

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 Rum Scattergood.
(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	21/00981/PREMLI
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Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description			
5 STATION ROAD, HAGLEY WORCESTERSHIRE			
Post town		Postcode	DY9 0NU

Telephone number at premises (if any)	01562 632061
Non-domestic rateable value of premises	£ 13000

Part 2 – Applicant details

Daytime contact telephone number	[REDACTED]		
E-mail address (optional)	[REDACTED]		
Current postal address if different from premises address			
Post town		Postcode	

Part 3 - Variation

Please tick as appropriate

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

Yes

No

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

DD	MM	YYYY

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see guidance note 1) Yes No

Please describe briefly the nature of the proposed variation (Please see guidance note 2)

Sale of alcohol - variation.

Monday - until 9pm

Tuesday - until 10pm

Wednesday - 12:00 - 10pm

Sunday until 9pm.

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:

Less than 30

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 see guidance note 3) Please tick all that apply

- 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 (c), (f) or (g) (if ticking yes, fill in box H)

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

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

E

Live music Standard days and timings (please read guidance note 8)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 5) <i>Jazz singer - 1 person Amplified</i>		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 6) <i>N/A.</i>		
Thur	<i>1800</i>	<i>2200</i>			
Fri	<i>1800</i>	<i>2200</i>	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 7) <i>N/A</i>		
Sat	<i>1800</i>	<i>2200</i>			
Sun	<i>1800</i>	<i>2200</i>			

J

Supply of alcohol Standard days and timings (please read guidance note 8)			Will the supply of alcohol be for consumption – please tick (please read guidance note 9)	On the premises	<input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	12.00	21.00	State any seasonal variations for the supply of alcohol (please read guidance note 6)	Both	<input type="checkbox"/>
Tue	12.00	22.00		N/A	
Wed	12.00	22.00			
Thur	12.00	22.00		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 read guidance note 7)	
Fri	12.00	22.00		N/A	
Sat	12.00	22.00			
Sun	12.00	21.00			

K

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 10).

N/A.

L

Hours premises are open to the public Standard days and timings (please read guidance note 8)			State any seasonal variations (please read guidance note 6)
Day	Start	Finish	
Mon	Closed		School Holidays - Mondays open
Tue	11.00	4.00	
Wed	11.00	4.00	
Thur	11.00	4.00	
	7.00	22.00	
Fri	11.00	22.00	
Sat	10.00	21.00	
Sun	10.00	18.00	

Non standard timings. Where you intend 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 7)

Clay Classes - Wednesdays
7-9pm.

Pottery Painting Events.
Sundays. 4-8pm.

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.

No concerns as license already granted for sale of alcohol and we are adhering to license rules on the days already on the premises license

Please tick as appropriate

- 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 not enclosed the premises licence or relevant part of premises licence.

[Faint handwritten text, possibly "I have not enclosed the licence because..."]

[Faint handwritten text]

[Faint handwritten text]

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 and e) (please read guidance note 11)

b) The prevention of crime and disorder

MAINTAIN CCTV COVERAGE ALREADY IN PLACE
TABLE BOOKING POLICY ALREADY IN PLACE
MAX CAPACITY SET FOR ALL EVENTS
PROOF OF AGE IN PLACE / FOOD MENU OFFERED.

c) Public safety

FIRE SAFETY & MAINTENANCE POLICIES
ARE UP TO DATE.
FIRST AID & LIGHTING - ALL IN PLACE.

d) The prevention of public nuisance

ALL IN PLACE AS PREVIOUS APPLICATION
FOR LICENSE APPROVED.

e) The protection of children from harm

PROOF OF AGE POLICY
EVENTS (ADULTS) AGE RESTRICTIONS IN
PLACE

Checklist:

Please tick to indicate agreement

- 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 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, 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 behalf of the applicant, please state in what capacity.

Signature	[REDACTED]
Date	Thursday 5th September 2024
Capacity	Business Owner.

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 14). 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 15)

[REDACTED]			
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)			