



Licensing Team  
 North Norfolk District Council  
 Council Offices  
 Holt Road  
 Cromer  
 Norfolk  
 NR27 9EN

Reference number

(office use only)

**Schedule 4**

**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** ..... **being the premises**  
 (Insert name(s) of applicant)  
**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**

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**Part 1 – Premises Details**

Postal address of premises or, if none, ordnance survey map reference or description	
Post town	Post code
Telephone number of Premises	

Non-domestic rateable value of premises

£	
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(This can be obtained from the Valuation Office website [www.voa.gov.uk](http://www.voa.gov.uk))

## **Part 2 – Applicant Details**

Mr  Mrs  Miss  Ms  Other title   
(please state)

Surname

First names

I am 18 years old or over  Yes

**Current postal address if different from premises address**

Post Town:

Postcode:

Daytime contact telephone number

E-mail address (optional)

### **Second individual applicant (if applicable)**

Mr  Mrs  Miss  Ms  Other title   
(please state)

Surname

First names

I am 18 years old or over  Yes

**Current postal address if different from premises address**

Post Town:

Postcode:

Daytime contact telephone number

E-mail address (optional)

## SECTION B – OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc)
Telephone number (if any)
E-mail address (optional)

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 read guidance note 1)

## 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  $\checkmark$  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

Please tick  $\checkmark$  Yes

- 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**).....

The supply of hot food or hot drink to the public for consumption on or off the premises between 11.00pm and 5.00am.

### Sale by retail of alcohol (if ticking yes, fill in **Box M**).....

<b>Box A</b> <b>Plays</b> 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	
					Outdoors	
					Both	
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 3)			
Mon						
			<u>State any seasonal variations for performing plays</u> (read guidance note 4)			
Tue						
			<u>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</u> (read guidance note 5)			
Wed						
Thur						
Fri						
Sat						
Sun						

<b>Box B</b> <b>Films</b> 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	
					Outdoors	
					Both	
Day	Start	Finish	<u>Please give further details here</u> (read guidance note 3)			
Mon						
Tue			<u>State any seasonal variations for exhibition of films</u> (read guidance note 4)			
Wed			<u>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</u> (read guidance note 5)			
Thur						
Fri						
Sat						
Sun						

<b>Box C</b> <b>Indoor sporting events</b> Standard days and timings (Please read guidance note 6)			Will the indoor sporting events take place indoors or outdoors or both – please tick ✓ (Please read guidance note 2)		Indoors	
					Outdoors	
					Both	
Day	Start	Finish				
Mon			<u>Please give further details here</u> (read guidance note 3)			
Tue						
Wed			<u>State any seasonal variations for indoor sporting events</u> (read guidance note 4)			
Thur						
Fri						
Sat			<u>Non standard timings. Where you intend to use the premises for the indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5)			
Sun						

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

<b>Box E</b> <b>Live music</b> 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	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (read guidance note 3)		
Mon					
			State any seasonal variations for the performance of live music (read guidance note 4)		
Tue					
			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)		
Wed					
Thur					
Fri					
Sat					
Sun					

<b>Box F</b> <b>Recorded music</b> 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	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (read guidance note 3)		
Mon					
			State any seasonal variations for playing recorded music (read guidance note 4)		
Tue					
			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)		
Wed					
Thur					
Fri					
Sat					
Sun					



<b>Box G</b> <b>Performance of dance</b> 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	
					Outdoors	
					Both	
Day	Start	Finish	<p>Please give further details here (read guidance note 3)</p> <hr/> <p>State any seasonal variations for performance of dance (read guidance note 4)</p> <hr/> <p>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, <u>please list</u> (please read guidance note 5)</p>			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						

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

<b>Box I</b> <b>Provision of facilities for making music</b> 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	Will the facilities be indoors or outdoors or both – please tick ✓ (Please read guidance note 2)	Indoors				
Mon				Outdoors				
				Both				
			<u>Please give further details here</u> (read guidance note 3)					
Tue			<u>State any seasonal variations for the provision of facilities for making music</u> (read guidance note 4)					
Wed								
Thur								
Fri								
Sat						<u>Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun								

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

<b>Box K Provision of facilities for entertainment of a similar description to that falling within i or j</b> 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	Will the entertainment facility be indoors or outdoors or both – please tick ✓ (Please read guidance note 2)	Indoors				
Mon				Outdoors				
				Both				
			<u>Please give further details here</u> (read guidance note 3)					
Tue			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (read guidance note 4)					
Wed								
Thur								
Fri								
Sat						<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								

<b>Box L</b> <b>Late night refreshment</b> 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Please read guidance note 2)		Indoors	
					Outdoors	
					Both	
			<u>Please give further details here (read guidance note 3)</u>			
Day	Start	Finish	<u>State any seasonal variations for the provision of late night refreshment (read guidance note 4)</u>			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						
<u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</u>						

<b>Box M</b> <b>Supply of alcohol</b> Standard days and timings (Please read guidance note 6)			Will the sale of alcohol be for consumption – please tick ✓ (Please read guidance note 2)	On premises	
				Off premises	
				Both	
Day	Start	Finish	<u>Please give further details here (read guidance note 3)</u>		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			<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 (read guidance note 5)</u>		

**In all cases complete boxes N, O, P and Q**

**Box 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)**

<b>Box O</b> <b>Hours premises are open to the public</b> Standard days and timings (Please read guidance note 6)			<u>State any seasonal variation (read guidance note 4)</u>           <u>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)</u>
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

**BOX P**

**Please identify any of the conditions currently imposed on the converted 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 the above boxes please fill in the 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



**Q Please describe any additional steps that 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)

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

**CHECKLIST**

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 or my application is not completed correctly, my application will be rejected.....

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE (AMOUNT), 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. (See guidance note11) If signing on behalf of the applicant please state in what capacity.**

Signature .....

Date .....

Capacity.....

**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 duly 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:	Postcode:
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**Daytime contact telephone number**

**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 would be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and provides a place for consumption of these off-supplies you must include a description of where the place is 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. Please 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.
5. For example, (but not exclusively), where you wish the activity to go on longer on a particular day i.e Christmas Eve.
6. Please give timings in 24 hour clock and only give details for 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, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gambling 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 we shall use to correspond with you about this application.

## **Responsible Authorities**

Norfolk Constabulary Licensing Team  
4<sup>th</sup> Floor  
Vantage House  
Fishers Lane  
Norwich  
Norfolk NR2 1ET

Mr J Burrows  
Norfolk Fire Service  
Fakenham Fire Station  
Norwich Road  
Fakenham  
Norfolk NR21 8BB

Lynsey Eagle  
Norfolk Safeguarding Children Board  
Suite B  
Sapphire House  
Roundtree Way  
Norwich NR7 8SS

Trading Standards  
Norfolk County Council  
County Hall  
Martineau Lane  
Norwich NR1 2DH

Environmental Health Department  
North Norfolk District Council  
Council Offices  
Holt Road  
Cromer NR27 9EN