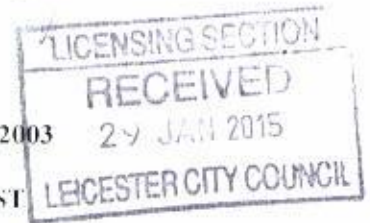




Leicester
City Council



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 BRIAN RODWELL
(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

LE1PRM 0652.

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description

NORTH
42 HINCKLEY ROAD

Post town

LEICESTER

Postcode

LE3 0RB

Telephone number at premises (if any)

Non-domestic rateable value of premises

£ 7,800-00

Part 2 – Applicant details

Daytime contact telephone number		[REDACTED]	
E-mail address (optional)			
Current postal address if different from premises address			
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	
01	02	20	15

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see guidance note 1) Yes No

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 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 (c), (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)



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



In all cases complete boxes K, L and M

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

EXTENDED HOURS 11AM - MIDNIGHT MONDAY - THURS
 11AM - 02:00AM FRIDAY AND SATURDAY
 11AM - 11PM SUNDAY

REFURBISHED BAR / KITCHEN

OFFERING BRUNCH, LUNCH, AFTERNOON TEA, DINNER,
 SHARING PLATTERS, SLIDERS x BURGERS,
 WINES COCKTAILS AND BEERS

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:

N	N
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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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	11 AM 11 AM	24:00 MIDNIGHT	<u>Please give further details here</u> (please read guidance note 4)		
Tue	11 AM	24:00 MIDNIGHT			
Wed	11 AM	24:00 MIDNIGHT	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) NON 3		
Thur	11 AM	24:00 MIDNIGHT			
Fri	11 AM	0:200	<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)		
Sat	11 AM	0:200			
Sun	11 AM	11 PM			

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"/>	
Day	Start	Finish		Outdoors	<input type="checkbox"/>	
				Both	<input type="checkbox"/>	
Mon			11 AM	11 PM	Please give further details here (please read guidance note 4)	
Tue						
Wed			11 AM	11 PM		
Thur						
Fri			11 AM	11 PM		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						
Sun			11 AM	11 PM		

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 checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	11 AM	24:00 MIDNIGHT			
Tue	11 AM	24:00 MIDNIGHT			
Wed	11 AM	24:00 MIDNIGHT			
Thur	11 AM	24:00 MIDNIGHT			
Fri	11 AM	0:200			
Sat	11 AM	24:00 MIDNIGHT			
Sun	11 AM	11 PM			
			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)		
			<p>CHRISTMAS EVE : NEW YEARS EVE : IF THESE DIDS NOT FALL ON A FRIDAY OR SATURDAY</p>		

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

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	11:00 AM	24:00 MIDNIGHT	<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>CHRISTMAS EVE NEW YEARS EVE IF THESE DO NOT FALL ON A FRIDAY OR SATURDAY</p>
Tue	11:00 AM	24:00 MIDNIGHT	
Wed	11:00 AM	24:00 MIDNIGHT	
Thur	11:00 AM	24:00 MIDNIGHT	
Fri	11:00 AM	02:00 AM	
Sat	11:00 AM	02:00 AM	
Sun	11:00 AM	11:00 PM	

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)

COMPLETELY REFURBISHED BAR/RESTAURANT
NEW EMERGENCY EXITS, SOUND PROOFING, CAMERAS FITTED
INSIDE AND AT ENTRANCE/EXITS
NO DRINKS PROMOTIONS i.e. CHEAP OFFERS
NOT ALL CIGARETTE EXTINGUISHING AT THE SAME TIME, i.e. CLOSING.

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

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	01-01-2015
Capacity	LICENSEE

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)

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)			