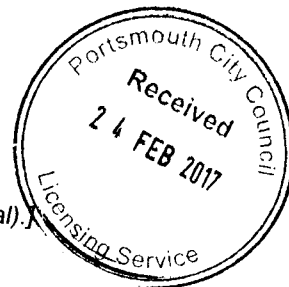


17/02138/LAP16M  
Lapsby 24/3/17  
PORTSMOUTH City Council



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

**Application for a premises licence to be granted  
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

BECKETTS SOUTHSEA LTD

(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

**Part 1 – Premises Details**

Postal address of premises or, if none, ordnance survey map reference or description

10-11 BELLEVUE TERRACE

Post town

SOUTHSEA

Postcode

PO5 3AT

Telephone number at premises (if any)

[REDACTED]

Non-domestic rateable value of premises

£

[REDACTED]

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick as appropriate

a) an individual or individuals \*

☐

please complete section (A)

b) a person other than an individual \*

i. as a limited company

☒

please complete section (B)

ii. as a partnership

☐

please complete section (B)

iii. as an unincorporated association or

☐

please complete section (B)

iv. other (for example a statutory corporation)

☐

please complete section (B)

- c) a recognised club ☐ please complete section (B)
- d) a charity ☐ please complete section (B)
- e) the proprietor of an educational establishment ☐ please complete section (B)
- f) a health service body ☐ please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England ☐ please complete section (B)
- h) the chief officer of police of a police force in England and Wales ☐ please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☒

I am making the application pursuant to a

statutory function or ☐

a function discharged by virtue of Her Majesty's prerogative ☐

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

**SECOND INDIVIDUAL APPLICANT** (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

**(B) 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.

Name	BECKETTS SOUTHSEA LTD
Address	C/O ENCY ASSOCIATES, PRINCEWELL COURT, CUMBERLAND BUSINESS CENTRE, PORTSMOUTH PO5 1DS
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	
E-mail address (optional)	

### Part 3 Operating Schedule

When do you want the premises licence to start?

THIS IS AN EXISTING PREMISES ALREADY OPERATING.

WE HAVE BEEN ADVISED TO SUBMIT AN APPLICATION FOR A NEW LICENCE DUE TO THE  
 EXTENT OF THE CHANGES

If you wish the licence to be valid only for a limited period, when do you

DD MM YYYY

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD MM YYYY

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

2 ADJOINING PROPERTIES PROVIDING A BAR, RESTAURANT AND LETTING ROOMS (BED + BREAKFAST) ABOVE.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

N/A.

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

### Provision of regulated entertainment

Please tick any 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 (e), (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**

**A**

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

## 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</b> (please read guidance note 2)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish			Both <input type="checkbox"/>
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><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Tue			
Wed			
Thur			<b><u>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</u></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><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)			
Mon						
Tue						
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)			
Thur						
Fri						
Sat			<b><u>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</u></b> (please read guidance note 5)			
Sun						



E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	12:00	23:59	PLAYING OF AMPLIFIED ACOUSTIC TYPE MUSIC BY LIVE ARTISTS		
Tue	12:00	23:59			
Wed	12:00	23:59	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur	12:00	23:59	NONE ANTICIPATED		
Fri	12:00	02:00			
Sat	12:00	02:00	<b>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</b> (please read guidance note 5)		
Sun	10:00	23:59	NONE ANTICIPATED		

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3) BACKGROUND MUSIC PLAYED THROUGHOUT THE VENUE VIA SMALL SOUNDS PLAY 1/3 SPEAKERS		
Mon	09:00	01:00			
Tue	09:00	01:00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4) NONE ANTICIPATED		
Wed	09:00	01:00			
Thur	09:00	01:00	<b>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</b> (please read guidance note 5) NONE ANTICIPATED		
Fri	09:00	02:00			
Sat	09:00	02:00			
Sun	09:00	01:00			

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)			
Mon						
Tue						
			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)			
Wed						
Thur						
			<b><u>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</u></b> (please read guidance note 5)			
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 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri					
Sat			<b><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sun					

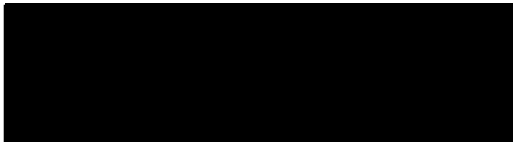


# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon	23:00	01:00	HOT FOOD COOKED ON THE PREMISES AND SERVED WITHIN OUR BAR/RESTAURANT TOGETHER WITH HOT DRINKAGES			
Tue	23:00	01:00				
Wed	23:00	01:00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)			
Thur	23:00	01:00	NONE ANTICIPATED			
Fri	23:00	02:00				
Sat	23:00	02:00	<b>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</b> (please read guidance note 5)			
Sun	23:00	01:00	NONE ANTICIPATED.			

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	09:00	01:00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  NONE ANTICIPATED		
Tue	09:00	01:00			
Wed	09:00	01:00			
Thur	09:00	01:00	<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</b> (please read guidance note 5)  NONE ANTICIPATED.		
Fri	09:00	02:00			
Sat	09:00	02:00			
Sun	09:00	01:00			

**State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:**

Name	JAIME RIANO		
Address			
Postcode			
Personal licence number (if known)			
Issuing licensing authority (if known)	ISLE OF WIGHT COUNCIL		

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 8).

NONE ANTICIPATED

L

Hours premises are open to the public  
Standard days and timings  
(please read guidance note 6)

Day	Start	Finish
Mon	09:00	01:30
Tue	09:00	01:30
Wed	09:00	01:30
Thur	09:00	01:30
Fri	09:00	02:30
Sat	09:00	02:30
Sun	09:00	01:30

State any seasonal variations (please read guidance note 4)

NONE ANTICIPATED

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 5)

NONE ANTICIPATED

**M** Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)

BECKETTS IS PREDOMINANTLY A RESTAURANT WITH A BAR THAT DISPENSES PREMIUM QUALITY BEVERAGES TO DINERS BEFORE, DURING AND AFTER MEALS. WE DO NOT PROMOTE ANY FORM OF DRINKING TO EXCESS BE THAT BY WAY OF DISCOUNTS, MARKETING PROMOTIONS, GAMES, REWARDS, ETC WE ARE A RESPONSIBLE BUSINESS WITH AN UPMARKET OFFERING, APPEALING PRIMARILY TO A MORE MATURE, RESPONSIBLE AUDIENCE. WE TRAIN OUR STAFF TO VERIFY AGES OF ALL YOUNGER LOOKING CUSTOMERS.

b) The prevention of crime and disorder

WE HAVE A VERY COMPREHENSIVE 14 CAMERA CCTV SYSTEM THAT IS MONITORED ON A 55" TELEVISION IN THE MANAGEMENT OFFICE + ALSO DISPLAYED (AS A DETERRANT) IN THE BAR AREA ON A SECOND MONITOR. WE ALSO HAVE A COMPREHENSIVE, MONITORED INTRUSION ALARM SYSTEM.

c) Public safety

THE ENTIRE PROPERTY HAS BEEN FULLY REFURBISHED TO A VERY HIGH STANDARD WITH THE AIM OF PROVIDING OUR CUSTOMERS WITH A COMFORTABLE + SAFE ENVIRONMENT TO ENJOY THEMSELVES WITHIN THE PREMISES. ALL ROOMS, HAVE CCTV + A FIRE ALARM WARNING SYSTEM + FIRE EXTINGUISHERS.

d) The prevention of public nuisance

NOISE CONTROL - THROUGH THE DESIGN CHARACTERISTICS OF OUR BUILDING COMBINED WITH STAFF TRAINING, WE SEEK TO ENSURE THAT WE DON'T CAUSE UNREASONABLE DISTURBANCE TO THE PUBLIC OR OUR NEIGHBOURS.  
ODOUR CONTROL - WE HAVE INSTALLED A BRAND NEW, HIGH QUALITY EXTRACTION SYSTEM IN ACCORDANCE WITH ENVIRONMENTAL HEALTH OFFICER'S RECOMMENDATIONS.  
CONTROL OF LITTER + WASTE - REGULAR COMMERCIAL COLLECTIONS  
LIGHT POLLUTION - OUR INTERNAL + EXTERNAL LIGHTING IS SUITABLE + DESIGNED TO NOT CAUSE

e) The protection of children from harm

ANNNOYANCE OR NUISANCE TO OUR NEIGHBOURS.



OUR PREMISES ARE NOT GEARED TOWARDS CHILDREN. WE TEND TO ONLY HAVE YOUNG CHILDREN IN THE RESTAURANT ON A SUNDAY DAYTIME OR EARLY EVENING. OUR AGE VERIFICATION PROCEDURE REQUIRE STAFF TO CHECK ID FOR ANY CUSTOMER THAT APPEARS TO BE UNDER 18. DRUG TAKING WILL NOT BE TOLERATED ON OUR PREMISES.

**Checklist:**

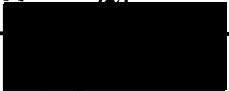
Please tick to indicate agreement

- I have made or enclosed payment of the fee. ☒
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. ☒
- I understand that I must now advertise my application. ☒
- I understand that if I do not comply with the above requirements my application will be rejected. ☒

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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 4 – Signatures** (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 11). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	24/02/17
Capacity	Director

For joint applications, signature of 2<sup>nd</sup> applicant 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 postal address for correspondence associated with this application (please read guidance note 13)

JASON PARKER  
11 BELLEVUE TERRACE

Post town	SOUTHSEA	Postcode	PO5 3AT
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
[REDACTED]			

#### Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

FOR DISPLAY IN NEWSPAPER



Portsmouth  
CITY COUNCIL

## LICENSING ACT 2003

### Notice of application for the grant of a premises licence

NOTICE IS HEREBY GIVEN that an application has been made to the licensing authority of Portsmouth City Council for the grant of a premises licence under section 17 of the Licensing Act 2003. Details of the application are as follows:

Name of Applicant: BECKETTS SOUTHSEA LTD.

Postal address of premises (or if no postal address, description of location and extent of the premises): 10-11 BELLEVUE TERRACE, SOUTHSEA PO5 3AT

It is proposed that the following licensable activities will be carried on or from the above premises:  
(Advice: please also include details of days and times of proposed licensable activities)

LIVE MUSIC 12:00 - 23:59 MON, TUES, WEDS, THURS; 12:00 - 02:00 FRI, SAT  
RECORDED MUSIC 09:00 - 01:00 MON - THURS + SUN, 09:00 - 02:00 FRI + SAT  
LATE NIGHT REFRESHMENTS 23:00 - 01:00 MON - THURS + SUN, 23:00 - 02:00 FRI + SAT  
SUPPLY OF ALCOHOL 09:00 - 01:00 MON - THURS + SUNDAY 09:00 - 02:00 FRI + SAT

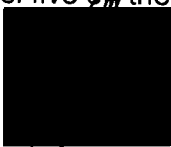
A copy of the statutory register may be inspected during normal office hours at the address shown below or online at [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk).

Any responsible authority, or any other person wishing to make representations on this matter must submit those representations in writing to the Licensing Manager, Licensing Service, Civic Offices, Guildhall Square, Portsmouth, PO1 2AL by no later than

..... 24/03/2017 ..... Written representations may also be made by email to: [Licensing@portsmouthcc.gov.uk](mailto:Licensing@portsmouthcc.gov.uk)

Please note that it is an offence knowingly or recklessly to make a false statement in connection with an application and on summary conviction for the offence, a person is liable to a fine not exceeding level five of the standard scale (currently £5,000).

Signed:



Dated: 24/02/17

THE APPLICANT WILL BE NOTIFIED OF ANY REPRESENTATIONS MADE TO THE LICENSING AUTHORITY IN RESPECT OF A LICENSING APPLICATION. NAMES AND ADDRESSES OF REPRESENTES WILL BE DISCLOSED TO THE APPLICANT AND WILL BE MADE PUBLIC EXCEPT IN EXCEPTIONAL CIRCUMSTANCES.

BY VIRTUE OF THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985, ALL LETTERS OF REPRESENTATION ARE AVAILABLE FOR PUBLIC INSPECTION. THEY WILL ALSO BE DISPLAYED ON THE COUNCIL'S WEBSITE.





# LICENSING ACT 2003

## SCHEDULE 11



article 2

### Consent of individual to being specified as premises supervisor

I, JAIME ALEXANDER RIAND  
(full name of prospective premises supervisor)

of: [REDACTED]  
(home address of prospective premises supervisor)

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for:

A PREMISES LICENCE  
(type of application)

by: BECKETTS SOUTHSEA LTD  
(name of applicant)

relating to a premises licence: (number of existing licence if any) 2009 16/04088/LAPRMV  
for: BECKETTS, 11, BELLEVUE TERRACE, SOUTHSEA,  
HAMPSHIRE PO5 3AT  
(name and address of premises to which the application relates)

and any premises licence to be granted or varied in respect of this application made by:  
BECKETTS SOUTHSEA LTD  
(name of applicant)

concerning the supply of alcohol at:  
BECKETTS, 11, BELLEVUE TERRACE, SOUTHSEA,  
HAMPSHIRE PO5 3AT  
(name and address of premises to which application relates).

I also confirm that I am applying for/intend to apply for/currently hold a personal licence details of which I set out below: (Delete as appropriate)

Personal licence number: (if any) [REDACTED]

Personal licence issuing authority: [REDACTED]

(insert name, address and telephone number of personal licence issuing authority, if any).

Signed: [REDACTED] Dated: 18/12/16

Name: JAIME RIAND (Please print)