

02 NOV 2015
DIGITAL POSTROOM



Received
20 NOV 2015
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APPLICATION TO VARY A PREMISES LICENCE

Application to vary a premises licence
under The Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form.
If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.
You may wish to keep a copy of the completed form for your records.

I/We LAKHAR SINGH T/A WINEMART

..... [insert name of applicant(s)] 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 1570028

Part 1 – Premises Details

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

48 HIGH ROAD
WILLESTENT

Post Town LONDON Post Code NW10 2QA

Telephone number at premises (if any) —

Non-domestic rateable value of premises £ BAND B

Part 2 - Applicant details

Daytime contact telephone number		[REDACTED]	
E-mail address (optional)		[REDACTED]	
Current postal address if different from premises address		[REDACTED]	
Post Town	[REDACTED]	Post Code	[REDACTED]

Part 3 - Variation

Please tick Yes

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



Day Month Year

If not do you want the variation to take effect from

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

WE ARE REQUESTING A CHANGE TO CONDITION 8. TO :
 NO HIGH STRENGTH BEERS, LABELS & CIGARS ABOVE 9% ABV
 SHALL BE STOCKED AS WELL AS THE FOLLOWING BRANDS:

- * KESTRAL SUPER
- * SKOL SUPER
- * TENNANTS SUPER
- * SPECIAL BREW
- * K CIDEL
- * STRONGBOW SUPER
- * ACE CIDEL
- * DROCIM BLACK
- * CREST SUPER
- * WALKER STRONG

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

—

Part 4 – Operating Schedule

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

Please tick ✓ Yes

Provision of regulated entertainment

- | | |
|----------------------------------------------------------------------------------------------------------------|--------------------------|
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H) | <input type="checkbox"/> |

Provision of entertainment facilities:

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

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

Sale by retail of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box ✓) (please read guidance note 7)	On the premises	
Day	Start	Finish		Off the premises	✓
Mon	12:00	01:00	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	
Tue	12:00	01:00			
Wed	12:00	01:00		Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)	
Thur	12:00	01:00			
Fri	12:00	03:00			
Sat	12:00	03:00			
Sun	12:00	01:00			

IN ALL CASES PLEASE COMPLETE N, O, & P BELOW

N

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

✓

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Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4) —
Day	Start	Finish	Non-standard timings. Where you intend the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 5) —
Mon	12:00	01:00	
Tue	12:00	01:00	
Wed	12:00	01:00	
Thur	12:00	01:00	
Fri	12:00	03:00	
Sat	12:00	03:00	
Sun	12:00	01:00	

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

CONDITION 8 - NOT REMOVED BUT CHANGES TO THE EXCEPTIONS.

'NO HIGH STRENGTH' BEERS, LAGERS & CIGERS ABOVE 5.5% ABV SHALL BE STOCKED, WITH THE EXCEPTION OF GUINNESS FOREIGN STOUT AND DRAGON STOUT.

Please tick ✓ Yes

- I have enclosed the premises licence
- I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes please fill in reasons for not including the licence, or part of it, below

Reasons why I have failed to enclose the premises licence or relevant part of premises licence

P Describe any additional steps that 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)

THE SHOP WILL ALWAYS BE MANNED BY TWO PEOPLE AFTER 17:00 HRS IN ORDER TO REDUCE CRIME, PUBLIC NUISANCE AND TO PROTECT CHILDREN FROM HARM AND TO ENSURE PUBLIC SAFETY.

b) The prevention of crime and disorder

THE SHOP WILL ALWAYS BE MANNED BY TWO PEOPLE AFTER 17:00 HRS SECURITY CAMERAS ARE PRESENT AND RECORDING ALL THE TIME.

c) Public safety

ALCOHOL IS NEVER SERVED TO ANYONE WHO SEEMS INTOXICATED. THE PREMISES IS NEVER LEFT UNATTENDED. SECURITY CAMERAS OPERATE 24 HRS A DAY.

d) The prevention of public nuisance

FRONT DOOR WILL BE KEPT CLOSED AFTER 11:00 PM IN ORDER TO REDUCE NOISE POLLUTION.
LITTER WILL BE KEPT IN LITTER BINS PROVIDED OUTSIDE THE PREMISES.

e) The protection of children from harm

ALCOHOL IS NEVER SERVED TO CHILDREN.
CHILDREN WOULD ALWAYS BE VISIBLE IN THE SHOP DUE TO THE SIZE AND WOULD NEVER BE LEFT UNATTENDED IN THE SHOP.
PROOF OF AGE IS REQUESTED WHENEVER REQUIRED.

Please tick ✓ Yes

- I have made or enclosed payment of the fee
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I understand that I must now advertise my application
- I have enclosed the premises licence or relevant part of it or explanation
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 5 – Signatures (please read guidance note 10)

Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent. (Please read guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature Lakhbir Singh
Date 27/09/15
Capacity MANAGER

Where the premises licence is jointly held signature of 2nd applicant (the current premises licence holder) or 2nd applicant's solicitor or other authorised agent. (Please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature Lakhbir Singh
Date _____
Capacity _____

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Post town _____ Post code _____

Telephone number _____

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

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