20/06/2017 Business - Application to vary a premises licence under the Licensing Act 2003 Ref No. 836996

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

	GEORGE NWACHUKWU
Premises licence number	854638

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

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

Address Line 1	UNIT 2
Address Line 2	777 OLD KENT ROAD
Town	LONDON
County	
Post code	SE15 1NZ
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
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If not from what date do you want the variation to take effect?

(DD/MM/YYYY)	

Please describe briefly the nature of the proposed variation (see guidance note 2)

VARY HOURS FOR SALE OF ALCOHOL ON AND OFF PREMISES TO: SUNDAY TO THURSDAY 11:00HOURS TO 00:30HOURS THE FOLLOWING DAY FRIDAY AND SATURDAY AND BANK HOLIDAYS 11:00HOURS TO 03:00HOURS THE FOLLOWING DAY
VARY LATE NIGHT REFRESHMENT TO SUNDAY TO THURSDAY 23:00HOURS TO 24:00HOURS FRIDAY,SATURDAY AND BANK HOLIDAY 23:00HOURS TO 02:30HOURS THE FOLLOWING DAY

If 5,000 or more people 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 activities do you intend to carry on from the premises?

Licensing Act 2003)	(Please see sections 1 and 14 of the Licensing Act 2003 and schedule 1 and 2 to the Licensing Act 2003)
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Provision of regulated entertainment

Provision of late night refreshment

i) Late night refreshment

Supply of alcohol

j) Supply of alcohol

Will the provision of late night refreshment take place indoors or outdoors or both? (Please read guidance note 3)

Indoors

Please give further details here (Please read guidance note 4)

RESTAURANT

Standard days & timings for Late night refreshment (Late night start time is from 23.00, see guidance notes 7)

Day	Start	Finish
Mon	23:00	00:00
Tues	23:00	00:00
Wed	23:00	00:00
Thur	23:00	00:00
Fri	23:00	00:00
Sat	00:00	02:30
	23:00	00:00
Sun	00:00	02:30
	23:00	00:00

State any seasonal variations for the provision of late night refreshment (Please read guidance note 5)

BANK HOLIDAYS
23:00HOURS TO 02:30HOURS THE FOLLOWING DAY

Non standard timings. Where you intend to use the premises for the provision of late night refreshmentat different times, to those listed. Please list, (Please read guidance note 6)

BANK HOLIDAYS
23:00HOURS TO 02:30HOURS THE FOLLOWING DAY

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

	Both
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Standard days and timings for Supply of alcohol (Please read guidance note 7)

Day Start	Finish
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Mon	00:00	00:30	
	11:00	00:00	
Tues	00:00	00:30	
	11:00	00:00	
Wed	00:00	00:30	
	11:00	00:00	
Thur	00:00	00:30	
	11:00	00:00	
Fri	00:00	00:30	
	11:00	00:00	
Sat	00:00	03:00	
	11:00	00:00	
Sun	00:00	03:00	
	11:00	00:00	

State any seasonal variations for the supply of alcohol (Please read guidance 5)

BANK HOLIDAY 11:00HOURS TO 03;00HOURS THE FOLLOWING DAY

Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed. Please list, (Please read guidance note 6)

BANK HOLIDAY 11:00HOURS TO 03;00HOURS THE FOLLOWING DAY	

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 9)

NONE

Hours premises are open to the public (standard timings Please read guidance note 7)

Day	Start	Finish
Mon	00:00	01:00
	11:00	00:00
Tues	00:00	01:00
	11:00	00:00
Wed	00:00	01:00
	11:00	00:00
Thur	00:00	01:00
	11:00	00:00
Fri	00:00	01:00
	11:00	00:00
Sat	00:00	03:30
	11:00	00:00

Sun	00:00	03:30
	11:00	00:00

State any seasonal variations (Please read guidance note 5)

BANK HOLIDAYS
23:00HOURS TO 03:30HOURS THE FOLLOWING DAY

Non standard timings. Where you intend to use the premises to be open to the public at different times from those listed. Please list, (Please read guidance note 6)

BANK HOLIDAYS
23:00HOURS TO 03:30HOURS THE FOLLOWING DAY

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.

a) General - all four licensing objectives (b,c,d,e) (Please read guidance note 10)

AS PER EXISTING

b) the prevention of crime and disorder

AS PER EXISTING

c) public safety

AS PER EXISTING

d) the prevention of public nuisance

AS PER EXISTING

e) the protection of children from harm

AS PER EXISTING

If the plan of the premises 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 will 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	ROBERT JORDAN
Date (DD/MM/YYYY)	20/06/2017
Capacity	AGENT

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	
Telephone No.	
If you prefer us to correspond with you by e-mail, your email address (optional)	

Please tick to indicate agreement

I am not a company or limited liability partnership

Please upload proof of entitlement to work in the UK

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.