

Wk/2003S2936

13 APR 2006

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 GARY DAVID HECKS
(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	LN/210001333
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Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description			
THE THREE COLTS 54 PRINCE ROAD BUCKHURST HILL ESSEX			
Post town	BUCKHURST HILL	Post code	IG9 5EE

Telephone number at premises (if any)	020 8506 0335
Non-domestic rateable value of premises	£ 20,250.00

Part 2 – Applicant details

Daytime contact telephone number	0797 3339259		
E-mail address (optional)	garyhecks@tiscali.co.uk.		
Current postal address if different from premises address			
Post Town		Postcode	

paid in 1st Nov

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

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

- ① PROVISION OF LATE NIGHT REFRESHMENT
10.00 - 01.00 HRS ~~MONDAY~~ SUNDAY - THURSDAY
10.00 - 02.00 HRS FRIDAY - SATURDAY
- ② SALE OF ALCOHOL
10.00 - ^{12.30} ~~01.00~~ HRS SUNDAY - THURSDAY
10.00 - ^{1.30} ~~02.00~~ HRS FRIDAY - SATURDAY
- ③ REGULATED ENTERTAINMENT TO INCLUDE SPORTING EVENTS AND AMPLIFICATION OF VOICE, DURING OPENING HOURS.
- ④ REMOVAL OF RESTRICTION ON CIRCULAR BETWEEN 10.00 - 20.00 HRS
- ⑤ TO LICENSE EXISTING ENTRANCE SPACE (SEE ATTACHED PLAN)

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 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 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 type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input 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) (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 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) (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

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon	10.00	01.00	To ALLOW SPORTING ACTIVITIES WHETHER BY ADVANCEMENT OR SPONTANEOUSLY.
Tue	10.00	01.00	State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed	10.00	01.00	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 (please read guidance note 5)
Thur	10.00	01.00	
Fri	10.00	02.00	
Sat	10.00	02.00	
Sun	10.00	01.00	

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 USE OF AMPLIFIED AMPLIFIED VOICE		
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	10.00	01.00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	10.00	01.00	Please give further details here (please read guidance note 3)		
Wed	10.00	01.00			
Thur	10.00	01.00	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri	10.00	02.00			
Sat	10.00	02.00	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	10.00	01.00			

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment <u>take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	23.00	01.00	Please give further details here (please read guidance note 3)		
Tue	23.00	01.00	To Provide MEALS/SNACKS TO PROMOTE SENSIBLE DRINKING.		
Wed	23.00	01.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	23.00	01.00			
Fri	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)		
Sat	23.00	02.00			
Sun	22.30	01.00			

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"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Mon	10.00	00.30	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	10.00	00.30			
Wed	10.00	00.30			
Thur	10.00	00.30	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	10.00	01.30			
Sat	10.00	01.30			
Sun	10.00	00.30			

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)

N/A

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	10.00	01.00	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	10.00	01.00	
Wed	10.00	01.00	
Thur	10.00	01.00	
Fri	10.00	02.00	
Sat	10.00	02.00	
Sun	10.00	01.00	

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

RESTRICTED ACCESS TO CARLTON
TO BE REMOVED. BETWEEN 10.00AM
20.00hrs

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)

30 MINUTES DRINKING UP TIME ENABLES CUSTOMERS TO LEAVE BEFORE A LONGER PERIOD OF TIME MINIMISING NOISE.

b) The prevention of crime and disorder

PROVISION OF LATE NIGHT REFRESHMENT WILL PROMOTE SENSIBLE DRINKING HABITS.

c) Public safety

FIRST AID BOX ON PREMISES. AND FULL FIRE FIGHTING EQUIPMENT IS FULLY AVAILABLE IN FIRST AID & LIFE SAUNT WITH OVER 21 YEARS EXPERIENCE IN THE LONDON FIRE BRIGADE.

d) The prevention of public nuisance

ACCESS TO PREMISES TO BE PROHIBITED FROM 23.00 HRS UNLESS FOR EMERGENCY ACCESS. WINDOWS & DOORS CLOSED TO PREVENT NOISE FROM 23.00 HRS

e) The protection of children from harm

CHILDREN NOT ADMITTED TO LICENCED PREMISES AFTER 20.00 HRS.


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	6/4/06
Capacity	LICENCEE

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 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)			