



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... SITHAM PARANATHAN.....KIRUBENDRAN.....

..... [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

162050

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description	
WOOD CHURCH FILLING STATION 242 CHURCH LANE KINGSBURY	
Post Town	Post Code
LONDON	N14 9 8SL

Telephone number at premises (if any)

020 3210 0005

Non-domestic rateable value of premises

£ 14500 : 00

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		Post Code	

Part 3 - Variation

Please tick Yes

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

If not do you want the variation to take effect from

Day	Month	Year

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

I am planing to open my business hours from 6am to 12~~am~~am monday to Sunday.

Therefore I would like to extend the hours which is 6am to 12am monday to Sunday.

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.

	<u>Please tick ✓ Yes</u>
<u>Provision of regulated entertainment</u>	
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"/>
<u>Provision of entertainment facilities:</u>	
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"/>
<u>Provision of late night refreshment (if ticking yes, fill in box L)</u>	<input type="checkbox"/>
<u>Sale by retail of alcohol (if ticking yes, fill in box M)</u>	<input checked="" type="checkbox"/>

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

K

Provision of facilities for entertainment of a similar description to that falling within (l) or (j) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing		
			Will the entertainment facility be indoors or outdoors or both – please tick [✓] (please read guidance note 2).		Indoors
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within (l) or (j) (please read guidance note 4)		
Wed					
Thur			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within (l) or (j) at different times to those listed in the column on the left, please list (please read guidance note 5)		
Fri					
Sat					
Sun					

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).		Indoors	
					Outdoors	
Day	Start	Finish			Both	
Mon			Please give further details here (please read guidance note 3)			
Tue						
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)			
Thur						
Fri			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 5)			
Sat						
Sun						

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	06.00	24.00		Both
Tue	06.00	24.00		
Wed	06.00	24.00	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	06.00	24.00		
Fri	06.00	24.00		
Sat	06.00	24.00		
Sun	06.00	24.00		

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)

N/A.

0

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variation (please read guidance note 4)</u>
Day	Start	Finish	
Mon	06.00	24.00	<u>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)</u>
Tue	06.00	24.00	
Wed	06.00	24.00	
Thur	06.00	24.00	
Fri	06.00	24.00	
Sat	06.00	24.00	
Sun	06.00	24.00	

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

Nothing beyond existing Health and Safety, Fire safety and Etc.

- 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)

N/A.

b) The prevention of crime and disorder

Nothing beyond Existing Health and safety,
Fire safety and Etc.

c) Public safety

Nothing beyond Existing Health and safety,
Fire safety and Etc.

d) The prevention of public nuisance

Nothing beyond Existing Health and safety
Fire safety and Etc.

e) The protection of children from harm

Nothing beyond Existing Health and safety
Fire safety and Etc.

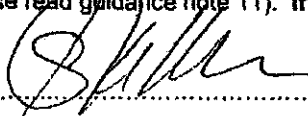
Please tick ✓ Yes

- 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 

Date 24.11.2015

Capacity OWNER

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 N/A

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)	

