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Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr  
Bridgend County Borough Council



Swyddfeydd Dinesig, Stryd yr Angel, Pen-y-bont, CF31 4WB / Civic Offices, Angel Street, Bridgend, CF31 4WB

*Rydym yn croesawu gohebiaeth yn Gymraeg.  
Rhowch wybod i ni os mai Cymraeg yw eich  
dewis iaith.*

*We welcome correspondence in Welsh. Please  
let us know if your language choice is Welsh.*



**Cyfarwyddiaeth y Prif Weithredwr / Chief  
Executive's Directorate**

Deialu uniongyrchol / Direct line /: 01656 643148 /  
643147 / 643694

Gofynnwch am / Ask for: Michael Pitman

Ein cyf / Our ref:

Eich cyf / Your ref:

**Dyddiad/Date:** Monday, 4 November 2019

Dear Councillor,

**LICENSING ACT 2003 SUB-COMMITTEE (B)**

A meeting of the Licensing Act 2003 Sub-Committee (B) will be held in Committee Rooms 2/3, Civic Offices, Angel Street, Bridgend, CF31 4WB on **Friday, 8 November 2019 at 10:00**.

**AGENDA**

1. Apologies for Absence  
To receive apologies for absence from Members.
2. Declarations of Interest  
To receive Declarations of personal and prejudicial interest (if any) from members/ officers in accordance with the provisions of the Members Code of Conduct adopted by Council from the 1st September 2008.
3. Licensing Act 2003 Section 17, Application for a Premises Licence - Owen's House, Llewellyn Street, Nantymoel, Bridgend 3 - 30

Yours faithfully

**K Watson**

Head of Legal and Regulatory Services

Councillors:

PA Davies

Councillors

RM James

Councillors

JE Lewis

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## BRIDGEND COUNTY BOROUGH COUNCIL

### REPORT TO LICENSING ACT 2003 SUB-COMMITTEE

8 NOVEMBER 2019

#### REPORT OF THE HEAD OF LEGAL AND REGULATORY SERVICES

##### LICENSING ACT 2003

##### SECTION 17

##### APPLICATION FOR A PREMISES LICENCE

##### OWEN'S HOUSE, LLEWELLYN STREET, NANTYMOEL, BRIDGEND

#### 1. Purpose of report

- 1.1 The purpose of this report is to determine an application for a premises licence for the above premises.

#### 2. Connection to corporate improvement objectives/other corporate priorities

- 2.1 There is no direct link to the Corporate Improvement Plan / Other Corporate Priority.

#### 3. Background

- 3.1 A copy of the application form is attached at **Appendix A** together with the proposed licence plans.

- 3.2 The application is for a Premises Licence which authorises the various licensable activities at the premises.

- 3.3 The timings requested are as follows:

Supply of Alcohol:

Monday to Saturday: 1800 – 2300 hours

- 3.4 The operating schedule setting out the steps the applicant intends to promote the licensing objectives is set out in Section M boxes a) to e) of the application form. Should the premises licence be granted, these measures would be translated into licence conditions.

- 3.5 A representation has been received from a member of the public, and a copy of this representation can be found in **Appendix B**. The application was considered by the Responsible Authorities and no other representations have been received.

- 3.6 The application has been advertised in accordance with Regulations.

#### 4. Current situation/proposal

- 4.1 The Sub-Committee must have regard to the Council's Statement of Licensing Policy and the Home Office Guidance issued under Section 182 of the Licensing Act 2003. However, the Sub-Committee must consider each application on its own

merits having regard to the application, the operating schedule submitted and the representations made.

4.2 Sections 2 (The Licensing Objectives), 8 (Applications for Premises Licences), 9 (Determining applications) and 10 (Conditions attached to premises licences) of the Home Office Guidance apply to this application.

4.3 When determining this application, the Sub-Committee must undertake its functions in accordance with the four statutory licensing objectives:

- The prevention of crime and disorder;
- Public safety;
- The prevention of public nuisance; and
- The protection of children from harm.

## **5. Effect upon policy framework and procedure rules**

5.1 None

## **6. Equality Impact Assessment**

6.1 A full Equality Impact Assessment has not been undertaken in relation to this service, however due regard has been given to the implications on persons protected by equality legislation and human rights. Adverse impact of this Legislation on the equality protected groups is very unlikely. Consideration has been given to the guidance issued to accompany the Licensing Act 2003 relating to need to eliminate duplication and conflict with existing disability legislation and to reference and highlight the Council's Race Equality Scheme, policies and codes of conduct to applicants. We do not consider, on the basis of the above, that a detailed Equality Impact Assessment is required for this service. In line with our Inclusive Equalities Scheme we will monitor for any adverse impacts that may develop.

## **7. Well-being of Future Generations (Wales) Act 2015 implications**

7.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

## **8. Financial implications**

8.1 None

## **9. Recommendation**

9.1 The Sub-Committee is asked to determine the application having regard to the Council's Statement of Licensing Policy and the Guidance issued by the Home Office.

9.2 The Sub-Committee is requested to consider whether any additional conditions are to be imposed or only those which are consistent with and set out in the operating schedule. Section 10 of the Home Office Guidance relates to conditions attached to Premises Licences, Mandatory conditions will apply to the licence, if granted, in

respect of the specification of a Designated Premises Supervisor, age verification policy and authorisation by personal licence holders.

**Kelly Watson**  
**Head of Legal and Regulatory Services**

**4 November 2019**

**Contact officer:** **Yvonne Witchell**  
Team Manager Licensing

**Telephone:** (01656) 643643

**Email:** [Yvonne.Witchell@bridgend.gov.uk](mailto:Yvonne.Witchell@bridgend.gov.uk)

**Postal address:** **Civic Offices, Angel Street, Bridgend, CF31 4WB**

**Background documents:** Application for Premises Licence  
Representations  
Council's Statement of Licensing Policy available at  
[www.bridgend.gov.uk](http://www.bridgend.gov.uk)  
Amended Guidance issued under Section 182 of the Licensing  
available at [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)

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**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 Mark Owen

*(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 <b>Owens House, Llewellyn street, Nantymoel.</b>			
<b>Post town</b>	Bridgend	<b>Postcode</b>	CF32 7RF

Telephone number at premises (if any)	<b>01656 849361</b>
Non-domestic rateable value of premises	<b>£150.000</b>

**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)

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

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

Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
1	11	02 01 9

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)

Detached dwelling situated in middle of 3rd acre of land.

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)

**Supply of alcohol** (if ticking yes, fill in box J)

X

**In all cases complete boxes K, L and M**

**A**

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

**B**

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

<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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
Tue			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music 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"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Tue					
			<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 6)		
Wed					
Thur					
Fri					
Sat					
Sun					



**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 type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
Tue			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
Tue			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 5)		
Wed					
Thur			<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 6)		
Fri					
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		
Day	Start	Finish	<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>	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)					
Mon								
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</b> <u>– please tick</u> (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)	
Mon	18.00	23.00		
Tue	18.00	23.00		
Wed	18.00	23.00		
Thur	18.00	23.00		
Fri	18.00	23.00		
Sat	18.00	23.00		
Sun				
			<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)	

State the name and details of the individual whom you wish to specify on the licence as designated premises check  
 or (Please see declaration about the entitlement to work in the premises):

National licence number (if known) BCBCLI 1795
Issuing licensing authority (if known) BRIDGEND

**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**

<p>Hours premises are open to the public Standard days and timings (please read guidance note 7)</p>			<p><u>State any seasonal variations</u> (please read guidance note 5)</p>
Day	Start	Finish	
Mon	18.00	23.30	<p><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)</p>
Tue	18.00	23.30	
Wed	18.00	23.00	
Thur	18.00	23.00	
Fri	18.00	23.00	
Sat	18.00	23.00	
Sun			

## 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)**

I intend to operate the proposed premises in a professional manner by ensuring the safety of patrons at all times.  
Work closely with local police at all times.  
CCTV fitted and maintained.  
Patrons will be asked for proof of age if staff feel they are not 18 years of age.  
Staff will be have "Awareness of Offences" training.

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

Emergency lighting.  
Refusing to serve anyone who appears to be drunk or under age.  
CCTV cameras installed and recordings will be kept for 21 days.

### **c) Public safety**

Fire protection measures are in place i.e. extinguishers and fire blankets. and will be regularly maintained.  
Ensure advice given by Fire Officer is adhered to.  
Regular risk assessments.  
Staff training on evacuation procedures.

### **d) The prevention of public nuisance**

Signs asking patrons to leave premises quietly will be displayed.  
Work in harmony with local police.  
Provision of litter bin outside premises.  
Register of refusal to be kept up to date.

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

Identity checks on young persons.  
Staff training on underage drinking  
  
Unaccompanied children not admitted. Proof of age signs  
  
No vending or gaming machines.

**Checklist:**

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises. X
- 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. X
- I understand that I must now advertise my application. X
- 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 or my share code issued by the Home Office online right to work checking service (please read note 15). X

**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.**

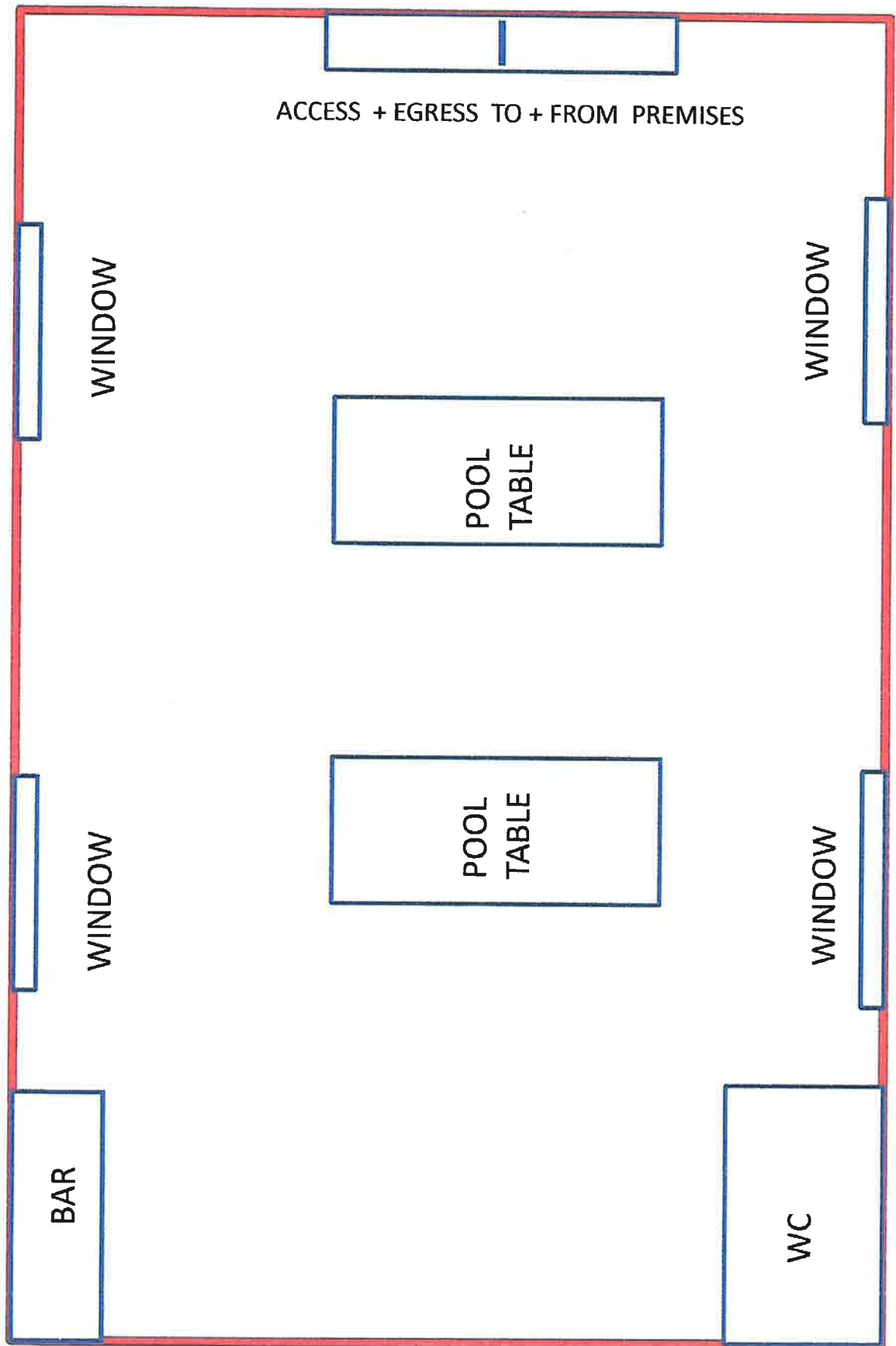
<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (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</li> </ul>
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# Owens House





**licensing**

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**From:**  
**Sent:** 25 September 2019 14:03  
**To:** licensing  
**Subject:** Owens house

My concerns regarding this application are where are any vehicles going to park seeing when house was built only three parking spaces were allowed .Also selling alcohol right next door to a children park/playground will it be past over from people for children to have.This is a dead end road with limited space.Have concerns over noise when alcohol fuelled people leaving at that time off night there are small children in this street and I for one leave for work early in the morning same as my wife does

Yours Andrew Moore

Sent from my iPad

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