

# Epping Forest District Council



## 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 ARTHUR SCHN COPPING being the premises licence holder, apply to vary a  
(insert name(s) of applicant)  
premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below

#### Premises licence number

LN/210001302

#### Part 1 - Premises details

Postal address of premises or, if none, ordnance survey map reference, or description <u>LINDSAY STREET COMMUNITY ASSOCIATION FRAMPTON ROAD EPPING</u>	
Post town <u>EPPING</u>	Post code <u>CM16 6RP</u>

Telephone number at premises (if any)

Non-domestic rateable value of premises

#### Part 2 - Applicant details

Daytime contact telephone number

01992 573162

E-mail address (optional)

Current postal address if different from premises address

5 UPPER SWAINES

Post Town

EPPING

Postcode

CM16 5EP

**Part 3 - Variation**

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

Please tick Yyes

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

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

TO USE AS AND WHEN FOR SPECIAL  
OCCASIONS,  
NOT ALL THE TIME

#### 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.

Please tick ✓ yes

##### Provision of regulated entertainment

- 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

Sun			
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**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 [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>	
Day	Start	Finish		Outdoors	<input type="checkbox"/>	
Mon	7 PM	12 PM	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>	
Tue						
Wed				State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur						
Fri	7 PM	12 PM				
Sat	7 PM	12 PM		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)		
Sun						

**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 [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	7 PM	12 PM	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed	7 PM	12 PM	State any seasonal variations for playing recorded music (please read guidance note 4)		
Thur					

**M**

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	7 PM	12 PM	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	7 PM	12 PM			
Wed	7 PM	12 PM			
Thur	7 PM	12 PM		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	7 PM	12 PM			
Sat	7 PM	12 PM			
Sun	7 PM	11:30 PM			

**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)

NONE

**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			ONLY XMAS EVE OR NEW YEARS EVE
Tue			

Wed			<b>Non standard timings. Where you intend to use 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)</b>
Thur			
Fri			
Sat			
Sun			

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

- I have enclosed the premises licence  **Please tick ✓ yes**
- 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

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 

Date 18-01-06

Capacity SECRETARY

Where the premises licence is jointly held signature of 2<sup>nd</sup> applicant (the current premises licence holder) 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 .....

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13)	
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	