

## 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 Horeca Investments LTD

*(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 198158
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#### Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description 19 Albion Street Albion Wharf
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Post town	Manchester	Postcode	M1 5LN
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Telephone number at premises (if any)	
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Non-domestic rateable value of premises	£30,000.00
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## Part 2 – Applicant details

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

## 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)

Variation of public opening hours.

Variation of supply of alcohol hours.

Variation of regulated entertainment hours to anything of the description of live music and recorded music.

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 checked="" 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)<br>(if ticking yes, fill in box H) | <input checked="" 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	<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						
Sat			<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)			
Sun						

## B

<b>Films</b> Standard days and timings (please read guidance note 7)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input checked="checked" 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	12:00	04:00			
Tue	12:00	04:00			
Wed	12:00	04:00	<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 5)		
Thur	12:00	04:00			
Fri	12:00	06:00			
Sat	12:00	06:00	<b><u>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</u></b> (please read guidance note 6)		
Sun	12:00	04:00			

# 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			
Fri			<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)
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						
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)			
Thur						
Fri						
Sat			<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)			
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 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)		
Mon	12:00	04:00			
Tue	12:00	04:00			
Wed	12:00	04:00			
			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Thur	12:00	04:00			
Fri	12:00	06:00			
Sat	12:00	06:00			
			<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	12:00	04:00			



# 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 checked="" 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	12:00	04:00			
Tue	12:00	04:00			
Wed	12:00	04:00	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Thur	12:00	04:00			
Fri	12:00	06:00			
Sat	12:00	06:00	<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)		
Sun	12:00	04:00			

# 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			<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  Commercial music entertainment will be provided for the public.		
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 checked="" type="checkbox"/>
Mon	12:00	04:00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	12:00	04:00	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed	12:00	04:00			
Thur	12:00	04:00	<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	12:00	06:00			
Sat	12:00	06:00	<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	12:00	04:00			

# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b><u>Will the provision of late night refreshment 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 provision of late night refreshment</u></b> (please read guidance note 5)			
Thur						
Fri						
Sat			<b><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></b> (please read guidance note 6)			
Sun						

## J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b><u>Will the supply of alcohol be for consumption – please tick</u></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><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 5)		
Mon	12:00	04:00			
Tue	12:00	04:00			
Wed	12:00	04:00			
Thur	12:00	04:00	<b><u>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</u></b> (please read guidance note 6)		
Fri	12:00	06:00			
Sat	12:00	06:00			
Sun	12:00	04:00			

## 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).

Children are prohibited from being on the premises.

# 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) .
Day	Start	Finish	
Mon	12:00	04:30	
	-----	-----	
Tue	12:00	04:30	
	-----	-----	
Wed	12:00	04:30	
	-----	-----	
Thur	12:00	04:30	<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)
	-----	-----	
Fri	12:00	06:30	
	-----	-----	
Sat	12:00	06:30	
	-----	-----	
Sun	12:00	04:30	
	-----	-----	

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)**

We will operate a strong code of conduct of staff and ensure that all staff members are trained so that they are aware of the premises license and the requirements to meet the four licensing objectives. There will be particular attention to:

1. Vigilance in preventing use and sale of illegal drugs in and around the premises. We will operate a zero tolerance policy in regards to this.
2. Ensure that there is no harm or danger to the public.

As a licensed premises we know that it is necessary to carry out our functions and operate our business with a purpose of promoting these objectives. We promise to support these objectives.

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

1. CCTV system installed to monitor entrances, exits and other parts of the premises in order to address the prevention of crime objective.
2. A clear and legible notice indicating the approved hours under the terms of the premises license during which licensable activities are permitted.
3. Clear and conspicuous notices warning against all potential criminal activity such as theft/drugs will be displayed.

**c) Public safety**

1. Fire risk assesment to be produced and in place.
2. Training and implementation of under age I.D checks.
3. CCTV system images stored securely for a period of 31 days and provided to appropriate authorities on request in line with GDPR.
4. Door supervisors to be present at all opening hours.
5. All areas of the premises to be maintained at all times.

**d) The prevention of public nuisance**

1. Strict policy on service of alcohol to those under the influence.
2. Noise reduction measures to address the public nuisance objective.
3. Noise policy clearly advertised, staff trained to ensure they monitor this.
4. Prominent, clear and legible notices will be displayed at the exit requesting the public to respect the needs of nearby residents and to leave the premises and the area quietly.
5. Rear doors to be closed and only used in emergency.

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



1. Children to be prohibited from being on the premises.
2. Staff to be suitably trained and operate a challenge 25 policy.
3. Well trained staff on requirement for person's identification and age establishment

**Checklist:**

**Please tick to indicate agreement**

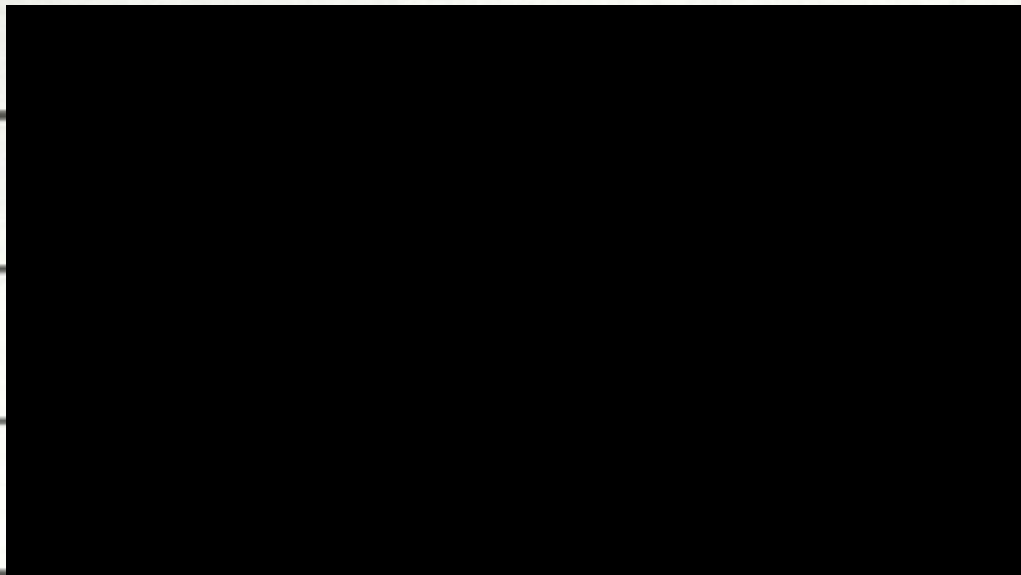
- I have made or enclosed payment of the fee; or  
I have not made or enclosed payment of the fee because this application has been made in  
relation to the introduction of the late night levy. ☐
- I have sent copies of this application and the plan to responsible authorities and others where  
applicable. ☐
- 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)

Albion Wharf  
19 Albion street

<b>Post town</b>	Manchester	<b>Post code</b>	M1 5LN
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<b>Telephone number (if any)</b>	
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<b>If you would prefer us to correspond with you by e-mail, your e-mail address (optional)</b>
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