



MANCHESTER
CITY COUNCIL

Send completed application form to:
Premises Licensing
Manchester City Council
Level 2 Town Hall Extension
Albert Square
PO Box 532, M60 2LA

Application to vary a premises licence 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 NAVEED YOUNAS
(Insert name(s) of applicant)

being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number	051800
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Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description
AFTABS CONVENIENCE STORE 1 BONSALL STREET HOLME

Post town	MANCHESTER	Postcode	M156DR
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Telephone number at premises (if any)	[REDACTED]
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Non-domestic rateable value of premises	£ 2994 (6000)
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Part 2 – Applicant details

Daytime contact telephone number	[REDACTED]		
E-mail address (optional)			
Current postal address if different from premises address	[REDACTED]		
Post town	[REDACTED]	Postcode	[REDACTED]

Part 3 - Variation

Please tick as appropriate

Do you want the proposed variation to have effect as soon as possible?

Yes

No

If not, from what date do you want the variation to take effect?

DD	MM	YYYY

Please describe briefly the nature of the proposed variation (Please see guidance note 1)

VARIATION APPLICATION
FOR THE TIME ALTERATION OF
CLOSING BUSINESS HOURS
INCLUDING THE
SALE OF ALCOHOL.

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend:

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Part 4 Operating Schedule

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

Provision of regulated entertainment

Please tick all 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)

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

In all cases complete boxes K, L and M

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 type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	9.00	0.30			
Tue	9.00	0.30			
Wed	9.00	0.30			
Thur	9.00	0.30			
Fri	9.00	0.30			
Sat	9.00	0.30			
Sun	10.00	0.30	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)		

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).

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	0.30	
Tue	9.00	0.30	
Wed	9.00	0.30	
Thur	9.00	0.30	
Fri	9.00	0.30	
Sat	9.00	0.30	
Sun	10.00	0.30	

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 (please read guidance note 5)

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking.

Please tick as appropriate

- I have enclosed the premises licence
- I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes, please fill in reasons for not including the licence or part of it below

Reasons why I have not enclosed the premises licence or relevant part of premises licence.

M

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 9)

AFTAB CONN. STORE HAS BEEN OPERATING UNDER SAME MANAGEMENT FOR THE LAST TEN YEARS OR SO.

b) The prevention of crime and disorder

WELL KNOWN IN THE COMMUNITY HARDLY ANY CRIME OR DISORDER ON, OFF AND THE SURROUNDINGS OF THE PREMISES. CCTV IN OPERATION.

c) Public safety

PUBLIC SAFETY IS TOP PRIORITY CCTV IS IN OPERATION 24 HOURS AND LIVE FEED IS DISPLAYED

d) The prevention of public nuisance

CUSTOMERS ARE ADVISED SO ARE THE MEMBERS OF THE COMMUNITY NO NUISANCE IS ALLOWED

e) The protection of children from harm

NO HARM HAS EVER BEEN CAUSED UNDER MY MANAGEMENT FOR OVER A DECADE OR SO. WE WILL MAINTAIN OUR METHOD OF PROTECTION FOR THE CHILDREN

Checklist:


Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I understand that I must now advertise my application.
- I have enclosed the premises licence or relevant part of it or explanation.
- 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 5 – Signatures (please read guidance note 10)

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

Signature	
Date	11/8/20
Capacity	APPLICANT

Where the premises licence is jointly held, signature of 2nd applicant (the current premises licence holder) 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 address for correspondence associated with this application (please read guidance note 13)

Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			