

Application to Vary a Premises Licence Under the Licensing Act 2003

- [Before completing this form please read the guidance notes \(opens in a new tab\)](#)
- When it is complete you can submit the form directly to us – use the submit form button.
- You may wish to print and keep a copy of the completed form for your records.
- For help and information about filling in this type of electronic form, use the help button.

What district/local area are you applying to?

I/We

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  ☐

Part 1 – Premises Details

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

Postcode

Telephone number at premises (if any)

Non-domestic rateable value at premises

Trading name of the business

Part 2 – Applicant Details

I am applying as: Individual ☐ Organisation ☒

Title

First name(s)

Surname

Business Name

Contact phone number in working hours (if any)

Email address

Confirm email address

Current postal address if different from premises address

Postcode

Would you like to provide details of a second applicant? Yes ☐ No ☐

Title

First name(s)

Surname

Contact phone number in working hours (if any)

Email address

Confirm email address

Current postal address if different from premises address

Postcode

### Variation

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

Yes

☒

No

☐

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

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 read guidance note 1 \(opens in a new tab\)](#))

The proposed variation is to amend the Outside Area plan to add a Fan Zone layout, which can be viewed upon request, and to vary Condition 1 of Annex 3 which currently reads:

"The outside areas of the premises which are marked in yellow on the plan marked "Full Plan of Variation" and which are licensed for the sale by retail of alcohol may only be used for the purpose of the sale by retail of alcohol for a maximum of three days per calendar year and only on those days when a music concert is taking place in the Norwich City Football Club Stadium, save that the car parking area (shown in yellow with black shading) alone may also be used for an additional six days per calendar year for the purpose of the sale by retail of alcohol during other event days when those events are held on the car parking area. In addition the outside area marked yellow and lined black on the plan can only be used for every Norwich City Football Club home match for a period of 3 hours before kick off only".

To read as follows:

"The outside areas of the premises which are marked in yellow with black shading on the plan marked "Full plan of Variation" and which are licensed for the sale by retail of alcohol may only be used for the purpose of the sale by retail of alcohol for a maximum of three days per calendar year and only on those days when a music concert is taking place in the Norwich City Football Club Stadium, EXCEPT THAT

A. The outside area marked in yellow with black shading alone may also be used for an additional six days per calendar year for the purpose of the sale by retail of alcohol during other event days when those events are held on the outside parking area; AND

B. In addition the outside area marked yellow with black shading on the plan can be used for all licensable activities every Norwich City Football Club home match for a period of 3 hours before kick-off to one hour after the end of the match".

### 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

- a) Plays
- b) Films
- 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 late-night refreshment

☐

#### Sale by retail of alcohol

☒

Is the premises exclusively or primarily selling alcohol for consumption on the premises?

☐

Is the sale by retail of alcohol a **new addition** to your premises licence?

No

☒

Yes

☐

**A**

|                                                                                                                 |                      |                      |                                                                                                                                                                                                                      |          |                          |
|-----------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Plays</b><br>Standard days and timings<br><a href="#">(please read guidance note 6 (opens in a new tab))</a> |                      |                      | <b>Will the performance of a play take place indoors or outdoors or both?</b><br><a href="#">(please read guidance note 2 (opens in a new tab))</a>                                                                  | Indoors  | <input type="checkbox"/> |
|                                                                                                                 |                      |                      |                                                                                                                                                                                                                      | Outdoors | <input type="checkbox"/> |
|                                                                                                                 |                      |                      |                                                                                                                                                                                                                      | Both     | <input type="checkbox"/> |
| Day                                                                                                             | Start time           | Finish time          | <b>Please give further details here</b> <a href="#">(please read guidance note 3 (opens in a new tab))</a>                                                                                                           |          |                          |
| Mon                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                      |          |                          |
|                                                                                                                 | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                      |          |                          |
| Tues                                                                                                            | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                      |          |                          |
|                                                                                                                 | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                      |          |                          |
| Wed                                                                                                             | <input type="text"/> | <input type="text"/> | <b>State any seasonal variations for performing plays</b> <a href="#">(please read guidance note 4 (opens in a new tab))</a>                                                                                         |          |                          |
|                                                                                                                 | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                      |          |                          |
| Thur                                                                                                            | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                      |          |                          |
|                                                                                                                 | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                      |          |                          |
| Fri                                                                                                             | <input type="text"/> | <input type="text"/> | <b>Non standard timings. Where you intend to use the premises for the performance of a play at different times than those listed, please list</b> <a href="#">(please read guidance note 5 (opens in a new tab))</a> |          |                          |
|                                                                                                                 | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                      |          |                          |
| Sat                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                      |          |                          |
|                                                                                                                 | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                      |          |                          |
| Sun                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                      |          |                          |
|                                                                                                                 | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                      |          |                          |

# B

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|-----------------------------------------------------------------------------------------------------------------|----------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Films</b><br>Standard days and timings<br><a href="#">(please read guidance note 6 (opens in a new tab))</a> |                      |                      | <b>Will the exhibition of films take place indoors or outdoors or both?</b><br><a href="#">(please read guidance note 2 (opens in a new tab))</a>                                                                  | Indoors <input type="checkbox"/><br>Outdoors <input type="checkbox"/><br>Both <input type="checkbox"/> |
| Day                                                                                                             | Start time           | Finish time          | <b>Please give further details here</b> <a href="#">(please read guidance note 3 (opens in a new tab))</a>                                                                                                         |                                                                                                        |
| Mon                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                    |                                                                                                        |
|                                                                                                                 | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                    |                                                                                                        |
| Tues                                                                                                            | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                    |                                                                                                        |
|                                                                                                                 | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                    |                                                                                                        |
| Wed                                                                                                             | <input type="text"/> | <input type="text"/> | <b>State any seasonal variations for the exhibition of film</b><br><a href="#">(please read guidance note 4 (opens in a new tab))</a>                                                                              |                                                                                                        |
|                                                                                                                 | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                    |                                                                                                        |
| Thur                                                                                                            | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                    |                                                                                                        |
|                                                                                                                 | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                    |                                                                                                        |
| Fri                                                                                                             | <input type="text"/> | <input type="text"/> | <b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times than those listed, please list</b> <a href="#">(please read guidance note 5 (opens in a new tab))</a> |                                                                                                        |
|                                                                                                                 | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                    |                                                                                                        |
| Sat                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                    |                                                                                                        |
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| Sun                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                    |                                                                                                        |
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# C

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| <b>Indoor Sporting Events</b><br>Standard days and timings<br><a href="#">(please read guidance note 6 (opens in a new tab))</a> |                      |                      |                                                                                                                                       |
| Day                                                                                                                              | Start time           | Finish time          | <b>Please give further details here</b> <a href="#">(please read guidance note 3 (opens in a new tab))</a>                            |
| Mon                                                                                                                              | <input type="text"/> | <input type="text"/> |                                                                                                                                       |
|                                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                       |
| Tues                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                       |
|                                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                       |
| Wed                                                                                                                              | <input type="text"/> | <input type="text"/> | <b>State any seasonal variations for indoor sporting events</b><br><a href="#">(please read guidance note 4 (opens in a new tab))</a> |
|                                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                       |
| Thur                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                       |
|                                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                       |
| Fri                                                                                                                              | <input type="text"/> | <input type="text"/> |                                                                                                                                       |
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| Sat                                                                                                                              | <input type="text"/> | <input type="text"/> |                                                                                                                                       |
|                                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                       |
| Sun                                                                                                                              | <input type="text"/> | <input type="text"/> |                                                                                                                                       |
|                                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                       |

# D

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|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|--|--|--|
| <b>Boxing or wrestling entertainment</b><br>Standard days and timings<br><a href="#">(please read guidance note 6 (opens in a new tab))</a> |                      |                      | <b>Will the boxing or wrestling entertainment take place indoors or outdoors or both?</b><br><a href="#">(please read guidance note 2 (opens in a new tab))</a>                                                              | Indoors  | <input type="checkbox"/> |  |  |  |
|                                                                                                                                             |                      |                      |                                                                                                                                                                                                                              | Outdoors | <input type="checkbox"/> |  |  |  |
|                                                                                                                                             |                      |                      |                                                                                                                                                                                                                              | Both     | <input type="checkbox"/> |  |  |  |
| Day                                                                                                                                         | Start time           | Finish time          | <b>Please give further details here</b> <a href="#">(please read guidance note 3 (opens in a new tab))</a>                                                                                                                   |          |                          |  |  |  |
| Mon                                                                                                                                         | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                              |          |                          |  |  |  |
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| Tues                                                                                                                                        | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                              |          |                          |  |  |  |
|                                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                              |          |                          |  |  |  |
| Wed                                                                                                                                         | <input type="text"/> | <input type="text"/> | <b>State any seasonal variations for boxing or wrestling entertainment</b> <a href="#">(please read guidance note 4 (opens in a new tab))</a>                                                                                |          |                          |  |  |  |
|                                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                              |          |                          |  |  |  |
| Thur                                                                                                                                        | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                              |          |                          |  |  |  |
|                                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                              |          |                          |  |  |  |
| Fri                                                                                                                                         | <input type="text"/> | <input type="text"/> | <b>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times than those listed, please list</b> <a href="#">(please read guidance note 5 (opens in a new tab))</a> |          |                          |  |  |  |
|                                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                              |          |                          |  |  |  |
| Sat                                                                                                                                         | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                              |          |                          |  |  |  |
|                                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                              |          |                          |  |  |  |
| Sun                                                                                                                                         | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                              |          |                          |  |  |  |
|                                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                              |          |                          |  |  |  |

# E

|                                                                                                                      |                      |                      |                                                                                                                                                                                                                          |  |          |                          |
|----------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|--------------------------|
| <b>Live music</b><br>Standard days and timings<br><a href="#">(please read guidance note 6 (opens in a new tab))</a> |                      |                      | <b>Will the performance of live music take place indoors or outdoors or both?</b><br><a href="#">(please read guidance note 2 (opens in a new tab))</a>                                                                  |  | Indoors  | <input type="checkbox"/> |
|                                                                                                                      |                      |                      |                                                                                                                                                                                                                          |  | Outdoors | <input type="checkbox"/> |
|                                                                                                                      |                      |                      |                                                                                                                                                                                                                          |  | Both     | <input type="checkbox"/> |
| Day                                                                                                                  | Start time           | Finish time          | <b>Please give further details here</b> <a href="#">(please read guidance note 3 (opens in a new tab))</a>                                                                                                               |  |          |                          |
| Mon                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |  |          |                          |
|                                                                                                                      | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |  |          |                          |
| Tues                                                                                                                 | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |  |          |                          |
|                                                                                                                      | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |  |          |                          |
| Wed                                                                                                                  | <input type="text"/> | <input type="text"/> | <b>State any seasonal variations for performance of live music</b><br><a href="#">(please read guidance note 4 (opens in a new tab))</a>                                                                                 |  |          |                          |
|                                                                                                                      | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |  |          |                          |
| Thur                                                                                                                 | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |  |          |                          |
|                                                                                                                      | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |  |          |                          |
| Fri                                                                                                                  | <input type="text"/> | <input type="text"/> | <b>Non standard timings. Where you intend to use the premises for the performance of live music at different times than those listed, please list</b> <a href="#">(please read guidance note 5 (opens in a new tab))</a> |  |          |                          |
|                                                                                                                      | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |  |          |                          |
| Sat                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |  |          |                          |
|                                                                                                                      | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |  |          |                          |
| Sun                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |  |          |                          |
|                                                                                                                      | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |  |          |                          |

# F

|                                                                                                                          |                      |                      |                                                                                                                                                                                                                          |                                   |
|--------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Recorded music</b><br>Standard days and timings<br><a href="#">(please read guidance note 6 (opens in a new tab))</a> |                      |                      | <b>Will the playing of recorded music take place indoors or outdoors or both?</b><br><a href="#">(please read guidance note 2 (opens in a new tab))</a>                                                                  | Indoors <input type="checkbox"/>  |
|                                                                                                                          |                      |                      |                                                                                                                                                                                                                          | Outdoors <input type="checkbox"/> |
|                                                                                                                          |                      |                      |                                                                                                                                                                                                                          | Both <input type="checkbox"/>     |
| Day                                                                                                                      | Start time           | Finish time          | <b>Please give further details here</b> <a href="#">(please read guidance note 3 (opens in a new tab))</a>                                                                                                               |                                   |
| Mon                                                                                                                      | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |                                   |
|                                                                                                                          | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |                                   |
| Tues                                                                                                                     | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |                                   |
|                                                                                                                          | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |                                   |
| Wed                                                                                                                      | <input type="text"/> | <input type="text"/> | <b>State any seasonal variations for playing recorded music</b><br><a href="#">(please read guidance note 4 (opens in a new tab))</a>                                                                                    |                                   |
|                                                                                                                          | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |                                   |
| Thur                                                                                                                     | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |                                   |
|                                                                                                                          | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |                                   |
| Fri                                                                                                                      | <input type="text"/> | <input type="text"/> | <b>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times than those listed, please list</b> <a href="#">(please read guidance note 5 (opens in a new tab))</a> |                                   |
|                                                                                                                          | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |                                   |
| Sat                                                                                                                      | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |                                   |
|                                                                                                                          | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |                                   |
| Sun                                                                                                                      | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |                                   |
|                                                                                                                          | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                          |                                   |

# G

|                                                                                                                                |                      |                      |                                                                                                                                                                                                                     |          |                          |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Performance of dance</b><br>Standard days and timings<br><a href="#">(please read guidance note 6 (opens in a new tab))</a> |                      |                      | <b>Will the performance of dance take place indoors or outdoors or both?</b><br><a href="#">(please read guidance note 2 (opens in a new tab))</a>                                                                  | Indoors  | <input type="checkbox"/> |
|                                                                                                                                |                      |                      |                                                                                                                                                                                                                     | Outdoors | <input type="checkbox"/> |
|                                                                                                                                |                      |                      |                                                                                                                                                                                                                     | Both     | <input type="checkbox"/> |
| Day                                                                                                                            | Start time           | Finish time          | <b>Please give further details here</b> <a href="#">(please read guidance note 3 (opens in a new tab))</a>                                                                                                          |          |                          |
| Mon                                                                                                                            | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |          |                          |
|                                                                                                                                | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |          |                          |
| Tues                                                                                                                           | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |          |                          |
|                                                                                                                                | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |          |                          |
| Wed                                                                                                                            | <input type="text"/> | <input type="text"/> | <b>State any seasonal variations for the performance of dance</b><br><a href="#">(please read guidance note 4 (opens in a new tab))</a>                                                                             |          |                          |
|                                                                                                                                | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |          |                          |
| Thur                                                                                                                           | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |          |                          |
|                                                                                                                                | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |          |                          |
| Fri                                                                                                                            | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |          |                          |
|                                                                                                                                | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |          |                          |
| Sat                                                                                                                            | <input type="text"/> | <input type="text"/> | <b>Non standard timings. Where you intend to use the premises for the performance of dance at different times than those listed, please list</b> <a href="#">(please read guidance note 5 (opens in a new tab))</a> |          |                          |
|                                                                                                                                | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |          |                          |
| Sun                                                                                                                            | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |          |                          |
|                                                                                                                                | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |          |                          |

# H

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>Anything of a similar description to that falling within (e), (f) or (g)</b><br>Standard days and timings<br><a href="#">(please read guidance note 6 (opens in a new tab))</a> |                      |                               | <b>Please give a description of the type of entertainment you will be providing</b><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div>                                                                                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                                                                                                                                                                                    |                      |                               | <b>Will the entertainment take place indoors or outdoors or both?</b><br><a href="#">(please read guidance note 2 (opens in a new tab))</a>                                                                                                                            | Indoors <input type="checkbox"/>  |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                                                                                                                                                                                    |                      |                               |                                                                                                                                                                                                                                                                        | Outdoors <input type="checkbox"/> |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                                                                                                                                                                                    |                      | Both <input type="checkbox"/> |                                                                                                                                                                                                                                                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
| Day                                                                                                                                                                                | Start time           | Finish time                   | <b>Please give further details here</b> <a href="#">(please read guidance note 3 (opens in a new tab))</a>                                                                                                                                                             |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
| Mon                                                                                                                                                                                | <input type="text"/> | <input type="text"/>          |                                                                                                                                                                                                                                                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                                                                                                                                                                                    | <input type="text"/> | <input type="text"/>          |                                                                                                                                                                                                                                                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
| Tues                                                                                                                                                                               | <input type="text"/> | <input type="text"/>          |                                                                                                                                                                                                                                                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                                                                                                                                                                                    | <input type="text"/> | <input type="text"/>          |                                                                                                                                                                                                                                                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
| Wed                                                                                                                                                                                | <input type="text"/> | <input type="text"/>          | <b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) and (g)</b> <a href="#">(please read guidance note 4 (opens in a new tab))</a><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                                                                                                                                                                                    | <input type="text"/> | <input type="text"/>          |                                                                                                                                                                                                                                                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
| Thur                                                                                                                                                                               | <input type="text"/> | <input type="text"/>          |                                                                                                                                                                                                                                                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                                                                                                                                                                                    | <input type="text"/> | <input type="text"/>          |                                                                                                                                                                                                                                                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
| Fri                                                                                                                                                                                | <input type="text"/> | <input type="text"/>          |                                                                                                                                                                                                                                                                        |                                   |  | <b>Non standard timings. Where you intend to use the premises for entertainment of a similar description to that falling within (e), (f) or (g) at different times than those listed, please list</b> <a href="#">(please read guidance note 5 (opens in a new tab))</a><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> |  |  |
|                                                                                                                                                                                    | <input type="text"/> | <input type="text"/>          |                                                                                                                                                                                                                                                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
| Sat                                                                                                                                                                                | <input type="text"/> | <input type="text"/>          |                                                                                                                                                                                                                                                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                                                                                                                                                                                    | <input type="text"/> | <input type="text"/>          |                                                                                                                                                                                                                                                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
| Sun                                                                                                                                                                                | <input type="text"/> | <input type="text"/>          |                                                                                                                                                                                                                                                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                                                                                                                                                                                    | <input type="text"/> | <input type="text"/>          |                                                                                                                                                                                                                                                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                      |  |  |

|                                                                                                                                  |                      |                      |                                                                                                                                                                                                                                    |          |                          |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| <b>Late night refreshment</b><br>Standard days and timings<br><a href="#">(please read guidance note 6 (opens in a new tab))</a> |                      |                      | <b>Will the provision of late night refreshment take place indoors or outdoors or both?</b><br><a href="#">(please read guidance note 2 (opens in a new tab))</a>                                                                  | Indoors  | <input type="checkbox"/> |
|                                                                                                                                  |                      |                      |                                                                                                                                                                                                                                    | Outdoors | <input type="checkbox"/> |
|                                                                                                                                  |                      |                      |                                                                                                                                                                                                                                    | Both     | <input type="checkbox"/> |
| Day                                                                                                                              | Start time           | Finish time          | <b>Please give further details here</b> <a href="#">(please read guidance note 3 (opens in a new tab))</a>                                                                                                                         |          |                          |
| Mon                                                                                                                              | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                                    |          |                          |
|                                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                                    |          |                          |
| Tues                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                                    |          |                          |
|                                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                                    |          |                          |
| Wed                                                                                                                              | <input type="text"/> | <input type="text"/> | <b>State any seasonal variations for the provision of late night refreshment</b> <a href="#">(please read guidance note 4 (opens in a new tab))</a>                                                                                |          |                          |
|                                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                                    |          |                          |
| Thur                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                                    |          |                          |
|                                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                                    |          |                          |
| Fri                                                                                                                              | <input type="text"/> | <input type="text"/> | <b>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times than those listed, please list</b> <a href="#">(please read guidance note 5 (opens in a new tab))</a> |          |                          |
|                                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                                    |          |                          |
| Sat                                                                                                                              | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                                    |          |                          |
|                                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                                    |          |                          |
| Sun                                                                                                                              | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                                    |          |                          |
|                                                                                                                                  | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                                    |          |                          |

|                                                                                                                             |                      |                      |                                                                                                                                                                                                                     |                  |                                     |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------|
| <b>Supply of alcohol</b><br>Standard days and timings<br><a href="#">(please read guidance note 6 (opens in a new tab))</a> |                      |                      | <b>Will the provision of alcohol be for consumption:</b><br><a href="#">(please read guidance note 7 (opens in a new tab))</a>                                                                                      | On the premises  | <input type="checkbox"/>            |
|                                                                                                                             |                      |                      |                                                                                                                                                                                                                     | Off the premises | <input type="checkbox"/>            |
|                                                                                                                             |                      |                      |                                                                                                                                                                                                                     | Both             | <input checked="" type="checkbox"/> |
| Day                                                                                                                         | Start time           | Finish time          | <b>State any proposed seasonal variations for the provision of alcohol</b> <a href="#">(please read guidance note 4 (opens in a new tab))</a>                                                                       |                  |                                     |
| Mon                                                                                                                         | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |                  |                                     |
|                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |                  |                                     |
| Tues                                                                                                                        | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |                  |                                     |
|                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |                  |                                     |
| Wed                                                                                                                         | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |                  |                                     |
|                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |                  |                                     |
| Thur                                                                                                                        | <input type="text"/> | <input type="text"/> | <b>Non standard timings. Where you intend to use the premises for the provision of alcohol at different times than those listed, please list</b> <a href="#">(please read guidance note 5 (opens in a new tab))</a> |                  |                                     |
|                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |                  |                                     |
| Fri                                                                                                                         | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |                  |                                     |
|                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |                  |                                     |
| Sat                                                                                                                         | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |                  |                                     |
|                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |                  |                                     |
| Sun                                                                                                                         | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |                  |                                     |
|                                                                                                                             | <input type="text"/> | <input type="text"/> |                                                                                                                                                                                                                     |                  |                                     |

As the sale by retail of alcohol is a new addition to the premises licence, the nominated Designated Premises Supervisor must complete a “Designated premises supervisor consent form”.

**Consent of individual to being specified as Designated Premises Supervisor**

I,

[Full name of designated premises supervisor]

of

[Home address of designated premises supervisor]

Hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for:

Type of application

by

[Name of premises licence holder/s]

Relating to a premises licence

[Number of existing licence]

For

Name of premises

Address of premises

And any premises licence to be granted or varied in respect of this application made by

Name of premises licence holder/s

Concerning the supply of alcohol at

Name of premises

Address of the premises

**Consent of individual to being specified as Designated Premises Supervisor (cont.)**

I confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I have set out on this form.

**Personal licence number**

[insert personal licence number, if any]

**Personal licence issuing authority (if any)**

**Name of authority**

**Address of authority**

**Postcode**

**Telephone number of authority**

**Confirmation**

☐

**Name**

**Date**

**K**

**Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to use of the premises that may give rise to concern in respect of children [\(please see guidance note 8 \(opens in a new tab\)\)](#)**

|                                                                                              |                                    |                                    |                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hours premises are Open to the Public</b>                                                 |                                    |                                    | <b>State any seasonal variations</b> <a href="#">(please read guidance note 4 (opens in a new tab))</a>                                                                                                       |
| Standard days and timings <a href="#">(please read guidance note 6 (opens in a new tab))</a> |                                    |                                    |                                                                                                                                                                                                               |
| Day                                                                                          | Start time                         | Finish time                        |                                                                                                                                                                                                               |
| Mon                                                                                          | <input type="text" value="06:00"/> | <input type="text" value="02:30"/> |                                                                                                                                                                                                               |
|                                                                                              |                                    |                                    |                                                                                                                                                                                                               |
| Tue                                                                                          | <input type="text" value="06:00"/> | <input type="text" value="02:30"/> |                                                                                                                                                                                                               |
|                                                                                              |                                    |                                    | <b>Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed, please list</b> <a href="#">(please read guidance note 5 (opens in a new tab))</a> |
| Wed                                                                                          | <input type="text" value="06:00"/> | <input type="text" value="02:30"/> |                                                                                                                                                                                                               |
|                                                                                              |                                    |                                    |                                                                                                                                                                                                               |
| Thu                                                                                          | <input type="text" value="06:00"/> | <input type="text" value="02:30"/> |                                                                                                                                                                                                               |
|                                                                                              |                                    |                                    |                                                                                                                                                                                                               |
| Fri                                                                                          | <input type="text" value="06:00"/> | <input type="text" value="03:30"/> |                                                                                                                                                                                                               |
|                                                                                              |                                    |                                    |                                                                                                                                                                                                               |
| Sat                                                                                          | <input type="text" value="06:00"/> | <input type="text" value="03:30"/> |                                                                                                                                                                                                               |
|                                                                                              |                                    |                                    |                                                                                                                                                                                                               |
| Sun                                                                                          | <input type="text" value="06:00"/> | <input type="text" value="02:30"/> |                                                                                                                                                                                                               |
|                                                                                              |                                    |                                    |                                                                                                                                                                                                               |

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

Information on Relevant Documents

I will provide / upload the premises licence☐

I will provide / upload the relevant part of the premises licence☐

If you are not providing / uploading the premises licence, or the relevant part of it, please give reasons why not

Premises Licence is too large to upload.

Types of files accepted as attachments: gif, jpg, jpeg, tif, tiff, bmp, png and pdf.

Please ensure that documents you attach are complete, accurate and easy to read otherwise your application will not be validated.

Please upload your premises licence, or the relevant part of it

# 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,e)** ([please read guidance note 9 \(opens in a new tab\)\)](#))

This variation is to seek approval of the Outside Area plan and to amend Condition 1 of Annex 3.

This variation was discussed and agreed with Environmental Health prior to submission.

The style and operation of the Premises Licence will not change.

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

**c). Public safety**

**d). The prevention of public nuisance**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                     |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| I will pay the fee for this application upon submission of this online form                                                                                                                                                                                                                                                                                                                                         | X |
| I will provide a plan of the premises ( <a href="#">see section 2.9 of this guidance (opens in a new tab)</a> ), if applicable<br><br><div> <div>Please upload your plan of the premises</div> <div> <a href="#">Outside Areas Plan - Updated.pdf</a> </div> </div>                                                                                                                                                 | X |
| I have sent copies of this application and the plan to responsible authorities and others where applicable                                                                                                                                                                                                                                                                                                          |   |
| I will provide the designated premises supervisor consent form signed by the nominated Designated Premises Supervisor (if applicable). This can be provided by post or a scanned copy via email sent to the licensing department, or where available, as a file attached to this submission<br><br><div> <div>If suitable, you can upload the completed designated supervisor consent form</div> <div></div> </div> |   |
| I understand that once my application has been formally accepted, I must advertise my application. Please note you should not arrange the advertising of your application until you have specifically received confirmation from the licensing authority that your application has been formally accepted and is being processed.                                                                                   | X |
| I understand that if I do not comply with the above requirements my application will be rejected                                                                                                                                                                                                                                                                                                                    | X |

Custom Process Configuration

XML Specific

|                   |                                            |
|-------------------|--------------------------------------------|
| Application type  | <input type="text"/>                       |
| Licence Case Type | <input type="text"/>                       |
| Licence Status    | <input type="text"/>                       |
| XML Template      | <input type="text"/>                       |
| CAPS Reference    | <input type="text" value="26/01201/PREM"/> |

Payments request

|                   |                      |
|-------------------|----------------------|
| CallingAppID      | <input type="text"/> |
| CallingAppRef     | <input type="text"/> |
| PaymentSourceCode | <input type="text"/> |

Response response

|                               |                                           |
|-------------------------------|-------------------------------------------|
| PaymentAuthorisationCode      | <input type="text"/>                      |
| IncomeManagementReceiptNumber | <input type="text" value="NOEL00009492"/> |
| Originators Reference         | <input type="text"/>                      |
| CardScheme                    | <input type="text"/>                      |
| CardType                      | <input type="text"/>                      |
| PaymentAmount                 | <input type="text"/>                      |
| ResponseCode                  | <input type="text"/>                      |
| ResponseDescription           | <input type="text"/>                      |
| Number of payment lines       | <input type="text"/>                      |

Payment 1

|                 |                                            |
|-----------------|--------------------------------------------|
| Receipt Number  | <input type="text"/>                       |
| DueDate         | <input type="text"/>                       |
| PaymentType     | <input type="text"/>                       |
| Pay Description | <input type="text"/>                       |
| XML Description | <input type="text"/>                       |
| PaymentDue      | <div><div></div><input type="text"/></div> |
| Paid            | <input type="text"/>                       |
| Payment Date    | <input type="text"/>                       |
| Fund            | <input type="text"/>                       |
| Reference       | <input type="text"/>                       |

Form Calculations

|                           |                                           |
|---------------------------|-------------------------------------------|
| Title Casing              | <input type="text"/>                      |
| Sentence Casing           | <input type="text"/>                      |
| UPRN for address lookup   | <input type="text" value="010009434706"/> |
| Boolean to hide this page | <input type="checkbox"/>                  |
| Field for fee array       | <input type="text"/>                      |
| Licence Lookup            | <input type="text"/>                      |
| Licence Lookup            | <input type="text"/>                      |
| WRS custodian initials    | <input type="text"/>                      |

Other Custom Calculations

|                                    |                                                                                                                                                                                                        |                      |                      |                      |                      |                      |                      |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Description Of Premise             | <input type="text"/>                                                                                                                                                                                   |                      |                      |                      |                      |                      |                      |
| Submitted Site Location            | <input type="text"/>                                                                                                                                                                                   |                      |                      |                      |                      |                      |                      |
| Payment Details Stored             | <input type="text"/>                                                                                                                                                                                   |                      |                      |                      |                      |                      |                      |
| LiXtras Stored                     | <input type="text"/>                                                                                                                                                                                   |                      |                      |                      |                      |                      |                      |
| Activities                         | <input type="text"/>                                                                                                                                                                                   |                      |                      |                      |                      |                      |                      |
| Premise Open Times                 | <input type="text"/>                                                                                                                                                                                   |                      |                      |                      |                      |                      |                      |
| Premise Open Times                 | <input type="text"/>                                                                                                                                                                                   |                      |                      |                      |                      |                      |                      |
| Activities and Premises Time Calcs | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>               | <input type="text"/>                                                                                                                                                                                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |
| Activities and Premises Time Calcs | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>               | <input type="text"/>                                                                                                                                                                                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |
| Activities and Premises Time Calcs | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>                                                                                        | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |                      |
| <input type="text"/>               | <input type="text"/>                                                                                                                                                                                   | <input type="text"/> |                      |                      |                      |                      |                      |
| UPRN + Address Details             | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>                              | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| <input type="text"/>               | <input type="text"/>                                                                                                                                                                                   | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |                      |
| Enable PrivPol                     | <input type="checkbox"/>                                                                                                                                                                               |                      |                      |                      |                      |                      |                      |
| Customer email / ack               | <input type="text"/>                                                                                                                                                                                   |                      |                      |                      |                      |                      |                      |
| Enable in-form consent             | <input type="checkbox"/>                                                                                                                                                                               |                      |                      |                      |                      |                      |                      |
| ThirdParties                       | <input type="text"/>                                                                                                                                                                                   |                      |                      |                      |                      |                      |                      |
| AltRef                             | <input type="text"/>                                                                                                                                                                                   |                      |                      |                      |                      |                      |                      |

I/ WE UNDERSTAND THAT 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.

**Declaration** [\(please read guidance note 10 \(opens in a new tab\)\)](#)

Confirmation of applicant or applicant’s solicitor or other duly authorised agent [\(see guidance note 11 \(opens in a new tab\)\)](#) If confirming on behalf of the applicant please state in what capacity

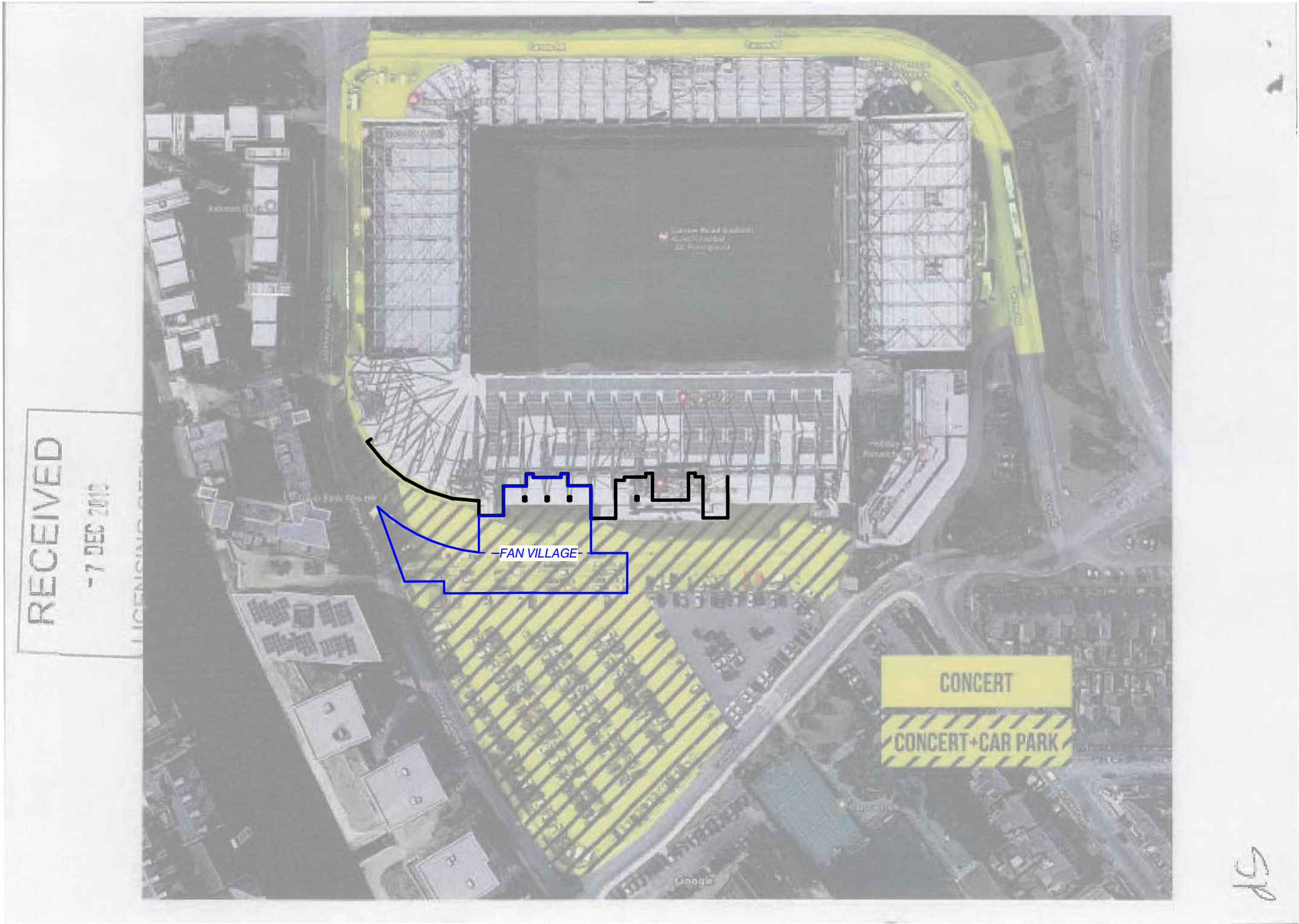
|              |                                                           |
|--------------|-----------------------------------------------------------|
| Confirmation | <input checked="" type="checkbox"/>                       |
| Name         | <input type="text" value="Woods Whur"/>                   |
| Date         | <input type="text" value="17/07/2026"/>                   |
| Capacity     | <input type="text" value="Solicitors For The Applicant"/> |

For joint applicants confirmation of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant’s solicitor or other authorised agent [\(please read guidance note 12 \(opens in a new tab\)\)](#) If confirming on behalf of the applicant please state in what capacity

|              |                          |
|--------------|--------------------------|
| Confirmation | <input type="checkbox"/> |
| Name         | <input type="text"/>     |
| Date         | <input type="text"/>     |
| Capacity     | <input type="text"/>     |

Contact name (where not previously given) and postal address for correspondence associated with this application [\(please read guidance note 13 \(opens in a new tab\)\)](#)

|                           |                                                                                                          |
|---------------------------|----------------------------------------------------------------------------------------------------------|
| Name                      | <input type="text" value="Amy Hayward"/>                                                                 |
| Address                   | <input type="text" value="Woods Whur&lt;br/&gt;St James House&lt;br/&gt;28 Park Place&lt;br/&gt;Leeds"/> |
| Postcode                  | <input type="text" value="LS1 2SP"/>                                                                     |
| Telephone number (if any) | <input type="text" value=""/>                                                                            |
| Email address.            | <input type="text" value=""/>                                                                            |
| Confirm email address     | <input type="text" value=""/>                                                                            |



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Orientation  
  
Reference Scale

Rev. Stat. Date Init. Description

Project  
Fan Village

Client  
Norwich City Football Club

Title  
Sketches  
Fan Village Licence Overlay

Project No.  
26012

Scale  
@ A3

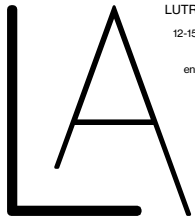
Drawn By  
RR

Date  
14/07/2026

Purpose of Issue  
For Information

Code  
26012-LA-FV-XX-D-A-0014 - S2 - P01

Stat. Rev.  
S2 - P01



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