## **APPENDIX B**

14/06/2017

Business - Application to vary a premises licence under the Licensing Act 2003 Ref No. 834423

Please enter the name(s) of the premises licence holders who is applying to vary a premises licence under section 34 of the Licensing Act 2003 for the premises decribed in Part 1 below

	Kyle Shearer
Premises licence number	851093

Non-domestic rateable value of premises in order to see your rateable value click here (opens in new window)

£	2000

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

Address Line 1	UNIT 5
Address Line 2	THE ARTWORKS ELEPHANT ROAD
Town	LONDON
County	
Post code	SE17 1AY
Ordnance survey map reference	
Description of the location	
Telephone number	

Please select the capacity in which you are applying to convert your existing licence

Daytime contact telephone number	
Email address	
Postal Address if different from premises address	
Town / City	
Postcode	

Do you want the premises licence to have effect as soon as possible?

Please tick	Yes

If not from what date do you want the variation to take effect?

(DD/MM/YYYY)			
<u> </u>	1		
Please describe briefly the nature of the proposed variation ( see guidance note 2 )			
	We would like to add off sales to our licence		
If 5,000 or more peop	ele attend the premises at any one time, please state the number		
Please select number from range	Less than 5000		
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			
What licensable activi	What licensable activities do you intend to carry on from the premises?		
	(Please see sections 1 and 14 of the Licensing Act 2003 and schedule 1 and 2 to the Licensing Act 2003)		
Provision of regulated	d entertainment		
Provision of late night refreshment			
Supply of alcohol			
	j) Supply of alcohol		

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Will the supply of alcohol be for consumption ( Please read guidance note 8)

	Both	
Standard days and tim	nings for Supply of alcohol ( Please re	ead guidance note 7)
Day	Start	Finish
Mon	11:00	23:00
Tues	11:00	23:00
Ved	11:00	23:00
Thur	11:00	23:00
-ri	11:00	23:00
Sat	11:00	23:00
Sun	11:00	23:00
Ion standard timings. nose listed. Please lis	Where you intend to use the premise st, ( Please read guidance note 6 )	es for the supply of alcohol at different times to
hose listed. Please lis	et, ( Please read guidance note 6 )	es for the supply of alcohol at different times to ies, other entertainment or matters ancillary to the tof children ( Please read guidance note 9 )
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Non standard timings those listed. Please list	. Where you intend to use the premises to be open to the public at different times from st, ( Please read guidance note 6 )
Please identify those consequence of the p	conditions currently imposed on the licence which you believe could be removed as a roposed variation you are seeking.
	we will comply with all our current conditons
a) General - all four lid	censing objectives (b,c,d,e) ( Please read guidance note 10 )
	We are a small family pizzeria. We wish to add off sales to our licence so our customers can enjoy a drink with their food outdoors.
b) the prevention of co	rime and disorder
	There is a security guard on site and the restaurant and surrounding area are comprehensively covered by cctv
c) public safety	
	We operate a strict challenge 25 policy and never serve anyone who is drunk or anti social.
d) the prevention of p	ublic nuisance
	Customers are reminded to leave quietly
e) the protection of children from harm	
	We will have a security guard on site at all times. 24hr CCTV and anything suspicious will be reported to the Police
If the plan of the prem	nises are varying please upload a plan of the premises,
Upload proposed plans	
Upload existing plans	

Checklist

	I understand that I must now advertise my application. I understand that if I do not comply with the above requirements my application be rejected.
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## I agree to the above statement

	I agree
PaymentDescription	
AuthCode	
LicenceReference	
PaymentContactEmail	

Please provide name of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (please read guidance note 12). If completing on behalf of the applicant, please state in what capacity.

Full name	Kyle Shearer
Date (DD/MM/YYYY)	14/06/2017
Capacity	Owner

Where the premises licence is jointly held, please enter the 2nd applicants name (the current premises licence holder) or 2nd solicitor or other authorised agent (please read guidance note 13). If completing on behalf of the applicant, please state i

Full name	
Date (DD/MM/YYYY)	
Capacity	

Contact name (where not previously given) an address for correspondence associated with this application (please read guidance note 14)

Contact name and address for correspondence	Kyle Shearer Elephantastic Pizza Unit 5, The Artworks Elephant Rd London SE17 1AY
Telephone No.	
If you prefer us to correspond with you by e-mail, your email address (optional)	

Please tick to indicate agreement

	I am a company or limited liability partnership
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I agree to the above statement				
	Yes			

The information you provide will be used fairly and lawfully and Southwark Council will not knowingly do anything which may lead to a breach of the Data Protection Act 1998.