

**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 Joan Mcguire

*(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  
051066

**Part 1 – Premises Details**

Postal address of premises or, if none, ordnance survey map reference or description 14-16 Oldham Street				
Post town		Manchester	Postcode	M1 1JQ
Telephone number at premises (if any)		[REDACTED]		
Non-domestic rateable value of premises		£17000		

RECEIVED  
- 6 AUG 2021  
PREMISES TEAM

The rateable value of 16  
Oldham Street is £36,000

This is the current address on the licence however 14 and 16 Oldham Street are currently operating as 2 separate premises with no access between and each is rated separately. The applicant has confirmed that the licensable activities now only take place in the premises at 16 Oldham Street

**Part 2 – Applicant details**

Daytime contact telephone number	[REDACTED]		
E-mail address (optional)	[REDACTED]		
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 2)**

I am the owner of an off-licence at 14-16 Oldham Street, Manchester, M1 1JQ. I am the holder of a Personal Alcohol Licence – Number PA0303. Currently, the license authorises the sale of retail alcohol on Monday to Saturday, between 08:00 and 23:00, and on Sunday between 10:00 and 22:30. I am requesting that the license be upgraded to permit the sale of alcohol 24 hours a day.

I have owned the above off-licence for over 30 years. It is situated near to pubs, bars and clubs which sell alcohol until early hours in the morning. I have never had any alcohol related incidents occur in or around my shop. After 23:00, the shop would be closed, and any alcohol would be sold through a hatch. In addition, I have experienced staff members with alcohol hospitality licenses and extensive training, so no alcohol would be sold to individuals who are overly intoxicated, or at risk of causing any form of disturbance.

The application also asks to extend the hours for late night refreshment

The application asks to amend the plan attached to the licence as the area being used for the off licence is now just for number 16 Oldham Street (not 14 to 16 Oldham Street as previously)

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:

**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)

**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	<b><u>Please give further details here</u></b> (please read guidance note 4)					
Mon								
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								
Wed						<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Thur								
Fri						<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)		
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 type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)					
Mon								
Tue								
Wed						<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Thur								
Fri								
Sat						<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)		
Sun								



**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music 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								
Wed						<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)		
Thur								
Fri								
Sat						<b>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</b> (please read guidance note 6)		
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	<b><u>Please give further details here</u></b> (please read guidance note 4)					
Mon								
Tue								
Wed						<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 5)		
Thur								
Fri								
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					
Thur			<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)		
Fri					
Sat			<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)		
Sun					

1

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both - please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	23.00	05.00		<u>Please give further details here</u> (please read guidance note 4)	
Tue	23.00	05.00			
Wed	23.00	05.00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur	23.00	05.00			
Fri	23.00	05.00	<u>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</u> (please read guidance note 6)		
Sat	23.00	05.00			
Sun	23.00	05.00			

NON STANDARD TIMINGS

J

**J**

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – <u>please tick</u> (please read guidance note 8)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
Mon	0000	2400	State any seasonal variations for the supply of alcohol (please read guidance note 5)	Both	<input type="checkbox"/>
Tue	0000	2400			
Wed	0000	2400			
Thur	0000	2400	Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the columns on the left, please list (please read guidance note 6)		
Fri	0000	2400			
Sat	0000	2400			
Sun	0000	2000			

The provision of late night refreshments is not permitted on Good Friday or Christmas day

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).

None

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			<b>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</b> (please read guidance note 6)

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 10)**

To prevent crime, my staff will not be selling alcohol to individuals who are overly intoxicated. My staff members have alcohol hospitality licenses and extensive experience in this field. Alcohol will be sold through a hatch after 23:00 and buyers would not be permitted to consume alcohol in or near the premises. We would also ensure that alcohol is not sold to individuals or groups in overly large quantities.

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

There are CCTV cameras which capture footage from outside the shop. The shop is situated in the city centre, yards away from nightclubs/pubs/bars, which are manned by security and bouncers.

**c) Public safety**

Managing site access, limiting the sale of alcohol to responsible individuals, CCTV surveillance, adequate lighting around the premises.

**d) The prevention of public nuisance**

As stated in (a), we would not be selling large quantities of alcohol to groups or individuals, and we would not be selling alcohol to individuals who are overly intoxicated.

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



During the proposed hours of variation, there are no children present near the location.

**Checklist:**

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee; or  
I have not made or enclosed payment of the fee because this application has been made in  
relation to the introduction of the late night levy.
- 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 11)

**Signature of applicant (the current premises licence holder) or applicant’s solicitor or other duly authorised agent** (please read guidance note 12). **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 current premises licence holder) 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 address for correspondence associated with this application** (please read guidance note 14)

14-16 Oldham Street,  
Piccadilly  
Manchester  
M1 1JQ

Post town	Manchester	Post code	M1 1JQ
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			