

g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital please complete section (B)

h) the chief officer of police of a police force in England and Wales please complete section (B)

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr Mrs Miss Ms Other title (for example, Rev)

Surname **First names**

I am 18 years old or over 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 Mrs Miss Ms Other title (for example, Rev)

Surname **First names**

I am 18 years old or over 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 case of a partnership or other joint nature (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 A3 - Operating Schedule

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

General description of premises (please read guidance note 1)

Please tick Y Yes

What existing licensable activities are authorised by your existing licence(s)?

Provision of regulated entertainment

- a) plays
- b) films
- c) indoor sporting events
- d) boxing or wrestling entertainment
- e) live music
- f) recorded music
- g) performances of dance
- h) anything of a similar description to that falling within (e), (f) or (g)

Provision of entertainment facilities for:

- i) making music
- j) dancing
- k) entertainment of a similar description to that falling within (i) or (j)

Provision of late night refreshment

Sale by retail of alcohol

- a) for consumption on the premises
- b) for consumption off the premises

Please state who you wish to be specified to be the premises supervisor under the new licence

Name

Address.....

Personal Licence number, if known,

State any limitations on the hours during which you are permitted by your licence(s) or any additional authorities to conduct licensable activities, including the sale of alcohol.

A large, empty rectangular box with a thin black border, intended for the user to provide details regarding any limitations on licensable activities.

Describe the conditions subject to which your existing licence(s) has/have been granted (please read guidance note 2):

a) General – all four licensing objectives (b,c,d,e)

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

- I have made or enclosed payment of the fee
- I have enclosed my existing licence(s) or a certified copy of each licence
- I have enclosed a plan of the premises
- I have sent copies of this application to the chief officer of police (please read guidance note 3)
- I have enclosed the consent form completed by the proposed premises supervisor, if relevant
- I have enclosed the consent of the justices' licence holder to my application, if relevant
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO 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 A4 – Signatures (please read guidance note 4)

Signature of applicant or applicant’s solicitor or other duly authorised agent (please read guidance note 5).
If signing on behalf of the applicant please state in what capacity.

Signature

Date.....

Capacity.....

For joint applications signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent
 (please read guidance note 6). **If signing on behalf of the applicant please state in what capacity.**

Signature

Date.....

Capacity.....

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 7)	
Post town	Post code
Telephone number	
E-mail address (optional)	

IF YOU WISH TO APPLY SIMULTANEOUSLY FOR A VARIATION OF THE PREMISES LICENCE IF IT IS CONVERTED FROM YOUR EXISTING LICENCE(S) UNDER SECTION 34 OR 37 OF THE LICENSING ACT 2003, NOW COMPLETE PART B OF THIS FORM.

IF YOU DO NOT WISH TO APPLY SIMULTANEOUSLY FOR A VARIATION OF THE PREMISES LICENCE IF IT IS CONVERTED FROM YOUR EXISTING LICENCE(S), YOU SHOULD LEAVE PART B BLANK.

Part B2 - Operating Schedule

Please complete those parts of the operating schedule which would be subject to change if this application to vary were successful.

What licensable activities do you now intend to conduct on the premises and/or at what varied times do you intend to conduct them ?

(please see section 1 of the Licensing Act 2003 and Schedule 1 to the Licensing Act 2003)

Please tick Y Yes

Provision of regulated entertainment

- 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 entertainment facilities:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K)

Provision of late night refreshment (if ticking yes, fill in box L)

Sale by retail of alcohol (if ticking yes, fill in box M)

Please complete Part B3 on this form.

A

Plays Standard days and timings (please read guidance note 8)			Will the performance of a play take place indoors or outdoors or both – please tick [Y] (please read guidance note 9)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 10)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 11)		
Thur					
Fri			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 (please read guidance note 12)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 8)			Will the exhibition of films take place indoors or outdoors or both – please tick [Y](please read guidance note 9)	Indoors		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 10)	Both		
Tue						
Wed				State any seasonal variations for the exhibition of films (please read guidance note 11)		
Thur						
Fri				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 (please read guidance note 12)		
Sat						
Sun						

C

Indoor sporting events Standard days and timings (please read guidance note 8)			Please give further details (please read guidance note 10)
Day	Start	Finish	
Mon			Please give further details (please read guidance note 10)
Tue			
Wed			State any seasonal variations for indoor sporting events (please read guidance note 11)
Thur			
Fri			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 12)
Sat			
Sun			

D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 8)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [Y](please read guidance note 9)	Indoors		
Day	Start	Finish		Outdoors		
Mon				Please give further details here (please read guidance note 10)	Both	
Tue						
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 11)			
Thur						
Fri			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 (please read guidance note 12)			
Sat						
Sun						

E

Live music Standard days and timings (please read guidance note 8)			Will the performance of live music take place indoors or outdoors or both – please tick [Y](please read guidance note 9)	Indoors		
Day	Start	Finish		Outdoors		
Mon				Please give further details here (please read guidance note 10)	Both	
Tue						
Wed			State any seasonal variations for the performance of live music (please read guidance note 11)			
Thur						
Fri			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 12)			
Sat						
Sun						

F

Recorded music Standard days and timings (please read guidance note 8)			Will the playing of recorded music take place indoors or outdoors or both – please tick [Y] (please read guidance note 9)	Indoors		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 10)	Both		
Tue						
Wed				State any seasonal variations for playing recorded music (please read guidance note 11)		
Thur						
Fri						
Sat				Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 12)		
Sun						

G

Performances of dance Standard days and timings (please read guidance note 8)			Will the performance of dance take place indoors or outdoors or both – please tick [Y] (please read guidance note 9)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 10)	Both	
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 11)		
Thur					
Fri					
Sat			Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 12)		
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 8)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick [Y]. (please read guidance note 9)	Indoors	
				Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 10)		
Tue					
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 11)		
Fri					
Sat			Non standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 12)		
Sun					

Provision of facilities for making music Standard days and timings (please read guidance note 8)			Please give a description of the facilities for making music you will be providing		
			Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 9)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 10)		
Tue					
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 11)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list (please read guidance note 12)		
Sat					
Sun					

Provision of facilities for dancing Standard days and timings (please read guidance note 8)			Will the facilities for dancing be indoors or outdoors or both – please tick [Y] (see guidance note 9)		
				Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 10)		
Tue					
			State any seasonal variations for providing dancing facilities (please read guidance note 11)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 12)		
Sat					
Sun					

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 8)			Please give a description of the type of entertainment facility you will be providing	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [Y]. (please read guidance note 9)	Indoor
				Outdoor
Mon				Both
Tue			Please give further details here (please read guidance note 10)	
Wed				
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 11)	
Fri				
Sat			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list (please read guidance note 12)	
Sun				

L

Late night refreshment Standard days and timings (please read guidance note 8)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick [Y]. (please read guidance note 9)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 10)		
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 11)		
Thur					
Fri			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 (please read guidance note 12)		
Sat					
Sun					

M

Supply of alcohol Standard days and timings (please read guidance note 8)			Will the supply of alcohol be for consumption (Please tick box Y) (please read guidance note 13)	On the premises		
Day	Start	Finish		Off the premises		
Mon			State any seasonal variations for the supply of alcohol (please read guidance note 11)	Both		
Tue						
Wed						
Thur				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 12)		
Fri						
Sat						
Sun						

IN ALL CASES PLEASE COMPLETE BOXES N, O, P and Q below

N

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 14)

O

Hours premises are open to the public Standard days and timings (please read guidance note 8)			State any seasonal variations (please read guidance note 11)
Day	Start	Finish	
Mon			Non standard timings. Where you intend to use the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 12)
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

P

Please identify any of the conditions, terms or restrictions currently imposed on the converted licence which you believe could be removed as a consequence of the proposed variation you are seeking

Q Please describe any additional steps that you intend to take in order to promote the four licensing objectives if the proposed variation is granted:

a) General – all four licensing objectives (b, c, d, e) (please read guidance note 15)

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

Part B3 – Premises Supervisor

Full name of proposed designated premises supervisor

Address of proposed designated premises supervisor

Personal licence number of proposed designated premises supervisor, if any, and issuing authority of the personal licence, if applicable

Please tick ✓ Yes

- I enclose the consent form completed by the proposed premises supervisor
- I will give a copy of Part B3 of this application to the chief officer of police (section 37 of the Licensing Act 2003)
- I have sent copies of this application to vary (except Part B3) to responsible authorities and others where applicable (section 34 of the Licensing Act 2003)
- I understand that I must now advertise my application to vary (section 34 of the Licensing Act 2003)
- I understand that if I do not comply with the above requirements my application will be rejected

Part B4 – Signatures (please read guidance note 16)

Signature of applicant (the proposed current premises licence holder) or applicant’s solicitor or other duly authorised agent. (See guidance note 17) **If signing on behalf of the applicant please state in what capacity.**

Signature

.....

Date.....

Capacity

.....

Where the premises licence is jointly held signature of 2nd applicant (the proposed current premises licence holder) or 2nd applicant’s solicitor or other authorised agent. (please read guidance note 18) **If signing on behalf of the applicant please state in what capacity.**

Signature

.....

Date.....

Capacity

.....

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 19)	
Post town	Post code

Notes for Guidance

PART A

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which would be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you provide a place for consumption of these off-supplies you must include a description of where the place is and its proximity to the premises.
2. Where the conditions to which your existing licence(s) is granted do not relate solely to any one of the four licensing objectives, please describe such conditions in the general box.
3. The law requires you to send a mandatory copy of this application to the chief officer of police for that area at the same time as sending to the relevant licensing authority.
4. The application form must be signed.

5. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
6. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
7. This is the address we shall use to correspond with you about this application.

PART B

This application cannot be used to vary the licence to vary substantially the premises to which it relates. If you wish to make that type of change to the premises licence you should make a new premises licence application under section 17 of the Licensing Act.

8. Please give timings in 24 hour clock and only give details for days of the week when you intend the premises to be used for the activity.
9. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
10. Please state 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.
11. For example (but not exclusively), where the activity will occur on additional days during the summer.
12. For example (but not exclusively), where you wish the activity to go on longer on a particular day i.e. Christmas Eve.
13. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
14. Please give information about anything to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gambling machines.
15. Please list here steps you will take to promote all four licensing objectives together.
16. The application form must be signed.
17. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
18. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
19. This is the address which we shall use to correspond with you about this application.