

## Vary a Premises Licence

### Review

Please review the details to below to ensure they are correct before proceeding. If the details shown are not correct, click previous to enter the correct licence number.

Current Licence number

23/LAPL02/07818

Current Premises address

Cricketers Arms Peter Street St Helens WA10 2EB

### Premises Details

Premises Licence Number \*

23/LAPL02/07818

Premises Address \*

Cricketers Arms Peter Street St Helens WA10 2EB

Telephone Number at Premises (if any)

██████████

Non-domestic rateable value of premises. \*

£ 21500

### Type of Premises Licence Holder

Type of Premises Licence Holder \*

Individual(s)

### Premises Licence Holder - Individual

I/We being the premises licence holder, apply to vary a premises licence under section 34 of the licensing Act 2003 for the premises described.

Title \*

Mrs

First name \*

Denise

**Premises Licence Holder - Individual**

Surname *	Evans
Street address *	[REDACTED]
	[REDACTED]
Town/City *	St Helens
County	
Postcode *	[REDACTED]
Daytime Contact Telephone Number	[REDACTED]
Email *	[REDACTED]

**Premises Licence Holder - Individual**

I/We being the premises licence holder, apply to vary a premises licence under section 34 of the licensing Act 2003 for the premises described.

Title *	Mr
First name *	Andy
Surname *	Evans
Street address *	[REDACTED]
	[REDACTED]
Town/City *	St Helens
County	
Postcode *	[REDACTED]
Daytime Contact Telephone Number	[REDACTED]

## Premises Licence Holder - Individual

Email \*

## Variation

Do you want the proposed variation to take effect as soon as possible? \*

Yes

## Variation

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

Briefly describe the nature of the proposed variation. (Please see Guidance Note 2) \*

New floor plan 2 additional conditions restricting the hours of use of 2 outdoor areas

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.

## Operating Schedule

Complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

Provision of regulated entertainment (please read guidance note 3) \*

Plays

Films

Indoor Sporting Events

Boxing or Wrestling

Live Music

## Operating Schedule

- Recorded Music
- Performances of Dance
- Anything of a similar description falling under Music or Dance
- Provision of late night refreshment
- Supply of Alcohol

## Type of Variation - Supply of Alcohol

Please select the type of variation that applies to this activity.  
\*

Change an existing Activity

## Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 8) \*  
Please enter times in 24hr format (HH:MM)

Day \*

Monday to Thursday

11:00

00:00

## Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 8) \*  
Please enter times in 24hr format (HH:MM)

Day \*

Friday to Saturday

11:00

01:00

## Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 8) \*  
Please enter times in 24hr format (HH:MM)

Day \*

Sunday

12:00

23:30

## Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 9) \*

Both

State any seasonal variations for the supply of alcohol. (please read guidance note 6)

Please state any non-standard timings, where you intend to use the premises for the supply of alcohol at different times from the Standard days and times listed? (please read guidance note 7)

## Adult Entertainment

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children. (please read guidance note 10)

None

## Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 8) \* Please enter times in 24hr format (HH:MM)

Day \*

Monday to Thursday

11:00

00:30

## Opening Hours Standard Times

## Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 8) \* Please enter times in 24hr format (HH:MM)

Day \*

Friday to Saturday

11:00

01:30

## Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 8) \* Please enter times in 24hr format (HH:MM)

Day \*

Sunday

11:00

00:30

## Opening Hours

State any seasonal variations. (please read guidance note 6)

Christmas day 1100-00:30

Please state any Non-standard timings, where you intend the premises to be open to the public at different times from the Standard days and times listed? (please read guidance note 7)

## Variation

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.

None

I agree to return the original premises licence or the relevant part of the original premises licence: \*

Yes

Note: This application cannot be processed until the original licence is received or a statement as to why it cannot be returned has been accepted.

## Licensing Objectives

## Licensing Objectives

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)

To add two new conditions; 1. The boundary bar and the pizza kitchen will be taken out of service by 2200 hours each day 2. The outdoor seating area in the car park will be closed by 2000 hours each day

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

## Declarations

Declaration Type \*

Joint Applicant - Individuals or Others

## Joint Applicant Declaration

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 I must now advertise my application. I have returned 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

Signature/Declaration of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (see Guidance Note 13). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.

Full Name \*

Peter Conisbee

Date \*

24/05/2023

Capacity \*



Declaration made

Where the premises licence is jointly held, signature of a second applicant (the current premises licence holder) or second applicant's solicitor or other authorised agent (please read guidance note 14). If signing on behalf of the applicant, please

## Joint Applicant Declaration

state in what capacity you are authorised to sign/apply. When submitting an online application form the 'Declaration made' checkbox must be selected.

Full Name \*

Peter Conisbee

Date \*

24/05/2023

Capacity \*

Authorised Agent



Declaration made

Do you wish to provide alternative correspondence details \*

Yes

## Alternative Correspondence Address

This is the address which we shall use to correspond with you about this application.

Please provide Contact Name (where not previously given) and postal address for correspondence associated with this application (See guidance note 15).

Title \*

█

First name \*

Peter

Surname \*

Conisbee

Street address \*

██████████

████████████████████

██████████

Town/City \*

██████████

County

██████████

Postcode \*

██████████

Telephone Number

██████████

Email Address \*

██████████████████



## Alternative Correspondence Address

## Email confirmation

On submission an email confirmation will be sent using the details below

Forename

Peter

Surname /Company Name

Conisbee

Email \*

[REDACTED]

Telephone

[REDACTED]