

ANNEX 2

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 **PACE PETROLEUM LIMITED**

(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 TVBC/PREM-LIC\128 |
|---|

Part 1 – Premises Details

| | | | |
|---|---------|------------------|----------|
| Postal address of premises or, if none, ordnance survey map reference or description | | | |
| PACE ANDOVER 94 CHARLTON ROAD ANDOVER HAMPSHIRE | | | |
| Post town | ANDOVER | Post code | SP10 3JZ |

| | |
|---|---------------|
| Telephone number at premises (if any) | 01264 367 970 |
| Non-domestic rateable value of premises | £30000 |

Part 2 – Applicant details

| | | | |
|--|--|-----------------|----------|
| Daytime contact telephone number | 01784 467 788 | | |
| E-mail address (optional) | | | |
| Current postal address if different from premises address | PACE PETROLEUM LIMITED BURGAN HOUSE THE CAUSEWAY STAINES MIDDLESEX | | |
| Post Town | STAINES | Postcode | TW18 3PA |

Part 3 - Variation

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

Please tick yes

If not do you want the variation to take effect from

| Day | Month | Year |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

PROVISION OF LATE NIGHT REFRESHMENT BETWEEN 23.00 AND 05.00 HOURS DAILY, 7 DAYS PER WEEK, FOR THE WHOLE OF EACH YEAR

EXTEND THE HOURS FOR THE SALE OF ALCOHOL FOR CONSUMPTION OFF THE PREMISES TO 00.00HRS TO 24.00HRS DAILY, 7 DAYS PER WEEK FOR THE WHOLE OF EACH 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

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 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 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

L

| Late night refreshment 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 (please read guidance note 2) | Indoors | <input checked="" type="checkbox"/> |
|---|-------|--------|---|----------|-------------------------------------|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| Mon | 23.00 | 05.00 | Please give further details here (please read guidance note 3) THE PROVISION OF HOT PIES, SAVOURIES, SOUP AND HOT DRINKS ETC | Both | <input type="checkbox"/> |
| Tue | 23.00 | 05.00 | | | |
| Wed | 23.00 | 05.00 | State any seasonal variations for the provision of late night refreshment (please read guidance note 4) | | |
| Thur | 23.00 | 05.00 | | | |
| Fri | 23.00 | 05.00 | 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 | 05.00 | | | |
| Sun | 23.00 | 05.00 | | | |

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"/> |
| | | | | Off the premises | <input checked="" type="checkbox"/> |
| Day | Start | Finish | Both <input type="checkbox"/> | | |
| Mon | 00.00 | 24.00 | State any seasonal variations for the supply of alcohol (please read guidance note 4) | | |
| Tue | 00.00 | 24.00 | | | |
| Wed | 00.00 | 24.00 | | | |
| Thur | 00.00 | 24.00 | 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 | 00.00 | 24.00 | | | |
| Sat | 00.00 | 24.00 | | | |
| Sun | 00.00 | 24.00 | | | |

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)

NOT APPLICABLE

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 | 00.00 | 24.00 | 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 | 00.00 | 24.00 | |
| | | | |
| Wed | 00.00 | 24.00 | |
| | | | |
| Thur | 00.00 | 24.00 | |
| | | | |
| Fri | 00.00 | 24.00 | |
| | | | |
| Sat | 00.00 | 24.00 | |
| | | | |
| Sun | 00.00 | 24.00 | |
| | | | |

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

CURRENT RESTRICTIONS IN HOURS FOR THE SALE OF ALCOHOL FOR CONSUMPTION OFF THE PREMISES TO BE REMOVED

- 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

| |
|---|
| <p>Reasons why I have failed to enclose the premises licence or relevant part of premises licence ENCLOSED IS A COPY OF THE LICENCE. PACE HEAD OFFICE HOLD THE ORIGINAL WHICH WILL BE RETURNED IN DUE COURSE.</p> |
|---|

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)

NONE IN ADDITION TO THOSE STEPS ALREADY IN PLACE WHICH INCLUDE SPIRITS ONLY LOCATED BEHIND THE COUNTER, CCTV WITH RECORDING FACILITIES, FULL ALARM SYSTEM WITH PANIC BUTTONS, FULLY TRAINED STAFF WITH ONGOING TRAINING REGIME, CHALLENGE 21 TRADING INITIATIVE WITH PASS ACCREDITED PROOF OF AGE SCHEME AND REFUSALS BOOK. STAFF TRAINED IN EVACUATION PROCEDURES AND USE OF FIRE SAFETY EQUIPMENT

b) The prevention of crime and disorder

CCTV, RECORD FACILITY, PANIC BUTTONS. CHECKOUT MANNED AT ALL TIMES. ACCESS CAN BE CONTROLLED INTO THE PREMISES AT STAFF'S DISCRETION BY MEANS OF ELECTRONIC SHUNT LOCKS FITTED TO THE SHOP DOOR.

c) Public safety

STAFF TRAINED IN EVACUATION PROCEDURES AND USE OF FIRE SAFETY EQUIPMENT

d) The prevention of public nuisance

TRAINED STAFF, ALARM SYSTEM WITH PANIC BUTTONS

e) The protection of children from harm

SPIRITS ONLY LOCATED BEHIND THE COUNTER, STAFF TRAINED IN SALE OF ALCOHOL, USE OF PASS ACCREDITED FORMS OF ID WITH PASSPORT AND PICTURE DRIVING LICENCE, CHALLENGE 21 TRADING INITIATIVE, REFUSALS BOOK PLUS ONGOING RECORDED TRAINING REGIME.

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 | <i>S Goshley PP Lockett + Co</i> |
| Date | 17 TH MARCH 2006 |
| Capacity | LOCKETT & CO - DULY AUTHORISED AGENT |

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)

LOCKETT & CO
 LOCKETT HOUSE
 13 CHURCH STREET

| | | | |
|---|---------------|-----------|----------|
| Post town | KIDDERMINSTER | Post code | DY10 2AH |
| Telephone number (if any) | 01562 864488 | | |
| If you would prefer us to correspond with you by e-mail your e-mail address (optional) info@lockett.uk.com | | | |