

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 DANIEL JOSEPH HINDLE  
*(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	PREMA0319.
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Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description	
1A FLEETWOOD ST, LEYLAND PR25 3NL	
Post town	Postcode
Telephone number at premises (if any)	01174 943583
Non-domestic rateable value of premises	£12,500

Part 2 – Applicant details

Daytime contact telephone number	07774 943583		
E-mail address (optional)	barindigo@leyland.com		
Current postal address if different from premises address	42 FOX LAKE LEYLAND		
Post town	PRESTON	Postcode	PR25 1HA

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)

CURRENTLY INDIGO IS LOCATED AT FIRST FLOOR LEVEL WITH ACCESS AT 1A FLEETWOOD ST. WE HAVE TAKEN POSSESSION OF THE PREMISES DIRECTLY BELOW, THE ADDRESS OF THIS IS 23 CHAPEL BROW AND WAS PREVIOUSLY THE CURIOUS CAFE. WE HAVE REINSTATED A PREVIOUS CONNECTING DOOR TO COMBINE THE TWO INTO ONE TRADING AREA AND WILL USE THE 23 CHAPEL BROW ADDRESS IN FUTURE

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)

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

In all cases complete boxes K, L and M

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption</b> -- please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	11.00	00.00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Tue	11.00	00.00			
Wed	11.00	00.00			
Thur	11.00	00.00	<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 6)		
Fri	11.00	01.00			
Sat		01.00			
	11.00				
Sun		00.00			
	11.00	00.00			

**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 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	11.00	00.00	
Tue	11.00	00.00	<b>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</b> (please read guidance note 6)
Wed	11.00	00.00	
Thur	11.00	00.00	
Fri	11.00	01.00	
Sat		01.00	
	11.00		
Sun		<del>01.00</del>	
	11.00	00.00	

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.

WE WOULD LIKE THE REQUIREMENT TO HAVE DOOR SECURITY REMOVED GIVEN THAT THE PRIME REASON FOR THIS CONDITION WAS ~~THE~~ THE PROXIMITY OF OUR ENTRANCE TO RESIDENTIAL HOUSING. AS PER RISK ASSESSMENT IF NEEDED.

Please tick as appropriate

- I have enclosed the premises licence
- I have enclosed the relevant part of the premises licence

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)

WE WILL CONTINUE TO RUN THE PREMISES TO FULLY COMPLY WITH ALL THE LICENSING OBJECTIVES.

b) The prevention of crime and disorder

ALL CONDITION TO REMAIN

c) Public safety

d) The prevention of public nuisance

front door to be relocated from Fleetwood Street to the front on Chapel brow.

e) The protection of children from harm

**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.**

**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	5/12/20
Capacity	LICENSEE

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	

<b>Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 14)</b>			
<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>			