

## 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 Mr David Warren Moxon

*(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

<b>Premises licence number</b> PL0439
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#### Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description Avro JFC Whitebank Road Oldham OL8 3JH			
Post town	Oldham	Postcode	OL8 3JH

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£

#### Part 2 – Applicant details

Daytime contact telephone number			
E-mail address (optional)			
Current postal address if different from premises address			
Post town		Postcode	

#### Part 3 - Variation

Please tick as appropriate

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

Yes

No

If not, from what date do you want the variation to take effect?

DD	MM	YYYY

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see guidance note 1)  Yes  No

**Please describe briefly the nature of the proposed variation** (Please see guidance note 2)

Premises variation to license to include the outside trailer and VIP bar.

Please remove all reference to old site plan referring to detailed areas marked and outlined in red. New plans have been done and are attached to our application.

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.

- | <b>Provision of regulated entertainment (Please see guidance note 3)</b>                                    | <b>Please tick all that apply</b> |
|---|-----------------------------------|
| 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 late night refreshment** (if ticking yes, fill in box I)

**Supply of alcohol** (if ticking yes, fill in box J)

**In all cases complete boxes K, L and M**

A

Plays Standard days and timings (please read guidance note 8)			Will the performance of a play take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 5)		
Tue			<u>State any seasonal variations for performing plays</u> (please read guidance note 6)		
Wed			<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> (please read guidance note 7)		
Thur					
Fri					
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 8)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 5)		
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 6)		
Thur					
Fri			<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> (please read guidance note 7)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 8)			<u>Please give further details</u> (please read guidance note 5)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 6)
Wed			
Thur			<u>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</u> (please read guidance note 7)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 8)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 5)		
Mon					
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 6)		
Wed					
Thur			<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 7)		
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 8)			Will the performance of live music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 5)		
Tue			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 6)		
Wed			<u>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</u> (please read guidance note 7)		
Thur					
Fri					
Sat					
Sun					



F

Recorded music Standard days and timings (please read guidance note 8)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 5)		
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 6)		
Thur					
Fri			<u>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</u> (please read guidance note 7)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 8)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 4)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 5)		
Tue			<b><u>Please give further details here</u></b> (please read guidance note 5)		
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 6)		
Thur			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 6)		
Fri			<b><u>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, please list</u></b> (please read guidance note 7)		
Sat			<b><u>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, please list</u></b> (please read guidance note 7)		
Sun			<b><u>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, please list</u></b> (please read guidance note 7)		

H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 8)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 4)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 5)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 6)		
Fri					
Sat			<b><u>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</u></b> (please read guidance note 7)		
Sun					

<b>Late night refreshment</b> Standard days and timings (please read guidance note 8)			<b><u>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 4)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Mon	11:00	23:00	<b><u>Please give further details here</u></b> (please read guidance note 5)		
Tue	11:00	23:00			
Wed	11:00	23:00	<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 6)		
Thur	11:00	23:00			
Fri	11:00	24:00	<b><u>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</u></b> (please read guidance note 7)		
Sat	11:00	24:00			
			New Years Eve 11:00am until 1:00am		
Sun	11:00	22:30			

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 8)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 9)  (as per current premises license)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon			<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 6)	Both	<input type="checkbox"/>
Tue					
Wed					
Thur				<b><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</u></b> (please read guidance note 7)	
Fri					
Sat					
Sun					

K

<p><b>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</b> (please read guidance note 10).</p>
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L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 8)			<u>State any seasonal variations</u> (please read guidance note 6)
Day	Start	Finish	
Mon			
Tue			<b><u>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</u></b> (please read guidance note 7)
Wed			
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.

Please tick as appropriate

- 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 not enclosed the premises licence or relevant part of premises licence.

**Attached to e-mail can post original if required.**

**M** 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 and e) (please read guidance note 11)**

CCTV – Covering all areas.  
CIA registered Door Supervisors.  
Risks assessments regularly undertaken.  
Trained First Aiders.  
Designated Premises Supervisors – 4 people on site at various time who have registered licensing qualification.  
Enough staff on the premises to cover longer hours & busy times when entertainment is provided.  
Regular training of staff.

**b) The prevention of crime and disorder**

CCTV has been installed with 24hr recording – CCTV footage will be made available to officers of council and GMP upon request and will be stored for 30 days on our system.  
Any major event/function we will employ door CIA registered supervisors (a minimum of 2).  
We will monitor and evaluate on a regular basis if necessary additional supervisors will be employed.  
Plastic cups and bottles used externally.  
Regular collection of pots.

**c) Public safety**

Trained first aiders will be on site during times when the premises is open to the public.  
Annual gas safety check for food area.  
Ring main electrical check (once every 5 years).  
PAT testing (portable electrical appliance testing).  
Sufficient lighting internally & externally.  
Regular fire checks & servicing of fire detection & extinguishing equipment.  
Emergency procedures in place.  
Designated smoking/non-smoking areas.

Good housekeeping procedures in place.

**d) The prevention of public nuisance**

No amplified music will be played in outside areas after 10am.  
Indoor bar will close doors and windows from 10.30pm to restrict noise.  
Signage in place asking people to leave quietly.  
Make regular sound checks inside & outside of the premises.  
Ensure the entertainers are aware of any noise restrictions placed on them prior to commencement.

**e) The protection of children from harm**

A refusal record book to be kept behind bar areas.  
A 21 policy – staff trained to ask for photographic ID to query underage drinking. If under age alcohol will not be served.  
Zero drugs policy  
In bar areas under 18s to be supervised by adult.

Checklist:

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee; or
- I have not made or enclosed payment of the fee because this application has been made in relation to the introduction of the late night levy.
- 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, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**Part 5 – Signatures** (please read guidance note 12)

**Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent** (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**



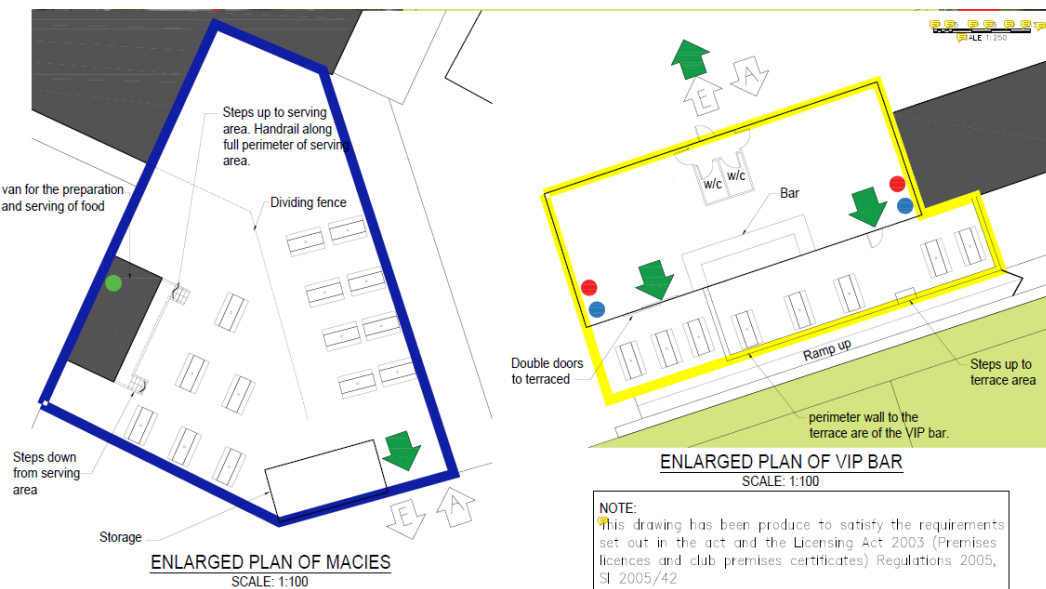
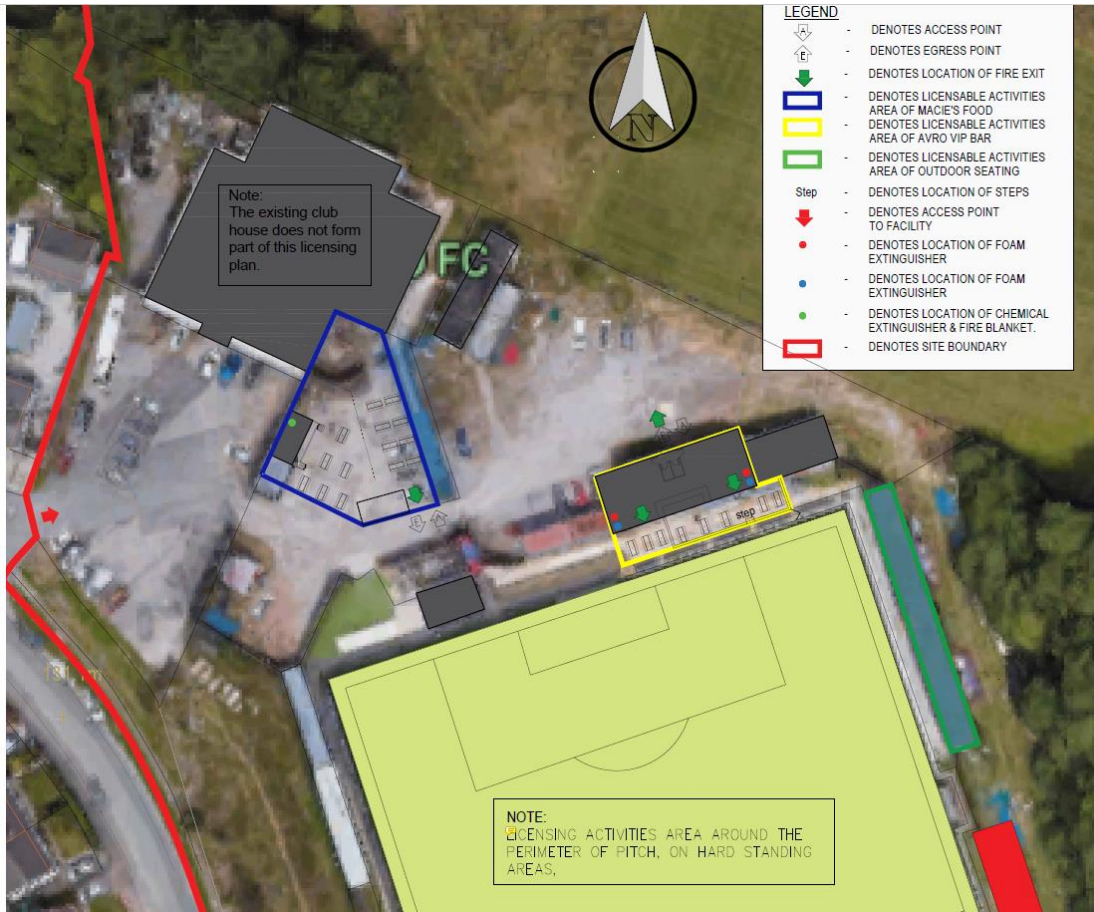
Signature	David Warren Moxon
Date	18/06/21
Capacity	Current premises license holder

**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 14). 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 15)**

<b>Post town</b>		<b>Post code</b>	
<b>Telephone number (if any)</b>			
<b>If you would prefer us to correspond with you by e-mail, your e-mail address (optional)</b>			



Westacare Stadium  
White Bank Rd  
Oldham, OL8 3JH

DRAWING TITLE:-  
LICENSING PLAN  
DRAWING NUMBER:-  
ND-001

DRAWING SCALE:- 1:250 & 1:100  
DRAWN BY:- Jonathan Nolan

DRAWING STATUS:-  
LICENSE APPLICATION

REVISION  
D