

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 Shepherd Neame Ltd

*(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

<b>Premises licence number</b> LN/200501361
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Part 1 – Premises Details

<b>Postal address of premises or, if none, ordnance survey map reference or description</b> Botany Bay Hotel Marine Drive Kingsgate			
<b>Post town</b>	Broadstairs	<b>Post code</b>	CT10 3LG

Telephone number at premises (if any)	01843 868641
Non-domestic rateable value of premises	£ Band E

Part 2 – Applicant details

<b>Daytime contact telephone number</b>			
<b>E-mail address (optional)</b>			
<b>Current postal address if different from premises address</b>	Shepherd Neame Ltd 17 Court Street Faversham Kent		
<b>Post Town</b>	Faversham	<b>Postcode</b>	ME13 7AX

**Part 3 - Variation**

Please tick yes

Do you want the proposed variation to have effect as soon as possible?

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)

Application to licence a new outside bar (blue on plan) same hours as recently granted planning consent (copy of which is attached with the plan) Daily 11-9pm

All other current provisions, conditions and times to remain the same.

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.

##### 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)  | <input type="checkbox"/> |
| 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)<br>(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)<br>(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)

In all cases complete boxes N, O and P

**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	<input checked="" type="checkbox"/>
Day	Start	Finish	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 4) These hours are for the new outdoor bar		
Mon	11.00	21.00			
Tue	11.00	21.00			
Wed	11.00	21.00			
Thur	11.00	21.00			
Fri	11.00	21.00			
Sat	11.00	21.00			
Sun	11.00	21.00			
			<b><u>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</u></b> (please read guidance note 5)		

**N**

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)

None

O

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4) As per current licence
Day	Start	Finish	<b>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</b> (please read guidance note 5)
Mon	07.00	01.30	
Tue	07.00	01.30	
Wed	07.00	01.30	
Thur	07.00	01.30	
Fri	07.00	01.30	
Sat	07.00	01.30	
Sun	07.00	01.30	

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

None



Please tick yes

- I have enclosed the premises licence
- 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 the licence, or part of it, below

Reasons why I have failed to enclose the premises licence or relevant part of premises licence  
N/A

**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)

All conditions consistent with the operating schedule will remain the same

**b) The prevention of crime and disorder**

Outside bar to be manned at all times when open

**c) Public safety**

See A

**d) The prevention of public nuisance**

See A

**e) The protection of children from harm**

See A

**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	
Date	31.1.23
Capacity	Services & Property Director

**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	
Capacity	

<b>Contact name (where not previously given) and address for correspondence associated with this application</b> (please read guidance note 13)			
Mrs Shepherd Neame Ltd 17 Court Street Kent			
<b>Post town</b>	Faversham	<b>Post code</b>	ME13 7AX
<b>Telephone number (if any)</b>	-----		
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>			