

Pd E19200
REC L10700000177. VISA

received 21.04.2021
APPENDIX 3

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 **KEVIN EDWARDS & SHARON OLIVER**

(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

Premises licence number P1042

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description STOP INN TIME 17 BRINSWORTH LANE

Post town	ROTHERHAM	Post code	S60 5BS
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Telephone number at premises (if any)	
Non-domestic rateable value of premises	£10,500

Part 2 – Applicant details

Daytime contact telephone number	07715840652		
E-mail address (optional)	Sharonoliver2904@gmail.com		
Current postal address if different from premises address	55 MOONSHINE LANE		
Post Town	SHEFFIELD	Postcode	S5 8RD

LAST DAY
19TH MAY 2021.

APPENDIX 3

Part 3 - Variation

Do you want the proposed variation to have effect as soon as possible? Please tick yes
X

If not do you want the variation to take effect from

Day Month Year

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Please describe briefly the nature of the proposed variation (Please see guidance note 1)
WE ARE A SMALL MICRO PUB WHERE WE HAVE BEEN SERVING THE LOCAL COMMUNITY, REAL ALES AND VARIOUS OTHER DRINKS WHICH ARE DIFFERENT FROM THE OTHER LOCAL PUBS THEREFORE WE ATTRACT THE MORE MATURE CLIENTELLE. WE ARE APPLYING FOR A VARIATION TO OUR LICENCE SO WE CAN CONTINUE TO BE COVID SAFE THEREFORE GIVING OUTSIDE SEATING AROUND THE BACK OF THE PROPERTY WHICH WILL BE AN AREA OF AROUND 40FT X 20FT THIS AREA WILL PROVIDE EXTRA SEATING SO SOCIAL DISTANCING RULES CAN BE ADHERED TO, WITH THE CURRENT RESTRICTIONS TABLE SERVICE AND MASKS WILL BE WORN, WE WILL CONTINUE TO SERVE OUR CUSTOMERS AS SAFELY AS POSSIBLE INSIDE AND OUTSIDE AND WILL STILL CARRY ON RESPECTING OUR COMMUNITY AND LOCAL RESIDENTS, THE FLAT ABOVE OUR PREMISES IS A STORE/ROOM OFFICE SO THERE ARE NO TENANTS LIVING THERE. WE ALSO WOULD LIKE TO VARY THE TIMES ALSO TO INCLUDE DRINKING UP TIME AND CLEANING DOWN TIME. WE BELIEVE WE HAVE MADE A POSITIVE IMPACT IN THE COMMUNITY SINCE OPENING PRIOR TO COVID-19 AND WISH TO CONTINUE TO PROVIDE SOMEWHERE CUSTOMERS FEEL COMFORTABLE TO HAVE A DRINK AND A CHAT AND MEET NEW PEOPLE. THIS HAS BEEN A DIFFICULT TIME FOR EVERYBODY AND ESPECIALLY SMALL BUSINESSES. WE WISH TO CONTINUE SERVING OUR LOCAL COMMUNITY AND CUSTOMERS AND ALSO OUR 4 LEGGED FRIENDS WHEN CUSTOMERS POP OUT FOR AN EVENING WALK AND POP IN WITH THEIR DOG. WE HAVE BECOME PART OF THE COMMUNITY THAT WE ARE PROUD OF AND WISH TO CONTINUE.

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

NO

APPENDIX 3

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.

Provision of regulated entertainment

Please tick yes

- | | |
|---|--------------------------|
| 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) | X |
| 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 entertainment facilities:

- | | |
|---|--------------------------|
| i) making music (if ticking yes, fill in box I) | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |

Provision of late night refreshment (if ticking yes, fill in box L)

Sale by retail of alcohol (if ticking yes, fill in box M)

X

In all cases complete boxes N, O and P

APPENDIX 3

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

APPENDIX 3

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Wed					
Thur			Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 5)		
Fri					
Sat					
Sun					

APPENDIX 3

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Wed					
Thur			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 (please read guidance note 5)		
Fri					
Sat					
Sun					

APPENDIX 3

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

APPENDIX 3

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	12.00	22.30	Please give further details here (please read guidance note 3) THE MUSIC IS ONLY BACKGROUND MUSIC THEREFORE WILL NOT BE PLAYED LOUDLY		
Tue	12.00	22.30			
Wed	12.00	22.30	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	12.00	22.30			
Fri	12.00	23.30	Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat	12.00	23.30			
Sun	12.00	22.00			

APPENDIX 3

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	X
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

APPENDIX 3

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<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> (please read guidance note 5)		
Sun					

APPENDIX 3

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>		
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)		
Wed					
Thur			<u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

APPENDIX 3

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
			<u>Please give a description of the facilities for dancing you will be providing</u>		
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun			<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)		
			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		

APPENDIX 3

K

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun					

APPENDIX 3

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment <u>take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

APPENDIX 3

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	X
Day	Start	Finish			
Mon	12.00	23.00	State any seasonal variations for the supply of alcohol (please read guidance note 4) THESE TIMES REFLECT WHEN THE LATEST THE CUSTOMERS WILL LEAVE AND CLEANING UP TIME TO CLOSE THE PUB		
Tue	12.00	23.00			
Wed	12.00	23.00			
Thur	12.00	23.00			
Fri	12.00	24.00			
Sat	12.00	24.00			
Sun	12.00	22.30			
			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 (please read guidance note 5)		

N

<p>Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)</p> <p>NO</p>	
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APPENDIX 3

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	12.00	23.00	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 (please read guidance note 5)
Tue	12.00	23.00	
Wed	12.00	23.00	
Thur	12.00	23.00	
Fri	12.00	24.00	
Sat	12.00	24.00	
Sun	12.00	22.30	

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

WE WOULD APPRECIATE IF YOU COULD CONSIDER THE TIMES SO THE DRINKING UP TIMES AND CLEANING DOWN TIME CAN BE DONE SAFELY AND ALSO GIVE CUSTOMERS CHANCE TO STILL HAVE A DRINK EVEN IF IT IS TIME SLOT RESTRICTED

APPENDIX 3

- I have enclosed the premises licence
- I have enclosed the relevant part of the premises licence

Please tick yes

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 failed to enclose the premises licence or relevant part of premises licence
WILL FORWARD IT TO YOU WHEN REQUIRED
WE WILL PAY THE RELEVANT FEE WHEN CONTACTED

APPENDIX 3

P 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,e) (please read guidance note 9)

ALCOHOL TO BE SERVED TO CUSTOMERS WITH COVID-19 RESTRICTIONS IN PLACE,
SOCIAL DISTANCING AND MASKS TO BE WORN.
TABLE SERVICE
WE ARE MEMBERS OF THE LOCAL PUBWATCH IN WHICH WE ATTEND THE MEETINGS
AND PARTICIPATE IN ALL INITIATIVES "ASK ANGELA", WHICH IS ONE OF THEM.
NO DRUG TOLERANCE
DESIGNATED PREMISES SUPERVISOR APPOINTED

b) The prevention of crime and disorder

TO HAVE DOOR SECURITY ON FRIDAY AND SATURDAY EVENINGS.
CCTV IN PLACE
STAFF AWARE NOT TO SERVE A CUSTOMER WHO APPEARS INTOXICATED.
NO DRUG TOLERANCE.
CHALLENGE 25, PROOF OF ID/AGE VERIFICATION IF THE CUSTOMER APPEARS
UNDER 25.

c) Public safety

HEALTH AND SAFETY RISK ASSESSMENTS UNDERTAKEN ALL STAFF TRAINED.
DOOR SUPERVISORS ON FRIDAY AND SATURDAY EVENINGS.
REPORTING ACCIDENTS.
FIRE SAFETY AND FIRE EXITS EVACUATION PROCEDURES.
CCTV IN PLACE.
DISPLAY ALL RELEVANT PAPERWORK FOR CUSTOMERS TO VIEW, INSURANCE,
PREMISES LICENCE, FIRE CERTIFICATE FOR FIRE EXTINGUISHERS.
MASKS WILL BE WORN AND COVID-19 SOCIAL DISTANCING ADHERED TO.

d) The prevention of public nuisance

TRAIN STAFF TO BE AWARE AND OBSERVE CUSTOMERS AS POTENTIAL RISKS FOR
POSSIBLE DISTURBANCES.
NO NOISE WHEN LEAVING THE PREMISES RESPECTING RESIDENTS AT ALL TIMES.
REPORT ANY NUISANCES APPROPRIATELY

e) The protection of children from harm

CCTV
CHALLENGE 25
NO ALCOHOL TO BE BOUGHT FOR UNDER 18'S
CHILDREN TO BE ACCOMPANIED BY A RESPONSIBLE ADULT AT ALL TIMES.

APPENDIX 3

Please tick yes

- I have made or enclosed payment of the fee
- 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, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 5 – Signatures (please read guidance note 10)

Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (please read guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature	KEVIN EDWARDS
Date	20/04/21
Capacity	OWNER

Where the premises licence is jointly held signature of 2nd applicant (the current premises licence holder) or 2nd applicant's solicitor or other authorised agent (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature	SHARON OLIVER
Date	20/04/21
Capacity	JOINT OWNER

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13)

17A BRINSWORTH LANE

Post town	ROTHERHAM	Post code	S60 5BS
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Telephone number (if any)	07715840652
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If you would prefer us to correspond with you by e-mail your e-mail address (optional)
Sharonoliver2904@gmail.com