

**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** We are Farming Minds

*(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  Kings Pitts Farm Kingsthorpe			
<b>Post town</b>	Hereford	<b>Postcode</b>	HR2 8AQ

Telephone number at premises (if any)	07989 342035
Non-domestic rateable value of premises	£0

**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/limited liability partnership | <input 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              | <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 (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)	
<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 British</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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> over			I am 18 years old or <input type="checkbox"/> Please tick yes		
<b>Nationality</b>					
Current postal 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.**

<b>Name</b> We are Farming Minds
<b>Address</b> Kings Pitts Farm Kingsthorpe Hereford HR2 8AQ
<b>Registered number (where applicable)</b> 1191461
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b> A Charity
<b>Telephone number (if any)</b> 07989342035
<b>E-mail address (optional)</b> wafmfundraising@gmail.com

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	5	062024

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

DD	MM	YYYY
1	6	062024

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

The premises is an adjacent field to the property (Kings Pitts Farm) and is highlighted in red on the attached plan.

Located on the premises there will be a stage for our music provision, 3 x food outlets, an enclosed bar where the sale of alcohol will take place, first aid tent, toilet facilities and a structure for sound/pa (plan attached)

Gates open 6.00pm, Live music starts at 6.30pm, with recorded music in between each act, with the final act finishing at 11.30pm.

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)                                                               | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)                                                           | <input checked="" type="checkbox"/> |
| 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><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"/>
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)		
Thur					
Fri			<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)		
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>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue					
			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Wed					
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	
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"/>
				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 checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4) LIVE MUSIC TO BE PERFORMED FROM 6.30PM – 11.30PM BY 3 X SEPARATE ARTISTS		
Mon					
Tue					
			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Wed					
Thur					
			<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)		
Fri					
Sat	18.30	23.30			
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 checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4) DJ MUSIC TO BE PLAYED IN BETWEEN MUSIC PERFORMANCES		
Tue					
Wed			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Thur					
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	18.00	23.30			
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"/>
Day	Start	Finish			
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 performance of dance</u></b> (please read guidance note 5)		
Thur					
Fri			<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)		
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					
			<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)		
Thur					
Fri			<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)		
Sat					
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</b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4) Sale of alcohol from a 9 x 18m bar structure located within the site area		
Mon					
Tue					
			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)		
Wed					
Thur					
			<b>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</b> (please read guidance note 6)		
Fri					
Sat	18.00	23.30			
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)					
Mon								
Tue								
Wed								
Thur						<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)		
Fri								
Sat	18.00	23.30						
Sun								

**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	Liesel Townley
Date of birth	■■■■■■
Address	■■■■■■■■■■ ■■■■■■■■■■ ■■■■■■■■■■
Postcode	■■■■■■
Personal licence number (if known) PLH1507	
Issuing licensing authority (if known) Monmouthshire County Council	

☐ ☐ ☐ ☐

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).

Ticket sales are strictly for those who are 18 years & over, however, the bar facilities will ensure that no-one under the age of 18 will be served. Challenge 25 will be carried out by all bar staff.

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b><u>State any seasonal variations</u></b> (please read guidance note 5)  The event site will be open to the public from 18.00 to 0.00. Live music and the bar facilities will close at 23.30. With the aim to clear the public from the site by 00.30 latest
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></b> (please read guidance note 6)
Mon			
Tue			
Wed			
Thur			
Fri			
Sat	18.00	00.30	
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)**

Preparation & review of risk assessments by our chosen qualified H&S Advisor  
Stewarding by experienced & trained stewards together with a reputable security provision  
Close liaison with the emergency services regarding risks and their plan management.

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

Preparation & review of risk assessments by our chosen qualified advisor  
Stewarding by experienced & trained stewards together with a reputable security provision  
Close liaison with the emergency services regarding risks and their plan management.

**c) Public safety**

Close liaison with the emergency services regarding risks and their planned management  
Stewarding provision by experienced and suitably trained stewards/security professionals  
Preparation and review of risk assessments by our chosen qualified H&S Advisor  
All refreshments to be served in plastic containers and where plastic bottles are used the lids will be discarded prior to use.  
Security will be searching ticket holders at the entrance for any glass containers prior to entry.  
The event will be a “no glass” zone and glass containers will not be permitted on site.

**d) The prevention of public nuisance**

Close liaison with the emergency services regarding risks and their planned management  
Stewarding provision by experienced and suitably trained stewards/security professionals  
Preparation and review of risk assessments by our chosen qualified H&S Advisor  
Careful monitoring of the volume & noise of the amplified music

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

The event is for strictly over 18's, however, the Security provision will be monitoring the public as they enter the site as well as all bar staff within the bar provision exercising the challenge 25 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. ☒
- ☐  
[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). ☐

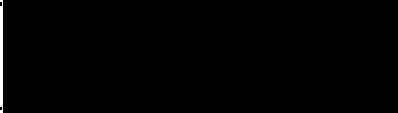
**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**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>
Signature	
Date	12/04/2024
Capacity	Fundraising & Event Manager

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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) Liesel Townley			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) 			

## Consent of individual to being specified as premises supervisor

I **Liesel Townley**  
*[full name of prospective premises supervisor]*

of

**[REDACTED]**

.....  
*[home address of prospective premises supervisor]*

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

Premises Licence

.....  
*[type of application]*

by

We are Farming Minds

.....  
*[name of applicant – premises licence holder]*

relating to a premises licence

.....  
*[number of existing licence, if any]*

for

We are Farming Minds, Kings Pitts Farm, Kingsthorpe, Hereford, HR2 8AQ

.....  
*[name and address of premises to which the application relates]*

and any premises licence to be granted or varied in respect of this application made by

We are Farming Minds

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*[name of applicant – premises licence holder]*

concerning the supply of alcohol at

We are Farming Minds, Kings Pitts Farm, Kingsthorpe, Hereford, HR2 8AQ

---

*[name and address of premises to which application relates]*

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

PLH1507

---

*[insert personal licence number, if any]*

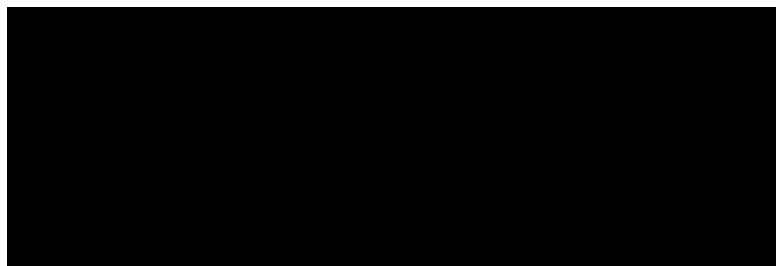
Personal licence issuing authority

Monmouthshire County Council – 01633 644100

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*[insert name and address and telephone number of personal licence issuing authority, if any]*

Signed

A large black rectangular box redacting the signature of the applicant.

Name (please print)

---

Liesel Townley

Date

---

12/04/2024



# JONGOR HIRE

TABLEWARE | KITCHENS | FURNITURE



'Taking the bull by the horns'  
to tackle Mental Health in  
the farming community

## Service legend

- = 15mm Hot water outlet
- = 15mm Cold water outlet
- ⬢ = 50mm Waste outlet
- ⬢ = 13amp single socket
- ⬢ = 13amp twin socket
- ⬢ = 32amp 3ph commando socket
- ⬢ = 16amp 1ph commando socket
- ⬢ = 32amp 1ph commando socket
- ⬢ = 63amp 3ph commando socket
- ⬢ = LPG gas outlet

Mod	Details	Drm	Date
0	Initial Drawing	LT	04.03.2024
1			
2			
3			
4			
5			
6			

Notes:  
Do not scale from this drawing. All dimensions should be checked on site



Singleton Court Business Park, Wonastow Road West,  
Monmouth, NP25 5JA Tel: 01600 716911

Client  
**We are Farming Minds**

Project Title  
**Beets in the Field  
15th June 2024  
Site Plan**

Scale NTS	Drawn By L Townley	Date 14.03.2024
Drawing Number 30058-01	Issue 0	

© This drawing is confidential & copyright protected

CAR PARK

ENTRANCE/EXIT

TOILETS  
DISABLED W/C

All food traders to supply their own FE & Fire Blanket

STRAW BALES

FIRST AID

FOOD OUTLETS

157.8m

- 6L Powder Extinguisher
- 6L Foam Extinguisher
- 6L Water Extinguisher
- 2kg CO2 Extinguisher
- Fire Blanket

All food traders to supply their own FE & Fire Blanket

G Generator

TOILETS  
DISABLED W/C

PA/TECH

BAR

STAGE  
(1.0-1.2m off the ground)

158.9

159.0m

ARTIST ENTRANCE  
EMERGENCY EXIT