

# 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 MARK DOYLE

(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 104710
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## Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description 243 PRINCESS ROAD MANCHESTER
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Post town	MANCHESTER	Postcode	M14 7LT
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Telephone number at premises (if any)	██████████
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Non-domestic rateable value of premises	£5400
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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		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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe briefly the nature of the proposed variation (Please see guidance note 2)

Client wishes to extend the sale of alcohol and opening hours.

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)  | <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 type="checkbox"/>            |
| f) recorded music (if ticking yes, fill in box F)   | <input 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)   | <input type="checkbox"/>            |
| Supply of alcohol (if ticking yes, fill in box J)   | <input checked="" type="checkbox"/> |
| In all cases complete boxes K, L 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	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 4)					
Mon								
Tue								
Wed						State any seasonal variations for performing plays (please read guidance note 5)		
Thur								
Fri								
Sat						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 6)		
Sun								

B

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

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			State any seasonal variations for indoor sporting events (please read guidance note 5)
	-----	-----	
Tue			
	-----	-----	
Wed			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)
	-----	-----	
Thur			
	-----	-----	
Fri			
	-----	-----	
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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
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 6)		
Sat					
Sun					

## E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur					
Fri					
Sat			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 6)		
Sun					



F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue			State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Wed					
Thur					
Fri			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 (please read guidance note 6)		
Sat					
Sun					

G

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

H

Anything of a similar description to that falling within (e), (f) or (g) 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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			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 (please read guidance note 6)		
Sun					

I

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Wed					
Thur			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 6)		
Fri					
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	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 5)		
Mon	1100	0000			
Tue	1100	0000			
Wed	1100	0000			
Thur	1100	0600			
Fri	1100	0600			
Sat	1100	0600			
Sun	1100	0600	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 6)		

K

<p>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).</p> <p>n/a</p>
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L

Hours premises are open to the public	State any seasonal variations (please read guidance note 5)
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Standard days and timings (please read guidance note 7)		
Day	Start	Finish
Mon	1100	0000
	-----	-----
Tue	1100	0000
	-----	-----
Wed	1100	0000
	-----	-----
Thur	1100	0600
	-----	-----
Fri	1100	0600
	-----	-----
Sat	1100	0600
	-----	-----
Sun	1100	0600
	-----	-----

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 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.  
**OPERATING HOURS ONLY**

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)

SIGNS TO REQUEST ALCOHOL SHOULD NOT BE BOUGHT FOR CHILDREN AND NOT SERVED TO ANYBODY UNDER 18

b) The prevention of crime and disorder

SECURITY SCREENS FOR STAFF AND DELAYED ENTRY BUTTON

c) Public safety

d) The prevention of public nuisance

SIGNS REQUESTING RESPECT FOR NEARBY RESIDENCES UPON ENTRY AND EXIT AND A NOTICE ATATING ANYONE DISPLAYING ANTI SOCIAL BEHAVIOUR WILL BE BANNED FROM THE SHOP AND REPORTED TO THE POLICE

e) The protection of children from harm

SIGNS STATING NO ALCOHOL SERVED OR BOUGHT FOR CHILDREN



## 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	14.9.2023
Capacity	ARCHITECTURAL AGENT

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	14.9.2023
Capacity	OWNER

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 14)			
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)			