

## 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** Milford Waterfront Resort 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**

|                                                      |
|------------------------------------------------------|
| <b>Premises licence number</b><br>PEMBS/PREMS/N/1015 |
|------------------------------------------------------|

#### Part 1 – Premises Details

|                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------|
| Postal address of premises or, if none, ordnance survey map reference or description<br>Ty Hotel Milford Waterfront<br>Nelson Quay |
|------------------------------------------------------------------------------------------------------------------------------------|

|           |               |          |          |
|-----------|---------------|----------|----------|
| Post town | Milford Haven | Postcode | SA73 3AA |
|-----------|---------------|----------|----------|

|                                       |              |
|---------------------------------------|--------------|
| Telephone number at premises (if any) | 01646 400810 |
|---------------------------------------|--------------|

|                                         |          |
|-----------------------------------------|----------|
| Non-domestic rateable value of premises | £250,000 |
|-----------------------------------------|----------|

#### Part 2 – Applicant details

|                                  |              |
|----------------------------------|--------------|
| Daytime contact telephone number | 01646 400810 |
|----------------------------------|--------------|

|                           |                                |
|---------------------------|--------------------------------|
| E-mail address (optional) | ewenmoth@celtic-collection.com |
|---------------------------|--------------------------------|

|                                                           |                                            |
|-----------------------------------------------------------|--------------------------------------------|
| Current postal address if different from premises address | Ty Hotel Milford Waterfront<br>Nelson Quay |
|-----------------------------------------------------------|--------------------------------------------|

|           |               |          |          |
|-----------|---------------|----------|----------|
| Post town | Milford Haven | Postcode | SA73 3AA |
|-----------|---------------|----------|----------|

### Part 3 - Variation

Please tick as appropriate

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

☒ Yes

☐  
No

If not, from what date do you want the variation to take effect?

| DD |  | MM |  | YYYY |  |  |  |
|----|--|----|--|------|--|--|--|
|    |  |    |  |      |  |  |  |

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see guidance note 1) ☐ Yes ☒ No

**Please describe briefly the nature of the proposed variation** (Please see guidance note 2)

To extend the licensable area for the sale of alcohol to include the plaza area outside the entrance to the hotel.

The age verification policy is to apply to the sale of alcohol in the extended area.

Waste receptacles will be installed in the extended 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:

N/A

#### 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 (Please see guidance note 3)</b>                                    | <b>Please tick all that apply</b> |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------|
| a) plays (if ticking yes, fill in box A)                                                                    | <input type="checkbox"/>          |
| b) films (if ticking yes, fill in box B)                                                                    | <input 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 type="checkbox"/>          |
| f) recorded music (if ticking yes, fill in box F)                                                           | <input type="checkbox"/>          |
| g) performances of dance (if ticking yes, fill in box G)                                                    | <input type="checkbox"/>          |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/>          |

**Provision of late night refreshment** (if ticking yes, fill in box I) ☐

**Supply of alcohol** (if ticking yes, fill in box J) ☒

**In all cases complete boxes K, L and M**

A

|                                                                        |       |        |                                                                                                                                                                                                                |          |                          |
|------------------------------------------------------------------------|-------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| Plays<br>Standard days and<br>timings (please read<br>guidance note 8) |       |        | Will the performance of a play take place<br><u>indoors or outdoors or both – please tick</u> (please<br>read guidance note 4)                                                                                 | Indoors  | <input type="checkbox"/> |
|                                                                        |       |        |                                                                                                                                                                                                                | Outdoors | <input type="checkbox"/> |
|                                                                        |       |        |                                                                                                                                                                                                                | Both     | <input type="checkbox"/> |
| Day                                                                    | Start | Finish |                                                                                                                                                                                                                |          |                          |
| Mon                                                                    |       |        | <u>Please give further details here</u> (please read guidance note 5)                                                                                                                                          |          |                          |
|                                                                        |       |        |                                                                                                                                                                                                                |          |                          |
| Tue                                                                    |       |        |                                                                                                                                                                                                                |          |                          |
|                                                                        |       |        |                                                                                                                                                                                                                |          |                          |
| Wed                                                                    |       |        | <u>State any seasonal variations for performing plays</u> (please read<br>guidance note 6)                                                                                                                     |          |                          |
|                                                                        |       |        |                                                                                                                                                                                                                |          |                          |
| Thur                                                                   |       |        |                                                                                                                                                                                                                |          |                          |
|                                                                        |       |        |                                                                                                                                                                                                                |          |                          |
| Fri                                                                    |       |        | <u>Non standard timings. Where you intend to use the premises for the<br/>performance of plays at different times to those listed in the column<br/>on the left, please list</u> (please read guidance note 7) |          |                          |
|                                                                        |       |        |                                                                                                                                                                                                                |          |                          |
| Sat                                                                    |       |        |                                                                                                                                                                                                                |          |                          |
|                                                                        |       |        |                                                                                                                                                                                                                |          |                          |
| Sun                                                                    |       |        |                                                                                                                                                                                                                |          |                          |
|                                                                        |       |        |                                                                                                                                                                                                                |          |                          |

## B

|                                                                        |       |        |                                                                                                                                                                                                               |          |                          |
|------------------------------------------------------------------------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| Films<br>Standard days and<br>timings (please read<br>guidance note 8) |       |        | Will the exhibition of films take place indoors<br>or outdoors or both – please tick (please read<br>guidance note 4)                                                                                         | Indoors  | <input type="checkbox"/> |
|                                                                        |       |        |                                                                                                                                                                                                               | Outdoors | <input type="checkbox"/> |
|                                                                        |       |        |                                                                                                                                                                                                               | Both     | <input type="checkbox"/> |
| Day                                                                    | Start | Finish |                                                                                                                                                                                                               |          |                          |
| Mon                                                                    |       |        | <u>Please give further details here</u> (please read guidance note 5)                                                                                                                                         |          |                          |
|                                                                        |       |        |                                                                                                                                                                                                               |          |                          |
| Tue                                                                    |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                        |       |        |                                                                                                                                                                                                               |          |                          |
| Wed                                                                    |       |        | <u>State any seasonal variations for the exhibition of films</u> (please read<br>guidance note 6)                                                                                                             |          |                          |
|                                                                        |       |        |                                                                                                                                                                                                               |          |                          |
| Thur                                                                   |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                        |       |        |                                                                                                                                                                                                               |          |                          |
| Fri                                                                    |       |        | <u>Non standard timings. Where you intend to use the premises for the<br/>exhibition of films at different times to those listed in the column on<br/>the left, please list</u> (please read guidance note 7) |          |                          |
|                                                                        |       |        |                                                                                                                                                                                                               |          |                          |
| Sat                                                                    |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                        |       |        |                                                                                                                                                                                                               |          |                          |
| Sun                                                                    |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                        |       |        |                                                                                                                                                                                                               |          |                          |

C

|                                                                                         |       |        |                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Indoor sporting events<br>Standard days and<br>timings (please read<br>guidance note 8) |       |        | <u>Please give further details</u> (please read guidance note 5)                                                                                                                                     |
| Day                                                                                     | Start | Finish |                                                                                                                                                                                                      |
| Mon                                                                                     |       |        |                                                                                                                                                                                                      |
|                                                                                         |       |        |                                                                                                                                                                                                      |
| Tue                                                                                     |       |        | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 6)                                                                                                        |
|                                                                                         |       |        |                                                                                                                                                                                                      |
| Wed                                                                                     |       |        |                                                                                                                                                                                                      |
|                                                                                         |       |        |                                                                                                                                                                                                      |
| Thur                                                                                    |       |        | <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 7) |
|                                                                                         |       |        |                                                                                                                                                                                                      |
| Fri                                                                                     |       |        |                                                                                                                                                                                                      |
|                                                                                         |       |        |                                                                                                                                                                                                      |
| Sat                                                                                     |       |        |                                                                                                                                                                                                      |
|                                                                                         |       |        |                                                                                                                                                                                                      |
| Sun                                                                                     |       |        |                                                                                                                                                                                                      |
|                                                                                         |       |        |                                                                                                                                                                                                      |

# D

|                                                                                               |       |        |                                                                                                                                                                                                                 |          |                          |
|-----------------------------------------------------------------------------------------------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| Boxing or wrestling entertainments<br>Standard days and timings (please read guidance note 8) |       |        | Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 4)                                                                                   | Indoors  | <input type="checkbox"/> |
|                                                                                               |       |        |                                                                                                                                                                                                                 | Outdoors | <input type="checkbox"/> |
| Day                                                                                           | Start | Finish |                                                                                                                                                                                                                 | Both     | <input type="checkbox"/> |
| Mon                                                                                           |       |        | <u>Please give further details here</u> (please read guidance note 5)                                                                                                                                           |          |                          |
|                                                                                               |       |        |                                                                                                                                                                                                                 |          |                          |
| Tue                                                                                           |       |        |                                                                                                                                                                                                                 |          |                          |
|                                                                                               |       |        |                                                                                                                                                                                                                 |          |                          |
| Wed                                                                                           |       |        | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 6)                                                                                                        |          |                          |
|                                                                                               |       |        |                                                                                                                                                                                                                 |          |                          |
| 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 7) |          |                          |
|                                                                                               |       |        |                                                                                                                                                                                                                 |          |                          |
| Sat                                                                                           |       |        |                                                                                                                                                                                                                 |          |                          |
|                                                                                               |       |        |                                                                                                                                                                                                                 |          |                          |
| Sun                                                                                           |       |        |                                                                                                                                                                                                                 |          |                          |
|                                                                                               |       |        |                                                                                                                                                                                                                 |          |                          |

## E

|                                                                             |       |        |                                                                                                                                                                                                                     |          |                          |
|-----------------------------------------------------------------------------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| Live music<br>Standard days and<br>timings (please read<br>guidance note 8) |       |        | Will the performance of live music take place<br><u>indoors or outdoors or both – please tick</u> (please<br>read guidance note 4)                                                                                  | Indoors  | <input type="checkbox"/> |
|                                                                             |       |        |                                                                                                                                                                                                                     | Outdoors | <input type="checkbox"/> |
|                                                                             |       |        |                                                                                                                                                                                                                     | Both     | <input type="checkbox"/> |
| Day                                                                         | Start | Finish |                                                                                                                                                                                                                     |          |                          |
| Mon                                                                         |       |        | <u>Please give further details here</u> (please read guidance note 5)                                                                                                                                               |          |                          |
|                                                                             |       |        |                                                                                                                                                                                                                     |          |                          |
| Tue                                                                         |       |        |                                                                                                                                                                                                                     |          |                          |
|                                                                             |       |        |                                                                                                                                                                                                                     |          |                          |
| Wed                                                                         |       |        | <u>State any seasonal variations for the performance of live music</u><br>(please read guidance note 6)                                                                                                             |          |                          |
|                                                                             |       |        |                                                                                                                                                                                                                     |          |                          |
| Thur                                                                        |       |        |                                                                                                                                                                                                                     |          |                          |
|                                                                             |       |        |                                                                                                                                                                                                                     |          |                          |
| Fri                                                                         |       |        | <u>Non standard timings. Where you intend to use the premises for the<br/>performance of live music at different times to those listed in the<br/>column on the left, please list</u> (please read guidance note 7) |          |                          |
|                                                                             |       |        |                                                                                                                                                                                                                     |          |                          |
| Sat                                                                         |       |        |                                                                                                                                                                                                                     |          |                          |
|                                                                             |       |        |                                                                                                                                                                                                                     |          |                          |
| Sun                                                                         |       |        |                                                                                                                                                                                                                     |          |                          |
|                                                                             |       |        |                                                                                                                                                                                                                     |          |                          |



## F

|                                                                                 |       |        |                                                                                                                                                                                                                     |          |                          |
|---------------------------------------------------------------------------------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| Recorded music<br>Standard days and<br>timings (please read<br>guidance note 8) |       |        | Will the playing of recorded music take place<br><u>indoors or outdoors or both – please tick</u> (please<br>read guidance note 4)                                                                                  | Indoors  | <input type="checkbox"/> |
|                                                                                 |       |        |                                                                                                                                                                                                                     | Outdoors | <input type="checkbox"/> |
|                                                                                 |       |        |                                                                                                                                                                                                                     | Both     | <input type="checkbox"/> |
| Day                                                                             | Start | Finish |                                                                                                                                                                                                                     |          |                          |
| Mon                                                                             |       |        | <u>Please give further details here</u> (please read guidance note 5)                                                                                                                                               |          |                          |
|                                                                                 |       |        |                                                                                                                                                                                                                     |          |                          |
| Tue                                                                             |       |        |                                                                                                                                                                                                                     |          |                          |
|                                                                                 |       |        |                                                                                                                                                                                                                     |          |                          |
| Wed                                                                             |       |        | <u>State any seasonal variations for the playing of recorded music</u><br>(please read guidance note 6)                                                                                                             |          |                          |
|                                                                                 |       |        |                                                                                                                                                                                                                     |          |                          |
| Thur                                                                            |       |        |                                                                                                                                                                                                                     |          |                          |
|                                                                                 |       |        |                                                                                                                                                                                                                     |          |                          |
| Fri                                                                             |       |        | <u>Non standard timings. Where you intend to use the premises for the<br/>playing of recorded music at different times to those listed in the<br/>column on the left, please list</u> (please read guidance note 7) |          |                          |
|                                                                                 |       |        |                                                                                                                                                                                                                     |          |                          |
| Sat                                                                             |       |        |                                                                                                                                                                                                                     |          |                          |
|                                                                                 |       |        |                                                                                                                                                                                                                     |          |                          |
| Sun                                                                             |       |        |                                                                                                                                                                                                                     |          |                          |
|                                                                                 |       |        |                                                                                                                                                                                                                     |          |                          |

## G

|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
|-----------------------------------------------------------------------------------------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Performances of dance</b><br>Standard days and timings (please read guidance note 8) |       |        | <b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 4)                                                                             | Indoors  | <input type="checkbox"/> |
|                                                                                         |       |        |                                                                                                                                                                                                               | Outdoors | <input type="checkbox"/> |
|                                                                                         |       |        |                                                                                                                                                                                                               | Both     | <input type="checkbox"/> |
| Day                                                                                     | Start | Finish |                                                                                                                                                                                                               |          |                          |
| Mon                                                                                     |       |        | <b><u>Please give further details here</u></b> (please read guidance note 5)                                                                                                                                  |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Tue                                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Wed                                                                                     |       |        | <b><u>State any seasonal variations for the performance of dance</u></b><br>(please read guidance note 6)                                                                                                     |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Thur                                                                                    |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Fri                                                                                     |       |        | <b><u>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</u></b> (please read guidance note 7) |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Sat                                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |
| Sun                                                                                     |       |        |                                                                                                                                                                                                               |          |                          |
|                                                                                         |       |        |                                                                                                                                                                                                               |          |                          |

## H

|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        |          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Anything of a similar description to that falling within (e), (f) or (g)</b><br>Standard days and timings (please read guidance note 8) |       |        | Please give a description of the type of entertainment you will be providing                                                                                                                                                                                           |          |                          |
| Day                                                                                                                                        | Start | Finish | <b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 4)                                                                                                                                               | Indoors  | <input type="checkbox"/> |
| Mon                                                                                                                                        |       |        |                                                                                                                                                                                                                                                                        | Outdoors | <input type="checkbox"/> |
|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        | Both     | <input type="checkbox"/> |
| Tue                                                                                                                                        |       |        | <b><u>Please give further details here</u></b> (please read guidance note 5)                                                                                                                                                                                           |          |                          |
|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        |          |                          |
| Wed                                                                                                                                        |       |        |                                                                                                                                                                                                                                                                        |          |                          |
|                                                                                                                                            |       |        | <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 6)                                                                                                            |          |                          |
| Thur                                                                                                                                       |       |        |                                                                                                                                                                                                                                                                        |          |                          |
|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        |          |                          |
| Fri                                                                                                                                        |       |        | <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 7) |          |                          |
|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        |          |                          |
| Sat                                                                                                                                        |       |        |                                                                                                                                                                                                                                                                        |          |                          |
| Sun                                                                                                                                        |       |        |                                                                                                                                                                                                                                                                        |          |                          |
|                                                                                                                                            |       |        |                                                                                                                                                                                                                                                                        |          |                          |

# I

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|------------------------------------------------------------------------------------------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Late night refreshment</b><br>Standard days and timings (please read guidance note 8) |       |        | <b><u>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 4)                                                                                 | Indoors  | <input type="checkbox"/> |
|                                                                                          |       |        |                                                                                                                                                                                                                               | Outdoors | <input type="checkbox"/> |
|                                                                                          |       |        |                                                                                                                                                                                                                               | Both     | <input type="checkbox"/> |
| Day                                                                                      | Start | Finish |                                                                                                                                                                                                                               |          |                          |
| Mon                                                                                      |       |        | <b><u>Please give further details here</u></b> (please read guidance note 5)                                                                                                                                                  |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Tue                                                                                      |       |        |                                                                                                                                                                                                                               |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Wed                                                                                      |       |        | <b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 6)                                                                                                         |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Thur                                                                                     |       |        |                                                                                                                                                                                                                               |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Fri                                                                                      |       |        | <b><u>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</u></b> (please read guidance note 7) |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Sat                                                                                      |       |        |                                                                                                                                                                                                                               |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |
| Sun                                                                                      |       |        |                                                                                                                                                                                                                               |          |                          |
|                                                                                          |       |        |                                                                                                                                                                                                                               |          |                          |

J

|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                                                         |                  |                          |
|-------------------------------------------------------------------------------------|-------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|
| <b>Supply of alcohol</b><br>Standard days and timings (please read guidance note 8) |       |        | <b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 9)                                                                                                                                                                                                                                                        | On the premises  | <input type="checkbox"/> |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                                                         | Off the premises | <input type="checkbox"/> |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                                                         | Both             | <input type="checkbox"/> |
| Day                                                                                 | Start | Finish | <b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 6)                                                                                                                                                                                                                                                     |                  |                          |
| Mon                                                                                 | 11:00 | 22:00  |                                                                                                                                                                                                                                                                                                                                                         |                  |                          |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                                                         |                  |                          |
| Tue                                                                                 | 11:00 | 22:00  |                                                                                                                                                                                                                                                                                                                                                         |                  |                          |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                                                         |                  |                          |
| Wed                                                                                 | 11:00 | 22:00  |                                                                                                                                                                                                                                                                                                                                                         |                  |                          |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                                                         |                  |                          |
| Thur                                                                                | 11:00 | 22:00  |                                                                                                                                                                                                                                                                                                                                                         |                  |                          |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                                                         |                  |                          |
| Fri                                                                                 | 11:00 | 22:00  | <b><u>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</u></b> (please read guidance note 7)<br><br>The sale of alcohol in the external area between 1 <sup>st</sup> April and 31 <sup>st</sup> of October every year during these hours. |                  |                          |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                                                         |                  |                          |
| Sat                                                                                 | 11:00 | 22:00  |                                                                                                                                                                                                                                                                                                                                                         |                  |                          |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                                                         |                  |                          |
| Sun                                                                                 | 11:00 | 22:00  |                                                                                                                                                                                                                                                                                                                                                         |                  |                          |
|                                                                                     |       |        |                                                                                                                                                                                                                                                                                                                                                         |                  |                          |

K

|                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>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</b> (please read guidance note 10).</p> <p>There is not to be any adult entertainment or other entertainment that may give rise to the concern in respect of children</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

L

|                                                                                                         |       |        |                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hours premises are open to the public</b><br>Standard days and timings (please read guidance note 8) |       |        | <b><u>State any seasonal variations</u></b> (please read guidance note 6)<br><br>Opening hours for the premise are to remain the same.                                                               |
| Day                                                                                                     | Start | Finish | <b><u>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</u></b> (please read guidance note 7) |
| Mon                                                                                                     |       |        |                                                                                                                                                                                                      |
|                                                                                                         |       |        |                                                                                                                                                                                                      |
| Tue                                                                                                     |       |        |                                                                                                                                                                                                      |
|                                                                                                         |       |        |                                                                                                                                                                                                      |
| Wed                                                                                                     |       |        |                                                                                                                                                                                                      |
|                                                                                                         |       |        |                                                                                                                                                                                                      |
| Thur                                                                                                    |       |        |                                                                                                                                                                                                      |
|                                                                                                         |       |        |                                                                                                                                                                                                      |
| Fri                                                                                                     |       |        |                                                                                                                                                                                                      |
|                                                                                                         |       |        |                                                                                                                                                                                                      |
| Sat                                                                                                     |       |        |                                                                                                                                                                                                      |
|                                                                                                         |       |        |                                                                                                                                                                                                      |
| Sun                                                                                                     |       |        |                                                                                                                                                                                                      |
|                                                                                                         |       |        |                                                                                                                                                                                                      |

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.

No conditions to be removed.

Please tick as appropriate

- 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 not enclosed the premises licence or relevant part of premises licence.

**M** 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 and e) (please read guidance note 11)**

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

**c) Public safety**

**d) The prevention of public nuisance**

Waste receptacles will be installed in the extended area.

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

The age verification policy is to apply to the sale of alcohol in the extended area.



Checklist:

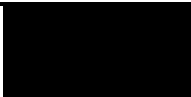
**Please tick to indicate agreement**

- I have made or enclosed payment of the fee; or ☒
- I have not made or enclosed payment of the fee because this application has been made in relation to the introduction of the late night levy. ☐
- 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, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**Part 5 – Signatures** (please read guidance note 12)

**Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent** (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

|           |                                                                                     |
|-----------|-------------------------------------------------------------------------------------|
| Signature |  |
| Date      | 23/07/2024                                                                          |
| Capacity  | 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 14). **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 15)

|                                  |  |                  |  |
|----------------------------------|--|------------------|--|
|                                  |  |                  |  |
| <b>Post town</b>                 |  | <b>Post code</b> |  |
| <b>Telephone number (if any)</b> |  |                  |  |

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

## Notes for Guidance

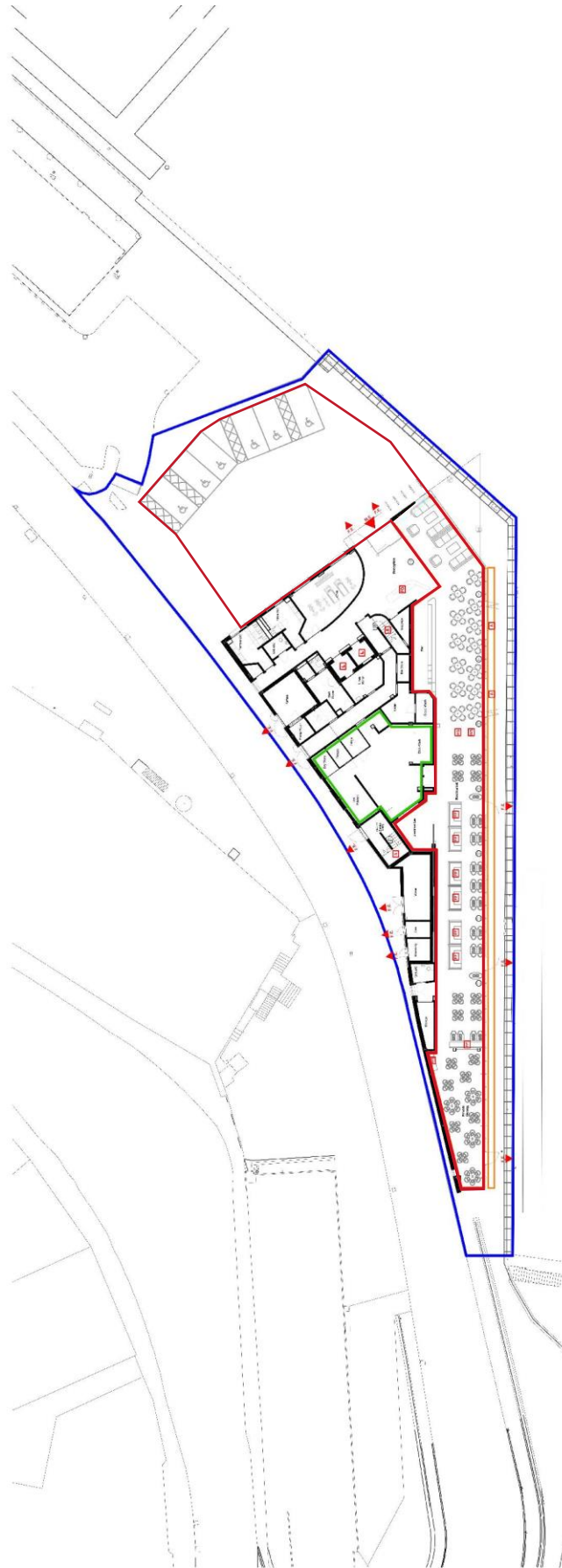
**This application cannot be used to vary the licence so as to extend the period for which the licence has effect or to vary substantially the premises to which it relates. If you wish to make that type of change to the premises licence, you should make a new premises licence application under section 17 of the Licensing Act 2003.**

1. You do not have to pay a fee if the only purpose of the variation for which you are applying is to avoid becoming liable for the late night levy
2. Describe the premises. For example, the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place of consumption of these off-supplies of alcohol, you must include a description of where the place will be and its proximity to the premises.
3. In terms of specific regulated entertainments please note that:
  - Plays: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
  - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
  - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
  - Live music: no licence permission is required for:
    - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
    - a performance of amplified live music between 08.00 and 23.00 on any day, in a workplace that is not licensed to sell alcohol on those premises, provided that the audience does not exceed 500.
    - a performance of amplified live music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school or (iii) the health care provider for the hospital.

- Recorded Music: no licence permission is required for:
    - any playing of recorded music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
    - any playing of recorded music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
    - any playing of recorded music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school proprietor or (iii) the health care provider for the hospital.
  - Dance: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 500. However, a performance which amounts to adult entertainment remains licensable.
  - Cross activity exemptions: no licence is required between 08.00 and 23.00 on any day, with no limit on audience size for:
    - any entertainment taking place on the premises of the local authority where the entertainment is provided by or on behalf of the local authority;
    - any entertainment taking place on the hospital premises of the health care provider where the entertainment is provided by or on behalf of the health care provider;
    - any entertainment taking place on the premises of the school where the entertainment is provided by or on behalf of the school proprietor; and
    - any entertainment (excluding films and a boxing or wrestling entertainment) taking place at a travelling circus, provided that (a) it takes place within a moveable structure that accommodates the audience, and (b) that the travelling circus has not been located on the same site for more than 28 consecutive days.
4. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
  5. For example state type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
  6. For example (but not exclusively), where the activity will occur on additional days during the summer months.
  7. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
  8. Please give timings in 24 hour clock (e.g. 16.00) and only give details for the days of the week when you intend the premises to be used for the activity.
  9. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
  10. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
  11. Please list here steps you will take to promote all four licensing objectives together.

12. The application form must be signed.
13. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
14. Where there is more than one applicant, each of the applicants or their respective agents must sign the application form.
15. This is the address which we shall use to correspond with you about this application.

## Annex 4 – Plans



- KEY**
- Kitchen
  - Area for Consumption
  - Area for sale and consumption of Alcohol
  - Site Boundary
  - Main Entrance
  - M.E
  - F.E
  - Fire Exit
  - Fixed Furniture
  - FD
  - Front Desk (Fixed Furniture)
  - A
  - Access & Egress
  - L
  - Lift
  - S
  - Staircase
  - WS
  - Waiter Station (Not Fixed)
  - HS
  - Host Station (Not Fixed)

Site Plan  
1:200

**Holder Mathias Architects**

Project: Milford Marina Phase 1  
 1:200 (1:1000) Scale  
 1:200 (1:1000) Scale  
 1:200 (1:1000) Scale

Client: Milford Marina Development  
 1:200 (1:1000) Scale  
 1:200 (1:1000) Scale

Drawn: 1:200 (1:1000) Scale  
 1:200 (1:1000) Scale  
 1:200 (1:1000) Scale

Sheet: 1:200 (1:1000) Scale  
 1:200 (1:1000) Scale  
 1:200 (1:1000) Scale

4004 As indicated

PHW/MPA 22.08 DR A-XX-002

1:200 (1:1000) Scale  
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 1:200 (1:1000) Scale