

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 JOHN COPPING 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 LN/210001302



Part 1 - Premises details

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

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							
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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)   | <input type="checkbox"/>            |
| b) | films (if ticking yes, fill in box B)   | <input type="checkbox"/>            |
| c) | indoor sporting events (if ticking yes, fill in box C)  | <input 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 type="checkbox"/>            |
| h) | anything of a similar description to that falling within (e), (f) or (g)<br>(if ticking yes, fill in box H) | <input type="checkbox"/>            |

##### Provision of entertainment facilities for:

- |    |   |                          |
|----|---|--------------------------|
| i) | making music (if ticking yes, fill in box 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)<br>(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

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		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	7 pm	12 pm			
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**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)</b>	On the premises	<input checked="" type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol (please read guidance note 4)</b>					
Mon	7 PM	12 PM						
Tue	7 PM	12 PM						
Wed	7 PM	12 PM						
Thur	7 PM	12 PM				<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 (please read guidance note 5)</b>		
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**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations (please read guidance note 4)</b>
Day	Start	Finish	
Mon	7 PM	12 PM	ONLY XMAS EVE OR NEW YEARS EVE
Tue	7 PM	12 PM	

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)	

DB

18 Frampton Road  
Epping  
Essex  
CM16 6RP

2006-02-09

Dear Sir / Madame;

With reference to the application to extend licensing hours at Lindsey Street Community Centre, We are writing to object to any application to extend the present licensing hours.

We live close to the Community Centre and suffer continual noise from the car park and surrounding roads at closing time. We also on numerous occasions have suffered interrupted sleep from the noise of inebriated people screaming and shouting and sometimes even fighting has occurred.

We feel that any extension of licensing hours at the Community Centre will have a negative effect on nearby residents sleep patterns and quality of life.

We appreciate the need for a Community Centre in Epping and currently have no objection to the present licensing hours, but we feel we must object to further trading hours to ensure our quality of life is unaffected

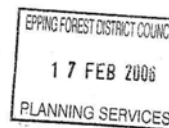
Yours  
Sincerely

Sign: MR P. Boylan

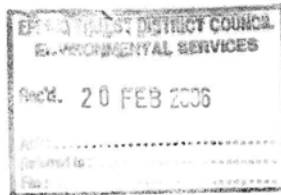
Print: MR P. BOYLAN

Sign: D. M. Goodall

Print: ROSEMARY MAY Goodall







**Re: The proposed extended opening hours  
LINDSEY STREET COMMUNITY CENTER**

While considering the above proposal would you bear in mind what the residents of Frampton Road have to endure with the Present Opening Times

The constant stream of cars up and down the road from 07.00pm until 12.30am or later, on Function nights (some use the road as race track)

The road used as a Car Park (Club has ample car parking space)

Children allowed in Car Park to play, shouting and screaming all evening

Summer Nights when windows and doors of Club are left open we have to contend with the Loud Music drowning out T.V. and Radio- so we have to shut our windows and doors and even have to turn the T.V. up

Then we have to put up with the Guests shouting and using abusive language and some even urinating in residents gardens and hedges while waiting for Taxis or lifts home.

13.02.06

Regards

A handwritten signature in black ink, appearing to read "Bob Gray". The signature is written in a cursive style and is positioned below the typed name "Regards".

I dread to think what  
might have happened. It was  
lucky we went down early  
with our dog.

It is also a question  
of noise when it closes  
after a private party not  
all I may add it can  
be bad with shouting and  
also my neighbour caught one  
young man wrestling in her  
garden and I feel it must  
be wrong. I hope it's yours  
you a few examples of  
why we oppose its licence

Please excuse mistakes  
I have just returned from  
hospital after ten weeks  
and I don't even seem  
to be able to write or spell

Yours sincerely,

Mr. Mrs H Strange and family

Hand delivered

received 17/2/06

23 Trumpion Rd

ENVIRONMENTAL SERVICES

Essex

Wed. 20 FEB 2006

ENVIRONMENTAL SERVICES

Essex

Wed. 20 FEB 2006

CH14 6PP

Dear Sir or Madam

As a resident of Trumpion Road I feel as do my family that we must oppose the extra opening hours the h.s.c.a are hoping to extend.

We feel the C.A. is open quite long enough, at weekends the noise can be very bad from Private Parties, as example last summer at times we could hardly hear our television the playing field is left in a mess, last summer my daughter and I cleaned the swings of broken bottles and glasses and had a small child gone down there early