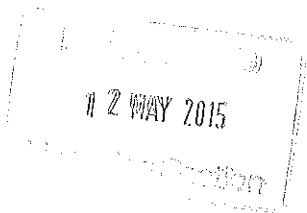


Isle of Wight Council



### Application to vary a premises licence under the Licensing Act 2003

Environmental Health

Isle of Wight Council

Jubilee Stores

The Quay

Newport

Isle of Wight

PO30 2EH

Before completing this form please click here to read the guidance notes.

Please click here to view the fee structure under the Licensing Act 2003.

You may wish to keep a copy of the completed form for your records.

Please Note: A Designated Premises Supervisor (DPS) Consent form must also be submitted along with this form, but only if the DPS is changing.

The giving of false information may result in registration being refused or revoked, and the local authority reserve the right to make such further enquiries arising out of this application as they may consider desirable.

The Licence fee is not refundable should the application be withdrawn or refused.

☒ Please tick this box to confirm you have read and accept these terms and conditions

<input checked="" type="radio"/> Band A.	A) £100.00	A) For premises with no rateable value to £4,300
<input type="radio"/> Band B.	B) £190.00	B) For premises with rateable value from £4,301 to £33,000
<input type="radio"/> Band C.	C) £315.00	C) For premises with a rateable value of £33,001 to £87,000
<input type="radio"/> Band D.	D) £450.00	D) For premises with a rateable value from £87,001 to £125,000
<input type="radio"/> Band E.	E) £635.00	E) For premises with a rateable value of £125,001 and above

### Your details

Forename

gregory

Middle name/Initials

Surname

orr

<b>Building/house name/number</b>	
<b>Street address</b>	
<b>Town name</b>	
<b>County</b>	
<b>Postcode</b>	
<b>Tel number (include area code)</b>	
<b>Email address</b>	
<b>Fax</b>	

I/We gregory orr (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

### Part 1 - Premises Details

<b>Premises licence number</b>	025417
<b>Building name/number</b>	the beach shack
<b>Street</b>	western esplanade
<b>Town</b>	sandown
<b>County</b>	Isle Of Wight
<b>Postcode</b>	po36 8js
<b>If no postal address ordnance survey map reference or description</b>	
<b>Telephone number at premises (if any)</b>	
<b>Email address</b>	
<b>Fax</b>	
<b>Non-domestic rateable value of premises</b>	£ na

[Please click here to read the guidance notes](#)

### Part 2 - Applicant details (Please complete this section even if the details are the same as Your Details on page 1 or Premises Details in Part 1)

<b>Title</b>	Mr	<b>other title (please specify)</b>
<b>Forename</b>	gregory	

<b>Middle name/Initials</b>	
<b>Surname</b>	orr
<b>Building/house name/number</b>	
<b>Street</b>	
<b>Town</b>	
<b>County</b>	
<b>Postcode</b>	
<b>Daytime contact telephone number</b> (include area code)	
<b>Email address</b>	
<b>Fax</b>	

### Part 3 - Variation

<b>Do you want the proposed variation to have effect as soon as possible?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>If 'no', please give the date that you want the variation to take effect from</b>	<div> <div>---</div> <div>Year</div> </div> <div> <div>---</div> <div>Month</div> </div> <div> <div>---</div> <div>Day</div> </div>
<b>Please describe briefly the nature of the proposed variation (Please see guidance note 1)</b>	change of internal layout, change of trading hours, change conditions on our license
<b>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</b>	

[Please click here to read the guidance notes](#)

### 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.

<b>Provision of regulated entertainment</b>  (please tick if yes)	<input type="checkbox"/> a) plays (if ticking yes, you must complete box A)
	<input type="checkbox"/> b) films (if ticking yes, you must complete box B)
	<input type="checkbox"/> c) indoor sporting events (if ticking yes, you must complete box C)
	<input type="checkbox"/> d) boxing or wrestling entertainment (if ticking yes, you must complete box D)
	<input type="checkbox"/> e) live music (if ticking yes, you must complete box E)
	<input checked="" type="checkbox"/> f) recorded music (if ticking yes, you must complete box F)

	<input type="checkbox"/> g) performances of dance (if ticking yes, you must complete box G)
	<input type="checkbox"/> h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, you must complete box H)
<b>Provision of entertainment facilities:</b>	<input type="checkbox"/> i) making music (if ticking yes, you must complete box I) <input type="checkbox"/> j) dancing (if ticking yes, you must complete box J) <input checked="" type="checkbox"/> k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, you must complete box K)
<b>Provision of late night refreshment</b>	<input type="checkbox"/> (if ticking yes, fill in box L)
<b>Sale by retail of alcohol</b>	<input checked="" type="checkbox"/> (if ticking yes, fill in box M)

**In all cases complete boxes N, O and P**

<a href="#">Click here to fill in Box A.</a> <a href="#">Click here to fill in Box B.</a> <a href="#">Click here to fill in Box C.</a> <a href="#">Click here to fill in Box D.</a> <a href="#">Click here to fill in Box E.</a> <a href="#">Click here to fill in Box F.</a> <a href="#">Click here to fill in Box G.</a> <a href="#">Click here to fill in Box H.</a>	<a href="#">Click here to fill in Box I.</a> <a href="#">Click here to fill in Box J.</a> <a href="#">Click here to fill in Box K.</a> <a href="#">Click here to fill in Box L.</a> <a href="#">Click here to fill in Box M.</a> <a href="#">Click here to fill in Box N.</a> <a href="#">Click here to fill in Box O.</a> <a href="#">Click here to fill in Box P.</a>
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Please click here to read the guidance notes

## Box A - Plays

**Standard days and timings (please read guidance note 6)**

Day	Start	Finish
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

<b>Will the performance of a play take place indoors or outdoors or both - please tick</b>  <b>(please read guidance note 2)</b>	<input type="checkbox"/> Indoors
	<input type="checkbox"/> Outdoors
	<input type="checkbox"/> Both

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

**State any seasonal variations for performing plays (please read guidance note 4)**

**Non standard timings. Where you intend to use the premises for the performance of plays at different times from those listed in the column above, please list (please read guidance note 5)**

Click here to fill in Box A.  Click here to fill in Box B.  Click here to fill in Box C.  Click here to fill in Box D.  Click here to fill in Box E.  Click here to fill in Box F.  Click here to fill in Box G.  Click here to fill in Box H.	Click here to fill in Box I.  Click here to fill in Box J.  Click here to fill in Box K.  Click here to fill in Box L.  Click here to fill in Box M.  Click here to fill in Box N.  Click here to fill in Box O.  Click here to fill in Box P.
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[Please click here to read the guidance notes](#)

## Box B - Films

### Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

<b>Will the exhibition of films take place indoors or outdoors or both - please tick (please read guidance note 2)</b>	<input type="checkbox"/> Indoors
	<input type="checkbox"/> Outdoors
	<input type="checkbox"/> Both

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

State any seasonal variations for  
the exhibition of films (please read  
guidance note 4)

Non standard timings. Where you  
intend to use the premises for the  
exhibition of films at different  
times from those listed in the  
column above, please list (please  
read guidance note 5)

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

Please click here to read the guidance notes

### Box C - Indoor sporting events

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

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

State any seasonal variations for  
indoor sporting events (please  
read guidance note 4)

Non standard timings. Where you  
intend to use the premises for  
indoor sporting events at different  
times from those listed above,  
please list (please read guidance  
note 5)

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

Please click here to read the guidance notes

## Box D - Boxing or wrestling entertainments

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick (please read guidance note 2)

☐ Indoors

☐ Outdoors

☐ Both

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

State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)

Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times from those listed above, please list (please read guidance note 5)

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box H.

Click here to fill in Box P.

Please click here to read the guidance notes

## Box E - Live music

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

Will the performance of live music take place indoors or outdoors or both - please tick (please read guidance note 2)

☐ Indoors

☐ Outdoors

☐ Both

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

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

Non standard timings. Where you intend to use the premises for the performance of live music at different times from those listed above, please list (please read guidance note 5)

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

Please click here to read the guidance notes

## Box F - Recorded music

Standard days and timings (please read guidance note 6)



Day	Start	Finish
<b>Mon</b>	08:00 08:00	22:00 22:00
<b>Tues</b>	08:00	22:00
<b>Wed</b>	08:00	22:00
<b>Thurs</b>	08:00	23:00
<b>Fri</b>	08:00	23:59
<b>Sat</b>	08:00	23:59
<b>Sun</b>	08:00	22:00

Will the playing of recorded music take place indoors or outdoors or both - please tick (please read guidance note 2)

☒ Indoors

☐ Outdoors

☐ Both

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

State any seasonal variations for the playing of recorded music (please read guidance note 4)

Non standard timings. Where you intend to use the premises for the playing of recorded music at different times from those listed above, please list (please read guidance note 5)

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

Please click here to read the guidance notes

## Box G - Performances of dance

Standard days and timings (please read guidance note 6)

Day	Start	Finish
<b>Mon</b>		
<b>Tues</b>		

<b>Wed</b>		
<b>Thurs</b>		
<b>Fri</b>		
<b>Sat</b>		
<b>Sun</b>		

**Will the performance of dance take place indoors or outdoors or both - please tick (please read guidance note 2)**

☐ Indoors

☐ Outdoors

☐ Both

**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 from those listed above, please list (please read guidance note 5)**

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

Please click here to read the guidance notes

**Box H - Anything of a similar description to that falling within (e), (f) or (g)**

**Standard days and timings (please read guidance note 6)**

Day	Start	Finish
<b>Mon</b>		
<b>Tues</b>		
<b>Wed</b>		
<b>Thurs</b>		
<b>Fri</b>		

<b>Sat</b>		
<b>Sun</b>		

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

**Will this entertainment take place indoors or outdoors or both ☐ please tick (please read guidance note 2)**

☐ **Indoors**

☐ **Outdoors**

☐ **Both**

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

**State any seasonal variations for 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 from those listed in the column above, please list (please read guidance note 5)**

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

Please click here to read the guidance notes

### **Box I - Provision of facilities for making music**

**Standard days and timings (please read guidance note 6)**

<b>Day</b>	<b>Start</b>	<b>Finish</b>
<b>Mon</b>		
<b>Tues</b>		
<b>Wed</b>		
<b>Thurs</b>		
<b>Fri</b>		

<b>Sat</b>		
<b>Sun</b>		

**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

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

**State any seasonal variations for the provision of facilities for making music (please read guidance note 4)**

**Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times from those listed above, please list (please read guidance note 5)**

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

**Please click here to read the guidance notes**

## **Box J - Provision of facilities for dancing**

**Standard days and timings (please read guidance note 6)**

<b>Day</b>	<b>Start</b>	<b>Finish</b>
<b>Mon</b>		
<b>Tues</b>		
<b>Wed</b>		
<b>Thurs</b>		
<b>Fri</b>		
<b>Sat</b>		
<b>Sun</b>		

<p><b>Will the facilities for dancing be indoors or outdoors or both - please tick (see guidance note 2)</b></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><input type="checkbox"/> Indoors</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><input type="checkbox"/> Outdoors</div> <div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Both</div>
--	--

**Please give a description of the facilities for dancing you will be providing**

**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 at different times from those listed above, please list (please read guidance note 5)**

<p>Click here to fill in Box A.</p> <p>Click here to fill in Box B.</p> <p>Click here to fill in Box C.</p> <p>Click here to fill in Box D.</p> <p>Click here to fill in Box E.</p> <p>Click here to fill in Box F.</p> <p>Click here to fill in Box G.</p> <p>Click here to fill in Box H.</p>	<p>Click here to fill in Box I.</p> <p>Click here to fill in Box J.</p> <p>Click here to fill in Box K.</p> <p>Click here to fill in Box L.</p> <p>Click here to fill in Box M.</p> <p>Click here to fill in Box N.</p> <p>Click here to fill in Box O.</p> <p>Click here to fill in Box P.</p>
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Please click here to read the guidance notes

### **Box 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)**

Day	Start	Finish
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		

**Please give a description of the**

<b>type of entertainment facility you will be providing</b>	
<b>Will the entertainment facility be indoors or outdoors or both - please tick (please read guidance note 2)</b>	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both
<b>Please give further details here (please read guidance note 3)</b>	
<b>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)</b>	
<b>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 from those listed above, please list (please read guidance note 5)</b>	

Click here to fill in Box A.	Click here to fill in Box I.
Click here to fill in Box B.	Click here to fill in Box J.
Click here to fill in Box C.	Click here to fill in Box K.
Click here to fill in Box D.	Click here to fill in Box L.
Click here to fill in Box E.	Click here to fill in Box M.
Click here to fill in Box F.	Click here to fill in Box N.
Click here to fill in Box G.	Click here to fill in Box O.
Click here to fill in Box H.	Click here to fill in Box P.

Please click here to read the guidance notes

### Box L - Late night refreshment

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tues		
Wed		
Thurs		
Fri	23.00	23.59 AFB
Sat	23.00	23.59 AFB
Sun		

<p><b>Will the provision of late night refreshment take place indoors or outdoors or both - please tick (please read guidance note 2)</b></p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> Indoors</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> Outdoors</div> <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> Both</div>
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**Please give further details here (please read guidance note 3)**

**State any seasonal variations for the provision of late night refreshment (please read guidance note 4)**

**Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, from those listed above, please list (please read guidance note 5)**

<p>Click here to fill in Box A.</p> <p>Click here to fill in Box B.</p> <p>Click here to fill in Box C.</p> <p>Click here to fill in Box D.</p> <p>Click here to fill in Box E.</p> <p>Click here to fill in Box F.</p> <p>Click here to fill in Box G.</p> <p>Click here to fill in Box H.</p>	<p>Click here to fill in Box I.</p> <p>Click here to fill in Box J.</p> <p>Click here to fill in Box K.</p> <p>Click here to fill in Box L.</p> <p>Click here to fill in Box M.</p> <p>Click here to fill in Box N.</p> <p>Click here to fill in Box O.</p> <p>Click here to fill in Box P.</p>
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Please click here to read the guidance notes

## Box M - Supply of alcohol

### Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	10:00	22:00
Tues	10:00	22:00
Wed	10:00	22:00
Thurs	10:00	23:00
Fri	10:00	23:59
Sat	10:00	23:59
Sun	10:00	22:00

<p><b>Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)</b></p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input checked="" type="checkbox"/> On the premises</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> Off the premises</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Both</div>
---	---

State any seasonal variations for the supply of alcohol (please read guidance note 4)

Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed above, please list (please read guidance note 5)

Click here to fill in Box A.

Click here to fill in Box B.

Click here to fill in Box C.

Click here to fill in Box D.

Click here to fill in Box E.

Click here to fill in Box F.

Click here to fill in Box G.

Click here to fill in Box H.

Click here to fill in Box I.

Click here to fill in Box J.

Click here to fill in Box K.

Click here to fill in Box L.

Click here to fill in Box M.

Click here to fill in Box N.

Click here to fill in Box O.

Click here to fill in Box P.

Please click here to read the guidance notes

## Box 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

## Box O - Hours premises open to the public (If a day does not apply, please enter N/A)

### Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	08:00	22:30
	08:00	22:30
Tues	08:00	22:30
	08:00	22:30
Wed	08:00	22:30
	08:00	22:30
Thurs	08:00	23:30
	08:00	23:30
Fri	08:00	00:30
	08:00	00:30



<b>Sat</b>	08:00 08:00	00:30 00:30
<b>Sun</b>	08:00 08:00	22:30 22:30

**State any seasonal variations  
(please read guidance note 4)**

**Non standard timings. Where you  
intend the premises to be open to  
the public at different times from  
those listed above please list  
(please read guidance note 5)**

Click here to fill in Box A.  
Click here to fill in Box B.  
Click here to fill in Box C.  
Click here to fill in Box D.  
Click here to fill in Box E.  
Click here to fill in Box F.  
Click here to fill in Box G.  
Click here to fill in Box H.

Click here to fill in Box I.  
Click here to fill in Box J.  
Click here to fill in Box K.  
Click here to fill in Box L.  
Click here to fill in Box M.  
Click here to fill in Box N.  
Click here to fill in Box O.  
Click here to fill in Box P.

Please click here to read the guidance notes

### Further Information required:

Suggested times and conditions for any variation of the licence.

Premises to remain as 'on sales' only.

Times for opening hours to be

Sun – Wed 07:00 – 22:30hrs

Thurs – 07:00 – 23:00hrs

Fri & Sat 07:00 – 23:59hrs

Times for sale of alcohol to be from 10:00 – half an hour before time of closure daily.

Changes to conditions

1 Change to

All persons engaged in the sale of alcohol shall receive training or instruction to prevent the sale to anyone who is drunk or apparently under the age of 18 years. Such training will also include the details of the Premises Licence as well as its conditions. Staff members shall receive such training on induction, also at intervals not greater than one year apart. A record shall be made of:-

- \* the date the training or instruction was delivered,
- \* its content, and

<p><b>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</b></p>	<p>* the names of the members of staff who received it.</p> <p>The record shall be produced to a police officer or an authorised officer from the local authority on reasonable request.</p> <p>2 Remove</p> <p>3 Remains the same.</p> <p>4 Remove</p> <p>5 Remove</p> <p>6 Change to</p> <p>The "Challenge 25" scheme will be adopted at the point of the sale of alcohol.</p> <p>7 Remove</p> <p>Add the following conditions.</p> <p>A written record shall be made of every incident of crime and disorder taking place on the premises, to include any action taken by staff. Every entry in the record shall be signed and dated by the person making it. This record shall be produced to a police officer or an authorised officer of the local authority on reasonable request.</p> <p>A written record shall be made of every refusal to sell alcohol to a person who is drunk or apparently aged under 18 years. Each entry shall be signed and dated by the person making it. The record shall be checked and counter signed by the DPS on at least a weekly basis and shall be produced to a police officer or authorised officer of the local authority on reasonable request.</p> <p>The number of door supervisors to be engaged on any occasion shall be determined by the licence holder, taking into account such factors as the nature and duration of licensable activities proposed, the number, age and character of persons likely to attend, and any known risks to impact on the promotion of the licensing objectives. The licence holder shall make a written record of the number of door supervisors to be engaged and the factors taken into account by the licence holder. Any such record shall be produced to a police officer or authorised officer of the local authority on reasonable request.</p>
<p><b>(i) I have enclosed the premises licence</b></p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p><b>(ii) I have enclosed the relevant part of the premises licence</b></p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p><b>If no to both (i) and (ii) please give reasons why I have failed to enclose the premises licence or relevant part of premises licence</b></p>	<p>it is an online application</p>
<p><a href="#">Please click here to read the guidance notes</a></p>	
<p><b>Box P - Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:</b></p>	
	<p>All persons engaged in the sale of alcohol shall receive training or instruction to prevent the sale to anyone who is drunk or apparently under the age of 18 years. Such training will also include the details of</p>

<p><b>a) General - all four licensing objectives (b,c,d,e) (please read guidance note 9)</b></p>	<p>the Premises Licence as well as its conditions. Staff members shall receive such training on induction, also at intervals not greater than one year apart. A record shall be made of:-</p> <ul style="list-style-type: none"> <li>* the date the training or instruction was delivered,</li> <li>* its content, and</li> <li>* the names of the members of staff who received it.</li> </ul> <p>The record shall be produced to a police officer or an authorised officer from the local authority on reasonable request.</p> <p>2 Remove</p> <p>3 Remains the same.</p> <p>4 Remove</p> <p>5 Remove</p> <p>6 Change to</p> <p>The "Challenge 25" scheme will be adopted at the point of the sale of alcohol.</p> <p>7 Remove</p> <p>Add the following conditions.</p> <p>A written record shall be made of every incident of crime and disorder taking place on the premises, to include any action taken by staff. Every entry in the record shall be signed and dated by the person making it. This record shall be produced to a police officer or an authorised officer of the local authority on reasonable request.</p> <p>A written record shall be made of every refusal to sell alcohol to a person who is drunk or apparently aged under 18 years. Each entry shall be signed and dated by the person making it. The record shall be checked and counter signed by the DPS on at least a weekly basis and shall be produced to a police officer or authorised officer of the local authority on reasonable request.</p> <p>The number of door supervisors to be engaged on any occasion shall be determined by the licence holder, taking into account such factors as the nature and duration of licensable activities proposed, the number, age and character of persons likely to attend, and any known risks to impact on the promotion of the licensing objectives. The licence holder shall make a written record of the number of door supervisors to be engaged and the factors taken into account by the licence holder. Any such record shall be produced to a police officer or authorised officer of the local authority on reasonable request.</p>
<p><b>b) The prevention of crime and disorder</b></p>	<p>lockable shutters to all doors</p>
<p><b>c)Public safety</b></p>	
<p><b>d) The prevention of public nuisance</b></p>	<p>signs asking for customers to leave quietly</p>
<p><b>e)The protection of children from harm</b></p>	<p>we are a family friendly beachside restaurant that does all it can do to protect children from harm</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input checked="" type="checkbox"/> I have made or enclosed payment of the fee         </div>	

**Checklist**

☐ 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

**If not submitting this form online, please make your cheque payable to Isle of Wight Council.**

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

[Please click here to read the guidance notes](#)

**Part 5 - Signatures**

**This form must be signed and all the relevant documents, detailed on the form, presented to the licensing section before a decision is made and the licence may be granted. Either print off the completed form, sign and post to the licensing department along with the required documents or attend council offices after you have submitted the form online.**

**The application fee is not refundable in the event of the application being refused or otherwise.**

**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.**

Signed .....

Name.....

Date.....

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.**

Signed .....

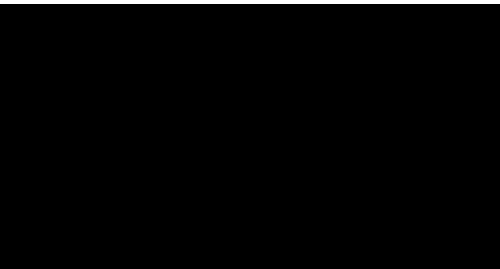
Name.....

Date.....

Capacity.....

**Contact name and address for correspondence associated with**

Gregory Orr

<b>this application (please read guidance note 13)</b>	
<b>Telephone number (if any)</b>	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>	

### Data Protection Act 1998

This application may be monitored by the Isle of Wight Council for regulatory, quality control or crime detection purposes. Information from this application will be processed in accordance with the Data Protection Act 1998 for the purpose of processing your particular enquiry/request. The Isle of Wight Council ("the Council") is the data controller. By completing this form you consent to the Council contacting you by email or nominated contact method in relation to your enquiry/request.

The information contained in this application may, in exceptional circumstances, be subject to disclosure to third parties under either the Data Protection Act 1998 or the Freedom of Information Act 2000 to the extent the law allows and in accordance with the Isle of Wight Council's Access to Information Policy. Disclosure will only be made where in all the circumstances it would be fair to do so and in the public interest.

Please note that the Council may process your information in the absence of consent for the purpose of crime prevention or detection so far as is in accordance with the law.


Sometimes we may use your information to keep you informed about services, goods or relevant issues that we believe may be of interest to you. If you wish to receive this information for these purposes please tick this box

☐

To improve the quality of other services that we provide to you the Council wishes to hold your non-sensitive personal information on a secure central database. This will enable all Council services to use this information when they are providing a service to/for you. If you wish your non-sensitive personal information to be held by the Council please tick this box

☐

### For all communications regarding this form please quote the following reference information

<b>Reference number:</b>	P19411-283944
<b>Date of submission:</b>	12/05/2015
<b>Payment Reference Number:</b>	
<b>CRM Ref No:</b>	iw15/5/22595