

# Blackpool Council

16 SEP 2016

## APPLICATION TO VARY A PREMISES LICENCE

<b>Applicant Name(s):</b>	PAUL ANTHONY KELLY.
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PAGES NOT INCLUDED AS IRRELEVANT: 3, 6.

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

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F: (01253) 47 8372

[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



# 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 this 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.

<b>Full name/s of the premises licence holder/s:</b>
1) PAUL ANTHONY KELLY
2)
3)

I/We the premises licence holder/s named above, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1

<b>Premises Licence number:</b>	PL 1174
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## Part 1 – Premises Details

<b>Premises Address</b>	MA KELLYS.						
	62 FOXHALL ROAD						
	BLACKBOL	<b>Post Code</b>	F	Y	1	5	BW.
<b>Telephone Number of premises (if any)</b>							
<b>Non-domestic rateable value of premises</b>	15,000.						

## Part 2 – Applicant details

<b>Title:</b>	MR	Mrs	Ms	Other	<b>Forename(s)</b>	PAUL ANTHONY		
<b>Surname</b>	KELLY				<b>Date of Birth</b>	Day	Month	Year
<b>Home address</b>	[Redacted]							
	THORNTON CLEVELLYS					<b>Post Code</b>	F	Y
<b>Telephone Number</b>	[Redacted]				<b>Mobile Number</b>	[Redacted]		
<b>E-Mail address</b>	[Redacted]							

### Part 3 – Variation

If yes please tick

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

If not, when do you want the variation to take effect from?

Day		Month		Year			

If your proposed variation would mean that 5,000 or more people could be 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)

Increase in hours for licensable activities on Friday and Saturday nights with adjustment to closing time. All activities to 3:00 am and closing at 3:30 am. Save for Late Night Refreshment to be unchanged.

## Part 4 – Operating Schedule

Please complete those parts of the Operating Schedule below that would be subject to change if this application to vary is successful.

### Provision of regulated entertainment:

If yes please tick

- a) A performance of a play (if ticking yes, fill in box A)
- b) An exhibition of a film (if ticking yes, fill in box B)
- c) An indoor sporting event (if ticking yes, fill in box C)
- d) Boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) A performance of live music (if ticking yes, fill in box E)
- f) Any playing of recorded music (if ticking yes, fill in box F)
- g) A performance of dance (if ticking yes, fill in box G)
- h) Entertainment 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)

**Sale by retail 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 6)			Will the performance of a play take place indoors, outdoors or both – please tick accordingly (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 variation for performing plays (please read guidance note 4)		
Thu					
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 see guidance note 5)		
Sat					
Sun					

**D**

<b>Boxing or wrestling entertainment</b> Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors, outdoors or both – please tick accordingly (Please read guidance note 2)		Indoors	
					Outdoors	
					Both	
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)			
Mon						
Tue			State any seasonal variation for boxing or wrestling entertainment (please read guidance note 4)			
Wed						
Thu			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 see guidance note 5)			
Fri						
Sat						
Sun						

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors, outdoors or both – please tick accordingly (Please read guidance note 2)		Indoors	<input checked="" type="checkbox"/>
					Outdoors	
					Both	
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)			
Mon						
Tue			State any seasonal variation for performance of live music (please read guidance note 4)			
Wed						
Thu			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 see guidance note 5)			
Fri	12.00	03.00				
Sat	12.00	03.00				
Sun						

*UNCHANGED* (written diagonally across Mon, Tue, Wed, Thu)

**F**

Recorded music Standard days and timings (please read guidance note 6)			Will the performance of recorded music take place indoors, outdoors or both – please tick accordingly (Please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>	
				Outdoors	<input type="checkbox"/>	
Day	Start	Finish	Both			
Mon	<del>UNCHANGED</del>		Please give further details here (please read guidance note 3)			
Tue						
Wed			State any seasonal variation for playing recorded music (please read guidance note 4)			
Thu						
Fri		12.00	03.00	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 see guidance note 5)		
Sat		12.00	03.00			
Sun						

**G**

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors, outdoors or both – please tick accordingly (Please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>	
				Outdoors	<input type="checkbox"/>	
Day	Start	Finish	Both			
Mon	<del>UNCHANGED</del>		Please give further details here (please read guidance note 3)			
Tue						
Wed			State any seasonal variation for the performance of dance (please read guidance note 4)			
Thu						
Fri		11.00	03.00	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 see guidance note 5)		
Sat		11.00	03.00			
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 6)			Please give a description of the type of entertainment you will be providing					
			Will this entertainment take place indoors, outdoors or both – please tick accordingly (Please read guidance note 2)		<table border="1"> <tr> <td>Indoors</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>	Indoors	<input checked="" type="checkbox"/>	Outdoors
Indoors	<input checked="" type="checkbox"/>							
Outdoors	<input type="checkbox"/>							
Both	<input type="checkbox"/>							
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)					
Mon								
Tue			State any seasonal variation for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)					
Wed								
Thu			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 (please see guidance note 5)					
Fri	11.00	03.00						
Sat	11.00	03.00	State any seasonal variation for the provision of late night refreshment (please read guidance note 4)					
Sun								

**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors, outdoors or both – please tick accordingly (Please read guidance note 2)				
			<table border="1"> <tr> <td>Indoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>		Indoors	<input type="checkbox"/>	Outdoors
Indoors	<input type="checkbox"/>						
Outdoors	<input type="checkbox"/>						
Both	<input type="checkbox"/>						
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)				
Mon							
Tue			State any seasonal variation for the provision of late night refreshment (please read guidance note 4)				
Wed							
Thu			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 see guidance note 5)				
Fri							
Sat			State any seasonal variation for the provision of late night refreshment (please read guidance note 4)				
Sun							

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol for consumption be on the premises, off the premises or both (Please read guidance note 7)	On the Premises	
Day	Start	Finish		Off the premises	
Mon	<del>CINEMA (15)</del>		State any seasonal variation for the supply of alcohol (please read guidance note 4)	Both	X
Tue					
Wed					
Thu					
Fri	10.30	03.00	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 see guidance note 5)		
Sat	10.30	03.00			
Sun	CINEMA (15)				

K

Please highlight any adult entertainment or services, activities, other entertainment or matter ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

NONE



L

Hours premises are open to the public			State any seasonal variations (please read guidance note 4)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Non-standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please see guidance note 5)
Mon			
Tue			
Wed			
Thu			
Fri	10.30	03.30	
Sat	10.30	03.30	
Sun			

**Please identify those conditions currently imposed on the licence that you believe could be removed as a consequence of the proposed variation you are seeking**

NONE.

I have enclosed the existing premises licence and summary  If yes please tick

I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes you are required to give your reasons for not including the licence, or any part of it below.

**Reasons why I have failed to enclose the premises licence or relevant part of the 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,e) (See guidance note 9)**

AS ON PRESENT LICENCE

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

AS ON PRESENT LICENCE

**c) Public Safety**

AS ON PRESENT LICENCE

**d) The prevention of public nuisance**

AS ON PRESENT LICENCE

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

AS ON PRESENT LICENCE

If yes please tick

- I have made or enclosed payment of the fee
- I have sent copies of this application, a copy of the plan and a photocopy of the existing premises licence to responsible authorities and others where applicable
- I understand that I must advertise my application
- I have enclosed the premises licence or relevant part of it or an explanation why not
- 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 the behalf of the applicant please state in what capacity.

Signed	<i>Ed solicitor Michael</i>
Print Name	MICHAEL WOOSNAM.
Capacity	SOLICITOR FOR APPLICANT.
Date	12.9.2016.

Where the premises licence is jointly held signature of 2<sup>nd</sup> applicant (the current premises licence holder) or 2<sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signed	
Print Name	
Capacity	
Date	

Contact name (where not previously given) and address for correspondence associated with this application. (Please read guidance note 13)

Title:	Mr	<del>Mrs</del>	Miss	Ms	Other	
Forenames	MICHAEL			Surname	WOOSNAM	
Address for Correspondence associated with this application	ROLAND ROBINSONS & FENTONS					
	87 ADELAIDE STREET.					
	Blaugdon	Post Code	F	Y	1	4 L X
Telephone Number	01253 621432			Mobile Number		
E-Mail Address	mwe@rfsolicitors.com					