



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.

11/We - HOP N GRAPES 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	PL0125
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Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description	
HOP N GRAPES LOWER UNION LAND	
Post town	TORQUAY
Post code	TQ2 5PR

Telephone number at premises (if any)	01803 294309
Non-domestic rateable value of premises	£15,000

Part 2 – Applicant details

Daytime contact telephone number	01803 294309
E-mail address (optional)	
Current postal address if different from premises address	
Post Town	
Postcode	

Part 3 - Variation

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

Please tick yes



If not do you want the variation to take effect from

Day Month Year

04 09 2014

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

PUBLIC HOUSE LATER OPENING HOURS.

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 yes

- | | |
|--|-------------------------------------|
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input checked="" type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input checked="" type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input checked="" type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input checked="" type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H) | <input checked="" type="checkbox"/> |

~~Provision of entertainment facilities:~~

- | | | |
|--|---|-------------------------------------|
| i) making music (if ticking yes, fill in box I) | <i>De-regulated
No longer Licensable
activities</i> | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K) | | <input type="checkbox"/> |

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

Sale by retail of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>		
Day	Start	Finish		Outdoors	<input type="checkbox"/>		
Mon	10.00	24.00	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>		
	24.00	03.00					
Tue	10.00	24.00					
	24.00	03.00					
Wed	10.00	24.00		State any seasonal variations for the exhibition of films (please read guidance note 4)	Both	<input type="checkbox"/>	
	24.00	03.00					
Thur	10.00	24.00					
	24.00	03.00					
Fri	10.00	24.00			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 (please read guidance note 5)	Both	<input type="checkbox"/>
	24.00	03.00					
Sat	10.00	24.00					
	24.00	03.00					
Sun	10.00	24.00					
	24.00	03.00					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon	10.00	24.00	
	24.00	03.00	
Tue	10.00	24.00	
	24.00	03.00	
Wed	10.00	24.00	
	24.00	03.00	
Thur	10.00	24.00	
	24.00	03.00	
Fri	10.00	24.00	
	24.00	03.00	
Sat	10.00	24.00	
	24.00	03.00	
Sun	10.00	24.00	
	24.00	03.00	

State any seasonal variations for indoor sporting events (please read guidance note 4)

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 (please read guidance note 5)

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment 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	10-00	24-00	Please give further details here (please read guidance note 3)					
	24-00	03-00						
Tue	10-00	24-00						
	24-00	03-00						
Wed	10-00	24-00				State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
	24-00	03-00						
Thur	10-00	24-00						
	24-00	03-00						
Fri	10-00	24-00	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 (please read guidance note 5)					
	24-00	03-00						
Sat	10-00	24-00						
	24-00	03-00						
Sun	10-00	24-00						
	24-00	03-00						

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 type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon	10.00	24.00						
	24.00	03.00						
Tue	10.00	24.00						
	24.00	03.00						
Wed	10.00	24.00				State any seasonal variations for the performance of live music (please read guidance note 4)		
	24.00	03.00						
Thur	10.00	24.00						
	24.00	03.00						
Fri	10.00	24.00	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)					
	24.00	03.00						
Sat	10.00	24.00						
	24.00	03.00						
Sun	10.00	24.00						
	24.00	03.00						

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Mon	10.00	24.00		Please give further details here (please read guidance note 3)	
	24.00	03.00			
Tue	10.00	24.00			
	24.00	03.00			
Wed	10.00	24.00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
	24.00	03.00			
Thur	10.00	24.00			
	24.00	03.00			
Fri	10.00	24.00	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)		
	24.00	03.00			
Sat	10.00	24.00			
	24.00	03.00			
Sun	10.00	24.00			
	24.00	03.00			

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 type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Mon	10.00 24.00	24.00 03.00	Please give further details here (please read guidance note 3)		
Tue	10.00 24.00	24.00 03.00			
Wed	10.00 24.00	24.00 03.00	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	10.00 24.00	24.00 03.00			
Fri	10.00 24.00	24.00 03.00	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	10.00 24.00	24.00 03.00			
Sun	10.00 24.00	24.00 03.00			

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p><u>Please give a description of the type of entertainment you will be providing</u></p>		
Day	Start	Finish	<p>Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon	16:00 24:00	24:00 03:00		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	10:00 24:00	24:00 03:00	<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed	10:00 24:00	24:00 03:00			
Thur	10:00 24:00	24:00 03:00	<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p>		
Fri	10:00 24:00	24:00 03:00			
Sat	10:00 24:00	24:00 03:00	<p><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> (please read guidance note 5)</p>		
Sun	10:00 24:00	24:00 03:03			

L

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 type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Mon	10-00 24-00	24-00 03-00	Please give further details here (please read guidance note 3)		
Tue	10-00 24-00	24-00 03-00			
Wed	10-00 24-00	24-00 03-00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	10-00 24-00	24-00 03-00			
Fri	10-00 24-00	24-00 03-00	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)		
Sat	10-00 24-00	24-00 03-00			
Sun	10-00 24-00	24-00 03-00			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>	
Day	Start	Finish		Off the premises	<input type="checkbox"/>	
Mon	10.00	24.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	<input checked="" type="checkbox"/>	
	24.00	03.00				
Tue	10.00	24.00				
	24.00	03.00				
Wed	10.00	24.00				
	24.00	03.00				
Thur	10.00	24.00		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 5)		
	24.00	03.00				
Fri	10.00	24.00				
	24.00	03.00				
Sat	10.00	24.00				
	24.00	03.00				
Sun	10.00	24.00				
	24.00	03.00				

N

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)

O

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	10:00	24:00	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)
	24:00	03:00	
Tue	10:00	24:00	
	24:00	03:00	
Wed	10:00	24:00	
	24:00	03:00	
Thur	10:00	24:00	
	24:00	03:00	
Fri	10:00	24:00	
	24:00	03:00	
Sat	10:00	24:00	
	24:00	03:00	
Sun	10:00	24:00	
	24:00	03:00	

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

P 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,e) (please read guidance note 9)

CCTV = 23 Cameras inside + out.
SIA Licensed Door Supervisors.
NIGHT NET RADIOS

b) The prevention of crime and disorder

CCTV with 14 days 23 Cameras inside + out.
SIA Licensed Door Supervisors.
Sufficient Number of Door Staff.
NIGHT NET RADIOS

c) Public safety

First Aid Boxes Available – Working with Trade Groups.
A Glass Collection Policy.
Employment of Security Industry Authority (SIA)
Strict entrance Policies.
Free Drinking water Available at all times.
ALL Fire EXITS To be Kepted CLEAR AT ALL TIMES

d) The prevention of public nuisance

ALL windows + DOORS will be CLOSED AT
23:00 Hours AND Music Level Turned
Down 23:00 Hours.
Restrict The use of External Areas after
10pm

e) The protection of children from harm

NOT Allowed ON Premises AFTER 20:30pm.
Strict NO ID – NO SALE Policy
Challenge 21 Scheme.