

# Blackpool Council

## APPLICATION TO VARY A PREMISES LICENCE

<b>Applicant Name(s):</b>	DARREN WILKINSON & MALCOLM JAMES DALEY.
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### Contact

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

T: (01253) 47 8572 / 8589  
F: (01253) 47 8372

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



# 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.

Full name/s of the premises licence holder/s:
LAWTON HOTEL

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

Premises Licence number:	PL 2086.
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## Part 1 – Premises Details

Premises Address	58-68 CHARNLEY ROAD	
	BLACKPOOL.	
	Post Code	F Y 1 4 P F
Telephone Number of premises (if any)	01253 753471	
Non-domestic rateable value of premises	47,000. <del>47,000.00</del> <del>32,750.00</del>	

## Part 2 – Applicant details

Title:	<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms	<input type="radio"/> Other	Forename(s)	DARREN	
Surname	WILKINSON.					Date of Birth		
Home address								
							Post Code	
Telephone Number						Mobile Number		
E-Mail address								

## SECOND INDIVIDUAL APPLICANT (If Applicable)

<b>Title:</b>	<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms	<input type="radio"/> Other	<b>Forename(s)</b>	MALCOLM JAMES
<b>Surname</b>	DALEY.					<b>Date of Birth</b>	
<b>Home address</b>							
						<b>Post Code</b>	
<b>Telephone Number</b>					<b>Mobile Number</b>		
<b>E-Mail address</b>							

### A. OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

<b>Name</b>							
<b>Address</b>							
						<b>Post Code</b>	
<b>Registered number</b>							
<b>Description of applicant (for example partnership, company, unincorporated association)</b>							
<b>Telephone number</b>							
<b>E-Mail address (optional)</b>							

## 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	

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see guidance note 1)

☐

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)

CONFIRM  
 TO ~~ALLOW~~ SALE / SUPPLY OF ALCOHOL TO RESIDENTS  
 AND THEIR GUESTS AT ANY TIME OF THE DAY.  
 TO BRING FORWARD THE TIME FOR SALE / SUPPLY OF  
 ALCOHOL TO NON-RESIDENTS TO COMMENCE 0700  
 EACH DAY BUT RESTRICTED TO THOSE EATING BREAKFAST  
 FOR 0700 to 0900.  
 SALE / SUPPLY OF ALCOHOL TO NON RESIDENTS  
 FOR ~~ALL LICENSABLE ACTIVITIES~~ TO END AT 01.30  
 SUNDAY TO THURSDAY AND 02.30 FRIDAY AND  
 SATURDAY.

## 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 (please see guidance note 3):

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 8)			Will the performance of a play take place indoors, outdoors or both – please tick accordingly (Please read guidance note 4)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 5)	Both	
Tue			State any seasonal variation for performing plays (please read guidance note 6)		
Wed			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 7)		
Thu					
Fri					
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 8)			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 4)	Indoors				
				Outdoors				
				Both				
Day	Start	Finish	Please give further details here (please read guidance note 5)					
Mon								
Tue								
Wed								
Thu			State any seasonal variation for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 6)					
Fri								
Sat								
Sun								
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 7)								

# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 8)			Will the provision of late night refreshment take place indoors, outdoors or both – please tick accordingly (Please read guidance note 4)		Indoors	✓			
					Outdoors				
					Both				
					Day	Start	Finish	Please give further details here (please read guidance note 5)	
Mon		01.30							
Tue		01.30							
Wed		01.30							
Thu		01.30	State any seasonal variation for the provision of late night refreshment (please read guidance note 6)						
Fri		02.30							
Sat		02.30							
Sun		01.30							
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 7)									

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 8)			<b>Will the sale of alcohol for consumption be on the premises, off the premises or both</b> (Please read guidance note 9)	<b>On the Premises</b>	✓
				<b>Off the premises</b>	
				<b>Both</b>	
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variation for the supply of alcohol</b> (please read guidance note 6)		
Mon	07.00	01.30			
Tue	07.00	01.30			
Wed	07.00	01.30			
Thu	07.00	01.30			
Fri	07.00	02.30			
Sat	07.00	02.30			
Sun	07.00	01.30			

K

<b>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</b> (please read guidance note 10)	
None	

Hours premises are open to the public			State any seasonal variations (please read guidance note 6)
Standard days and timings (please read guidance note 8)			
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 7)
Mon	07.00	02.00	
Tue	07.00	02.00	
Wed	07.00	02.00	
Thu	07.00	02.00	
Fri	07.00	03.00	
Sat	07.00	03.00	
Sun	07.00	02.00	

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

ANNEX 2  
 CONDITION 1 - replaced.  
 CONDITION 3 - not applicable.  
 CONDITION 5 - Amend to Challenge 25.  
~~CONDITION 10 - Amend to Challenge 25.~~  
 CONDITION 13 - Not applicable.

If yes please tick

I have enclosed the existing premises licence and summary

☒

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 11)

Amend Annex 2 Condition 5 to Challenge 25.

The premises will be open to the general public from 0700 until the closing time.

The supply of alcohol to residents and their bona fide guests is permitted at all times of the day and night.

b) The prevention of crime and disorder

~~Alcohol~~ The supply of alcohol ~~to the general public~~ between 07.00 and 09.00 each day is limited to persons having breakfast on the premises.

c) Public Safety

N/A.

d) The prevention of public nuisance

N/A

e) The protection of children from harm

N/A.

If yes please tick

- 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, 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, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

### Part 5 – Signatures (please read guidance note 12)

**Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (please read guidance note 13). If signing on the behalf of the applicant please state in what capacity.**

Signed	<i>Michael</i>
Print Name	MICHAEL WOOSNAM
Capacity	SOLICITOR
Date	13.2.20

**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 14). If signing on behalf of the applicant please state in what capacity.**

Signed	<i>Michael</i>
Print Name	MICHAEL WOOSNAM
Capacity	SOLICITOR
Date	13.2.20.

**Contact name (where not previously given) and address for correspondence associated with this application. (Please read guidance note 15)**

Title:	<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms	<input type="radio"/> Other							
Forenames	MICHAEL					Surname	WOOSNAM					
Address for Correspondence associated with this application	ROLAND ROBINSONS & FENTONS											
	87 ADELAIDE STREET											
	BLACKPOOL					Post Code	F	4	1		4	L
Telephone Number	01253 621432					Mobile Number						
E-Mail Address	mwe.rfsolicitors.com											