

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

21/00272/PRMDPS

Current Premises address

Unit 25 Zennor Road London SW12 0PS

Premises Details

Premises Licence Number *

21/00272/PRMDPS

Premises Address *

Unit 25 Zennor Road London SW12 0PS

Telephone Number at Premises (if any)

██████████

Non-domestic rateable value of premises. *

£ 25500

Type of Premises Licence Holder

Type of Premises Licence Holder *

Non-Individual(s)

Premises Licence Holder - Non Individual

Name *	Fancy Delivery UK Limited
Street address *	██████████
Town/City *	London
County	
Postcode *	██████
Registered number (where applicable)	12793914
Description of applicant (for example partnership, company, unincorporated association etc.) *	Company
Email *	████████████████████
Daytime Contact Telephone Number	

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) *	Grocery delivery company. The proposed variation application is to facilitate an online grocery service that requires the Sale by Retail of Alcohol Monday to Sunday 00:00 to 00:00 on such other times and on such other terms as set out in the application. New trading name is Gopuff.
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.

*

Change an existing 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 *

Every Day

00:00

00:00

Supply of Alcohol

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

Both

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

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)

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)

N/A

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 *

Every Day

00:00

00:00

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.

N/A

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

No

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.

Variation

If you cannot return the original premises licence referred to please give the reasons why not. *

Waiting for licence following transfer application.

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)

Proposed Condition - No changes approved under this variation shall take effect until the updated GoPuff App is commissioned and in use at the premises.

b) The prevention of crime and disorder

Please see box A above.

c) Public safety

Please see box A above.

d) The prevention of public nuisance

Please see box A above.

e) The protection of children from harm

Please see box A above.

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 *

Keystone Law Limited

Date *

17/12/2021

Capacity *

Applicant's Solicitor



Declaration made

Do you wish to provide alternative correspondence details? *

Yes

Alternative Correspondence Address

This is the address which we shall use to correspond with you about this application.

Please provide Contact Name (where not previously given) and postal address for correspondence associated with this application (See guidance note 15).

Title *	<input type="text" value="Mr"/>
First name *	<input type="text" value="Marcus"/>
Surname *	<input type="text" value="Lavell"/>
Street address *	<input type="text" value="Keystone Law"/> <input type="text" value=""/> <input type="text" value=""/>
Town/City *	<input type="text" value="London"/>
County	<input type="text" value=""/>
Postcode *	<input type="text" value=""/>
Telephone Number	<input type="text" value=""/>
Email Address *	<input type="text" value=""/>

Email confirmation

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

Forename	<input type="text" value="Marcus"/>
Surname /Company Name	<input type="text" value="Lavell"/>
Email *	<input type="text" value=""/>
Telephone	<input type="text" value=""/>