

[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 certificate, apply to vary a premises licence under section 41A/club premises certificate under section 86A of the Licensing Act 2003 for the premises described in Part 1 below.

Licensing Council  
Public Protection

11 NOV 2014

**Part 1 – Premises details**

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

CO-OPERATIVE FOOD  
KENTS BANK ROAD  
GRANGE-OVER-SANDS  
CUMBRIA  
LA11 7EY

Post town

Postcode

**Telephone number at premises (if any)**

Premises licence number/club premises  
certificate number PL(A)0255

Receipt No .....234151.....  
Initials .....EME.....  
Date .....11.11.14.....

**Brief description of premises** (Please see Guidance Note 2)

CONVENIENCE RETAIL STORE TRADING SEVEN DAYS A WEEK. SELLING GROCERIES, ALCOHOL AND SUNDRY ITEMS FOR CONSUMPTION OFF THE PREMISES ONLY.

**Part 2 – Applicant Details**

I am/we are the premises licence holder/club premises certificate holder. (Please delete as appropriate)

Contact phone number in working hours (if any)

08437514188

Applicant Postal address IF DIFFERENT FROM PREMISES ADDRESS

CO-OPERATIVE GROUP LIMITED  
1 ANGEL SQUARE

Post town  
MANCHESTER

Postcode  
M60 0AG

Please provide email address if you would prefer us to contact you by email (optional)  
licensing@co-operative.coop

**Part 3 – Proposed variation(s)**

Please tick

Do you want the proposed variation to have effect as soon as possible? ☒ Yes ☐ No

DDMMYYYY

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

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see Guidance Note 3) ☐ Yes ☒ No

**Please describe the proposed variation(s) in detail in the box below and explain why you consider that they could not have an adverse effect on the promotion of any of the licensing objectives (See Guidance Note 1). This should include whether new or increased levels of licensable activities will be taking place indoors or outdoors (indoors may include a tent):**

**Details of proposed variation(s)** (Please see Guidance Note 4)

WE ARE MAKING MINOR ALTERATIONS TO THE STORE LAYOUT AS DETAILED ON THE ATTACHED PLAN. THESE ALTERATIONS WILL NOT HAVE AN ADVERSE AFFECT OF THE PROMOTIONS OF THE LICENSING OBJECTIVES.

**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 apply

- |   |                          |
|---|--------------------------|
| a. plays  | <input type="checkbox"/> |
| b. films  | <input type="checkbox"/> |
| c. indoor sporting events   | <input type="checkbox"/> |
| d. boxing or wrestling entertainment  | <input type="checkbox"/> |
| e. live music   | <input type="checkbox"/> |
| f. recorded music   | <input type="checkbox"/> |
| g. performances of dance  | <input type="checkbox"/> |
| h. anything of a similar description to that falling within (e), (f) or (g) | <input type="checkbox"/> |

**Provision of late night refreshment**

☐

**Supply of alcohol**

☐

(Note that this can only relate to reducing licensed hours, or moving them without any overall increase between 7am and 11pm)

Please tick to indicate you have enclosed the following:

I have enclosed the premises licence/club premises certificate ☒

I have enclosed the relevant part of the premises licence/  
club premises certificate ☒

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.

**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 ☒
- 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 enclosed the plan, if appropriate, of the premises in scale [1mm to 100mm], unless otherwise agreed with the licensing authority. ☒
- I have enclosed the premises licence/club premises certificate or relevant part of it or provided an explanation. ☒
- I understand that if I do not comply with the above requirements my application will be rejected. ☒


- I understand that I must now advertise my application for a continuous period beginning on the first working day after the day on which the application was given to the relevant licensing authority and ending at the expiry of the ninth consecutive working day after that day. ☒

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**Part 5 – Signatures and Contact Details**

(See Guidance Note 6)

**Premises Licence:** Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (see Guidance Note 7). If signing on behalf of the applicant, please state your name and in what capacity you are authorised to sign:

Signature	
Date	07.11.2014
Capacity	LICENSING ADMINISTRATOR

**Where the premises licence is jointly held, signature of 2<sup>nd</sup> applicant (the current premises licence holder) or 2<sup>nd</sup> applicant's solicitor or other authorised agent** (See Guidance Note 8). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

**Where the premises are a club**

I (insert full name)  
authority to bind the club.

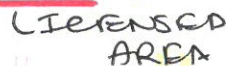
make this application on behalf of the club and have

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



ORDNANCE SURVEY MAP (NTS)





GROUND FLOOR PLAN

SHOP-FLOOR - 1:50

ELEVATIONS 1:200



e co-operative food

	Only available on	A1/A0	
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