

[Insert name and address of relevant licensing authority and its reference number (optional)]

### 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 M VAZANIAS being the premises licence holder, apply to vary a  
(Insert name(s) of applicant)  
premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below

#### Premises licence number

LN/000000547/2011/11

#### Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference, or description THE CASE IS ALTERED OLD REDDING	
Post town HARROW	Post code HA3 6SE

Telephone number at premises (if any)

[REDACTED]

Non-domestic rateable value of premises

£28300

#### Part 2 – Applicant details

[REDACTED]

Current postal address if different from premises address

131-1 AS ABOVE

Post Town

[REDACTED]

Postcode

[REDACTED]

RECEIVED AT  
LICENSING OFFICE  
14 OCT 2014  
TIME.

**Part 3 - Variation**

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

Please tick Yyes



If not do you want the variation to take effect from

Day	Month	Year

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/A
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Please describe briefly the nature of the proposed variation (Please see guidance note 1)

TO EXTEND THE OPENING TIMES TILL  
2-30 AM <sup>THE NEXT MORNING</sup> FRI + SAT  
IE FRIDAY → SAT 02-30 AM  
& SAT → SUNDAY 02-30 AM

REGULATED ENTERTAINMENT - 10-00 - 2-30 (THE FOLLOWING MORNING) FRIDAY + SATURDAY

SALE of ALCOHOL 10-00 - 0-2:00 (THE FOLLOWING MORNING) FRIDAY + SATURDAY.

## 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.

Please tick ✓ yes

### Provision of regulated entertainment

- 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**

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

**B**

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

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b>Please give further details</b> (please read guidance note 3)
Day	Start	Finish	
Mon			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)
Tue			
Wed			
Thur			<b>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</b> (please read guidance note 5)
Fri			
Sat			
Sun			

**D**

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

Sun			
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**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)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10 AM		Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed					
Thur			State any seasonal variations for the performance of live music (please read guidance note 4)		
Fri	10 AM	02-30 AM			
Sat	10 AM	02-30 AM	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)		
Sun		)			

**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 type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed					
Thur			State any seasonal variations for playing recorded music (please read guidance note 4)		

Fri	10 AM	02-30 PM	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	10 AM	02-30 PM	
Sun			

## G

<b>Performances of dance</b> 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"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both		
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri	10 AM	02-30 PM	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)		
Sat	10 AM	02-30 AM			
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		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor	<input type="checkbox"/>
				Outdoor	<input type="checkbox"/>
Mon			Both		

Tue			Please give further details here (please read guidance note 3)
Wed			
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)
Fri			
Sat			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 read guidance note 5)
Sun			

<b>Provision of facilities for making music</b> 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		
			Both		
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Thur					
Fri	10 AM	02-30 PM	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)		
Sat	10 AM	02-30 PM			
Sun					



<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick [Y] (see guidance note 2)</b>	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give a description of the facilities for dancing you will be providing</b>		
Mon			<b>Please give further details here (please read guidance note 3)</b>		
Tue					
Wed					
Thur			<b>State any seasonal variations for providing dancing facilities (please read guidance note 4)</b>		
Fri	10 AM	02-30 AM			
Sat	10 AM	02-30 AM	<b>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)</b>		
Sun					

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within I or J</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment facility you will be providing</b>		
Day	Start	Finish	<b>Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read guidance note 2)</b>	Indoor	<input type="checkbox"/>
Mon				Outdoor	<input type="checkbox"/>
				Both	<input type="checkbox"/>

Tue			Please give further details here (please read guidance note 3)
Wed			
Thur			
Fri	10 AM	02-30 AM	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)
Sat	10 AM	02-30 AM	
Sun			
			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)

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	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed					
Thur			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Fri	23-00	02-30 AM			
Sat	23-00	02-30 AM			
Sun			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)		

# M

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)</b>	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	Both		
Mon			<b>State any seasonal variations for the supply of alcohol (please read guidance note 4)</b>		
Tue					
Wed					
Thur			<b>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)</b>		
Fri	10 AM	02-00 AM			
Sat	10 AM	02-00 AM			
Sun					

# 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)

N/A

# O

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations (please read guidance note 4)</b>		
Day	Start	Finish			
Mon					
Tue					

Wed			<b>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)</b>	
Thur				
Fri	10-11	02-30		AM
Sat	10 AM	02-30		AM.
Sun				

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

- I have enclosed the premises licence  Please tick ✓ yes
- 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

**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) (please read guidance note 9)**

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

**c) Public safety**

**d) The prevention of public nuisance**

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




Please tick ✓ yes

- I have made or enclosed payment of the fee
- 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 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.

Signature  .....

Date 14/10/2014 .....

Capacity owner .....

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.

Signature .....

Date .....

Capacity .....

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