



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.

I/We ABASS ANTHONY

(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 GM/PRE/0506/0009

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description JASSAL STORE 16-18 LIVINGSTONE ROAD			
Post town	GRAVESEND	Postcode	DA12 5DZ

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 10000

Part 2 – Applicant details

Daytime contact telephone number	
E-mail address (optional)	

Current postal address if different from premises address			
Post town		Postcode	

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

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see guidance note 1) Yes No

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

THIS IS AN EXISTING PREMISES WHICH HAS BEEN OPERATING UNDER PREVIOUS MANAGEMENT FOR OVER 40 YEARS AS A FAMILY BUSINESS. THIS HAS NOW BEEN TAKEN OVER BY A NEW OWNERSHIP AND IT WILL CONTINUE TO RUN AS A FAMILY STORE.

THIS VARIATION IS TO AMEND THE LICENSING HOURS WITH CURRENT OPENING HOURS OF PREMISES. THE EXISTING HOURS ALSO HAVE VARIATIONS ON SPECIAL DAYS UNDER OLD SYSTEM, WHICH NEED TO BE UPDATED TOO.

NEW OPERATING SCHEDULES HAVE ALSO BEEN ADDED.

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 see guidance note 3) **Please tick all that apply**

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

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

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 8)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 5)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 6)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 7)		
Sat					
Sun					

Films Standard days and timings (please read guidance note 8)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			

B

Mon			Please give further details here (please read guidance note 5)
Tue			
Wed			State any seasonal variations for the exhibition of films (please read guidance note 6)
Thur			
Fri			Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 7)
Sat			
Sun			

Indoor sporting events Standard days and timings (please read guidance note 8)			Please give further details (please read guidance note 5)
Day	Start	Finish	
Mon			
Tue			
			State any seasonal variations for indoor sporting events (please read guidance note 6)

C

Wed			<p><u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 7)</u></p>
Thur			
Fri			
Sat			
Sun			

Boxing or wrestling entertainments Standard days and timings (please read guidance note 8)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 4)</u>		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish			Both	<input type="checkbox"/>
Mon			<p><u>Please give further details here (please read guidance note 5)</u></p>			
Tue						
Wed			<u>State any seasonal variations for boxing or wrestling entertainment (please read guidance note 6)</u>			

D

Thur			<p><u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list (please read guidance note 7)</u></p>
Fri			
Sat			
Sun			

<p>Live music Standard days and timings (please read guidance note 8)</p>			<p><u>Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 4)</u></p>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<p><u>Please give further details here (please read guidance note 5)</u></p>		
Tue					
Wed			<p><u>State any seasonal variations for the performance of live music (please read guidance note 6)</u></p>		
Thur					

E

Fri			<u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 7)</u>
Sat			
Sun			

Recorded music Standard days and timings (please read guidance note 8)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 4)</u>	Indoors	<input type="checkbox"/>	
				Outdoors	<input type="checkbox"/>	
Day	Start	Finish		Both	<input type="checkbox"/>	
Mon			<u>Please give further details here (please read guidance note 5)</u>			
Tue						
Wed				<u>State any seasonal variations for the playing of recorded music (please read guidance note 6)</u>		
Thur						
Fri			<u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 7)</u>			
Sat						

F

Sun			

Performances of dance Standard days and timings (please read guidance note 8)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 4)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 5)		
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 6)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 7)		
Sat					
Sun					

G

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 8)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 4)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 5)</p>		
Wed					
Thur			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 6)</p>		
Fri					
Sat			<p><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 7)</p>		
Sun					

H

Late night refreshment Standard days and timings (please read guidance note 8)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 5)		
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 6)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 7)		
Sat					
Sun					

Supply of alcohol Standard days and timings (please read guidance note 8)	Will the supply of alcohol be for consumption – please tick (please read guidance note 9)	On the premises	<input type="checkbox"/>
		Off the premises	<input checked="" type="checkbox"/>

I

Day	Start	Finish		Both	<input type="checkbox"/>	
Mon	06.00	00.00	<p><u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 6)</p>			
Tue	06.00	00.00				
Wed	06.00	00.00				
Thur	06.00	00.00		<p><u>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</u> (please read guidance note 7)</p>		
Fri	06.00	00.00				
Sat	06.00	00.00				
Sun	06.00	00.00				

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 10).

L

Hours premises are open to the public Standard days and timings (please read guidance note 8)			<u>State any seasonal variations</u> (please read guidance note 6)
Day	Start	Finish	
Mon	06.00	00.00	
Tue	06.00	00.00	
Wed	06.00	00.00	
Thur	06.00	00.00	
Fri	06.00	00.00	
Sat	06.00	00.00	
Sun	06.00	00.00	
			<u>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</u> (please read guidance note 7)

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.

Please tick as appropriate

- I have enclosed the premises licence
- 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.

THE PREMISES LICENCE HAS BEEN TRANSFERRED NOW AT THE SAME TIME.
ENCLOSED PREVIOUS 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 11)

1. A Comprehensive recordable CCTV system will be installed and maintained covering the trade areas whilst encompassing all ingress and egress to the premises. The system must continually record whilst the premises is open for licensable activities and during all times when customers remain at the premises. The system must be capable of providing pictures of evidential quality, in particular facial recognition. All recordings must be stored for a minimum period of 31 days with date and time. Recordings must be made available immediately upon the request of a Police or Authorised Officer.
2. A staff member from the premises who is conversant with the operation of the CCTV system shall be on the premises at all times when the premises is open to the public. This staff member shall be able to show Police or authorised officer recent data or footage with the absolute minimum of delay when requested.
3. A Challenge 25 proof of age scheme will be operated at all times. Anyone attempting to purchase alcohol that appears to be under 25 years of age will be asked for proof of their age.
4. The only forms of acceptable identification shall be either a valid photographic driving licence, a valid passport, military identification or any other recognised form of photographic identification incorporating the PASS logo. Failure to produce satisfactory proof of age when purchasing alcohol will result in a refused sale.
5. Clear and prominent signage informing customers of the age verification policy in operation will be clearly displayed at all entrances to the premises. At the point of sale and in close proximity to the alcohol displayed.
6. A system of recording sales refused under the age verification policy will be operated at all times in a non erasable format.
7. The refusal record will be kept on the premises for production, on request, to an officer of a Responsible Authority.

b) The prevention of crime and disorder

AS DETAILED ABOVE

c) Public safety

AS DETAILED ABOVE

d) The prevention of public nuisance

AS DETAILED ABOVE

e) The protection of children from harm

AS DETAILED ABOVE

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee; or
- I have not made or enclosed payment of the fee because this application has been made in relation to the introduction of the late night levy.
- 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, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

Part 5 – Signatures (please read guidance note 12)

Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	NIRA SURESH
Date	28/12/2021
Capacity	LICENSING AGENT

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 14). 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 15)

ARKA LICENSING CONSULTANTS
TRIDENT BUSINESS CENTRE
89 BICKERSTETH ROAD

Post town code	LONDON Post SW17 9SH		
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Telephone number (if any)	
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

CONTACT@ARKALICENSING.CO.UK