

05 SEP 2012

Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1

**APPENDIX B**

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

ALTIN 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

PREM 1022071002

**Part 1 - Premises details**

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

32 MARKET PLACE (PIZZA BELLA)

Post town

WETHERBY

Post code

LS22 6NE

Telephone number at premises (if any)

01937 589 444

Non-domestic rateable value of premises

£ 3000.00

**Part 2 - Applicant details**

Daytime contact telephone number

07424568902

E-mail address  
(optional)

Current postal  
address if  
different from  
premises address

48 SIXTH AVENUE, TANG HALL

Post Town

YORK

Postcode

YO31 0US

**Part 3 - Variation**

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

Please tick Y yes

If not do you want the variation to take effect from

Day		Month		Year	

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

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

TO WAY THE OPENING TIMES OF THE EXISTING LICENCE FOR FRIDAY, SATURDAY AND SUNDAY, TO TRADE BETWEEN THE HOURS OF 5pm TO 2am IN THE MORNING (CURRENTLY THE LICENCE IS FRI, SAT 12.30am AND Sun 12am)

**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)
- 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 entertainment facilities for:**

- i) Making music (if ticking yes, fill in box I)
- j) Dancing (if ticking yes, fill in box J)
- k) Entertainment of a similar description to that falling within (I) or (J) (if ticking yes, fill in box K)

**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

**A**

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

**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 [Y] (Please read guidance note 2).</b>	Indoors <input type="checkbox"/>
Day	Start	Finish		Outdoors <input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both <input type="checkbox"/>
Tue				
Wed				<b>State any seasonal variations for the exhibition of films</b> please read guidance note 4)
Thurs				
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>Please give further details here</b> (please read guidance note 3)
Day	Start	Finish	
Mon			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)
Tue			
Wed			
Thurs			
Fri			
Sat			
Sun			
			<b>Non standard timings. Where you intend to use the premises indoor sporting events at different times to those listed in the column on the left, please list</b> (please read guidance note 5).

**D**

<b>Boxing or wrestling entertainment</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or out doors or both - Please tick [Y]</b> (Please read guidance note 2).	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed				<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)	
Thurs					
Fri				<b>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</b> (please read guidance note 5).	
Sat					
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 [Y] (Please read guidance note 2).</b>	Indoors <input type="checkbox"/>
Day	Start	Finish		Outdoors <input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both <input type="checkbox"/>
Tue				
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)	
Thurs				
Fri			<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).	
Sat				
Sun				

**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 [Y] (Please read guidance note 2).</b>	Indoors <input type="checkbox"/>
Day	Start	Finish		Outdoors <input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both <input type="checkbox"/>
Tue				
Wed			<b>State any seasonal variations for playing recorded music</b> (please read guidance note 4)	
Thurs				
Fri			<b>Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5).	
Sat				
Sun				

**G**

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

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing		
Day	Start	Finish	Will the facilities for making music be indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).	Indoors	<input type="checkbox"/>
Mon					Outdoors
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thurs			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Fri					
Sat			Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list (please read guidance note 5).		
Sun					

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).		Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>	
Mon					Both	<input type="checkbox"/>
			Please give a description of the facilities for dancing you will be providing			
Tue			Please give further details here (please read guidance note 3)			
Wed			State any seasonal variations for providing dancing facilities (please read guidance note 4)			
Thurs						
Fri			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5).			
Sat						
Sun						



**K**

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).	Indoors <input type="checkbox"/>
Mon			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>	
Tue				
Wed			Please give further details here (please read guidance note 3)	
Thurs			State any seasonal variations for the Provision of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)	
Fri				
Sat			Non standard timings. Where you intend to use the premises for the Provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list (please read guidance note 5).	
Sun				

**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 [Y] (Please read guidance note 2)	
Day	Start	Finish	Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>
Mon	23:00	00:00	Both <input type="checkbox"/>	
Tue	23:00	00:00		
Wed	23:00	00:00	Please give further details here (please read guidance note 3)	
Thurs	23:00	00:00	SELL HOT FOOD AND DRINKS	
Fri	23:00	02:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	
Sat	23:00	02:00	CHRISTMAS EVE TILL 3 am	
Sun	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).	
			3am ON CHRISTMAS EVE	

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> (Please tick [Y]) Please read guidance note 7).	On the premises <input type="checkbox"/>
Day	Start	Finish		Off the premises <input type="checkbox"/>
Mon			<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)	Both <input type="checkbox"/>
Tue				
Wed				
Thurs				<u>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</u> (please read guidance note 5).
Fri				
Sat				
Sun				

**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)

0

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	17:00	00:00	Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 5).
Tue	17:00	00:00	
Wed	17:00	00:00	
Thurs	17:00	00:00	
Fri	17:00	02:00	
Sat	17:00	02:00	
Sun	17:00	02:00	

Please identify those conditions currently imposed on the licence which you believe could be remove as a consequence of the proposed variation you are seeking

Please tick  yes

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

Reasons why I have failed to enclose the premises licence or relevant part of premises licence

**P**

Describe any additional steps you intend to take to promote all 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)

SAME AS CURRENT

b) The prevention of crime & disorder

//

c) Public safety

//

d) The prevention of public nuisance

//

e) The protection of children from harm

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- Please tick  Yes
- I have made or enclosed payment of the fee
  - I have sent you copies of this application, and the plan to responsible authorities and others where 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 CONVICTION TO A FINE OF UP TO LEVEL 5 ON THE STANDARD SCALE [ £5000 ], 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: *Allen*  
 Date: 4/9/12  
 Capacity: \_\_\_\_\_

**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: \_\_\_\_\_

<b>Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13)</b>	
48 SIXTH AVENUE, TANG HALL	
<b>Post Town</b> YORK	<b>Postcode</b> YO31 0WS
<b>Telephone number (if any)</b>	
<b>E-mail address (optional)</b>	