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

Application for a minor variation to a premises licence or club premises certificate 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, especially Note 1.

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 in black ink. Use additional sheets if necessary.

Once completed please send your application to the relevant licensing authority. You may wish to keep a copy of the completed form for your records.

DANIEL	DOOLAN	

(Insert name(s) of applicant)

being the premises licence holder(s)/club holding a club premises certificate, apply to vary a premises licence under section 41A/club premises certificate under section 86A of the Licensing Act 2003 for the premises described in Part 1 below.

Part 1 - Premises details

Postal address of premises (or, if none, ordnance 897 HONEYPOI LANE SIAN MORE	address of premises (or, if none, ordnance survey map reference, or description) HONEYPOI LANE FAN MORE		
Post town MIDDLESEX	Postcode HA7 IAR		
Telephone number at premises (if any)			
Premises licence number/club premises certificate number			
LN1000000569/2010/2			
Brief description of premises (Please see Guid AHE PREMISES IS A FREE HOUR AIGHOL, LIVE SPORTS IS AISO SENTERABIUMENT.	Hance Note 2) SE USED FOR THE SALE OF HOWN CIVE. WITH REGULATED		

received at Licensing office

24 SEP 2013

TIME.

I am/we are the premises licence holder/club premises appropriate)	cence holder/club premises certificate holder. (Please delete as	
Contact phone number in working hours (if any)		
Applicant Postal address IF DIFFERENT FROM PRI	EMISES ADDRESS	
Post town	Postcode	
Diego was ide and it is ide	contact you by email (optional)	
Part 3 – Proposed variation(s) Do you want the proposed variation to have effect as so	Please tiol	
	DDMMYYYY	
If not, from what date do you want the variation to take	effect?	
Do you want the proposed variation to have effect in relievy? (Please see Guidance Note 3)	lation to the introduction of the late night	
Please describe the proposed variation(s) in detail in consider that they could not have an adverse effect or objectives (See Guidance Note 1). This should includ- licensable activities will be taking place indoors or or	n the promotion of any of the licensing le whether new or increased levels of	
Details of proposed variation(s) (Please see Guidance THE FREEHOUSE USED TO HAVE 899), BUT NOW THERE IS ONE IS NOW SMALLER WITH THE SABEFORE. I HAVE INCLUDED A FREE	TWO SHOP UNITS (897)	

Details of proposed variation(s) (Continued)	
Part 4 – Operating Schedule	
Please tick those parts of the Operating Schedule which would be subject to change if this application to vary was successful.	
Provision of regulated entertainment Please tick all that apply	ÿ
Provision of regulated entertainment	y
Provision of regulated entertainment Please tick all that apply	,
Provision of regulated entertainment Please tick all that apply a. plays	
Provision of regulated entertainment Please tick all that apply a. plays b. films	
Provision of regulated entertainment Please tick all that apply a. plays b. films c. indoor sporting events	
Provision of regulated entertainment Please tick all that apply a. plays b. films c. indoor sporting events d. boxing or wrestling entertainment	
Provision of regulated entertainment Please tick all that apply a. plays b. films c. indoor sporting events d. boxing or wrestling entertainment e. live music	
Provision of regulated entertainment Please tick all that apply a. plays b. films c. indoor sporting events d. boxing or wrestling entertainment e. live music f. recorded music	
Provision of regulated entertainment Please tick all that apply a. plays b. films c. indoor sporting events d. boxing or wrestling entertainment e. live music f. recorded music g. performances of dance	

Please tick to indicate you have enclosed the following:

I have o	enclosed the premises licence/club premises certificate	Ø
	enclosed the relevant part of the premises licence/ emises certificate	
	included a copy of the plan necessary if the proposed variation will affect the layout)	Ø
If you l	have not ticked one of the previous three boxes, please explain why in the box below.	
	ons why you have not enclosed the premises licence/club premises certificate or ant parts.	
Any	further information to support your application. (See Guidance Note 5)	
		made in
	KLIST:	
Please	tick to indicate agreement	,
•	I have made or enclosed payment of the fee; or	Z
•	I have not made or enclosed payment of the fee because this application has been marrelation to the introduction of the late night levy.	de in
•	I have enclosed the plan, if appropriate, of the premises in scale [1mm to 100mm], unotherwise agreed with the licensing authority.	
•	I have enclosed the premises licence/club premises certificate or relevant part of it or provided an explanation.	ď
•	I understand that if I do not comply with the above requirements my application will rejected.	be
•	I understand that I must now advertise my application for a continuous period begins the first working day after the day on which the application was given to the relevant licensing authority and ending at the expiry of the ninth consecutive working day after day.	:

Part 5 – Signatures and Contact Details (See Guidance Note 6)

<u>Premises Licence</u>: Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (see Guidance Note 7). If signing on behalf of the applicant, please state your name and in what capacity you are authorised to sign:

Signature	
Date	90-9-13
Capacity	GO-9-13 CAMPANY DIRECTOR.
Where the pre- licence holder) signing on beha	emises licence is jointly held, signature of 2 nd applicant (the current premises or 2 nd applicant's solicitor or other authorised agent (See Guidance Note 8). If all of the applicant, please state in what capacity.
Signature	
Date	
Capacity	
Where the pren I (insert full name authority to bind	e) males state and the
Signature	
Date	
Capacity	

this application. (See Guidance	iously given) and address for correspondence associated with Note 9)
Post town	Postcode
Telephone number (if any)	If you would prefer us to correspond with you by email your email address (optional)