[Insert name and address of relevant licensing authority and its reference number (optional)]

## Application for a minor variation to a premises licence or club premises certificate 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, especially Note 1.

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 in black ink. Use additional sheets if necessary.

Once completed please send your application to the relevant licensing authority. You may wish to keep a copy of the completed form for your records.

CO-OPERATIVE GROUP FOOD LTD	
	(Insert name(s) of applicant)
being the premises licence holder(s)/club holding a club premises licence under section 41A/club premises certification 2003 for the premises described in Part 1 below.	premises certificate, apply to vary a icate under section 86A of the Licensing Act owner Public Protection
Part 1 – Premises details	1 1 NOV 2014
Postal address of premises (or, if none, ordnance survey	y map reference, or description)
CO-OPERATIVE FOOD LAKE ROAD BOWNESS ON WINDERMERE CUMBRIA LA23 3BT	THE RESIDENCE OF THE PRESENCE
Post town	Postcode
Telephone number at premises (if any)  Premises licence number/club premises certificate number PL(A)0128	Receipt No. 234152
	Receipt No 334152
	millas

Date .....

<b>Brief description of premises</b> (Please see Guidance CONVENIENCE RETAIL STORE TRADING SEV GROCERIES, ALCOHOL AND SUNDRY ITEMS PREMISES ONLY.	EN DAYS A WEEK, SELLING
Part 2 – Applicant Details	
I am/we are the premises licence holder/club premises c appropriate)	ertificate holder. (Please delete as
Contact phone number in working hours (if any)	08437514188
Applicant Postal address IF DIFFERENT FROM PRE CO-OPERATIVE GROUP LIMITED 1 ANGEL SQUARE	MISES ADDRESS
Post town MANCHESTER	Postcode M60 0AG
Please provide email address if you would prefer us to licensing@co-operative.coop	contact you by email (optional)
Part 3 – Proposed variation(s)	
Do you want the proposed variation to have effect as soon	Please tick  n as possible?   Yes □ No
If not, from what date do you want the variation to take ex	DDMMYYYY  ffect?
Do you want the proposed variation to have effect in relat levy? (Please see Guidance Note 3)	ion to the introduction of the late night  Yes No
Please describe the proposed variation(s) in detail in the consider that they could not have an adverse effect on objectives (See Guidance Note 1). This should include licensable activities will be taking place indoors or out	the promotion of any of the licensing whether new or increased levels of
<b>Details of proposed variation(s)</b> (Please see Guidance New ARE MAKING MINOR ALTERATIONS TO THE THE ATTACHED PLAN. THESE ALTERATIONS WILL AFFECT OF THE PROMOTIONS OF THE LICENSIN	STORE LAYOUT AS DETAILED ON LL NOT HAVE AN ADVERSE

Details of proposed variation(s) (Continued)	
Part 4 – Operating Schedule	
Please tick those parts of the Operating Schedule which would be subject to change if this application to vary was successful.	
Provision of regulated entertainment	
Please tick all that appl	y
a. plays	
b. films	
c. indoor sporting events	
d. boxing or wrestling entertainment	
e. live music	
f. recorded music	
g. performances of dance	
h. anything of a similar description to that falling within (e), (f) or (g)	
	_
Provision of late night refreshment	
Supply of alcohol	ıll

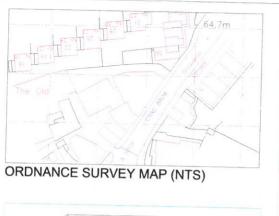
Please tick to indicate you have enclosed the following:	
I have enclosed the premises licence/club premises certificate	$\boxtimes$
I have enclosed the relevant part of the premises licence/ club premises certificate	$\boxtimes$
I have included a copy of the plan (this is necessary if the proposed variation will affect the layout)  If you have not ticked one of the previous three boxes, please explain why in the box below.	$\boxtimes$
Reasons why you have not enclosed the premises licence/club premises certificate or relevant parts.	
Any further information to support your application. (See Guidance Note 5)	
CHECKLIST: Please tick to indicate agreement	
I have made or enclosed payment of the fee; or	$\boxtimes$
<ul> <li>I have not made or enclosed payment of the fee because this application has been made relation to the introduction of the late night levy.</li> </ul>	de in
<ul> <li>I have enclosed the plan, if appropriate, of the premises in scale [1mm to 100mm], un otherwise agreed with the licensing authority.</li> </ul>	nless
<ul> <li>I have enclosed the premises licence/club premises certificate or relevant part of it or provided an explanation.</li> </ul>	$\boxtimes$
<ul> <li>I understand that if I do not comply with the above requirements my application will rejected.</li> </ul>	be

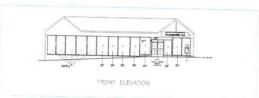
the first	stand that I must now advertise my application for a continuous period beginning on working day after the day on which the application was given to the relevant ag authority and ending at the expiry of the ninth consecutive working day after that
EXCEEDING I	ENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE CT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION PPLICATION.
Part 5 – Signatu (See Guidance N	Note 6)
solicitor or other	ce: Signature of applicant (the current premises licence holder) or applicant's duly authorised agent (see Guidance Note 7). If signing on behalf of the applicant, name and in what capacity you are authorised to sign:
Signature	
Date	07.11.2014
Capacity	LICENSING ADMINISTRATOR
licence holder) o	nises licence is jointly held, signature of 2 <sup>nd</sup> applicant (the current premises or 2 <sup>nd</sup> applicant's solicitor or other authorised agent (See Guidance Note 8). If f of the applicant, please state in what capacity.
Signature	
Date	
Capacity	
Where the premises are a club  I (insert full name) make this application on behalf of the club and have	
authority to bind	the club.
Signature	
Date	
Capacity	

Contact name (where not previously given) and address for correspondence associated with this application. (See Guidance Note 9)
DEPARTMENT - 10227

1 ANGEL SQUARE

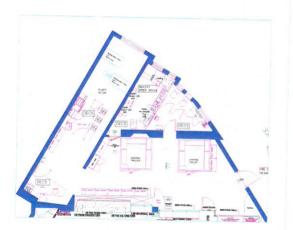
Post town MANCHESTER	Postcode M60 0AG
Telephone number (if any) 08437514188	If you would prefer us to correspond with you by email your email address (optional) licensing@co-operative.coop

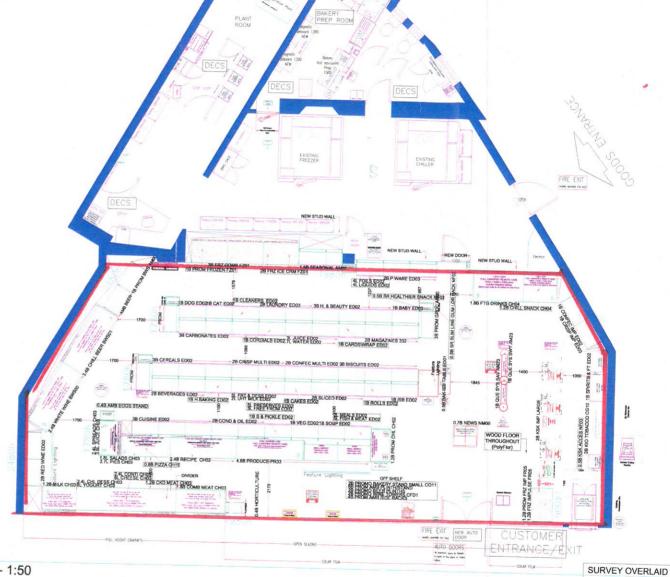




**ELEVATION 1:200** 

LICENSED





BACK OF HOUSE - 1:100

08.2014/8045- BOWNESS - P2F2M0/M3 ft Review CAD . Combined chilled & Fresh Meet cases

Commission Cellete & Fresh Meet cases marranged to provide larger sauce to combined chilled - Fresh meal space reduced 270 cases (child macks & chilled direct) changed condition from 'Ex-Relocater' to New Cases space changed to Lore - Relocater' to New Cases space changed to Lore - Relocater' to New Cases space changed to Lore - Relocater' to New Cases space changed to Lore - Relocater' to New Cases space changed to Lore - Relocater' to New Cases space changed to Lore - Relocater' to SCOND Relocate - Relocater' to SCOND Relocate - Relocater' to SCOND Relocate - Relocater' to 150 2014/804-8 POWNESS - PEPAMOION Cases of With Paramored & registed Cases - Relocater' CAD Their Review CAD Cases - Relocater' CAD Cases - Relocate

Radding is WH condition changed from New to Existing. Who residing byte added alongside Flowers added existing children Condition New Technique (New York) and the Condition New Technique (New York) and the Condition New Technique (New York) and the Condition of the Conditi

SHOP-FLOOR - 1:50

3784 Sq.Ft. 82 So.Ft 62 3q.Ft

ne co-operative food Lake Road Windermere LA23 3BT Store Phone No: 015394 44105 Format: MTUS Drawing Information Brief Description Of Works Proposed Fixture Levout Surveyed by BRA July 2014 BOWNESS-P2 The Co-operative Group

BOWNESS