10/01/2018

Business - Application to vary a premises licence under the Licensing Act 2003 Ref No. 953587

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

	Adam Clark	EAST	12 +4	RESTAURANTS	L7A.
Premises licence number	858651		<u>.</u>	9	

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

£	23000		

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

2-4 GROVE LANE	
	*
LONDON	* *
SE5 8SY	
2-4 Grove Lane	
	2-4 GROVE LANE LONDON SE5 8SY

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

Daytime contact telephone number			8	5	P P P P P P P P P P P P P P P P P P P	\$
Email address						*****
Postal Address if different from premises address		÷ b	4		.e	
Town / City			1 24 20 2 25 3		3/	
Postcode				8		6

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

Please tick	Vec	*	
1 loase tion	169	 	

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

(DD/MM/YYYY)	
Please describe briefl	y the nature of the proposed variation (see guidance note 2)
	Our current license does not permit sale of alcohol to customers for takeaway or delivery. Due to numerous customer questions, there is clearly demand for us to be able to sell wine and beer (not spirits) to customers who are buying food from us both for takeaway and for delivery, so we request to have that added to our license. To stress, we do not wish to apply to be permitted to sell alcohol to be consumed off the premises without the purchase of food.
If 5,000 or more peop	e 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	
	ies do you intend to carry on from the premises?
ĄŽ.	(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
4	
Q 14	
	· · · · · · · · · · · · · · · · · · ·
Provision of late night	refreshment
10 m	

Supply of alcohol

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j) Supply of alcohol

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

Both

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

Day	2	Start	Finish
Mon	A STATE OF THE STA	11:00	23:00
Tues		11:00	23:00
Wed		11:00	23:00
Thur		11:00	23:00
Fri		11:00	23:30
Sat		11:00	23:30
Sun		11:00	23:00

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

None

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)

None

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	# p	08:00	23:30
Tues	•.	08:00	23:30
Wed	8.9	08:00	23:30
Thur '		08:00	23:30
Fri	· Š	08:00	00:00
Sat	3166	08:00	00:00
Sun		08:00	23:30

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If the plan of the premises are varying please upload a plan of the premises,

Upload proposed plans		¥	8
Upload existing plans	22	9	

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.
1007 1005	be rejected.

I agree to the above statement

10000	I agree	¥.6-
PaymentDescription	10009807096, ,	
AuthCode	339010	
LicenceReference	ks102 94212	
PaymentContactEmail		2

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	Simon Leaver			
Date (DD/MM/YYYY)	10/01/2018	27 *	e st	
Capacity	Director	2	3000 7 3000	

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	; 6. £.	ir ¢
Date (DD/MM/YYYY)		
Capacity	V	

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.	Simon Leaver	97	
			710-44

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If you prefer us to correspond with you by e-mail, your email address (optional)		10 E			
Please tick to indicate	agreement	š	681	ě	
	Lam a company or li	lmited liability partnershi	2	2	
	Tanta company of it	mined habinty partitions in	<u> </u>	ec ty	
I agree to the above s	tatement				20
10 mm			e	ti	
			*	- 3	
3	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.