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**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~~ Mansur Duzgun  
(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

|                                                |
|------------------------------------------------|
| <b>Premises licence number</b><br>LN/201500377 |
|------------------------------------------------|

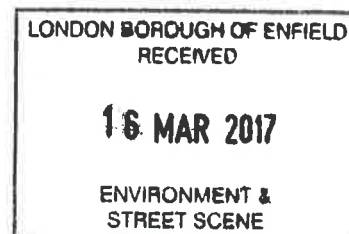
**Part 1 – Premises Details**

|                                                                                                                                         |  |                 |         |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|---------|
| <b>Postal address of premises or, if none, ordnance survey map reference or description</b><br>112 High Street<br>Ponders End<br>London |  |                 |         |
| <b>Post town</b>                                                                                                                        |  | <b>Postcode</b> | EN3 4ES |

|                                                |   |
|------------------------------------------------|---|
| <b>Telephone number at premises (if any)</b>   |   |
| <b>Non-domestic rateable value of premises</b> | £ |

**Part 2 – Applicant details**

|                                                                  |                                                      |                 |         |
|------------------------------------------------------------------|------------------------------------------------------|-----------------|---------|
| <b>Daytime contact telephone number</b>                          | 07850 2458155                                        |                 |         |
| <b>E-mail address (optional)</b>                                 |                                                      |                 |         |
| <b>Current postal address if different from premises address</b> | 9 Kendal Parade<br>Silver Street<br>Edmonton, London |                 |         |
| <b>Post town</b>                                                 |                                                      | <b>Postcode</b> | N18 1ND |



**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)

**Licence Condition 16** - Amend to:  
Music shall not be provided in the rear room of the premises.

**Licence Condition 17** - Amend to:  
There shall be no more than 30 people in the rear room of the premises from opening time until 21:00 and no more than 10 people shall be permitted in the rear room between 21:00 and 22:00.

**Licence Condition 18** - Amend to:  
The rear room shall not be used after 22:00.  
A small designated smoking area shall be cordoned off at the front of the premises for the purpose of smoking with no more than 5 people being permitted to use the smoking area at any one time.

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:

|  |
|--|
|  |
|--|

**Licence Condition 19** - Drinks shall not be permitted in the rear garden after 22:00.

Amend to -

Remove - see amended C18



## 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)

### b) The prevention of crime and disorder

Drug dealing - ~~we~~ We will be vigilant and ensure this does not happen in the premises.

### c) Public safety

### d) The prevention of public nuisance

Car park - We will discourage my customers from using the pub's car park.

Hours - I will speak to manager to find out why he has been at premises at early times in morning.

### e) The protection of children from harm

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 | <i>M. Davies</i> |
| Date      | <i>10/3/2017</i> |
| Capacity  | <i>Applicant</i> |

**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)

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