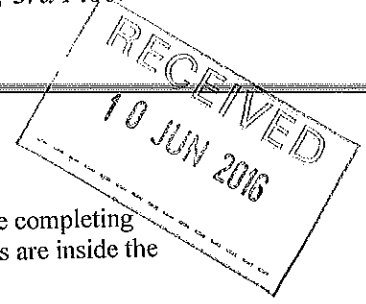


Community Safety EHTS, Health Safety & Licensing Team, Southwark Council, 3rd Floor
 Hub 2, P O BOX 65429, London, SE1P 5LX



Application to vary a premises licence under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

~~1/1/16~~ BAHADEER SINGH MAHIL
 (Insert name(s) of applicant)

being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number	829 825
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Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description	
B D WINES 1 BRAGANZA STREET LONDON	
Post town	Postcode
	SE17 3RD

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£ 3,700

Part 2 – Applicant details

Part 3 - Variation

Please tick as appropriate

Do you want the proposed variation to have effect as soon as possible?

Yes

No

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 (Please see guidance note 1)

I operate a convenience store and wish to extend my opening hours to the public to 24 hours Monday - Sunday. The reason for this is because the Spar shop located nearby recently closed down and I have had several requests from customers to extend the opening time especially in the early hours of the morning so that they can buy daily necessities. I therefore also wish to extend my hours for the retail sale of alcohol to reflect 24 hours - the licensable activity.

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:

--

Part 4 Operating Schedule

Please 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 tick all that apply

- | | |
|--|--------------------------|
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H) | <input type="checkbox"/> |

Provision of late night refreshment (if ticking yes, fill in box I)

Sale by retail of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	00.00	24.00						
Tue	00.00	24.00						
Wed	00.00	24.00						
Thur	00.00	24.00				Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)		
Fri	00.00	24.00						
Sat	00.00	24.00						
Sun	00.00	24.00						

K

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 8).

NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	00.00	24.00	Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)
Tue	00.00	24.00	
Wed	00.00	24.00	
Thur	00.00	24.00	
Fri	00.00	24.00	
Sat	00.00	24.00	
Sun	00.00	24.00	

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.

The conditions in relation to timing will need to reflect the 24 hour opening times.

Please tick as appropriate

- I have enclosed the premises licence — a copy
- ~~I have enclosed the relevant part of the premises licence~~

If you have not ticked one of these boxes, please fill in reasons for not including the licence or part of it below

Reasons why I have not enclosed the premises licence or relevant part of premises licence.

M

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 9)

I will ensure more emphasis is placed on promoting and achieving the 4 objectives. I have been operating my business in the area for over 20 years and I am well known and regarded in the area. It is therefore very important to me that I keep the local residents, businesses, and customers happy.

b) The prevention of crime and disorder

As stated in my initial application, I am strict on people not gathering outside my shop. I also make sure no one drinks near the premises to minimise disorder. This helps towards preventing anti-social behaviour, and public drunkenness.

c) Public safety

As stated in my initial application, I ensure there are 2 people/staff in the shop. I also have CCTV installed on the premises for the upkeep of public safety.

d) The prevention of public nuisance

I would reiterate that I strictly do not allow loitering outside my shop or order, to ensure public nuisance of any sort is avoided.

e) The protection of children from harm

As stated in my initial application, I have an age verification policy where staff ask for ID if age of customer is suspected in respect of alcohol. I also have clear signs. In addition, I keep and maintain a record of customers, who have attempted to buy alcohol under age.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I understand that I must now advertise my application.
- I have enclosed the premises licence or relevant part of it or explanation.
- I understand that if I do not comply with the above requirements my application will be rejected.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

Part 5 – Signatures (please read guidance note 10)

Signature of applicant (the current premises licence holder) or applicant’s solicitor or other duly authorised agent (please read guidance note 11). **If signing on behalf of the applicant, please state in what capacity.**

Signature	[REDACTED]
Date	9.6.16
Capacity	PREMISES LICENCE HOLDER

Where the premises licence is jointly held, signature of 2nd applicant (the current premises licence holder) or 2nd applicant’s solicitor or other authorised agent (please read guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13)

Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			