

4190

APPENDIX F

PETERBOROUGH CITY COUNCIL
23 SEP 2011
ENVIRONMENTAL HEALTH



L4

Application to vary a premises licence under the Licensing Act 2003

**Peterborough City Council, Licensing Section, Bridge House,
Town Bridge, Peterborough, PE1 1HU**

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 you records.

~~1/00~~ BRUNO FERNANDO AZEVEDO SILVA, (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

060737

Part 1 – Premises Details

BORA BORA

Postal address of premises or, if none, ordinance survey map reference, or description 417 LINCOLN ROAD	
Post town PETERBOROUGH	Post code PE1 2PF

Telephone number at premises (if any)

Non-domestic rateable value of premises

£ 11,250.00

Part 2 – Applicant Details (Please tick ✓)

Daytime Contact telephone number

Email address (optional)

Current address if different from premises address
LINCOLN ROAD

Post town PETERBOROUGH, Post code PE1 2ND

Part 3 - Variation

Please tick Yes

Do you want the proposed variation to have effect as soon as possible?

If not do you want the variation to take effect from

Day Month Year

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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

Please describe briefly the nature of the proposed variation (please see guidance note 1)
TO EXTEND THE OPENING AND BUSINESS ACTIVITIES TIMES AS SHOWN IN THIS DOCUMENT.
REMOVE CONDITION 33 FROM THE PREMISES LICENCE.
LICENSED AREA REDRAWN TO ALLOW CONSUMPTION IN REAR YARD. PLEASE SEE PLANS. ALSO RED LINE SHOWS CHANGE OF REQUIRED LICENSED AREA INTERNALLY.
REMOVE ~~CONDITION~~ 11 FROM THE PREMISES LICENCE
REMOVE OR REWORD CONDITION 14 FROM THE PREMISES LICENCE.
REMOVE PROVISION FOR PLAYS, FILMS AND INDOOR SPORTING EVENTS.

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 ✓ Yes

- 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 entertainment facilities for:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K)

Provision of late night refreshment (if ticking yes, fill in box L)

Sale by retail of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			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 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	
Day	Start	Finish	Indoors	
			Outdoors	
			Both	
Mon			Please give further details here (please read guidance note 3)	
Tue				
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)	
Thur				
Fri			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 5)	
Sat				
Sun				

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon				Please give further details here (please read guidance note 3)	Both	
Tue						
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)			
Thur						
Fri						
Sat			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 5)			
Sun						

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	
Day	Start	Finish	Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon	1100	2400	Please give further details here (please read guidance note 3)	
Tue	1100	2400	State any seasonal variations for the performance of live music (please read guidance note 4)	
Wed	1100	2400	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 5)	
Thur	1100	0200		
Fri	1100	0400		
Sat	1100	0400		
Sun	1100	2400		

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	1100	2400	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	1100	2400			
Wed	1100	2400	State any seasonal variations for playing recorded music (please read guidance note 4)		
Thur	1100	0200			
Fri	1100	0400	Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat	1100	0400			
Sun	1100	2400			

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	1100	2400	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	1100	2400	State any seasonal variations for the performance of dance (please read guidance note 4)		
Wed	1100	2400	Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Thur	1100	0200			
Fri	1100	0400			
Sat	1100	0400			
Sun	1100	2400			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u>	
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick <input type="checkbox"/> (please read guidance note 2)</u>	Indoors <input checked="" type="checkbox"/>
Mon	1100	2400		Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue	1100	2400	<u>Please give further details here</u> (please read guidance note 3)	
Wed	1100	2400		
Thur	1100	0200	<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)	
Fri	1100	0400		
Sat	1100	0400	<u>Non standard timings. Where you intend to use the premises for the entertainment of 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 5)	
Sun	1100	2400		

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing		
			Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)		Indoors
		Outdoors		<input type="checkbox"/>	
		Both		<input type="checkbox"/>	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	1100	2400			
Tue	1100	2400			
Wed	1100	2400			
Thur	1100	0200			
Fri	1100	0400			
Sat	1100	0400			
Sun	1100	2400			
			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
			Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick [Y] (see guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	1100	2400	Please give a description of the facilities for dancing you will be providing	Both	<input type="checkbox"/>
Tue	1100	2400		Please give further details here (please read guidance note 3)	
Wed	1100	2400		State any seasonal variations for providing dancing facilities (please read guidance note 4)	
Thur	1100	0200			
Fri	1100	0400		Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sat	1100	0400			
Sun	1100	2400			

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing		
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor	✓
Mon	1100	2400		Outdoor	
				Both	
Tue	1100	2400	Please give further details here (please read guidance note 3)		
Wed	1100	2400			
			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)		
Thur	1100	0200			
Fri	1100	0400	Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat	1100	0400			
Sun	1100	2400			

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	2300	2400	Please give further details here (please read guidance note 3)		
Tue	2300	2400			
Wed	2300	2400	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	2300	0200			
Fri	2300	0400	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 5)		
Sat	2300	0400			
Sun	2300	2400			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
Mon	1100	2400	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	<input checked="" type="checkbox"/>
Tue	1100	2400			
Wed	1100	2400			
Thur	1100	0200	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 5)		
Fri	1100	0400			
Sat	1100	0400			
Sun	1100	2400			

N

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 8) **NONE KNOWN**

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	1100	0030	<p>Non standard timings. Where you intend to use 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 5)</p>
Tue	1100	0030	
Wed	1100	0030	
Thur	1100	0230	
Fri	1100	0430	
Sat	1100	0430	
Sun	1100	0030	

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

AT PRESENT I AM UNAWARE OF ANY RESTRICTIONS
AS I HAVE NO ACCESS TO THE CURRENT LICENCE

Please Tick ✓ Yes

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 failed to enclose the premises licence or relevant part of premises licence

THE {PREVIOUS} LICENCE HOLDER HAS REMOVED
{CURRENT}
THE PREMISES LICENCE.

P

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,e) (see guidance note 9)

I WILL HAVE CCTV INSIDE AND OUTSIDE THE PREMISES. A FULL FIRE ALARM SYSTEM THROUGHOUT THE PREMISES. QUALIFIED APPROVED DOOR SECURITY STAFF WHEN APPROPRIATE FOR THE BUSINESS. A REFUSALS LOG AND CHALLENGE 25 IN OPERATION. DRUGS AND VIOLENCE POLICY, DISPERSAL NOTICE FOR CUSTOMERS. A STAFF TRAINING SCHEME TO COVER ALL FOUR LICENSING OBJECTIVES.

b) The prevention of crime and disorder

ZERO TOLERANCE POLICY WILL BE DISPLAYED, CCTV WILL BE IN OPERATION. SIA QUALIFIED STAFF WILL BE WORKING WHEN APPROPRIATE. I AM WILLING TO JOIN A PUBWATCH SCHEME OR SIMILAR. NO ONE DRUNK OR UNDER THE INFLUENCE OF DRUGS WILL BE ALLOWED ENTRANCE OR SERVED. A REFUSALS LOG WILL BE KEPT AND THE POLICE INFORMED WHERE NEEDED.

c) Public safety

ALL AREAS KEPT CLEAR TO AVOID OBSTRUCTION. FULL FIRE ALARM/EMERGENCY LIGHTING SYSTEM IN PLACE. LIASON WITH APPROPRIATE AGENCIES TO ENSURE SYSTEMS ARE MODERN AND COMPLIANT WITH LEGISLATION. STAFF TRAINED IN EMERGENCY EVACUATION. ALL DRINKS CONTAINERS COLLECTED REGULARLY. ALL EMERGENCY EXITS KEPT CLEAR AND UNLOCKED WHEN BUSINESS IS OPERATING.

d) The prevention of public nuisance

DISPERSAL NOTICE TO BE DISPLAYED. SOUND PROOFING OF MUSIC AREAS WILL BE INSTALLED. FRONT AND REAR OF THE PREMISES WILL BE KEPT CLEAR OF RUBBISH. SMOKING WILL BE ALLOWED AT THE REAR OF THE PREMISES TO AVOID USING LINCOLN ROAD. ANTI SOCIAL BEHAVIOUR WILL RESULT IN A BAN FROM THE PREMISES AND WHERE APPROPRIATE CONTACT WITH THE POLICE.

e) The protection of children from harm

A CHILDRENS POLICY WILL BE IN PLACE. NO CHILDREN WILL BE ALLOWED IN AFTER 2000 HRS (8PM) AND MUST BE SUPERVISED AT ALL TIMES.

Please tick ✓ Yes

- I have made or enclosed payment of the fee
- I have sent copies of this application and the plan to the 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 CONVICTION TO A FINE UP TO 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 10)

Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent. (please read guidance note 11) **If signing on behalf of the applicant please state in what capacity.**

X
*
Signature
Date 22/08/11
Capacity APPLICANT

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 12) **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 13) <u>417 LINCOLN ROAD</u>	
Post town <u>PETERBOROUGH</u>	Post code <u>PE1 2PF</u>
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

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