



**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 Raglan Festival Committee**

*(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			
Raglan Sports Field, Station Road, Raglan			
<b>Post town</b>	USK	<b>Postcode</b>	NP15 2EN

<b>Telephone number at premises (if any)</b>	N/a
<b>Non-domestic rateable value of premises</b>	£ N/a

**Part 2 - Applicant details**

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


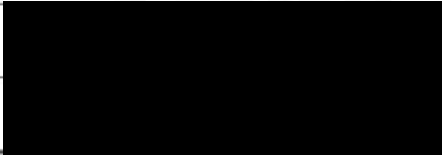
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth over			I am 18 years old or <input type="checkbox"/> Please tick yes		
Nationality					
Current residential address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

**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 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 Raglan Festival
Address 
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Liability Partnership 

When do you want the premises licence to start?

DD		MM		YYYY			
2	4	0	8	2	0	2	5

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

DD		MM		YYYY			
2	4	0	8	2	0	2	5

Please give a general description of the premises (please read guidance note 1)

The Sports Field, Station Road, Raglan (see plan)

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)                                                               | ✓                        |
| f) recorded music (if ticking yes, fill in box F)                                                           | ✓                        |
| 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**

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)  N/A	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

# B

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<b>N/A</b>	
Mon				
Tue			<b>Please give further details here</b> (please read guidance note 4)	
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)	
Thur			<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 6)	
Fri				
Sat				
Sun				

C

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

# D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish	N/A		Both	<input type="checkbox"/>
Mon					<b><u>Please give further details here</u></b> (please read guidance note 4)	
Tue						
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)			
Thur						
Fri			<b><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></b> (please read guidance note 6)			
Sat						
Sun						



# E

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	✓
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)  Amplified music from a stage (see plan)		
Tue					
Wed			<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 5)  N/A		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 6)  N/A		
Sat					
Sun	12:00	19:00			

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue			Amplified music from a stage (see plan)		
Wed			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Thur			N/A		
Fri			<b><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></b> (please read guidance note 6)		
Sat			N/A		
Sun	12:00	19:00			

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 3)  N/A	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing  N/A		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Will this entertainment take place Indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed					
Thur			<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 5)		
Fri					
Sat			<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 6)		
Sun					

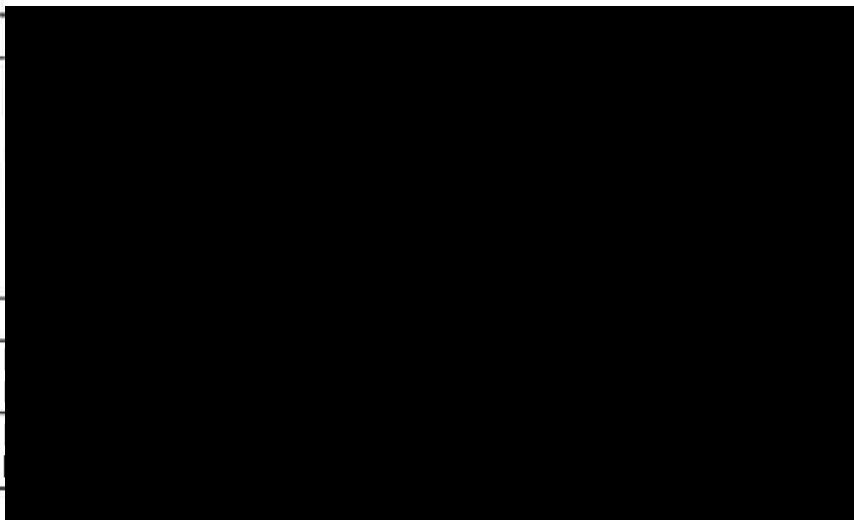
I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)</b>  N/A	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Thur					
Fri			<b><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></b> (please read guidance note 6)		
Sat					
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  N/A		
Mon					
Tue					
Wed					
Thur					
Fri			<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 6)  N/A		
Sat					
Sun	12:00	19:00			

**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 Neil Stephen James	
	

# 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).**

Family Fun Day

# L

<b>Hours premises are open to the public</b> <b>Standard days and timings (please read guidance note 7)</b>			<b><u>State any seasonal variations</u> (please read guidance note 5)</b>  N/A
Day	Start	Finish	<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> (please read guidance note 6)</b>  N/A
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun	12:00	19:00	

**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)**

- Alcohol will be sold by experienced staff
- Experienced staff

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

- Emergency exits to be kept clear.
- 10+ stewards. All wearing identifiable clothing. Fully briefed of roles before the event
- Signs re no drugs or weapons
- Emergency plan to deal with incidents
- Adequate stewards to minimize queuing on entry

**c) Public safety**

- Risk assessments and controls in place for event. Stewards will be briefed
- First responders on site
- Day time event

**d) The prevention of public nuisance**

- Event will finish at 7:00pm
- Recycling bins for rubbish
- Stewards will monitor and deal with litter during and after event

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

- Adults to remain with children at all time
- Lost children policy
- Lost children point
- Some stewards have been DBS checked
- All sellers of alcohol have signage re selling alcohol to underage persons
- Signs and policy re taking of photographs



**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). N/a

**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.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [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).</li><li>• 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)</li></ul>
<b>Signature</b>	
<b>Date</b>	14 <sup>th</sup> June 2025
<b>Capacity</b>	COMMITTEE MEMBER