

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 Kesaven Prathipkumar

*(insert name(s) of applicant)*

being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number  
223662712

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description  
Taste of Ceylon  
32 Ealing Road

Post town	Wembley	Postcode	HA0 4TL
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Telephone number at premises (if any)	0208 091 8964
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Non-domestic rateable value of premises	£32750
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Part 2 – Applicant details

Daytime contact telephone number	[REDACTED]
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E-mail address (optional)	[REDACTED]
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Current postal address if different from premises address	[REDACTED]
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Post town	London	Postcode	[REDACTED]
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**Part 3 - Variation**

Please tick as appropriate

Do you want the proposed variation to have effect as soon as possible?     Yes                       No

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

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

**Please describe briefly the nature of the proposed variation (Please see guidance note 2)**  
 Change of premises layout (see new plan)  
 Removal of condition 9 to allow the rear of the premises to be used for the consumption of alcohol without the purchase of food if customers require (no vertical drinking)  
 Change of name from Zanzibar Corner to Taste of Ceylon

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

**Part 4 Operating Schedule**

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

**Provision of regulated entertainment (Please see guidance note 3) Please tick all that apply**

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

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

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

**In all cases complete boxes K, L and M**

A

Plays Standard days and timings (please read guidance note 8)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 5)		
Mon					
Tue			State any seasonal variations for performing plays (please read guidance note 6)		
Wed					
Thur			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 (please read guidance note 7)		
Fri					
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 8)			Will the supply of alcohol be for consumption – please tick (please read guidance note 9)	On the premises	<input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	10:00	02:00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 6) None.	Both	<input type="checkbox"/>
Tue	10:00	02:00			
Wed	10:00	02:00			
Thur	10:00	02:00		<b>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</b> (please read guidance note 7) None	
Fri	10:00	02:00			
Sat	10:00	02:00			
Sun	10:00	02:00			

K

**Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 10).**  
None except for the sale of alcohol

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 8)			<b>State any seasonal variations</b> (please read guidance note 6) None
Day	Start	Finish	
Mon	06:00	02:00	
Tue	06:00	02:00	
Wed	06:00	02:00	
Thur	06:00	02:00	<b>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</b> (please read guidance note 7) None
Fri	06:00	02:00	
Sat	06:00	02:00	
Sun	06:00	02:00	

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 9

Please tick as appropriate

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

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

Reasons why I have not enclosed the premises licence or relevant part of premises licence.

**M** Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

**a) General – all four licensing objectives (b, c, d and e) (please read guidance note 11)**

All conditions currently on the existing licence

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

All conditions currently on the existing licence

**c) Public safety**

All conditions currently on the existing licence

**d) The prevention of public nuisance**

All conditions currently on the existing licence

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

All conditions currently on the existing licence



Checklist:

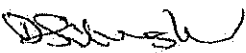
Please tick to indicate agreement

- I have made or enclosed payment of the fee; or x
- I have not made or enclosed payment of the fee because this application has been made in relation to the introduction of the late night levy.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I understand that I must now advertise my application. x
- I have enclosed the premises licence or relevant part of it or explanation. x
- I understand that if I do not comply with the above requirements my application will be rejected. x

**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**Part 5 – Signatures** (please read guidance note 12)

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

Signature	
Date	12.9.2019
Capacity	Agent

Where the premises licence is jointly held, signature of 2nd applicant (the current premises licence holder) or 2nd applicant's solicitor or other authorised agent (please read guidance note 14). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 15)  
 Licensing Services Agency  
 16 Bengeo Street

Post town	Hertford	Post code	SG14 3ES
Telephone number (if any)	01992 584959/07931 484635		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) licensingservicesagency@ntlworld.com			

