

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

20/1360/LADPS1

Current Premises address

Dukes Head 8 Church Terrace Wisbech Cambridgeshire
PE13 1BJ

Premises Details

Premises Licence Number *

20/1360/LADPS1

Premises Address *

Dukes Head 8 Church Terrace Wisbech Cambridgeshire
PE13 1BJ

Telephone Number at Premises (if any)

01945351351

Non-domestic rateable value of premises. *

£ 3500

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)*

No

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

To extend the opening and closing hours of the business.

Variation

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

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 - Live Music

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

*

Live Music Standard Times

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

Day *

Every Day

09:00

00:00

Live Music

Will the Performance of Live Music take place indoors or outdoors or both? (please read guidance note 4) *

Both

Please provide further details.(please read guidance note 5)

Live bands and similar activities. Music will be amplified but monitored to ensure reasonable limits are adhered to.

State any seasonal variations for the Performance of Live Music (please read guidance note 6)

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

Type of Variation - Recorded Music

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

Change an existing Activity

Recorded Music Standard Times

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

Day *

Monday to Thursday

09:00

01:00

Recorded Music Standard Times

Recorded Music Standard Times

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

Day *

Friday to Sunday

09:00

03:00

Recorded Music Standard Times

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

Day *

Sunday

09:00

00:00

Recorded Music

Will the playing of recorded music take place indoors or outdoors or both? (please read guidance note 4) *

Both

Please provide further details (please read guidance note 5)

Music outside will be turned down should it be deemed a nuisance.

State any seasonal variations for the playing of recorded music (please read guidance note 6)

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

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

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 *

Week Days

09:00

00:45

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 Sunday

09:00

02:45

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

09:00

23:45

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

Supply of Alcohol

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)

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 *	Week Days
	09:00
	01:00

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 Sunday
	09:00
	03:00

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
	09:00

Opening Hours Standard Times

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.

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

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

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)

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 *

Declarations

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 understand I must now return the original premises licence, or relevant part of it or have provided an explanation why I will not be able to do this. I understand that if I do not comply with the above requirements my application will be rejected.

Declarations

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 *

Adam Amiras Ltd

Date *

21/08/2023

Capacity *

Authorised Agent



Declaration made

Do you wish to provide alternative correspondence details? *

No

Email confirmation

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

Forename

Surname /Company Name

Email *

Telephone

Adam Amiras Ltd

info@dukessteakhouse.co.uk