



Application to vary a premise 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 [REDACTED]

.....
(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 |
|--------------------------------|

Part 1– Premises Details

| | | | |
|--|--------------|----------|---------|
| Postal address of premises or, if none, ordnance survey map reference or description Le Sorelle 5 Pickford Street Milnsbridge | | | |
| Post town | Huddersfield | Postcode | HD3 4LH |

| | |
|---|--|
| Telephone number at premises (if any) | [REDACTED] |
| Non-domestic rateable value of premises | [REDACTED] |

Part 2– Applicant details

| | | | |
|---|--|----------|--|
| Daytime contact telephone | [REDACTED] | | |
| E-mail address (optional) | [REDACTED] | | |
| 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 |
|----|----|------|
| | | |

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

I would like the hours of the premises license to be changed to between 10:00am to 22:00pm

I would also like the variation to include the front outdoor area of the premises.

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:

| |
|-----|
| N/A |
|-----|

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 all that apply

- 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 late night refreshment (if ticking yes, fill in box I)

Sale by retail of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

Appendix A

J

| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the supply of alcohol be for consumption please tick (please read guidance note 7) | On the premises | <input checked="" type="checkbox"/> |
|---|-------|--------|---|------------------|-------------------------------------|
| | | | | Off the premises | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>State any seasonal variations for the supply of alcohol (please read guidance note 4)</u> <p style="text-align: center;">N/A</p> | | |
| Mon | 10:00 | 22:00 | | | |
| Tue | 10:00 | 22:00 | | | |
| Wed | 10:00 | 22:00 | | | |
| Thur | 10:00 | 22:00 | | | |
| Fri | 10:00 | 22:00 | | | |
| Sat | 10:00 | 22:00 | | | |
| Sun | 10:00 | 22:00 | <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 (please read guidance note 5)</u> <p style="text-align: center;">N/A</p> | | |

K

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

Appendix A

L

| | | | |
|--|-------|--------|---|
| Hours premises are open to the public Standard days and timings (please read guidance note 6) | | | <u>State any seasonal variations</u> (please read guidance note 4) |
| Day | Start | Finish | |
| Mon | | | <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> (please read guidance note 5) |
| Tue | 10:00 | 14:00 | |
| Wed | 10:00 | 14:00 | |
| Thur | 10:00 | 14:00 | |
| Fri | 10:00 | 14:00 | |
| Sat | 10:00 | 14:00 | |
| 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.

Checklist:

Please tick to indicate agreement

- 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 SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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 | [REDACTED] |
| Date | [REDACTED] |
| Capacity | |

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)

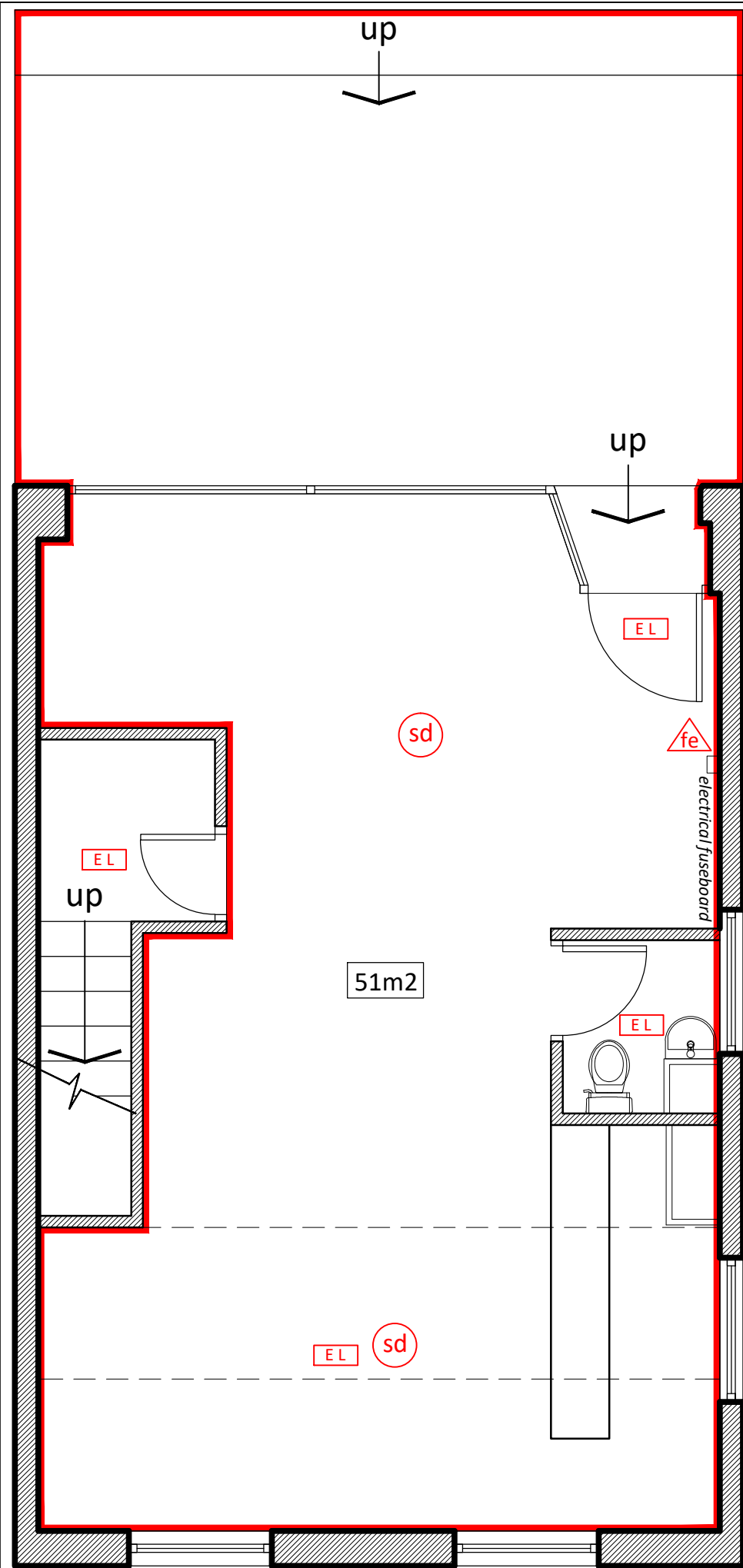
[REDACTED]

| | | | |
|---|------------|-----------|------------|
| Post town | [REDACTED] | Post code | [REDACTED] |
| Telephone number (if any) | | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |

Personal Data

We have recently updated our Privacy Notice about how we use personal data provided to the Council. Further information can be found at:

<http://www.kirklees.gov.uk/beta/information-and-data/pdf/privacy-notice-licensing-gambling-act.pdf>



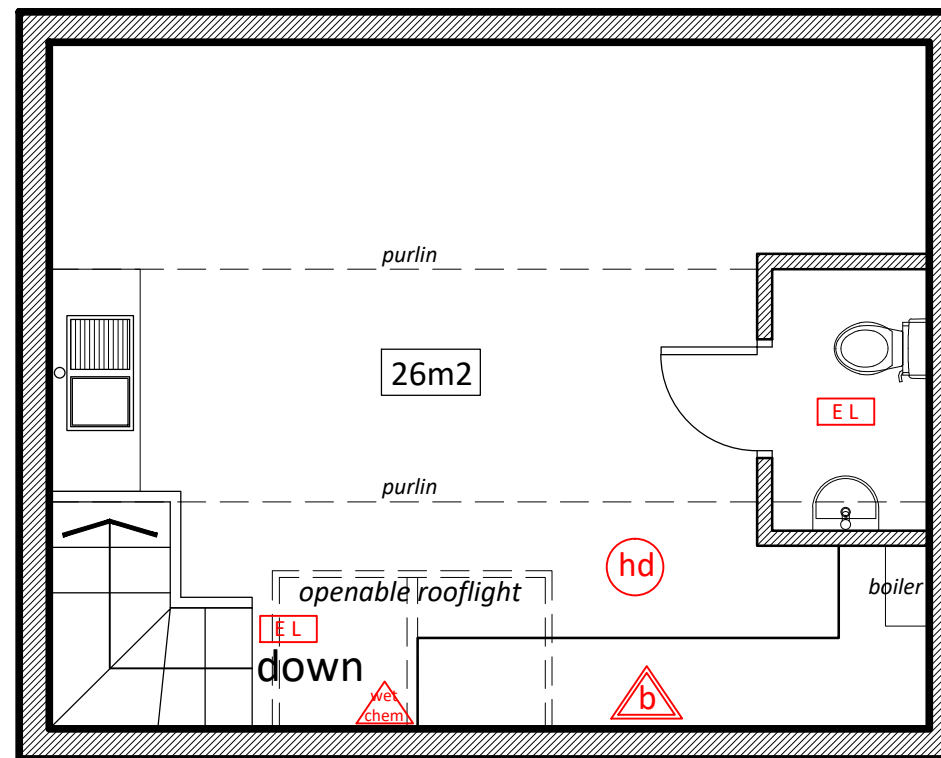
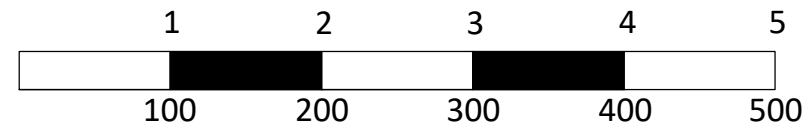
GROUND FLOOR LAYOUT

SCALE 1:50

KEY

- red outlined area for alcohol sales
- sd smoke detector
- hd heat detector
- fe fire extinguisher- foam
- wet chem fire extinguisher- wet chemical
- b fire blanket
- EL emergency light fitting

scale 1:50 at A3



FIRST FLOOR LAYOUT

SCALE 1:50

DO NOT SCALE IF IN DOUBT ASK

| REV | DATE | DETAILS | INITIAL |
|-----|------|---------|---------|
|-----|------|---------|---------|

PROJECT 5 PICKFORD STREET
MILNSBRIDGE
HUDDERSFIELD, HD3 4LQ
CLIENT MRS AMY LAMBERT

TITLE LICENSING PLAN

DRG No. HD3-01 SCALE 1:50@A3

DRN BY T.D DATE 20/08/23