

(Insert name(s) of applicant)

[Insert name and address of relevant licensing authority and its reference number (optional)]

Application for a minor variation to a premises licence or club premises certificate 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, especially Note 1.

Costica Hrisca

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 in black ink. Use additional sheets if necessary.

Once completed please send your application to the relevant licensing authority. You may wish to keep a copy of the completed form for your records.

being the premises licence holder(s)/club holding a club premises certificate, apply to vary a premises licence under section 41A/club premises certificate under section 86A of the Licensing Act 2003 for the

premises described in Part 1 below.	
Part 1 – Premises details	
Postal address of premises (or, if none, or	dnance survey map reference, or description)
55 Burnt Oak Broadway,	
Post town.	Postcode
Post town London	HA8 5EP
Telephone number at premises (if any)	
Ц	PECEIVED AT
	LICENSING OFFICE
Premises licence number/club premises co	0 8 AUS 2013
LN/000005138/2012/1	
	TIME.

Premises are a one floor grocery store. The premises comprise of a sale floor, shelving and grocery products, sales counter, fridges, one toilet, a small warehousing backyard (where we do not store alcohol) and a small office.

Brief description of premises (Please see Guidance Note 2)

Part 2 – Applicant Details

I am/we are the premises licence holder/club premises	certificate holder. (Please delete as appropriate)
Contact phone number in working hours (if any)	02082050059
Applicant Postal address IF DIFFERENT FROM PR Unit B, Colindale Business Park, Carlisle Road	EMISES ADDRESS
Post town London	Postcode NW9 0HN
Please provide email address if you would prefer us t	to contact you by email (optional)
Part 3 – Proposed variation(s) Do you want the proposed variation to have effect as so	Please tick con as possible? ⊠ Yes □ No
If not, from what date do you want the variation to take	e effect? DDMM YYYY
Please describe the proposed variation(s) in detail in that they could not have an adverse effect on the pro Guidance Note 1). This should include whether new taking place indoors or outdoors (indoors may inclu	omotion of any of the licensing objectives (See or increased levels of licensable activities will be
Details of proposed variations (Please see Guidance We have slightly changed the structure of our pon our new premises plan. The counter area havould like to apply for the condition number 7 behind the counter where a trained member of removed.	oremises and I will show you in detail as been reduced and therefore we from Annex 2."All alcohol will be kept

Details of proposed variations (Continued)	
	!
Part 4 – Operating Schedule	
Please tick those parts of the Operating Schedule which would be subject to change if	this application to
vary was successful.	
Provision of regulated entertainment	
Please tick all tha a. plays	t apply
b. films	
c. indoor sporting events d. boxing or wrestling entertainment	片
e. live music	
f. recorded music g. performances of dance	H
h. anything of a similar description to that falling within (e), (f) or (g)	
Provision of late night refreshment	
Sale by retail of alcohol	П
(Note that this can only relate to reducing licensed hours or moving them without any between 7am and 11pm)	overall increase
Please tick to indicate you have enclosed the following:	

I have enclosed the premises licence/club premises certificate	
I have enclosed the relevant part of the premises licence/ club premises certificate	
I have included a copy of the plan (necessary if the proposed variation will affect the layout)	\boxtimes
If you have not ticked one of the previous three boxes, please explain why in the box	below.
Reasons why you have not enclosed the premises licence/club premises certificarelevant parts.	ite or
Any further information to support your application. (See Guidance Note 4)	
CULTONI IST.	
CHECKLIST: Please tick to indicate agreement	
I have made or enclosed payment of the fee.	\boxtimes
 I have made of enclosed payment of the fee. I have enclosed the plan, if appropriate, of the premises in scale [1mm to 100 otherwise agreed with the licensing authority. 	_
 I have enclosed the premises licence/club premises certificate or relevant part explanation. 	t of it or provided an
I understand that if I do not comply with the above requirements my applications.	ion will be rejected.
	\bowtie
 I understand that I am required to advertise my application by posting a white premises for ten consecutive days commencing on, and including the day a application is given to the licensing authority. 	e notice at or on the after the day when my

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	and	Contact	Details
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(See Guidance Note 5)

<u>Premises Licence</u>: Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (see Guidance Note 6). If signing on behalf of the applicant, please state your name and in what capacity you are authorised to sign:

Signature:

Date: 06/08/2013

Capacity: I/We (insert full name and capacity) Mr Costica Hrisca - Owner

sign on behalf of and have authority to bind the applicant.

Where the premises licence is jointly held, signature of 2 applicant (the current premises licence holder) or 2 applicant's solicitor or other authorised agent (See Guidance Note 7). If signing on behalf of the applicant, please state in what capacity.

Signature:

Date: 06/08/2013

sign on behalf of and have authority to bind the applicant.

Where the premises is a club

I (insert full name) bind the club.

make this application on behalf of the club and have authority to

Signature:

Date:

Capacity: I/We (insert full name and capacity)

sign on behalf of and have authority to bind the applicant.

Contact name (where not previously given) and address for correspondence associated with