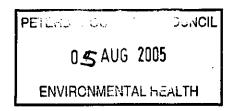
045982.

LT1



IJ

Peterborough City Council, Licensing Section, Bridge House, Town Bridge, Peterborough, PE1 1HU

(Part A) Application for an existing licence to be converted to a premises licence

under the Licensing Act 2003 and (Part B) application to vary the premises licence simultaneously

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, Rosalia Palamara apply to convert an existing licence to a premises licence under Schedule 8 to the Licensing Act 2003 for the premises described in Part A1 below

Part A1 - Premises Details

Postal address of premises or, if none, ordnance s Da Rosalia Hotel 25 Burghley Road	survey map reference or description
Post town Peterborough	Post code PE1 2QA
Telephone number of premises (if any)	01733 568020
Non-domestic rateable value of premises	£2,068 (joint with the Gallery Function Rooms) permont = 24,816 per yea

Part A2 - Applicant Details

Please state the capacity in which you are applying to convert your existing licence Please tick \checkmark

a)	An individual or individuals	X	please complete section (A)		
b)	a person other than an individual i. as a limited company		please complete section (B)		
	ii. as a partnership		please complete section (B)		
	iii. as an unincorporated association or		please complete section (B)		
	iv. other (for example a statutory corporation)		please complete section (B)		
c)	a recognised club		please complete section (B)		
d)	a charity		please complete section (B)		
e)	the proprietor of an educational establishment		please complete section (B)		
f)	a health service body		please complete section (B)		
g)	a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital		please complete section (B)		
h)	the chief officer of police of a police force in England and Wales		please complete section (B)		
(A) INDIVIDUAL APPLICANTS (fill in as applicable)					

SECOND INDIVIDUAL APPLICANT (if applicable)						
Mr Mrs Miss Other title (for example, Rev)						
Surname First names						
Please tick ✓ Yes						
I am 18 years old or over						
Current postal address if different from premises address						
Post Town Postcode						
Daytime contact telephone number						
E-mail address (optional)						
(B) OTHER APPLICANTS Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.						
Name						
Address						
Registered number (where applicable)						
Description of applicant (for example, partnership, company, unincorporated association etc.)						
Telephone number (if any)						
E-mail address (optional)						

Part A3 - Operating Schedule				
If 5,000 or more people attend the premises at any one time, please state the number				
General description of premises (please read guidance note 1)				
Small Residential Hotel, 39 bedrooms.				
Small bar within the restaurant area on the ground floor serving alcohol and soft drinks to guests taking evening meals. The bar is provided for hotel guests only and there are no mini bars in the bedrooms.				
	Please tick Yes			
What existing licensable activities are authorised by your existing licence(s)?			
Provision of regulated entertainment				
a) plays	- fix			
b) films	ia .			
c) indoor sporting events	_;;			
d) boxing or wrestling entertainment				
e) live music				
f) recorded music				
g) performances of dance				
h) anything of a similar description to that falling within (e), (f) or (g)				
Provision of entertainment facilities for: i) making music				
j) dancing				
k) entertainment of a similar description to that falling within (i) or (j)				
Provision of late night refreshment	×			
Sale by retail of alcohol a) for consumption on the premises	k			
b) for consumption off the premises	<u>[]</u>			

	Please state who you wish to be specified to be the premises supervisor under the new licence
I	
l İ	
Des	cribe the conditions subject to which your existing licence(s) has/have been granted (please read ance note 2):
-	eneral – all four licensing objectives (b,c,d,e)
ľ	. Intoxicating liquor shall not be sold or supplied on the premises other than to persons taking table meals there and for consumption by such a person ancillary to his neals.
įt.	2. That suitable beverages other than intoxicating liquor (including drinking water) shall be equally available for consumption with or otherwise as ancillary to meals served on the premises

b) prevention of crime and disorder

c) Public safety	
d) The prevention of public nuisance	<u>,</u>
The prevention of public nuisance	
e) The protection of children from harm	
	i

Please tick -	Yes		
I have made or enclosed payment of the fee	x		
I have enclosed my existing licence(s) or a certified copy of each licence	x		
I have enclosed a plan of the premises	<u>×</u>		
I have sent copies of this application to the chief officer of police (please read guidance note 3)	<u>×</u>		
I have enclosed the consent form completed by the proposed premises supervisor, if relevant			
I have enclosed the consent of the justices' licence holder to my application, if relevant			
I understand that if I do not comply with the above requirements my application will be rejected	X		
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 A4 – Signatures (please read guidance note 4)			