

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 STEPHEN HOWARD
(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	156456
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Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description			
DEANSGATE FOOD BAR 343 DEANSGATE MANCHESTER			
Post town	MANCHESTER	Postcode	M3 4LG
Telephone number at premises (if any)	0161 834 0282		
Non-domestic rateable value of premises	£ 1325		

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	SALFORD	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)

TRADING HOURS TO BE EXTENDED
FROM 12 MIDNIGHT WEDNESDAY
TO 02AM THURSDAY ALSO

12 MIDNIGHT TO 0200 MONDAY
12 MIDNIGHT TO 0200 TUESDAY
12 MIDNIGHT TO 0200 WEDNESDAY

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)

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

A

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

B

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

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Tue			
Wed			
Thur			<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> (please read guidance note 6)
Fri			
Sat			
Sun			

D

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

E

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

F

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

G

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

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 4)</p>		
Wed					
Thur			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)</p>		
Fri					
Sat			<p><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> (please read guidance note 6)</p>		
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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish			
Mon	07-00 23-00	23-00 02-00	Please give further details here (please read guidance note 4)		
Tue	07-00 23-00	23-00 02-00			
Wed	07-00 23-00	23-00 02-00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur	07-00 23-00	23-00 02-00			
Fri	07-00 23-00	23-00 04-00	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)		
Sat	07-00 23-00	23-00 04-00			
Sun	07-00	23-00			

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 type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	-----	-----			
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 6)		
Fri	-----	-----			
Sat	-----	-----			
Sun	-----	-----			

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).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	07.00	02.00	<p>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)</p> <p>TO OPEN CHRISTMAS EVE 23.00 - 04.00 NEW YEARS EVE 23.00 - 04.00 THE DAY PRECEDING A BANK HOLIDAY 23.00 - 03.00</p>
Tue	07.00	02.00	
Wed	07.00	02.00	
Thur	07.00	02.00	
Fri	07.00	04.00	
Sat	07.00	04.00	
Sun	07.00	23.00	

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.

I HAVE NOT HAD CONFIRMATION
OR ACCEPTANCE. I WAS TOLD
THE LICENCE OFFICE WOULD CALL
ME TO TAKE PAYMENT

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)

LIASE WITH THE LOCAL POLICE,
EMPLOY REGISTERED DOOR STAFF
RESPECT THE NEIGHBOURS SIGN
CHILDREN TO BE SUPERVISED
CCTV

b) The prevention of crime and disorder

POLICE LIASON
CCTV

c) Public safety

EMPLOY DOOR STAFF AS STATED
IN THE LICENCE AS REQUIRED
CCTV

d) The prevention of public nuisance

RESPECT THE NEIGHBOURS SIGN

e) The protection of children from harm

CHILDREN SHOULD BE
UNDER SUPERVISION

CHILDREN TO BE UNDER
SUPERVISION

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	[REDACTED]
Date	21-01-2019
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)

STEPHEN HOWARD

[REDACTED]

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