

[Insert name and address of relevant licensing authority and its reference number (optional).]

**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.

/We NSA Afan

(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			
Village Café and Function Room Bettws Life Centre Bettws Road Bettws			
Post town	Bridgend	Postcode	CF32 8TB
Telephone number at premises (if any)		None. Contact on 	
Non-domestic rateable value of premises		£18,500	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

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 | <input type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | 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:

Please tick yes

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		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal 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		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
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 NSA Afan Community Regeneration Limited
Address NSA Afan Ty Arian Silver Avenue Sandfields Port Talbot SA127RX
Registered number (where applicable) 1088934 (Charity No.) 3674953 (Company No.)
Description of applicant (for example, partnership, company, unincorporated association etc.) NSA Afan is a registered charity, development trust and company limited by guarantee.
Telephone number (if any) 01639 870067
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
0	2	03 2017

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)
 NSA Afan has recently secured the long term lease of the Cafe, bar and function hall at the Life Centre in Bettws. Previously occupied by Groundwork who has now ceased trading, NSA Afan aims to use the facility for community use. This will include functions, birthday parties, sporting occasions, meetings, conferences, training events and recreational activities such as dance and fitness sessions.

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

NA

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any 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)

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2) Indoors	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	09:00	24:00	<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	09:00	24:00			
Wed	09:00	24:00	<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur	09:00	24:00			
Fri	09:00	24:00	<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> (please read guidance note 5)		
Sat	09:00	24:00			
Sun	09:00	24:00			
Mon	09:00	24:00			

B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Mon	09:00	24:00			
Tue	09:00	24:00	<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Wed	09:00	24:00			
Thur	09:00	24:00	<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> (please read guidance note 5)		
Fri	09:00	24:00			
Sat	09:00	24:00			
Sun Mon	09:00 09:00	24:00 24:00			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon	09:00	24:00	
Tue	09:00	24:00	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed	09:00	24:00	
Thur	09:00	24:00	<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 5)
Fri	09:00	24:00	
Sat	09:00	24:00	
Sun	09:00	24:00	

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Mon	09:00	24:00			
Tue	09:00	24:00	<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Wed	09:00	24:00			
Thur	09:00	24:00	<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 5)		
Fri	09:00	24:00			
Sat	09:00	24:00			
Sun	09:00	24:00			

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	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 3)		
Mon	09:00	24:00			
Tue	09:00	24:00			
Wed	09:00	24:00			
			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	09:00	24:00			
			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 5)		
Fri	09:00	24:00			
Sat	09:00	24:00			
Sun	09:00	24:00			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Mon	09:00	24:00			
Tue	09:00	24:00			
Wed	09:00	24:00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Thur	09:00	24:00			
Fri	09:00	24:00	<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 5)		
Sat	09:00	24:00			
Sun	09:00	24:00			

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Mon	09:00	24:00			
Tue	09:00	24:00			
Wed	09:00	24:00	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Thur	09:00	24:00			
Fri	09:00	24:00	<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 5)		
Sat	09:00	24:00			
Sun	09:00	24:00			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<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> (please read guidance note 5)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	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 3)		
Mon					
Tue			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Wed					
Thur			<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 5)		
Fri					
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input checked="" 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 4)		
Mon	12:00	24:00			
Tue	12:00	24:00			
Wed	12:00	24:00			
Thur	12:00	24:00			
Fri	12:00	24:00			
Sat	12:00	24:00			
Sun	12:00	24:00			
			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 5)		
			Alcohol will be supplied until 00.30 on New Year's Eve.		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

Name	
[Redacted]	
Address	
[Redacted]	
Postcode	
Personal licence number (if known)	
Course completed, awaiting DBS Pending	

Issuing licensing authority (if known)
BCBC

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 8).

These will be concerned only in the following:-

- 1. Showing of films – dependant on censor level of film PG,12,15,18.
Admittance to any screenings will be strictly monitored and any publicity materials will be monitored for suitability for any children. Location of publicity materials will also be limited as relevant.**
- 2. Live artist shows may contain limited adult content – swearing, adult themes, sexual references.**

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon	9:00	00:30	
Tue	9:00	00:30	
Wed	9:00	00:30	
Thur	9:00	00:30	<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 5)
Fri	9:00	00:30	New Year's Eve 01:00 (New Year's Day)
Sat	9:00	00:30	

Sun	11:00	00:30	
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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 9)

- 1) We will ensure that we have responsible, committed and well trained staff in order to ensure that the facility is viewed as a benchmark for similar facilities in the area.
- 2) All our staff will be advised on licensing law in writing before they are allowed to sell alcohol.
- 3) Training will be provided for both new and existing staff on our specific policies relating to alcohol sales, child protection, underage drinking, health and safety, crime and disorder.

b) The prevention of crime and disorder

- 1) Our facility has an intruder alarm coupled with a key holding service to ensure the protection of the facility. This is provided through Bluestone Security.
- 2) CCTV is installed by the premises owners BCBC both inside and outside the facility.
- 3) We will eject or refuse entry to persons from the premises if they do not meet our admission's standards or they are known to be violent or aggressive.
- 4) We will log such incidents in a log book
- 5) We will contact the police if customers are suspected of being in possession of drugs or weapons or in any potential incident as detailed in 3). All staff will be made aware of this requirement

c) Public safety

- 1) A full risk assessment taking into account public safety will be completed at the premises to identify potential hazards to staff or customers. We will put precautions in place to manage the hazards. We will review the risk assessment annually.
- 2) First aid kit is available at the premises and all stock is maintained and up to date
- 3) We will ensure that at least one member of staff has a current and valid First Aid qualification
- 4) Any accidents will be documented in our accident log book
- 5) We will adopt a glass collection policy to ensure regular collection of glassware by staff and the prevention of glassware being taken into external areas. We will ensure all staff are made aware of this.
- 6) All spillages and broken glass will be cleaned up immediately to ensure no slips, trips or falls. (This will be included in our risk assessment)
- 7) The facility is fitted with its own fire detection system and is tested regularly and logged
- 8) We have safe and accessible means of escape clear of any obstacles or obstruction. We also have a clear, visible area of congregation in the event of a fire
- 9) All equipment is checked and maintained regularly with records kept of the date and findings of the checks

d) The prevention of public nuisance

- 1) We will encourage patrons consider our neighbours and to behave in a quiet and respectful manner when the leaving the premises by displaying prominent signs.
- 2) Steps will be undertaken to prevent noise breakout from the premises e.g. windows will be closed while the premises licence is in use, load speakers will be located away from doors and windows, doors will be fitted with self-closing devices
- 3) Smoking areas will be located away from residential premises.
- 4) External lighting will be turned off after the premises are closed to the public.
- 5) Security lighting will be positioned to minimise disturbance to our neighbours.

e) The protection of children from harm

- 1) We will restrict access to children depending on the nature or circumstances
- 2) The admittance of children will only be permitted if they are accompanied by an adult
- 3) We will adopt a strict "No ID – No Sale" policy. We will familiarise ourselves with the "Challenge 21" scheme which will be used as a reminder to staff of the need to be vigilant in preventing under age sales at all times.
- 4) We will display posters at the premises stating that it is an offence to purchase alcohol on behalf of an underage person
- 5) We have a "Safeguarding" Policy in place and we will continue to ensure that measures are put in place to protect children from harm. This will include the sale of alcohol and the provision of regulated entertainment and when children should be allowed on or restricted from the premises
- 6) All staff will be trained on the policy

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.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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.

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 11).
If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	18-01-2017
Capacity	NSA Afan Betws Communiuty Project's Facilities Administrator

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) rob.bettwsbgc@btinternet.com			

Notes for Guidance

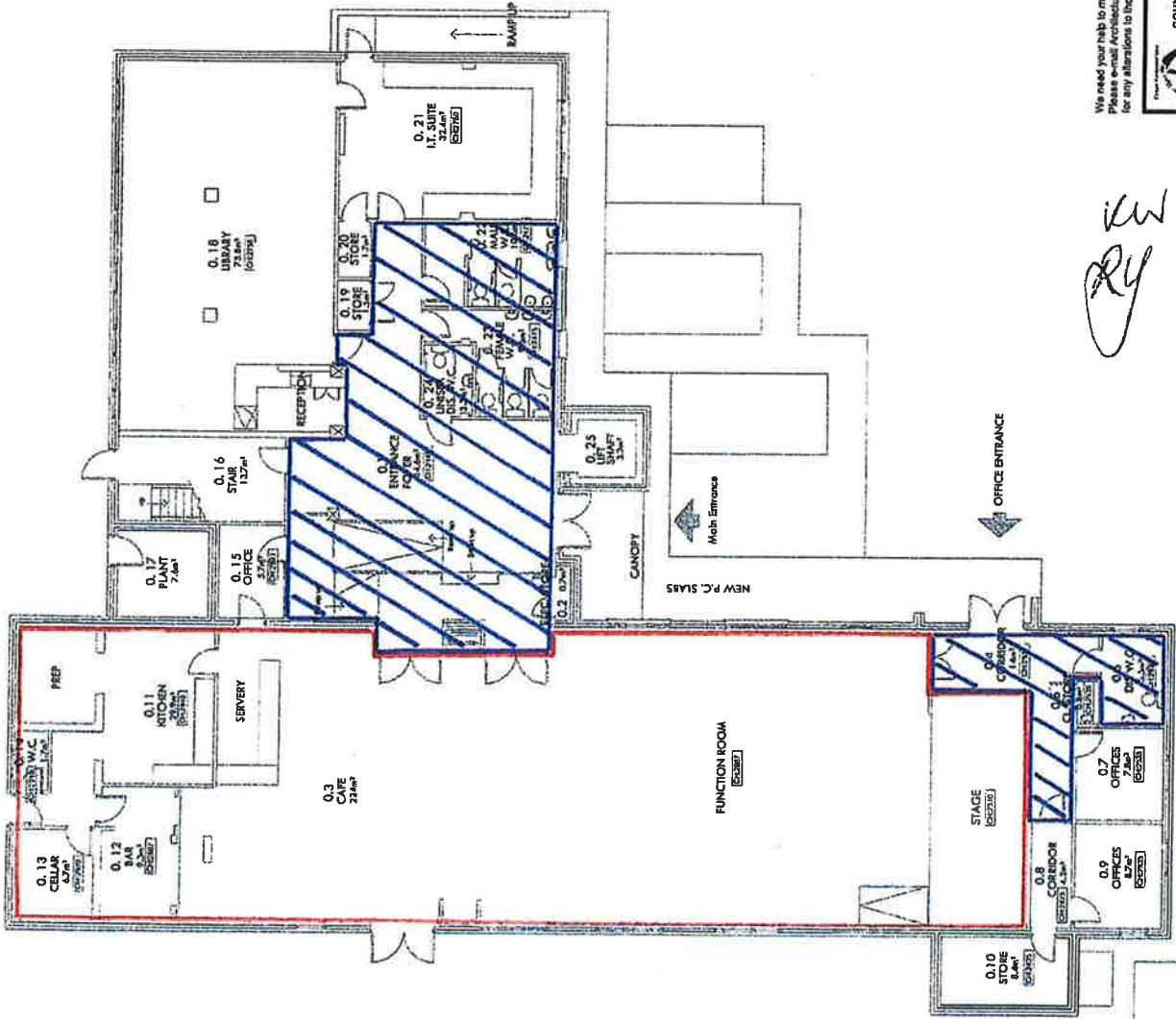
1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please 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.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please 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 or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

PLAN 1

We need your help to maintain the accuracy of this data. Please e-mail Architectural.Services@bridgend.gov.uk for any alterations to the plans.



Handwritten initials: RW



Room Use / Name	Room Area	Calling Height	Room No.
STORE	8.4m ²	CH:2435	0.10
			0.10

2011.11.19
2011.11.19

UPRN - 20011
BETWS LIFE CENTRE
BLOCK 1
GROUND FLOOR PLAN
12/10/10