

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	ARKELLS	BREWERY	LTD.
haing the	ert name(s) of applica e premises licence h nsing Act 2003 for th	nt) solder, apply to vary a se premises described	premises licence under section 34 of in Part 1 below
Premises	s licence number	013864	

Part 1 - Premises Details

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

THE COOPERS ARMS

39. BARTHOLOMEW STREET.

Post town	NEWBURY	BERKSHIRE	Post code	RG143LL
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Telephone number at premises (if any)	01635 47469
Non-domestic rateable value of premises	£ 10,000

Part 2 - Applicant details

Daytime contact telephone number	01793 8	23026	
E-mail address (optional)			
Current postal address if different from premises address	KINGSDO SWIN		
Post Town SWINDOI) WILTSHIRE	Postcode	SN2 TRU

Part 3 - Variation Please tick y	ves
	Ø
If not do you want the variation to take effect from	
Please describe briefly the nature of the proposed variation (Please see guidance note 1	I)
I PROPOSE TO EXTEND MY CURRENT SALE BY RETAIL OF ALCOHOL, AND LATE NIGHT REFRESHMENT TIMES TO 06.30 SEVEN NIGHTS A WEEK.	

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

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.

<u>Pro</u>	vision of regulated entertainment	Please tick yes			
a)	plays (if ticking yes, fill in box A)				
b)	films (if ticking yes, fill in box B)				
c)	indoor sporting events (if ticking yes, fill in box C)				
d)	boxing or wrestling entertainment (if ticking yes, fill in box D)				
e)	live music (if ticking yes, fill in box E)				
f)	recorded music (if ticking yes, fill in box F)				
g)	performances of dance (if ticking yes, fill in box G)				
h)	anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)				
<u>Pro</u>	vision of entertainment facilities:	•			
i)	making music (if ticking yes, fill in box I)				
j)	dancing (if ticking yes, fill in box J)				
k)	entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)				
<u>Pro</u>	vision of late night refreshment (if ticking yes, fill in box L)				
Sale	Sale by retail of alcohol (if ticking yes, fill in box M)				
ln a	II cases complete boxes N, O and P				

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i

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) Outdoors
Day	Start	Finish	Both □
Mon			Please give further details here (please read guidance note 3)
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
	,	745 N ft 12	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			

	*********		Stranger	Proceedings of the National Spinish
Films 25 13 Standard days and 25 25 timings (please read			Will the exhibition of films take place indoors or both - please tick (please read guidance note 2)	Indoors
	ice note 6			Outdoors 🗇 🔲
Day	Start	Finish		Both
Môn	15 To 10 C	rage is a	Please give further details here (please read gu	iidance note 3)
				;
Tue			./	31
		,		
Wed.	-y-:7		State any seasonal variations for the exhibitio	n of films (please
			read guidance note 4)	
Thur				est of
		r is . make,		* • :
Fri	100	建的操作	-Non standard timings/Where you intend to us	se the premises
	=======================================		for the exhibition of films at different times to column on the left, please list (please read guid	those listed in the
Sat			Coldina on the tert, please lead guid	ance note 5)
	***************************************		/	•
Sun				•
Sull				•
war but e neuku	tagent care a grant	I.		• • • • • • • • • • • • • • • • • • • •
			/	

С	•		
Indoor sporting events Standard days and timings (please read guidance note 6)		and read	Please give further details (please read guidance note 3)
Day	Start	Finish]
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed			
Thur			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 (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read		nd	Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
	ce note 6		_	Outdoors	Ш
Day	Start	Finish		Both	
Mon			Please give further details here (please read gu	uidance note 3)
Tue					
Wed			State any seasonal variations for boxing or wing entertainment (please read guidance note 4)	restling	
Thur			_		
Fri			Non standard timings. Where you intend to use for boxing or wrestling entertainment at differ listed in the column on the left, please list (please list)	ent times to tl	<u>hose</u>
Sat			note 5)		
Sun					

Live music Standard days and			Will the performance of live music take place indoors or outdoors or both – please tick	Indoors		
	s (please i ice note 6		(please read guidance note 2)	Outdoors		
Day	Start	Finish		Both		
Mon			Please give further details here (please read gu	iidance note 3))	
Tue			/			
Wed			State any seasonal variations for the performance of live mu		usic	
			(please read guidance note 4)			
Thur	·	-	1			
			1			
Fri			Non standard timings Where you intend to us	se the premis	<u>es</u>	
			for the performance of live music at different times to those listed in the column on the left, please list (please read guidance			
Sat			note 5)			
			1 /			
Sun			1 /			
			1 /			
<u> </u>		<u> </u>	' 			

F					
Recorded music Standard days and timings (please read			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
	ce note 6		(product road gardanico noto 2)	Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read gu	idance note 3)	
Tue					
Wed			State any seasonal variations for the playing of th	of recorded mi	<u>usic</u>
Thur					
Fri			Non standard timings. Where you intend to us for the playing of recorded music at different t listed in the column on the left, please list (please list)	imes to those	<u> </u>
Sat			note 5)		
Sun				·	

Performances of dance			Will the performance of dance take place indoors or outdoors or both – please tick	Indoors	16
timings	ird days a (please r ce note 6)	ead	(please read guidance note 2)	Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read gu	idance note 3)
<u></u> .					
Tue					
Wed			State any seasonal variations for the performation (please read guidance note 4)	ance of dance	
Thur					
Fri			Non standard timings. Where you intend to u for the performance of dance at different time the column on the left, please list (please read	<u>s to those list</u>	<u>ed in</u>
Sat					
Sun					

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Anything of a similar description to that falling within (e), (f) or		that	Please give a description of the type of entertable providing	<u>iinment you w</u>	<u>/ill</u>		
timings	ard days a s (please i ice note 6	read					
Day	Start	Finish	Will this entertainment take place indoors or	Indoors			
Mon			outdoors or both – please tick (please read guidance note 2)	Outdoors			
				Both			
Tue			Please give further details here (please read gu	idance note 3)			
]		/				
Wed			/				
!			/				
Thur			State any seasonal variations for entertainment of a similar				
			description to that falling within (e), (f) or (g) (please read guidance note 4)				
Fri	 		3-1-1-1-1-1				
' ''	************	ļ					
				••			
Sat			Non/standard timings. Where you intend to us		<u>:s</u>		
			for/the entertainment of a similar description to within (e), (f) or (g) at different times to those li				
			column on the left, please list (please read guid				
Sun			/				
Cuii							
		/					
	/						

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

Provision of facilities for dancing Standard days and			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)	Indoors Outdoors	
	s (please nce note 6			Both	片片
guidai		'/ 	Diagram sing a description of the facilities found		<u> </u>
Day	Start	Finish	Please give a description of the facilities for deproviding	ancing you w	III De
Mon			Please give further details/here (please read gu	idance note 3))
Tue					
Wed			State any seasonal variations for providing da (please read guidance note 4)	ncing facilitie	<u>s</u>
Thur					
Fri			Non standard timings. Where you intend to us for the provision of facilities for dancing at difference listed in the column on the left, please li	ferent times to	<u> </u>
Sat			guidance note 5)		
Sun					

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)			Please give a description of the type of enterta you will be providing	ninment facilit	Y
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick (please read	Indoors	
Mon			guidance note 2)	Outdoors	
,,				Both	
Tue			Please give further details here (please read gu	iidance note 3))
<u></u>			/		
Wed					
Thur			State any seasonal variations for the provision entertainment of a similar description to that f	<u>ı of facilities f</u> alling within i	or i
			(please read guidance note 4)	dilling Within	<u> </u>
Fri	1		/		
' ''			/		
Sat			Non standard timings. Where you intend to us		es
			for the provision of facilities for entertainment description to that falling within i or j at different		ose
			listed in the column on the left, please list (ple		
			note 5)		
Sun			/		
			/		
			<i>Y</i>		
		/	<u> </u>		

L

Late night refreshment Standard days and timings (please read			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	4
	nce note 6)		, , , , , , , , , , , , , , , , , , ,	Outdoors	
Day	Start	Finish		Both	
Mon	23.00	06.00	Please give further details here (please read guidance note 3)		
		5:00			
Tue	23.00	06-00			
	_	05:00			
Wed	23.00	0500	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
		05:00	retrestiment (please read gallouries risks 1)		
Thur	23.00	95-00			
		05:00			
Fri	23.00	05 00	Non standard timings. Where you intend to use for the provision of late night refreshment at o	se the premise lifferent times	<u>es</u> . to
		05:00	those listed in the column on the left, please li	i <u>st</u> (please read	d d
Sat	23.00	95-00	guidance note 5)		
		05:00			
Sun	23.00	06.00			

M

Supply of alcohol Standard days and timings (please read			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	
	ice note 6)		guidance note ()	Off the premises	
Day	Start	Finish		Both	Ø
Mon	10.00	68 .00	State any seasonal variations for the supply of read guidance note 4)	of alcohol (plea	ise
Tue	10.00	06.00		·	
Wed	10.00	06.00			
Thur	10.00	06-00	Non-standard timings. Where you intend to use for the supply of alcohol at different times to column on the left, please list (please read gui	<u>those listed in</u>	es the
Fri	10.00	06.00	(r ·	·	
Sat	10-00	06-00			
Sun	12.00	06-00	·		

Ν

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)

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	10.00	e6 :30	
Tue	10.00	06.30	
Wed	10.00	06.30	
Thur	10.00	06.30	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)
Fri	10.00	06 ·30	
	70 00	00 30	,
Sat	10.00	06.30	
Sun	12-00	06-30	

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



	Please tick yes
I have enclosed the premises licence	ightharpoons
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 to part of it, below	the licence, or
Reasons why I have failed to enclose the premises licence or relevant part of pr	emises licence

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)

AS PER EXISTING LICENCE

b) The prevention of crime and disorder

A CLOSED DOOR POLICY WILLBE IN PLACE, NO CUSTOMERS ALLOWED IN AFTER 02:30.

c) Public safety

AS PER EXISTING LICENCE

d) The prevention of public nuisance

REASONABLE MEASURES SHALL BE TAKEN TO INFLUENCE CUSTOMERS, TO KEEP NOISE DOWN AS THEY LEAVE LATE AT NIGHT. NOTICES WILL BE DISPLAYED IN AREAS USED AS EXITS.

e) The protection of children from harm

NO CHILDREN WILL PERHITTED IN THE PREMISES AFTER 9.00PM.

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 have enclosed the premises licence or relevant part of it or explanation IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE-UP TO LEVEL 5 ON THE PROPERTY 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. 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 Date 15 2 12 Capacity D S Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13) Post town Post town Post code Telephone number (if any) If you would prefer us to correspond with you by e-mail your e-mail address (optional)		Please tick yes
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 Date Capacity Director of Director of 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 Date Capacity Dread of Signature of 2nd applicant please state in what capacity. Signature Date Post town Post town Post town Post town Post town Post town Telephone number (if any)	I have made or enclosed payment of the fee	
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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 Date Capacity Director 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 note12). If signing on behalf of the applicant please state in what capacity. Signature Date Capacity Director Premises for correspondence associated with this application (please read guidance note 13) Post town Post town Post code Post town Telephone number (if any)	STANDARD SCALE, UNDER SECTION 158 OF THE LICEN FALSE STATEMENT IN OR IN CONNECTION WITH THIS A	SING ACT 2003 TO MAKE A PPLICATION
other duly authorised agent (please read guidance note 11). If signing on behalf of the applicant please state in what capacity. Signature Date Dat		กลง การการสาราชาการการการการการการการการการการการการการ
Date Date Date Date Director Arrella Strucky. 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 note12). If signing on behalf of the applicant please state in what capacity. Signature Date 15 2 1 2 Capacity Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13) Post town Post town Telephone number (if any)	other duly authorised agent (please read guidance note 11) applicant please state in what capacity.	i. If signing on behalf of the বিষয় বিষয়ে বিষয়ে বিষয়ে এই বিষয়া বিষয়ে বিষয়ে বিষয়ে বিষয়ে
Date Capacity Director Director Director Security. 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 note12). If signing on behalf of the applicant please state in what capacity. Signature Date 15 2 1 2 Capacity Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13) Post town Post town Telephone number (if any)	Signature Signature	त्रेड्रोट १५०० च्याप्ट (१९)
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 note12). If signing on behalf of the applicant please state in what capacity. Signature Date 15 2 12 Capacity Description (where not previously given) and address for correspondence associated with this application (please read guidance note 13) Post town Post town Telephone number (if any)	Date	Water Co.
Post town Post town Post town Telephone number (if any)	Capacity DIRECTOR ARKE	is BREWERY.
Capacity Capacity Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13) Post town Post code Telephone number (if any)	premises licence holder) or 2nd applicant's solicitor or of	her authorised agent (please
Capacity Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13) Post town Post code Telephone number (if any)	Signature	Magical Control
Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13) Post town Post code Telephone number (if any)	Date 15 2 12 12 10 000	i general produce de la tempo. Montago de la composition
with this application (please read guidance note 13) Post town Telephone number (if any)	Capacity Sylver D. P. S. W. C.	vanting district
Telephone number (if any)		or correspondence associated
Telephone number (if any)	Post town	Post code
· · · · · · · · · · · · · · · · · · ·		
		our e-mail address (optional)

w 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) 20 miles pro-

- 1. 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 for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises. It is alleast to the premises to the same and the sam
- 2. Where taking place in a building or other structure please tick as appropriate: Indoors may include a tent. The Brown of the second of the SO the stock of the second of the s
 - 3. 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.
- 🐃 🖘4:4 For example (but not exclusively), where the activity will occur on additional days during \$6202 of the summer months. The incommercial control of the contro
 - 5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
 - 6. 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.
 - 7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
- 8. 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, the presence of gaming machines. The steps you will take to promote all four licensing objectives together.

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

The Control of the Co

Consent of individual to being specified as premises supervisor

[full name of prospective premises supervisor]
THE COOPERS ARMS 39 BARTHOLOMEW ST NEWBURY BERKS RG14 5LL TEL 01635 47469
[home address of prospective premises supervisor]
hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for
APPLICATION TO VARY A PREMISES LICENCE [type of application]
by
ARKELLS BREWERY LTD. [name of applicant]
relating to a premises licence 013864 [number of existing licence, if any]
THE COOPERS ARMS 39. BARTHOLOMEW ST NEWBURY BERKS RG14 5LL TEL 01635 47469
Iname and address of premises to which the application relates!

and any premises licence to be granted or varied in respect of this application made by
ARKELLS BREWERY LTD. [name of applicant]
concerning the supply of alcohol at
THE COOPERS ARMS 39 BARTHOLOMEW ST NEWBURY BERKS RG14 5LL TEL 01635 47469
[name and address of premises to which application relates]
I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.
Personal licence number
012677
[insert personal licence number, if any]
Personal licence issuing authority
WEST BERKSHIRE COUNCIL NEWBURY. [insert name and address and telephone number of personal licence issuing authority, if any]
Signed

DAVID REID.

09.02.2012

Name (please print)

Date