APPENDIX B

16/08/2017

Business - Application to vary a premises licence under the Licensing Act 2003 Ref No. 869093

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

	Niall Devlin & Michael Peters
Premises licence number	841340

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

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Ι. Σ.	102.100
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Postal address of premises or, if none, ordnance survey map reference or description

Address Line 1	123 SNOWSFIELDS
Address Line 2	
Town	LONDON
County	
Post code	SE1 3ST
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)			
Please describe briefly the nature of the proposed variation (see guidance note 2)			
	To trade an extra two hours on Thursday, Friday and Saturday night to 1am.		
	We are a small, well ran pub/restaurant and believe we have scope to become a safe space to drink later on in the evening than we currently trade.		
	This premise when owned by another several years ago had a licence that was similar to that which we'd like to apply for.		
	We are aware of our responsibilities and since the premise and alcohol licence was granted almost 5 years ago have never had any issues, or problems.		
If 5,000 or more people	le 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 entertainment			
	f) recorded music		
Provision of late night refreshment			
	i) Late night refreshment		

Small, well established safe neighbourhood gastropub. trading for over 4 years with zero

trouble.

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

Day	Start	Finish
Mon		
Tues		
Wed		
Thur	23:00	01:00
Fri	23:00	01:00
Sat	23:00	01:00
Sun		
	•	

	20.00	01.00	
Sat	23:00	01:00	
Sun			
State any seasonal variations for the provision of late night refreshment (Please read guidance note 5)			
Non standard timings. refreshmentat different	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)		
Will the supply of alcohol be for consumption (Please read guidance note 8)			
	On the premises		
Standard days and timings for Supply of alcohol (Please read guidance note 7)			
Day	Start	Finish	
Mon	12:00	23:00	
Tues	12:00	23:00	
Wed	12:00	23:00	
Thur	12:00	01:00	
Fri	12:00	01:00	
Sat	12:00	01:00	
Sun	12:00	23:00	
State any seasonal variations for the supply of alcohol (Please read guidance 5)			

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)

			ties, other entertainment or matters ancillary to spect of children (Please read guidance note 9)
	None		
Hours premises a		public (standard timings F	Please read guidance note 7)
Day		Start	Finish
Mon		12:00	23:00
Tues		12:00	23:00
Wed		12:00	23:00
Thur		12:00	01:00
Fri		12:00	01:00
Sat		12:00	01:00
Sun		12:00	23:00
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) 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)			
We have traded The Rose for the previous 4 years with ZERO problems, we train ou staff effectively and we soon be part of http://bbnuk.com/ which is a National Award Scheme supported by the Home Office and the drinks industry which is aimed primar at promoting responsible management and operation of alcohol licensed premises. We are aware we have a social responsibility, and are very experienced in managing and developing bar, restaurants and pubs in SE1			
	Scheme s at promot	supported by the Home Of ting responsible managem ware we have a social res	fice and the drinks industry which is aimed primarily ent and operation of alcohol licensed premises. ponsibility, and are very experienced in
b) the prevention (Scheme s at promot We are a managing	supported by the Home Of ting responsible managem ware we have a social res g and developing bar, resta	fice and the drinks industry which is aimed primarily ent and operation of alcohol licensed premises. ponsibility, and are very experienced in
b) the prevention (Scheme sat promote We are a managing of crime and di	supported by the Home Of ting responsible managem ware we have a social responding bar, restandarder	fice and the drinks industry which is aimed primarily ent and operation of alcohol licensed premises. ponsibility, and are very experienced in

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	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	Niall Devlin
Date (DD/MM/YYYY)	
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	Michael Peters
Date (DD/MM/YYYY)	
Capacity	Owner

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	Danny Kwiatkowski The Rose 123 Snowsfields London SE1 3ST
Telephone No.	
If you prefer us to correspond with you by e-mail, your email address (optional)	

Please tick to indicate agreement

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.