

**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 Mr Philip Boschetto  
*(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

LN/000006083

**Part 1 – Premises Details**

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

12 Church Street

Post town

Ormskirk

Postcode

L39 3AN

Telephone number at premises (if any)

01695 580222

Non-domestic rateable value of premises

£ 30,500

**Part 2 – Applicant details**

Daytime contact telephone number		01695 580222	
E-mail address (optional)		ed@Junktaproom.com	
Current postal address if different from premises address		27 Granby Close	
Post town	Southport	Postcode	PR9 9QG

### 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)

To extend weekend alcohol sales hours at town centre bar ; to allow the screening of films and to remove clause regarding DPS in Annex 3 to the licence , so as to allow person with alcohol licence for under 1 year to become DPS.

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

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**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)

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

**In all cases complete boxes K, L and M**

**B**

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	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 4)		
Mon	1000	0100			
Tue	1000	0100	<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Wed	1000	0100			
Thur	1000	0100	<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 6)		
Fri	1000	0200			
Sat	1000	0200			
Sun	1000	0100			

**F**

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon	1000	0130		<b>Please give further details here</b> (please read guidance note 4)	
Tue	1000	0130			
Wed	1000	0130	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)		
Thur	1000	0130			
Fri	1000	0230	<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 6)		
Sat	1000	0230			
Sun	1000	0130			

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input checked="" type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)					
Mon	1000	0100						
Tue	1000	0100						
Wed	1000	0100						
Thur	1000	0100				<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 6)		
Fri	1000	0230						
Sat	1000	0230						
Sun	1000	0100						

**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 9).

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	
Mon	0900	0130	
Tue	0900	0130	
Wed	0900	0130	
Thur	0900	0130	
Fri	0900	0300	
Sat	0900	0300	
Sun	0900	0130	

**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 6)

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.

Please tick as appropriate

## 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 10)

- CCTV coverage of property has been upgraded to 28 recording, and premises lighting improved at street level.

### b) The prevention of crime and disorder

- Staff to be trained on zero-tolerance of drugs policy.

### c) Public safety

- Responsible person to ensure glassware does not leave the premises and to prevent build up of glass at busy times.
- Management will eschew irresponsible drinks promos and engage in designated driver promotions esp' at high risk times.
- Offer free cloakroom/bag-room service

### d) The prevention of public nuisance

- Display pertinent signage requesting that customers do not disturb residents.
- Allow customers to wait at premises for taxis to prevent loud congregations on street.


### e) The protection of children from harm

- Train staff on 'challenge 25' and acceptable forms of ID.
- Restrict showing of age-rated films until after 9 pm



**Part 5 – Signatures** (please read guidance note 11)

**Signature of applicant (the current premises licence holder) or applicant’s solicitor or other duly authorised agent** (please read guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	25/11/16
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 13). **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 14)

<b>Post town</b>		<b>Post code</b>	
<b>Telephone number (if any)</b>			
<b>If you would prefer us to correspond with you by e-mail, your e-mail address (optional)</b>			

**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, 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.**