

Appendix A

201016 SL/LAPREM
reps by



[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 HOLDING THE KEPPEL'S HEAD LTD

(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	19/03425/LAPREM
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Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description			
24-26 THE HARD PORTSMOUTH			
Post town	PORTSMOUTH	Postcode	PO1 3DT

Telephone number at premises (if any)	02392 833 231
Non-domestic rateable value of premises	£

Part 2 – Applicant details

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

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

No changes to the current licence for Nelson's Bar,
Except 10.7.00 for breakfast.
Variation for private room hire only for the
basement, Nut Bar which is not open to the public.

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:

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 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 (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

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 (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	11:00	02:00			
Tue	11:00	02:00	State any seasonal variations for the performance of live music (please read guidance note 4)		
Wed	11:00	02:00			
Thur	11:00	02:00	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)		
Fri	11:00	02:00			
Sat	11:00	02:00			
Sun	11:00	02:00			

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 (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon	11:00	02:00						
Tue	11:00	02:00						
Wed	11:00	02:00				State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	11:00	02:00						
Fri	11:00	02:00				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 (please read guidance note 5)		
Sat	11:00	02:00						
Sun	11:00	02:00						

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	11:00	02:00	Please give further details here (please read guidance note 3)		
Tue	11:00	02:00			
Wed	11:00	02:00	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	11:00	02:00			
Fri	11:00	02:00	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 (please read guidance note 5)		
Sat	11:00	02:00			
Sun	11:00	02:00			

H

Anything of a similar description to that falling within (e), (f) or (g) 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 (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon	11:00	02:00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	11:00	02:00	Please give further details here (please read guidance note 3)		
Wed	11:00	02:00			
Thur	11:00	02:00	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri	11:00	02:00			
Sat	11:00	02:00	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 (please read guidance note 5)		
Sun	11:00	02:00			

I

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 (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	23:00	02:00			
Tue	00:00	02:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Wed	23:00	02:00			
Thur	23:00	02:00	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)		
Fri	23:00	02:00			
Sat	23:00	02:00			
Sun	23:00	02:00			

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)	
Day	Start	Finish		
Mon	0700	23:00	OPENING TIMES FOR BREAKFAST	
				02:00
Tue	0700	23:00		
				02:00
Wed	0700	23:00		
Thur	0700	23:00		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 5)
Fri	0700	02:00		
Sat	0700	02:00		
Sun	0700	02:00		

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.

Remove conditions no longer applicable 1, 3, 4, 5.

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

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 9)

b) The prevention of crime and disorder

CCTVs have been installed.
Consistent staff training are provided to ensure vigilant and professionalism.

c) Public safety

Fire risk assessments have been carried out on the premises to ensure safety measures are in place for any emergency.

d) The prevention of public nuisance

Staff training are provided to ensure no sale of alcohol recklessly. Sound protection measure are in place to prevent any noise from the basement.

e) The protection of children from harm

Staff training are provided to ensure ID is being checked if any suspicious on the age of anyone under 25s.

Checklist:

Please tick to indicate agreement

- 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 SUMMARY CONVICTION TO A FINE OF ANY AMOUNT, 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	[REDACTED]
Date	27/01/2020
Capacity	DIRECTOR

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 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)			

Notes for Guidance

This application cannot be used to vary the licence so as to extend the period for which the licence has effect or to vary substantially the premises to which it relates. If you wish to make that type of