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.

N/A

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.

N/A

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'.

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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

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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	<input type="text" value="00:00"/>	End	<input type="text"/>
Start	<input type="text"/>	End	<input type="text" value="23:59"/>

WEDNESDAY

Start	<input type="text" value="00:00"/>	End	<input type="text"/>
Start	<input type="text"/>	End	<input type="text" value="23:59"/>

THURSDAY

Start	<input type="text" value="00:00"/>	End	<input type="text"/>
Start	<input type="text"/>	End	<input type="text" value="23:59"/>

FRIDAY

Start	<input type="text" value="00:00"/>	End	<input type="text"/>
Start	<input type="text"/>	End	<input type="text" value="23:59"/>

SATURDAY

Start	<input type="text" value="00:00"/>	End	<input type="text"/>
Start	<input type="text"/>	End	<input type="text" value="23:59"/>

SUNDAY

Start	<input type="text" value="00:00"/>	End	<input type="text"/>
Start	<input type="text"/>	End	<input type="text" value="23:59"/>

State any seasonal variations

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

N/A

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.

N/A

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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)

Continued from previous page...

List here steps you will take to promote all four licensing objectives together.

- The premises will be managed and controlled by a responsible person at all times.
- The Designated Premises Supervisor will be on the premises or contactable during the operating hours.

b) The prevention of crime and disorder

- CCTV that is able to capture images without any blind spot, particularly outside under conditions of low lighting will be fitted in the premises. Images will be retained for a period of at least 31 days and will be made available to any of the responsible authorities to view or copies produced on request. If for any reason the CCTV hard drive needs to be replaced the previous/old hard drive will be kept on site for a minimum of 31 days and made immediately available to any of the responsible authorities on request

c) Public safety

- The management will take part in local neighbourhood watch or similar schemes

d) The prevention of public nuisance

- Single cans or bottles of beers & ciders or plastic cups to accompany purchases of alcohol are not to be sold
- A list of persons that cause issues will be maintained by the premises and the management will not serve alcohol or tobacco products to these individuals at any time. This list can be populated by the management or any other responsible authorities.

e) The protection of children from harm

- All staff members who serve alcohol will be trained in the prevention of underage sales to a level commensurate with their duties. All such training will be updated as necessary, for instances when legislation changes, and should include training on how to deal with difficult customers. The training will be clearly documented and signed and dated by both the trainer and the member of staff receiving it. The documentation will be available for inspection on request by any of the responsible authority.
- A Challenge 25 policy will be operated by the premises with notices informing customers of the policy. The only forms of acceptable identification shall be a photographic driving licence, a valid passport, a recognised form of photographic identification incorporating the PASS logo. Notices will be displayed in the premises stating this
- All staff with a responsibility for supplying or selling alcohol shall be vigilant in preventing adults buying alcohol on behalf of persons who are under 18 and will refuse such sales where they suspect that this may be about to occur.
- An Incident/Refusals Book will be maintained at the premises and made available to any of the appropriate authorities on request

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NOTES ON DEMONSTRATING ENTITLEMENT TO WORK IN THE UK

Continued from previous page...

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 offence, liable on conviction to a fine up to 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.

☐ Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

* Capacity

Date (dd/mm/yyyy)

Add another signatory

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/monmouthshire/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

IT IS AN OFFENCE LIABLE TO SUMMARY CONVICTION TO A FINE OF ANY AMOUNT UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

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