

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 SHARON NOME (RA)(. (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									
	Premises details								
	dress of premises or, if none, or	dnance surve	y map	reference or d	escription				
	HE LANGROVE								
	ARKMILL								
	OUTHGIATE A3 26 B								
Post town	1 SWANSEA			Postcode	SA3 ZEB				
	e number at premises (if any)								
premises	estic rateable value of	£							
Part 2 - A	pplicant details								
Please sta appropriat	ate whether you are applying for te	a premises li	cence	as F	Please tick as				
a) an i	individual or individuals *		∇	please comp	lete section (A)				
b) a po	erson other than an individual *								
i	as a limited company/limited li- partnership	ability		please comp	lete section (B)				
ii	as a partnership (other than lin liability)	nited		please compl	lete section (B)				
	as an unincorporated associat	ion or		please compl	ete section (B)				
Last update	ed April 2019	31							

d) a charity		iv other (for example a statutory corporation)	لبيا	please comple	
a) the proprietor of an educational establishment please complete section (B) a health service body please complete section (B) 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) please complete sect	c)	a recognised club		please comple	ete section (B)
a health service body g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales 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 h) the chief officer of police of a police force in England and Wales * If you are applying as a person described in (a) or (b) please complete section (B) 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 Mrs Miss Ms Other Title (for example, Rev) Surname First names CRAIG Redacted Daytime contact telephone number E-mall address (optional) Redacted	d)	a charity		please comple	ete section (B)
a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales 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 th) the chief officer of police of a police force in 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): If am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or If 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 Mrs Miss Ms Other Title (for example, Rev) Surname First names CRAIG Redacted Redacted Post town Swalse Redacted Redacted Redacted Redacted Redacted	e)	the proprietor of an educational establishment		please comple	ete section (B)
Care Standards Act 2000 (c14) in respect of an independent hospital in Wales 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 h) the chief officer of police of a police force in please complete section (B) England and Wales * If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below): If am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or If 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 Mrs Miss Ms Other Title (for example, Rev) Surname First names CRAIG Redacted Redacted Postcode Redacted Daytime contact telephone number E-mail address (optional) Redacted	f)	a health service body		please comple	ete section (B)
Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England h) the chief officer of police of a police force in	g)	Care Standards Act 2000 (c14) in respect of an		please comple	ete section (B)
England and Wales 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	ga)	Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an		please comple	ete section (B)
Lam 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 □	h)			please compl	ete section (B)
Surname CRAIG First names SHARON NAOMI Date of birth I am 18 years old or over Please tick yes Nationality Current residential address if different from premises address Post town SWANSEA Postcode Redacted Daytime contact telephone number E-mail address (optional)		pelow):			
CRAIG SHARON NAOMI Date of birth I am 18 years old or over ☑ Please tick yes Nationality RRITISHI CITIZEN Current residential address if different from premises address Redacted Post town SWANSEA Postcode Redacted Daytime contact telephone number Redacted E-mail address (optional) Redacted	I am	making the application pursuant to a statutory function or a function discharged by virtue of Her Majesty's NDIVIDUAL APPLICANTS (fill in as applicable)	s prero	gative	
Date of birth I am 18 years old or over ✓ Please tick yes Nationality BRITISHI CITIZEN Current residential address if different from premises address Redacted Post town SWANSEA Postcode Redacted Daytime contact telephone number E-mail address (optional) Redacted	I am	making the application pursuant to a statutory function or a function discharged by virtue of Her Majesty's NDIVIDUAL APPLICANTS (fill in as applicable) Mrs Miss Ms	Oth exa	gative er Title (for imple, Rev)	
Current residential address if different from premises address Post town SWANSEA Postcode Redacted Daytime contact telephone number E-mail address (optional)	I am (A) II	making the application pursuant to a statutory function or a function discharged by virtue of Her Majesty's NDIVIDUAL APPLICANTS (fill in as applicable) Mrs Miss Ms First	Oth exa	gative per Title (for ample, Rev)	
Current residential address if different from premises address Post town Swawsaa Postcode Redacted Daytime contact telephone number E-mail address (optional)	(A) II	making the application pursuant to a statutory function or a function discharged by virtue of Her Majesty's NDIVIDUAL APPLICANTS (fill in as applicable) Mrs Miss Ms First I	Oth exa	gative er Title (for imple, Rev)	AOM1
Daytime contact telephone number E-mail address (optional) Redacted	(A) III	making the application pursuant to a statutory function or a function discharged by virtue of Her Majesty's NDIVIDUAL APPLICANTS (fill in as applicable) Mrs Miss Ms First I CRAIG	Oth exa	gative er Title (for imple, Rev)	AOM1
E-mail address (optional) Redacted	(A) III Mr Surn Date Natio	making the application pursuant to a statutory function or a function discharged by virtue of Her Majesty's NDIVIDUAL APPLICANTS (fill in as applicable) Mrs Miss Ms First I CRAIG of birth I am 18 years old rent residential ress if different from	Oth exa	gative er Title (for imple, Rev)	AOM1
(optional)	(A) III Mr Surr Date Natio	making the application pursuant to a statutory function or a function discharged by virtue of Her Majesty's NDIVIDUAL APPLICANTS (fill in as applicable) Mrs Miss Ms First in the condition of the majesty's Miss Ms Redacted ress if different from mises address	Oth exa	gative er Title (for imple, Rev)	E tick yes
Where applicable (if demonstrating a right to work via the Home Office online right to work	(A) II Mr Surr Date Natio	making the application pursuant to a statutory function or a function discharged by virtue of Her Majesty's NDIVIDUAL APPLICANTS (fill in as applicable) Mrs Miss Ms First CRAIG of birth I am 18 years old ress if different from nises address town SWANSEA	Oth exa	gative er Title (for imple, Rev)	E tick yes
	(A) III Mr Surm Date Natio Currenddr prem Post Day(making the application pursuant to a statutory function or a function discharged by virtue of Her Majesty's NDIVIDUAL APPLICANTS (fill in as applicable) Mrs Miss Ms First of birth I am 18 years old onality Pent residential ress if different from nises address town Redacted Redacted Redacted Redacted Redacted Redacted	Oth exa	gative Per Title (for imple, Rev) Pleas Postcode	Redacted -

Last updated April 2019

checking service), the 9 digit 'share code' provided to the applicant by that service (please see note 15 for information)										
SECOND IN	DIVIDU	AL A	PPLICA	NT (if	applica	ible)	NIC	À		
Mr 🔲	Mrs		Miss		N	/is _		Fitle (for le, Rev)		
Surname						First na	mes			
Date of birtl	h			l am	18 yea	irs old or	over	Plea	se ti	ck yes
Nationality										
Where applichecking ser see note 15	vice), th	ne 9 d	ligit 'shar	g a rig e code	ht to w	ork via the	e Home e applica	Office onli	ne ri serv	ght to work ice (please
Current post if different fro premises ad	om	ess								
Post town							Po	stcode		
Daytime cor	ntact te	lepho	ne num	ber						
E-mail addre (optional)	ess									
(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 n	umber (where	e applica	ble)						
Last updated /	April 201	9			3	3				

	scription of applicant (for example, partnership, company, uninco	rporated association etc.)					
Te	ephone number (if any)						
E-r	nail address (optional)						
Pa	rt 3 Operating Schedule						
Wh	en do you want the premises licence to start?	DD MM YYYY ONOSIAOAS					
	ou wish the licence to be valid only for a limited period, when you want it to end?	DD MM YYYY					
S	ase give a general description of the premises (please read guid MFE/COFFEE SHOP. SELLING REFRESHM HOVEY BUILDING WITH SENTING FOR FUSTOMESS INDOORS. OUTSIDE PATTO A ENTING FOR APPROX. 30-40 CUSTOM	CNIS A SINGLE APPROX 24-30 REA WITH					
	000 or more people are expected to attend the premises at one time, please state the number expected to attend.						
Wh	at licensable activities do you intend to carry on from the premise	es?					
(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)							
• •		ng Act 2003)					
	vision of regulated entertainment (please read guidance note 2)	Please tick all that					
Pro	vision of regulated entertainment (please read guidance note 2)	Please tick all that					
Pro a)	vision of regulated entertainment (please read guidance note 2) plays (if ticking yes, fill in box A)	Please tick all that					
Pro a) b)	vision of regulated entertainment (please read guidance note 2) plays (if ticking yes, fill in box A) films (if ticking yes, fill in box B)	Please tick all that					
Pro a) b) c)	vision of regulated entertainment (please read guidance note 2) plays (if ticking yes, fill in box A) films (if ticking yes, fill in box B) indoor sporting events (if ticking yes, fill in box C)	Please tick all that					
Pro a) b) c) d)	vision of regulated entertainment (please read guidance note 2) plays (if ticking yes, fill in box A) films (if ticking yes, fill in box B) indoor sporting events (if ticking yes, fill in box C) boxing or wrestling entertainment (if ticking yes, fill in box D)	Please tick all that					

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)						
Sup	Supply of alcohol (if ticking yes, fill in box J)					
in al	I cases complete hoves K. I. and M.					

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
			(please read guidance note 5)	Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read g	uidance note 4	1)
Tue					
Wed			State any seasonal variations for performing read guidance note 5)	plavs (please	
Thur					
Fri		/	Non standard timings. Where you intend to use for the performance of plays at different times in the column on the left, please list (please re	s to those list	ed
Sat	/		6)	and golden.	
Sun					

B

Films Standard days and timings (please read		read	Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
guidance note 7)				Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read	guidance note	4)
Tue					
Wed			State any seasonal variations for the exhibit read guidance note 5)	tion of films (pl	ease
Thur					
Fri		/	Non standard timings. Where you intend to for the exhibition of films at different times to the column on the left place.	o those listed	in
Sat	/		the column on the left, please list (please rea	ad guidance not	e 6)
Sun	<u> </u>				

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed	plo towar a		
Thur		,	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 (please read guidance note 6)
Fri			the column on the left. Diease list (please read guidance note o)
Sat	-/-		
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Both	
Mon		1	Please give further details here (please read g	juidance note	4)
Tue					
Wed			State any seasonal variations for boxing or we entertainment (please read guidance note 5)	restling/	
Thur	A				
Fri		/	Non standard timings. Where you intend to use for boxing or wrestling entertainment at differ those listed in the column on the left, please	rent times to	
Sat	/		guidance note 6)	nst (piease le	au
Sun	-				

E

Live music Standard days and timings (please read			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
guidance note 7)			tick (please lead guidance note 5)	Outdoors	
Day	Start	Finish		Both	
Mon		_	Please give further details here (please read of	juidance note	4)
Tue					
Wed	Partie at an annual		State any seasonal variations for the perform music (please read guidance note 5)	ance of live	
Thur					
Fri		/	Non standard timings. Where you intend to use for the performance of live music at different listed in the column on the left, please list (please list)	times to thos	
Sat	/		guidance note 6)	case read	
Sun					

F

Recorded music Standard days and timings (please read guidance note 7)		and	Will the playing of recorded music take place indoors or outdoors or both please tick (please read guidance note 3)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read of	guidance note	4)
Tue					
Wed			State any seasonal variations for the playing music (please read guidance note 5)	of recorded	
Thur					
Fri			Non standard timings. Where you intend to use the playing of recorded music at different listed in the column on the left playing in the column of the left playing in the colum	times to thos	ses se
Sat	/		listed in the column on the left, please list (please note 6)	ease read	
Sun					

G

Performances of dance Standard days and			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
timing	s (please ace note 7	read	(piease read guidance note 5)	Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read g	uidance note 4	4)
Tue		of the first state of the state of			
Wed			State any seasonal variations for the perform (please read guidance note 5)	ance of dance	e
Thur					
Fri		//	Non standard timings. Where you intend to use for the performance of dance at different time in the column on the left, please list (please re	s to those lis	ted
Sat			6)	garaanio .	
Sun					

Н

descrifalling (g) Standatimings	ing of a seption to within (days as (please loce note 7	that e), (f) or and read	Please give a description of the type of entertains providing	ment you will b	e e
Day	Start	Finish	Will this entertainment take place indoors or	Indoors	
Mon			outdoors or both - please tick (please read guidance note 3)	Outdoors	
				Both	
Tue			Please give further details here (please read g	uidance note 4)
Wed					
Thur			State any seasonal variations for entertainme description to that falling within (e), (f) or (g) guidance note 5)	nt of a similar (please read	
Fri					
Sat) limit and the limit and the	/	Non standard timings. Where you intend to use for the entertainment of a similar description within (e). (f) or (g) at different times to those column on the left, please list (please read guidents)	to that falling listed in the	es
Sun					

١

	night hment ard days a	and	Will the provision of late night refreshment take place indoors or outdoors or both - please tick (please read guidance note 3)	Indoors	
timing	s (please nce note 7	read	please tick (please read guidance note 5)	Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read g	juidance note	4)
Tue					
Wed			State any seasonal variations for the provision refreshment (please read guidance note 5)	on of late nigh	<u>it</u>
Thur					
Fri	\$1 field made year soon soon colors		Non standard timings. Where you intend to use for the provision of late night refreshment at those listed in the column on the left, please	different time	s. to
Sat			guidance note 6)	inst (picase rec	au.
Sun					

J

Stand	y of alco ard days s (please	and	Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	₽
	nce note		guidance note o)	Off the premises	
Day	Start	Finish		Both	
Mon	12	2130	State any seasonal variations for the supplement of the supplement	v of alcohol (pl	ease
Tue	12	21.30			
Wed	12	21.36			
Thur	12	21.30	Non standard timings. Where you intend to for the supply of alcohol at different times	to those listed	in
Fri	12	21.30	the column on the left, please list (please re	ad guidance no	te 6)
Sat	12	31.30			
Sun	12	2130			

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			
	SHARON	NAOMI	CRAIG
Date of birth	Redacted		
Address			
	Redacted		
Postcode	Redacted		
Personal licen	ice number (if known)	Redacted	
Issuing licensi	ng authority (if known)	SWANSE	

Last updated April 2019

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).

NA

L

open Standa timing	premise to the per ard days s (please ace note	u blic and read	State anv seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	12	22.00	
Tue	12	32.00	
Wed	12	22.00	Non standard timings. Where you intend the premises to be
Thur	12	22.00	open to the public at different times from those listed in the
Fri	12	22 06	
Sat	12	2200	
Sun	12	22.00	

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)

PLEASE SEE ATTACHED

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

Comprehensive recordable CCTV system will be installed and maintained covering the trade areas whilst encompassing all ingress and egress to the premises. The system must continually record whilst the premises is open for licensable activities and during all times when customers remain at the premises. The system must be capable of providing pictures of evidential quality, in particular facial recognition. All recordings must be stored for a minimum period of 31 days with date and time. Recordings must be made available immediately upon the request of a Police or Authorised Officer.

An incident recording book, bound in numerical order, shall be maintained at the premises showing details of the date and time of all assaults, injuries, accidents or ejections, as well as details of the members of staff involved, the nature of the incident and the action/outcome. The book must be kept available for inspection by the Police and authorised officers of the Licensing Authority.

Notices shall predominantly displayed at all exists requesting patrons to respect the needs of local residents and leave the area quietly.

Notices shall be predominantly displayed in all areas used externally patrons to respect the needs of the local residents and use the area quietly.

No rubbish, including bottles, shall be moved, removed or placed in outside areas between 2300 hours and 0800 hours.

A Challenge 25 proof of age scheme, shall be operated at the premises where the only acceptable forms of identification shall bear their photograph, date of birth and a holographic mark.

A log shall be kept detailing all refused sales of alcohol. The log should include the date and time of the refused sale and the name of the member of staff who refused the sale. The log shall be available for inspection at the premises by the police or an authorised officer of the Council at all times whilst the premises are open.

The premises to keep up to date records of staff training and refresher training in respect of age-related sales including proxy sales to persons who are drunk and identifying and preventing drug misuse in written or electronic format available for inspection on request by an authorised officer.

Other than for off sales in sealed containers no drinks are permitted to leave the licensed area as shown on the deposited plans

Notices shall be clearly displayed in the premises to emphasise to customers the prohibition on providing sales of alcohol to persons under the age of eighteen years

A 30 minute drinking up time on top of the last permitted sale of alcohol to allow customers to use the toilet facilities and disperse from the premises.

SIA registered door staff shall be employed at the premises and the following minimum numbers will be adhered to:

Members of the Public Present	Number of door
Supervisors	
1 - 100	2
100 - 250	3
250 - 500	*
500 - 750	5
750 - 1,000	6
1,000 - 1,250	9
1,250 - 1,500	10
1,500 - 2,000	12

Checklist:

Please tick to indicate agreement

•	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]	
	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 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.

Declaration

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).

Last updated April 2019

	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 licesable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
Signature	Dicing
Date	14-04-2023
Capacity	

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). 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 14)

Post town		Postcode
Telephone number (if any)	Redacted	

Swansea Council is the data controller for the personal information you provide on this form. We are collecting this information as part of our obligation under Licensing Act 2003. Your information will be used to help us fulfil our legal obligation and will not be used for any other purpose. We will not share your data with third parties unless we are required or permitted to do so by law.

Data protection law describes the legal basis for our processing your data as necessary for compliance with a legal obligation. For further information about how Swansea Council uses your personal data, including your rights as a data subject, please see our corporate privacy notice on our website (www.swansea.gov.uk/privacynotice).