

New Premises Licence

Premises Details

Premises Address *	4 MONTELLIER WALK CHELTENHAM GLOUCESTERSHIRE GL50 1SD
Telephone number at premises (if any)	
Non-domestic value of premises. *	£ 29250

Applicant Details

I/We 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.

Please state whether you are applying for a premises licence as:	an individual or individuals
--	------------------------------

Applicant Details

If you are applying as a person described in one of the above please confirm: *	I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
---	---

Individual Applicant

Title *	Mr
First name *	Aaron
Surname *	Maximen
Street address *	<div></div> <div></div>

Individual Applicant

Town/City \*

County

Postcode \*

Date of Birth \*

✓

I am 18 years old or over

Nationality \*

Daytime Contact Telephone Number \*

Email \*

Operating Schedule

When do you want the premises licence to start? \*

14/04/2025

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

05/05/2025

Please give a general description of the premises. \*

Tapas Restaurant, serving small tapas style plates of food, with a mixture of high quality wines, gins and spirits, along with non-alcoholic beverages and occasional live music, fitting with the atmosphere.

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

Operating Schedule

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 read guidance note 2) \*

## Operating Schedule

☐

Plays

☐

Films

☐

Indoor Sporting Events

☐

Boxing or Wrestling

☒

Live Music

☒

Recorded Music

☐

Performances of Dance

☐

Anything of a similar description falling under Music or Dance

☒

Provision of late night refreshment

☒

Supply of Alcohol

## Live Music Standard Times

Standard days and timings, where you intend to use the premises for the performance of live music. (please read guidance note 7) \* Please enter times in 24hr format (HH:MM)

Day \*

Every Day

19:00

00:30

## Live Music

## Live Music

Will the Performance of Live Music take place indoors or outdoors or both? (please read guidance note 3) \*

Indoors

Please provide further details. (please read guidance note 4)

State any seasonal variations for the Performance of Live Music. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the performance of live music at different times from the Standard days and times listed? (please read guidance note 6)

## Recorded Music Standard Times

Standard days and timings, where you intend to use the premises for the performance of recorded music. (please read guidance note 7) \* Please enter times in 24hr format (HH:MM)

Day \*

Every Day

09:00

01:00

## Recorded Music

Will the playing of recorded music take place indoors or outdoors or both? (please read guidance note 3) \*

Indoors

Please provide further details.(please read guidance note 4)

State any seasonal variations for the playing of recorded music. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the performance of recorded music at different times from the Standard days and times listed? (please read guidance note 6)

## Late Night Refreshment Standard Times

Standard days and timings, where you intend to use the premises for late night refreshment. (please read guidance note 7) \* Please enter times in 24hr format (HH:MM)

Day \*

Every Day

23:00

## Late Night Refreshment Standard Times

## Late Night Refreshment

Will the provision of late night refreshment take place indoors or outdoors or both? (please read guidance note 3) \*

Please provide further details. (please read guidance note 4)

State any seasonal variations for the provision of late night refreshment. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for late night refreshment at different times from the Standard days and times listed? (please read guidance note 6)

## Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 7) \*  
Please enter times in 24hr format (HH:MM)

Day \*




## Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) \*

State any seasonal variations for the supply of alcohol. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the supply of alcohol at different times from the Standard days and times listed? (please read guidance note 6)

## Designated Premises Supervisor

## Designated Premises Supervisor

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)

Title *	Mr
First name *	Aaron
Surname *	Maximen
Street address *	<div></div> <div></div> <div></div>
Town/City *	<div></div>
County	
Postcode *	<div></div>
Personal Licence Number (if known)	25/0421/LIPER
Issuing Licensing Authority (if known)	Swindon

## Adult Entertainment

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).

N/A

## Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) \* Please enter times in 24hr format (HH:MM)

Day *	Every Day
	09:00
	02:00

## Opening Hours

State any seasonal variations. (please read guidance note 5)

New Years Day to close at 05:00

Please state any Non-standard timings, where you intend the premises to be open to the public at different times from the Standard days and times listed? (please read guidance note 6)

## Licensing Objectives

Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

a) General - all four licensing objectives (b, c, d and e) (please read guidance note 10)

Extensive policies and procedures for day to day running of the business, well documented to uphold the 4 licensing objectives

b) The prevention of crime and disorder

CCTV - recording 24/7 and saved for 31 days minimum. Door staff on a risk-assessed basis Staff training on responsible alcohol sales Alarm system Reporting, if any, instances of crime and disorder to the police

c) Public safety

Compliance with fire safety regulations Safe and accessible premises Adequate lighting Security - risk assessed basis

d) The prevention of public nuisance

Music inside premises only - not to exceed 80 decibels Ensuring litter cleared promptly and an agreement with a waste management company

e) The protection of children from harm

Children must be accompanied by an adult Alcohol only consumed with food and with parents permission if aged 16 or 17 Challenge 25 Refusals register

## Declarations

Declaration Type \*

Sole Applicant - Individual or Other

## Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand 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 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)

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

Declarations

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.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 12). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.

☒

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).

☒

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).

Full Name \*

Aaron Maximen

Date \*

14/04/2025

Capacity \*

Authorised Agent

☒ Declaration made

Do you wish to provide alternative correspondence details? \*

No

Email confirmation

On submission an email confirmation will be sent using the details below

Forename

Aaron

Surname /Company Name

Maximen

Email \*

Telephone