

RECEIVED

17 JUN 2008

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 DEBRETTON HOSPITALITY (4HP) LTD

*(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

CYC - 010833

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description

FOUR HIGH PETERGATE HOTEL AND BISTRO  
2-4 HIGH PETERGATE

Post town YORK

Post code YO1 7EH

Telephone number at premises (if any) 01904 658516

Non-domestic rateable value of premises £24,500

Part 2 – Applicant details

Daytime contact telephone number 0113 225 5431

E-mail address (optional)

Current postal address if different from premises address AS ABOVE

Post Town

Postcode

**Part 3 - Variation**

Please tick yes

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

If not do you want the variation to take effect from

Day		Month		Year	

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

VARIATION TO PERMIT ADDITIONAL FORMS OF LICENSABLE ACTIVITY, TO MODIFY HOURS OF LICENSABLE ACTIVITIES AND TO AMEND THE PLANS OF THE PREMISES TO INCLUDE A GROUND FLOOR GARDEN AREA

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 checked="" type="checkbox"/> |
| b) films (if ticking yes, fill in box B)  | <input checked="" 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 checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input checked="" type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input checked="" type="checkbox"/> |

### Provision of entertainment facilities:

- |   |                                     |
|---|-------------------------------------|
| i) making music (if ticking yes, fill in box I)   | <input checked="" type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)  | <input checked="" type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input checked="" 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**

**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	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	1000	0000	<b>Please give further details here</b> (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA	Both	<input checked="" type="checkbox"/>
Tue	1000	0000			
Wed	1000	0000	<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur	1000	0000			
Fri	1000	0000	<b>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</b> (please read guidance note 5)		
Sat	1000	0000			
Sun	1000	0000			

**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 (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	1000	0000	<b>Please give further details here</b> (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA	Both	<input checked="" type="checkbox"/>
Tue	1000	0000			
Wed	1000	0000	<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur	1000	0000			
Fri	1000	0000	<b>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</b> (please read guidance note 5)		
Sat	1000	0000			
Sun	1000	0000			

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			
Thur			<b><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></b> (please read guidance note 5)
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)			
			Indoors	<input type="checkbox"/>		
			Outdoors	<input type="checkbox"/>		
			Both	<input type="checkbox"/>		
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue						
Wed					<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)	
Thur						
Fri					<b>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</b> (please read guidance note 5)	
Sat						
Sun						

# E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA		
Mon	1000	0000			
Tue	1000	0000			
Wed	1000	0000	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur	1000	0000			
Fri	1000	0000	<b>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</b> (please read guidance note 5)		
Sat	1000	0000			
Sun	1000	0000			

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA		
Mon	1000	0000			
Tue	1000	0000			
Wed	1000	0000	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)		
Thur	1000	0000			
Fri	1000	0000	<b><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></b> (please read guidance note 5)		
Sat	1000	0000			
Sun	1000	0000			

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3) <b>INSIDE THE BUILDING AND IN THE GARDEN AREA</b>		
Mon	1000	0000			
			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Tue	1000	0000			
			<b>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</b> (please read guidance note 5)		
Wed	1000	0000			
Thur	1000	0000			
Fri	1000	0000			
Sat	1000	0000			
Sun	1000	0000			

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment you will be providing</u></b>  ANYTHING OF A SIMILAR DESCRIPTION		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	1000	0000		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	1000	0000	<b><u>Please give further details here</u></b> (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA		
Wed	1000	0000			
Thur	1000	0000	<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 4)		
Fri	1000	0000			
Sat	1000	0000	<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 5)		
Sun	1000	0000			

I

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the facilities for making music you will be providing</u></b>  FACILITIES AS REQUIRED	
			<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA  <b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)  <b><u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)	
Mon	1000	0000		
Tue	1000	0000		
Wed	1000	0000		
Thur	1000	0000		
Fri	1000	0000		
Sat	1000	0000		
Sun	1000	0000		

**J**

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick</b> (see guidance note 2)	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
			<b>Please give a description of the facilities for dancing you will be providing</b> AS REQUIRED	
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA	
Mon	1000	0000		
Tue	1000	0000	<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)	
Wed	1000	0000		
Thur	1000	0000	<b>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</b> (please read guidance note 5)	
Fri	1000	0000		
Sat	1000	0000		
Sun	1000	0000		

**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)			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>  ANYTHING OF A SIMILAR DESCRIPTION		
Day	Start	Finish	<b><u>Will the entertainment facility be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	1000	0000		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	1000	0000	<b><u>Please give further details here</u></b> (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA		
Wed	1000	0000			
Thur	1000	0000	<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u></b> (please read guidance note 4)		
Fri	1000	0000			
Sat	1000	0000	<b><u>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</u></b> (please read guidance note 5)		
Sun	1000	0000			

**L**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA		
Mon	2300	0000			
Tue	2300	0000	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Wed	2300	0000			
Thur	2300	0000	<b>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</b> (please read guidance note 5)		
Fri	2300	0000			
Sat	2300	0000			
Sun	2300	0000			

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4) INSIDE THE BUILDING AND IN THE GARDEN AREA		
Mon	1000	0000			
Tue	1000	0000			
Wed	1000	0000			
Thur	1000	0000			
Fri	1000	0000			
Sat	1000	0000			
Sun	1000	0000			
			<b>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</b> (please read guidance note 5)		

**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)

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	1000	0000	
Tue	1000	0000	
Wed	1000	0000	
Thur	1000	0000	
Fri	1000	0000	
Sat	1000	0000	
Sun	1000	0000	
			<b>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</b> (please read guidance note 5)

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 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

Reasons why I have failed to enclose the premises licence or relevant part of premises licence

COPY ENCLOSED

**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)

AS PER EXISTING PREMISES LICENCE

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

AS PER EXISTING PREMISES LICENCE

**c) Public safety**

AS PER EXISTING PREMISES LICENCE

**d) The prevention of public nuisance**

AS PER EXISTING PREMISES LICENCE

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

AS PER EXISTING PREMISES LICENCE

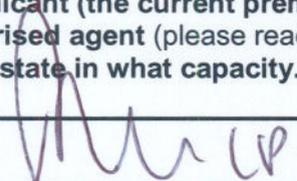
Please tick yes

- 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	16 JUNE 2008
Capacity	SOLICITORS FOR APPLICANT

**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)

FAO KEITH SHAW (SOLICITOR)  
PINSENT MASONS  
1 PARK ROW

<b>Post town</b>	LEEDS	<b>Post code</b>	LS1 5AB
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<b>Telephone number (if any)</b>	0113 225 5431
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<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b> keith.shaw@pinsentmasons.com
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