



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 Ribby Hall Village W & G Hallison

(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

FY PL0219

Part 1 – Premises Details

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

Ribby Hall Village
Ribby Road
Wrea Green
Preston
Lancashire
PR4 2PR

Post town

Preston

Postcode

PR4 2PR

Telephone number at premises (if any)

01772 675931

Non-domestic rateable value of premises

£

Part 2 – Applicant details

Daytime contact telephone number	01772 675931		
E-mail address (optional)	Paul.Green@ribbyhall.co.uk		
Current postal address if different from premises address			
Post town		Postcode	

Part 3 - Variation

Please tick as appropriate

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

☒ Yes☐
No

If not, from what date do you want the variation to take effect?

DD	MM	YYYY

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see guidance note 1) ☐ Yes ☒ No

Please describe briefly the nature of the proposed variation (Please see guidance note 2) Licence Application for Papa Johns to provide a limited drinks offering, wines, bottled beers, soft drinks and zero alcohol beverages for on sales within the confines of the licensed area between the hours of 1200 – 2130 daily.

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 see guidance note 3)

Please tick all that apply

- 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) ☐

NA

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

☐

Supply of alcohol (if ticking yes, fill in box J)

☒

In all cases complete boxes K, L and M

Sections A-I removed as not relevant to this application

J

Supply of alcohol Standard days and timings (please read guidance note 8)			Will the supply of alcohol be for consumption – please tick (please read guidance note 9)	On the premises	☒
				Off the premises	☐
				Both	☒
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 6)		
Mon	12	10			
Tue	12	10			
Wed	12	10			
Thur	12	10			
Fri	12	10			
Sat	12	10	<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> (please read guidance note 7)		
Sun	12	10			

K

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). N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 8)			State any seasonal variations (please read guidance note 6)
Day	Start	Finish	
Mon	12	10	
Tue	12	10	
Wed	12	10	
			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 7)
Thur	12	10	
Fri	12	10	
Sat	12	10	
Sun	12	10	

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.

NA

M 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)

enhanced CCTV all public areas
SIA badged security team
Personal licence holders

b) The prevention of crime and disorder

Regular monthly meetings, management team & security.
Updates from pubwatch banner persons *
SIA licenced security team
Toughened glasses

c) Public safety

* Active committee member pubwatch
Regular training via CPK all staff
Frequent review of risk assessments
Zero tolerance violence, drugs, anti social

d) The prevention of public nuisance

CCTV review
Best practice reviews, noise, lighting

e) The protection of children from harm

Zero tolerance anti social behaviour
Age restricted access to venues if not accompanied by an adult 18+

Checklist:

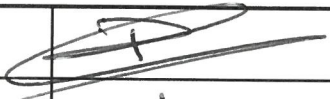
Please tick to indicate agreement

- 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 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, 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.

Part 5 – Signatures (please read guidance note 12)

Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	1 June 2025
Capacity	DPS - Senior 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 14). 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 15)

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 as appropriate

- 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 not enclosed the premises licence or relevant part of premises licence.