



**CITY OF YORK COUNCIL**  
Licensing & Regulatory Services, 9 St Leonards Place, York, YO1 7ET

**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 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 Wayne Dixon and Kirk Jemison..... (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, ordinance survey map reference or description	
2 CLIFFORD STREET <i>Subway</i>	
Post town YORK	Post code YO1 9RD

Telephone number of premises (if any)

Non domestic rateable value of premises

**Part 2 – Applicant Details**

Daytime contact telephone number

Email address (optional)

Mr  Mrs  Miss  Ms  Other title   
(for example, Rev)

Surname  First names

Current postal address  
if different from  
premises address

51 ELDON STREET

Post Town

YORK

Postcode

YO31 7NE

**Part 3 - Variation**

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

Please tick  yes

If not do when do you want the variation to take effect from?

Day	Month	Year

If 5000 or more people 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)

To extend the opening hours of the business to twenty four hours a day seven days a week in order to provide a healthy alternative to other fast food outlets specifically targeted at those who work anti-social hours such as Police and other emergency service workers.

**Part 4 - Operating Schedule**

Please complete those parts of the Operating Schedule below which would be subject to change if the application to vary is successful.

Please tick ✓ yes

**Provision of regulated entertainment**

- a) play (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) performance 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 (✓) (please read guidance note 2)	Indoors	Outdoors	Both
Day	Start	Finish				
Mon			Please give further details here (please read guidance note 3)			
Tue						
Wed						
Thur			State any seasonal variations for performing play (please read guidance note 4)			
Fri						
Sat			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)			
Sun						

**B**

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

**D**

Boxing or wrestling entertainment 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			Please give further details here (please read guidance note 3)			
Tue						
Wed			State any seasonal variations for the 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						

**E**

<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				
Mon			Please give further details here (please read guidance note 3)			
Tue						
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)			
Thur						
Fri			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)			
Sat						
Sun						

**F**

<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				
Mon			Please give further details here (please read guidance note 3)			
Tue						
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)			
Thur						
Fri			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)			
Sat						
Sun						

**G**

Performance 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 (✓) (please read guidance note 2)	
Day	Start	Finish	Indoors	Outdoors
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				

Please give further details here (please read guidance note 3)

State any seasonal variations for the performance of dance (please read guidance note 4)

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. (please read guidance note 5)

**H**

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Will the entertainment take place indoors or outdoors or both – please tick (✓) (please read guidance note 2)	
Day	Start	Finish	Indoors	Outdoors
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				

Please give a description of the type of entertainment you will be providing

Please give further details here (please read guidance note 3)

State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)

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. (please read guidance note 5)

**I**

<b>Provision of facilities for making music</b> Standard day 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 (✓) (please read guidance note 2)		Indoors Outdoors Both
Day	Start	Finish			
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 the provision of facilities for making music at different times to those listed in the column on the left, please list. (please read guidance note 5)		
Sat					
Sun					

**J**

<b>Provision of facilities for dancing</b> Standard 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			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for providing dancing facilities (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list. (please read guidance note 5)		
Sat					
Sun					



**K**

<b>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)			Please give a description of the type of entertainment facility you will be providing		
			Will the entertainment facility be place indoors or outdoors or both – please tick (✓) (please read guidance note 2)		Indoors
					Outdoors
					Both
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the provisions of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
Sat					
Sun					

**L**

<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 (✓) (please read guidance note 2)		Indoors
					Outdoors
					Both
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)		
Mon	9am	8.59am			
Tue	9am	8.59am	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Wed	9am	8.59am			
Thur	9am	8.59am	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)		
Fri	9am	8.59am			
Sat	9am	8.59am			
Sun	9am	8.59am			

**M**

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption on or off the premises or both – please tick (✓) (please read guidance note 7)	On the premises	Off the premises	Both
Day	Start	Finish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon			State any seasonal variations for providing dancing facilities (please read guidance note 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						
			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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	9am	8.59am	Non standard timings. Where you intend to open 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	9am	8.59AM	
Wed	9am	8.59am	
Thur	9am	8.59am	
Fri	9am	8.59am	
Sat	9am	8.59am	
Sun	9am	8.59am	

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

I have enclosed the premises licence  
 I have enclosed the relevant part of the premises licence

Please tick  yes

*COPY OF  
 LICENCE ONLY  
 NOT ORIGINAL  
 & NO  
 SUMMARY*

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 the premises licence

**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)**

To work with all stated agencies.

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

We will not supply food to anyone who is abusive to staff or patrons. No disorderly conduct will be allowed. We have 24 hour CCTV installed and maintained within the premises. We have door staff employed between 22:00 and 02:00 who are registered with the security industry.

No goods which have had no UK duty will be sold.

**c) Public safety**

All measures requested by the Fire Safety Officer will be adhered to for all patrons and staff safety. There is freely accessible areas so that the emergency services can enter and work safely.

No patrons will be allowed to obstruct any exits or fire exits.

**d) The prevention of public nuisance**

Bins will be provided and patrons encouraged to use them to prevent litter. Patrons who are having late night refreshments will be asked to leave and disperse quietly.

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

As no alcohol is being sold, children are allowed on the premises.

- 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.** (See guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature ..... *JML* .....  
 Date ..... 1st September 2006 .....  
 Capacity ..... Solicitor .....

**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 authorised agent.** (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature ..... *JML* .....  
 Date ..... 1st September 2006 .....  
 Capacity ..... Solicitor .....

<b>Contact Name (where not previously given) and address for correspondence associated with this application</b> (please read guidance note 13)	
Mr J McLoughlin Guest Walker & Co Solicitors 12a The Shambles  DX 61519 - YORK	
<b>Post town</b> YORK	<b>Post code</b> YO1 7LZ
<b>Telephone number (if any)</b> 01904 624903	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>	