

Gloucester City Council

10 0 2200 GLEPMV
200044 F1424

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 MRS DEBORAH CLEMMINGS
(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

09003 532hPRMV

Part 1 - Premises Details

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

The OLD Pelican Inn
4 ST MARYS STREET
GLOUCESTER

Post town	GLOUCESTER	Post code	GL1 2QR
-----------	------------	-----------	---------

Telephone number at premises (if any)	01452 307770
---------------------------------------	--------------

Non-domestic rateable value of premises	£ 5,500
---	---------

Part 2 - Applicant details

Daytime contact telephone number	
E-mail address (optional)	
Current postal address if different from premises address	284 BRISTOL ROAD QUEDGELEY GLOUCESTER
Post Town	GLOUCESTER
Postcode	GL2 4QW

ENVIRONMENTAL HEALTH

Gloucester City Council Tel 01452 396396 Fax 01452 396340
Herbert Warehouse Email enviro@gloucester.gov.uk
The Docks Minicom 01452 396161
Gloucester GL1 2EQ www.gloucester.gov.uk



GLOUCESTER
CITY COUNCIL

Part 3 - Variation

Please tick yes

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

If not do you want the variation to take effect from

Day Month Year

1	4	0	9	2	0	1	0
---	---	---	---	---	---	---	---

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

Variation on the time to Sell
Alcohol and food.
And regulated entertainment.

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 checked="" 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 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) | <input checked="" type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input checked="" type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K) | <input checked="" 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

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play 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	10AM	2AM			
Tue	10AM	2AM	State any seasonal variations for performing plays (please read guidance note 4)		
Wed	10AM	2AM			
Thur	10AM	3AM	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 (please read guidance note 5)		
Fri	10AM	3AM			
Sat	10AM	3AM			
Sun	10AM	2AM			

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	10AM	2AM			
Tue	10AM	2AM	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Wed	10AM	2AM			
Thur	10AM	3AM	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)		
Fri	10AM	3AM			
Sat	10AM	3AM			
Sun	10AM	2AM			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon	10AM	2AM	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue	10AM	2AM	
Wed	10AM	2AM	
Thur	10AM	3AM	<u>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</u> (please read guidance note 5)
Fri	10AM	3AM	
Sat	10AM	3AM	
Sun	10AM	2AM	

D

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

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			
Mon	10AM	2AM	Please give further details here (please read guidance note 3)		
Tue	10AM	2AM			
Wed	10AM	2AM	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	10AM	3AM			
Fri	10AM	3AM	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)		
Sat	10AM	3AM			
Sun	10AM	2AM			

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			
Mon	10AM	2AM	Please give further details here (please read guidance note 3)		
Tue	10AM	2AM			
Wed	10AM	2AM	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	10AM	3AM			
Fri	10AM	3AM	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	10AM	3AM			
Sun	10AM	2AM			

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	Please give further details here (please read guidance note 3)		
Mon	10AM	2AM			
Tue	10AM	2AM	State any seasonal variations for the performance of dance (please read guidance note 4)		
Wed	10AM	2AM			
Thur	10AM	3AM	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)		
Fri	10AM	3AM			
Sat	10AM	3AM			
Sun	10AM	2AM			

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	10AM	2AM		Outdoors	<input type="checkbox"/>
Tue	10AM	2AM	Please give further details here (please read guidance note 3)		
Wed	10AM	2AM			
Thur	10AM	3AM	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri	10AM	3AM			
Sat	10AM	3AM	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	10AM	2AM			

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>		
Day	Start	Finish	<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon	10AM	2AM		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	10AM	2AM	<u>Please give further details here</u> (please read guidance note 3)		
Wed	10AM	2AM	<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)		
Thur	10AM	3AM			
Fri	10AM	3AM			
Sat	10AM	3AM	<u>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</u> (please read guidance note 5)		
Sun	10AM	2AM			

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			<u>Will the facilities for dancing be indoors or outdoors or both – please tick</u> (see guidance note 2)		Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>	
				Both	<input type="checkbox"/>	
Day	Start	Finish	<u>Please give a description of the facilities for dancing you will be providing</u>			
Mon	10AM	2AM	<u>Please give further details here</u> (please read guidance note 3)			
Tue	10AM	2AM				
Wed	10AM	2AM	<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)			
Thur	10AM	3AM	<u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list</u> (please read guidance note 5)			
Fri	10AM	3AM				
Sat	10AM	3AM				
Sun	10AM	3AM				

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)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon	10AM	2AM		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	10AM	2AM	<u>Please give further details here</u> (please read guidance note 3)		
Wed	10AM	2AM			
Thur	10AM	3AM	<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)		
Fri	10AM	3AM			
Sat	10AM	3AM	<u>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</u> (please read guidance note 5)		
Sun	10AM	2AM			

L

Late night refreshment Standard days and timings (please read guidance note 6)			<u>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>	
				Both	<input checked="" type="checkbox"/>	
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon	10AM 11PM	2AM.				
Tue	10AM 11PM	3AM. 2AM.				
Wed	10AM 11PM	2AM.	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)			
Thur	10AM 11PM	3AM				
Fri	10AM 11PM	3AM.	<u>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</u> (please read guidance note 5)			
Sat	10AM 11PM	3AM.				
Sun	10AM 11PM	2AM.				

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"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	10AM	2AM	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	10AM	2AM			
Wed	10AM	2AM			
Thur	10AM	3AM	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)		
Fri	10AM	3AM			
Sat	10AM	3AM			
Sun	10AM	2AM			

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	10AM	2AM 3AM	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)
Tue	10AM	2AM 3AM	
Wed	10AM	2AM 3AM	
Thur	10AM	4AM	
Fri	10AM	4AM	
Sat	10AM	4AM	
Sun	10AM	2AM 3AM	

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 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 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)

Posters to be displayed on walls and toilet area at all times.

b) The prevention of crime and disorder

Will have C.C.T.V. System (already in place) to the Address 4 St Marys Street. Gloucester GL1 2QR. inside and out.

c) Public safety

External lighting outside and no smoking outside on the Public Pathway. (we do have a beer garden)

d) The prevention of public nuisance

Noise reduction measures taken to Address the Public nuisance objective.

e) The protection of children from harm

Measures taken to prevent the supply of alcohol to under age drinkers Posters on walls and ID at all times.

Please tick yes

- 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 CONVICTION TO A FINE UP TO 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 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	Mrs D Clemmings
Date	16.9.10
Capacity	licence holder

Where the premises licence is jointly held signature of second applicant (the current premises licence holder) or second 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)

Home Address is
 284 Bristol Road Quodley
 Sharncliffe. G12 4QW.

Post town	Sharncliffe	Post code	G12 4QW
-----------	-------------	-----------	---------

Telephone number (if any)	078 123 77731
---------------------------	---------------

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 change to the premises licence you should make a new premises licence application under section 17 of the Licensing Act 2003.

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example state type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.