



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 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 - 010461

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description
MARMADUKES
4 & 5 ST PETERS GROVE
BOOTHAM

Post town	YORK	Post code	YO30 6AQ
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Telephone number at premises (if any)	0870 066 0158
Non-domestic rateable value of premises	£22,000 (B)

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

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

VARIATION TO PERMIT ADDITIONAL FORMS OF LICENSABLE ACTIVITY AND TO MODIFY HOURS OF LICENSABLE ACTIVITIES

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

0

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA		
Mon	1000	0200			
Tue	1000	0200			
Wed	1000	0200	State any seasonal variations for performing plays (please read guidance note 4)		
Thur	1000	0200			
Fri	1000	0200	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	1000	0200			
Sun	1000	0200			

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA		
Mon	1000	0200			
Tue	1000	0200	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Wed	1000	0200			
Thur	1000	0200	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)		
Fri	1000	0200			
Sat	1000	0200			
Sun	1000	0200			

C

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

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Mon					
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Wed					
Thur					
Fri			<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 5)		
Sat					
Sun					

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 (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA		
Mon	1000	0200			
Tue	1000	0200	State any seasonal variations for the performance of live music (please read guidance note 4)		
Wed	1000	0200			
Thur	1000	0200	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)		
Fri	1000	0200			
Sat	1000	0200			
Sun	1000	0200			

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 (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA		
Mon	0700	0200			
Tue	0700	0200	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Wed	0700	0200			
Thur	0700	0200	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)		
Fri	0700	0200			
Sat	0700	0200			
Sun	0700	0200			

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 (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA		
Mon	1000	0200			
Tue	1000	0200	State any seasonal variations for the performance of dance (please read guidance note 4)		
Wed	1000	0200			
Thur	1000	0200	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)		
Fri	1000	0200			
Sat	1000	0200			
Sun	1000	0200			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u> ANYTHING OF A SIMILAR DESCRIPTION		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	1000	0200		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	1000	0200	<u>Please give further details here</u> (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA		
Wed	1000	0200			
Thur	1000	0200	<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri	1000	0200			
Sat	1000	0200	<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> (please read guidance note 5)		
Sun	1000	0200			

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u> FACILITIES AS REQUIRED	
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)	
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA	
Mon	1000	0200		
Tue	1000	0200		
Wed	1000	0200		
Thur	1000	0200		
Fri	1000	0200		
Sat	1000	0200		
Sun	1000	0200		
			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)	
			<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> (please read guidance note 5)	

J

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 (see guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input checked="" type="checkbox"/>
			Please give a description of the facilities for dancing you will be providing AS REQUIRED	
Day	Start	Finish		
Mon	1000	0200	Please give further details here (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA	
Tue	1000	0200		
Wed	1000	0200	State any seasonal variations for providing dancing facilities (please read guidance note 4)	
Thur	1000	0200		
Fri	1000	0200	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	1000	0200		
Sun	1000	0200		

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)			<u>Please give a description of the type of entertainment facility you will be providing</u> ANYTHING OF A SIMILAR DESCRIPTION		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	1000	0200		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	1000	0200	<u>Please give further details here</u> (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA		
Wed	1000	0200			
Thur	1000	0200	<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)		
Fri	1000	0200			
Sat	1000	0200	<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> (please read guidance note 5)		
Sun	1000	0200			

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 (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) INSIDE THE BUILDING AND IN THE GARDEN AREA		
Mon	2300	0200			
Tue	2300	0200	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Wed	2300	0200			
Thur	2300	0200	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	2300	0200			
Sat	2300	0200			
Sun	2300	0200			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	1000	0200	State any seasonal variations for the supply of alcohol (please read guidance note 4) INSIDE THE BUILDING AND IN THE GARDEN AREA		
Tue	1000	0200			
Wed	1000	0200			
Thur	1000	0200	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)		
Fri	1000	0200			
Sat	1000	0200			
Sun	1000	0200			

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)

NONE

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	0700	0200	
Tue	0700	0200	
Wed	0700	0200	
Thur	0700	0200	
Fri	0700	0200	
Sat	0700	0200	
Sun	0700	0200	
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 (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

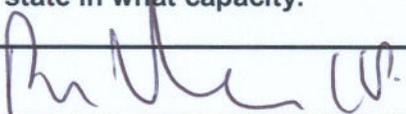
Please tick yes

- 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	14 JULY 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

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