

Vary a Premises Licence

Review

Please review the details to below to ensure they are correct before proceeding. If the details shown are not correct, click previous to enter the correct licence number.

Current Licence number

16/00106/PRMNEW

Current Premises address

248 Brixton Road London SW9 6AQ

Premises Details

Premises Licence Number *

16/00106/PRMNEW

Premises Address *

248 Brixton Road London SW9 6AQ

Telephone Number at Premises (if any)

02035384759

Non-domestic rateable value of premises. *

£ 4194.00

Type of Premises Licence Holder

Type of Premises Licence Holder *

Individual(s)

Premises Licence Holder - Individual

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.

Title *	Mr
First name *	Green
Surname *	Acharaike
Street address *	<div style="background-color: black; width: 150px; height: 15px;"></div>
Town/City *	London
County	
Postcode *	SW9 6AQ
Daytime Contact Telephone Number	<div style="background-color: black; width: 100px; height: 15px;"></div>
Email *	<div style="background-color: black; width: 200px; height: 15px;"></div>

Variation

Do you want the proposed variation to take effect as soon as possible? *	Yes
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Variation

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see Guidance Note 1)*	No
Briefly describe the nature of the proposed variation. (Please see Guidance Note 2) *	I wish to change my Premises Licence from 10:00 - 23:00 to 10:00 - 02:00 Friday 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.	

Operating Schedule

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 read guidance note 3) *

- Plays
- Films
- Indoor Sporting Events
- Boxing or Wrestling
- Live Music
- Recorded Music
- Performances of Dance
- Anything of a similar description falling under Music or Dance
- Provision of late night refreshment
- Supply of Alcohol

Type of Variation - Supply of Alcohol

Please select the type of variation that applies to this activity.

*

Add a new Activity

Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 8) *
Please enter times in 24hr format (HH:MM)

Day *

Friday to Sunday

10:00

02:00

Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 9) *

Off the premises

State any seasonal variations for the supply of alcohol. (please read guidance note 6)

Non

Please state any non-standard timings, where you intend to use the premises for the supply of alcohol at different times from the Standard days and times listed? (please read guidance note 7)

Non

Adult Entertainment

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)

Non

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 8) * Please enter times in 24hr format (HH:MM)

Day *

Monday to Thursday

10:00

23:00

Opening Hours

State any seasonal variations. (please read guidance note 6)

Non

Please state any Non-standard timings, where you intend the premises to be open to the public at different times from the Standard days and times listed? (please read guidance note 7)

Non

Variation

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.

Non

I agree to return the original premises licence or the relevant part of the original premises licence: *

Yes

Note: This application cannot be processed until the original licence is received or a statement as to why it cannot be returned has been accepted.

Licensing Objectives

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)

Th prevention of crime & disorder, Public safety, Prevention of public nuisance and Protection of children from harm

b) The prevention of crime and disorder

CCTV, Door Supervisors, Pub Watch Membership

c) Public safety

External Lighting, Door Supervisors, CCTV

d) The prevention of public nuisance

Noise reduction measures, Dispersal policies

e) The protection of children from harm

Challenge 21 or Challenge 25 scheme, Control over admission of children

Declarations

Declaration Type *

Sole Applicant - Individual or Other

Declarations

I have made or enclosed payment of the fee or. 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 I must now advertise my application. I understand I must now return the original premises licence, or relevant part of it or have provided an explanation why I will not be able to do this. I understand that if I do not comply with the above requirements my application will be rejected.

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

Signature/Declaration of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (see Guidance Note 13). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.

Full Name *

Green Acharaike

Date *

11/09/2019

Capacity *

Applicant



Declaration made

Do you wish to provide alternative correspondence details? *

No

Email confirmation

On submission an email confirmation will be sent using the details below

Forename

Green

Surname /Company Name

Acharaike

Email *

[REDACTED]

Telephone

[REDACTED]