

[Insert name and address of relevant licensing authority and its reference number (optional)]

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 MILTON INNS.....being the premises licence holder, apply to vary a
(Insert name(s) of applicant)
premises licence under section 34 of the Licensing Act 2003 for the premises
described in Part 1 below

Premises licence number

SCDC PL0002

Part 1 – Premises details

Postal address of premises or, if none, Ordnance Survey map reference, or description	
JOLLY BREWERS, S FEN ROAD, MILTON CAMBRIDGE	
Post town	Post code
CAMBRIDGE	CB24 6DS

Telephone number at premises (if any)

N/A

Non-domestic rateable value of premises

£ 4,900

Part 2 – Applicant details

Daytime contact telephone number

01223 - 863698

E-mail address
(optional)

Current postal
address if
different from
premises address

N/A

Post Town

Postcode

Chief Environmental
Health Officer
22 MAR 2012
South Cambridgeshire
District Council

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

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

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

Location is a village Pub / RESTAURANT
INCORPORATING 4 LETTING ROOMS.

TO INCREASE HOURS OF OPENING, PLUS SALE
OF ALCOHOL AND PROVISION OF RECORDED
MUSIC.

ALSO STRUCTURAL CHANGES AS SHOWN AND
AGREED IN PLAN.

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)
- 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 for:

- 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)

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

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 3)	Both		
Tue						
Wed				State any seasonal variations for performing plays (please read guidance note 4)		
Thur						
Fri				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 (please read guidance note 5)		
Sat						
Sun						

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 3)	Both		
Tue						
Wed				State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur						
Fri				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 (please read guidance note 5)		
Sat						
Sun						

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				
Tue				State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed				
Thur				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)
Fri				
Sat				
Sun				

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [Y]. (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon				Both	
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					

Sun			
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E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	1200	0000			
Tue	1200	0000	State any seasonal variations for the performance of live music (please read guidance note 4)		
Wed	1200	0000			
Thur	1200	0000	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) BANK HOLIDAY Fri Sat Sun Mon UNTIL 0200h, on other officially Declared BANK HOLIDAY.		
Fri	1200	0000			
Sat	1200	0000			
Sun	1200	0000			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	0800	0000			
Tue	0800	0000	State any seasonal variations for playing recorded music (please read guidance note 4)		
Wed	0800	0000			
Thur	0800	0000			

Fri	0800	0200	<p>Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</p> <p>DANCE HOLIDAY Fri SAT SUN MON UNTIL 0200h OR OTHER OFFERING DECLARED PUBLIC HOLIDAY.</p>
Sat	0800	0200	
Sun	0800	0000	

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)		Indoors	
					Outdoors	
Day	Start	Finish	Both			
Mon			Please give further details here (please read guidance note 3)			
Tue						
Wed						
Thur			State any seasonal variations for the performance of dance (please read guidance note 4)			
Fri			Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)			
Sat						
Sun						

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			
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)		Indoor	
					Outdoor	
Mon					Both	

Tue			Please give further details here (please read guidance note 3)
Wed			
Thur			
Fri			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)
Sat			
Sun			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 (please read guidance note 5)

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing		
			Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
				Outdoors	
Day	Start	Finish	Both		
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick [Y] (see guidance note 2)	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give a description of the facilities for dancing you will be providing	
Mon	0800	0000	Please give further details here (please read guidance note 3) State any seasonal variations for providing dancing facilities (please read guidance note 4) Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5) BANK Holiday Fri SAT SUN MON UNTIL 0200h, plus any other OFFICIALLY DECLARED NATIONAL HOLIDAY.	
Tue	0800	0000		
Wed	0800	0000		
Thur	0800	0000		
Fri	0800	0200		
Sat	0800	0200		
Sun	0800	0000		

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both <input type="checkbox"/>
Mon				

Tue			Please give further details here (please read guidance note 3)
Wed			
Thur			
Fri			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)
Sat			
Sun			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 (please read guidance note 5)

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 [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed					
Thur			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Fri					
Sat			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)		
Sun					

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	On the premises	
				Off the premises	
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	0800	0000			
Tue	0800	0000			
Wed	0800	0000			
Thur	0800	0000			
Fri	0800	0200			
Sat	0800	0200			
Sun	0800	0000	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) BANK HOLIDAY Fri Sat Sun Mon UNTIL 0200hrs OF ANY OTHER OFFICIALLY RECOGNISED NATIONAL HOLIDAY.		

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	0800	0030			
Tue	0800	0030			

Wed	0800	0030	<p>Non standard timings. Where you intend to use 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)</p> <p>Bank Holiday Fri Sat Sun Mon until 0230h & any other NATIONALLY RECOGNISED NATIONAL Holiday .</p>
Thur	0800	0030	
Fri	0800	0230	
Sat	0800	0230	
Sun	0800	0030	

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

N/A

- I have enclosed the premises licence Please tick yes
- 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

ALL ALREADY WITH S.C.D.C

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)

MEASURES HAVE BEEN PUT IN PLACE TO COMPLY WITH ALL FOUR LICENSING OBJECTIVES AS SET OUT BELOW.

b) The prevention of crime and disorder

- ① C.C.T.V TO FRONT AND REAR OF PREMISES, TO HOLD RECORDS FOR 30 DAYS.
- ② SECURITY LIGHTING AT REAR OF PREMISES.
- ③ LIAISON WITH LOCAL OFFICE P.C SHAWVER.

c) Public safety

- ① FULL PUBLIC RISK ASSESSMENT TO BE CARRIED OUT TO COMPLY WITH FIRE REGULATIONS.
- ② SAFETY LIGHTING AND ILLUMINATED EXIT SIGNS IN EVENT OF EMERGENCY.
- ③ ABOVE THREE POINTS AS PREVENTION OF CRIME.

d) The prevention of public nuisance

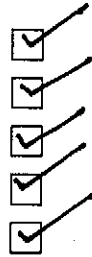
- ① SIGNS TO REQUEST BARNS & EXIT QUIETLY.
- ② ALL MEASURES AS PREVENTION OF CRIME AND PUBLIC SAFETY ABOVE.

e) The protection of children from harm

- ① WILL ADOPT NURSING CARE POLICY WITH REGARDS TO CHILDREN.
- ② ADOPT 'WHAT'S YOUR AGE' POLICY.
- ③ LIAISON WITH OTHER PUBS IN VILLAGES TO PROTECT HARM TO CHILDREN.

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

21st March 2012

Capacity

Designated Premises Supervisor

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)	
MR D. JAMES, 7 BUTT LANE, MILTON,	
Post town CAMBRIDGE	Post code CB24 6DS
Telephone number (if any) 07971625387	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	