

[Insert name and address of relevant licensing authority and its reference number (optional)]

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 Cravenesca Ltd being the premises licence holder, apply to vary a
(Insert name(s) of applicant)
premises licence under section 34 of the Licensing Act 2003 for the premises
described in Part 1 below

Premises licence number

0509-QX98-F3HX-HED9

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference, or description 2-12 NORTHWICK PARK RD. (COMFORT INN)	
Post town HARROW	Post code HA1 2NT

Telephone number at premises (if any)

020 8427 2899

Non-domestic rateable value of premises

£ 130,000

Part 2 – Applicant details

Daytime contact telephone number

020 8427 2899

E-mail address
(optional)

r.jackson@comfortharrow.com

Current postal
address if
different from
premises address

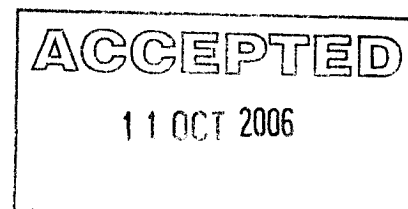
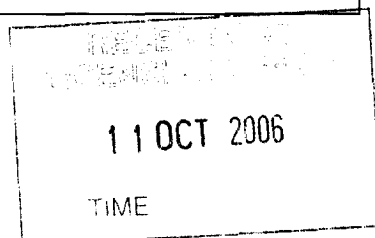
--

Post Town

--

Postcode

--



Part 3 - Variation

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

Please tick Yyes

If not do you want the variation to take effect from

Day	Month	Year

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

Please describe briefly the nature of the proposed variation (Please see guidance note 1)

VARY FUNCTION ROOM HOURS BY EXTRA
2 HOURS MONDAY TO SUNDAY.

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.

Please tick ✓ yes

Provision of regulated entertainment

- | | |
|--|-------------------------------------|
| 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 checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input checked="" type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H) | <input checked="" type="checkbox"/> |

Provision of entertainment facilities for:

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

Sun	1000 0200	
-----	----------------------	--

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 [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	1000	0200	Please give further details here (please read guidance note 3)	Both	
Tue	1000	0200			
Wed	1000	0200	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	1000	0200			
Fri	1000	0200	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	1000	0200			
Sun	1000	0200			

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 [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	1000	0200	Please give further details here (please read guidance note 3)	Both	
Tue	1000	0200			
Wed	1000	0200	State any seasonal variations for playing recorded music (please read guidance note 4)		
Thur	1000	0200			

Fri	1000	0200	Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)
Sat	1000	0200	
Sun	1000	0200	

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 [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>	
				Outdoors	<input type="checkbox"/>	
Day	Start	Finish	Please give further details here (please read guidance note 3)	Both		
Mon	1000	0200				
Tue	1000	0200	State any seasonal variations for the performance of dance (please read guidance note 4)			
Wed	1000	0200				
Thur	1000	0200	Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)			
Fri	1000	0200				
Sat	1000	0200				
Sun	1000	0200				

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor	<input checked="" type="checkbox"/>
				Outdoor	<input type="checkbox"/>
Mon	1000	0200		Both	<input type="checkbox"/>

Tue	1000	0200	Please give further details here (please read guidance note 3)
Wed	1000	0200	
Thur	1000	0200	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)
Fri	1000	0200	
Sat	1000	0200	Non standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 5)
Sun	1000	0200	

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing			
			Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)		Indoors <input checked="" type="checkbox"/>	
					Outdoors <input type="checkbox"/>	
					Both <input type="checkbox"/>	
Day	Start	Finish				
Mon	1000	0200	Please give further details here (please read guidance note 3)			
Tue	1000	0200				
Wed	1000	0200	State any seasonal variations for the provision of facilities for making music (please read guidance note 4)			
Thur	1000	0200				
Fri	1000	0200	Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)			
Sat	1000	0200				
Sun	1000	0200				

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 [Y] (see guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give a description of the facilities for dancing you will be providing		
Mon	1000	0200	Please give further details here (please read guidance note 3)		
Tue	1000	0200			
Wed	1000	0200	State any seasonal variations for providing dancing facilities (please read guidance note 4)		
Thur	1000	0200			
Fri	1000	0200	Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat	1000	0200			
Sun	1000	0200			

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)			Please give a description of the type of entertainment facility you will be providing		
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor	<input checked="" type="checkbox"/>
				Outdoor	<input type="checkbox"/>
Mon	1000	0200		Both	<input type="checkbox"/>

Tue	1000	0200	Please give further details here (please read guidance note 3)
Wed	1000	0200	
Thur	1000	0200	State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)
Fri	1000	0200	
Sat	1000	0200	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 (please read guidance note 5)
Sun	1000	0200	

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both		
Mon	1000	0200	Please give further details here (please read guidance note 3)		
Tue	1000	0200			
Wed	1000	0200	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	1000	0200			
Fri	1000	0200	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	1000	0200			
Sun	1000	0200			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	1000	0200						
Tue	1000	0200						
Wed	1000	0200						
Thur	1000	0200				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)		
Fri	1000	0200						
Sat	1000	0200						
Sun	1000	0200						

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

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					
Tue					

Wed			Non standard timings. Where you intend to use 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)
Thur			
Fri			
Sat			
Sun			

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

(Summary + Premises)
 I have enclosed the premises licence

Please tick yes

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

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)

WE DO NOT RUN DRINKS PROMOTIONS, HAPPY HOURS ETC...

WE DO NOT SELL FUNCTIONS WITH BAR UNLESS FOOD IS OR HAS BEEN CONSUMED ON PREMISES.

b) The prevention of crime and disorder

CCTV CAMERAS IN OPERATION THROUGHOUT HOTEL AND FUNCTION BAR.

DUTY MANAGER ALWAYS IN ATTENDANCE DURING FUNCTIONS.

NO FURTHER GUESTS ALLOWED AFTER 11pm.

c) Public safety

FUNCTION ROOM NEVER OVER CROWDED, NEVER SOLD TO MAX CAPACITY OF 200 FOR THIS REASON. (180 CUT OFF)

FIRE, HEALTH + SAFETY. RISK ASSESSMENTS CHECKLISTS COMPLETED ON 6 MONTHLY BASIS EVERY SIX MONTHS.

ALL FIRE SAFETY MEASURES COMPLY WITH RELEVANT STANDARDS.

d) The prevention of public nuisance

GUESTS LEAVING FUNCTION ARE MONITORED TO PREVENT DISTURBANCE

GUESTS WAITING FOR TAXIS ARE ALLOWED TO WAIT INSIDE HOTEL TO AVOID NOISE DISTURBANCE OUTSIDE.

MUSIC KEPT TO SUITABLE LEVEL TO PREVENT DISTURBING GUEST BEDROOMS AND LOCAL RESIDENTS.

ALL FITTED IN ORDER THATS GUESTS DONT NEED TO OPEN WINDOWS

e) The protection of children from harm

Checking for proof of age.

ONLY ALLOW CHILDREN INTO FUNCTIONS IF ACCOMPANIED BY RESPONSIBLE ADULT. (WEDDINGS ETC..)

NO VENDING / GAMBLING MACHINES ON SITE

CIGARETTE MACHINE LOCATED AWAY FROM FUNCTION AREA / BAR AND IS SITED IN DIRECT VIEW OF MAIN BAR.

MAIN FUNCTION ROOM IS A DESIGNATED "NO SMOKING" AREA.

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

Richard Jackson

Date

9/10/2006

Capacity

GENERAL MANAGER

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

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)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)