

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

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 described in Part 1 below

	SASIKUMAR MANOKARASA
Premises licence number	847998

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

£	12250
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Postal address of premises or, if none, ordnance survey map reference or description

Address Line 1	92 TOWER BRIDGE ROAD
Address Line 2	
Town	LONDON
County	
Post code	SE1 4TP
Ordnance survey map reference	179233533234
Description of the location	COMMERCIAL BUILDING AREA ON HIGH STREET
Telephone number	██████████

Part 2 - Applicant details

Daytime contact telephone number	██████████
Email address	████████████████████
Postal Address if different from premises address	
Town / City	
Postcode	

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

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

(DD/MM/YYYY)	
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Please describe briefly the nature of the proposed variation ( see guidance note 2 )

	<p>THIS PREMISES HAS BEEN OPERATING FOR LONG TIME UNDER CURRENT OWNERSHIP, AND IT HAS A LICENCE TO OPERATE UNTIL 2AM FOR A FEW DAYS WEEK, IT HAS BEEN SERVING LOCAL CUSTOMERS WITH THEIR LATE NIGHT ESSENTIAL SHOPPING.</p> <p>THERE ARE FEW OTHER SHOPS OPEN 24 HOURS AND ONE OF THEM NEARBY CLOSED RECENTLY, AND CUSTOMERS APPROACH THIS SHOP NOW. WE WOULD LIKE TO CONTINUE SUPPORT THOSE CUSTOMERS WHO WORK 24 HOUR BASIS. WE WOULD LIKE TO MAKE ALL PRODUCTS AVAILABLE.</p> <p>THUS THIS APPLICATION IS TO HAVE THIS PREMISES OPEN 24 HOURS. IT CURRENTLY OPEN UNTIL 2AM THURSDAY TO SATURDAY, 11PM ON OTHER DAYS.</p>
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If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time please use the drop down below to select the number

Please select number from range	Less than 5000
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Provision of regulated entertainment (Please see guidance note 3) Please tick all that apply


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

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Supply of alcohol (if ticking fill in box J)

	j) Supply of alcohol
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Will the supply of alcohol be for consumption ( Please read guidance note 9)

	Off the premises
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Standard days and timings for Supply of alcohol ( Please read guidance note 8 )

Day	Start	Finish
Mon	00:00	00:00
Tues	00:00	00:00
Wed	00:00	00:00
Thur	00:00	00:00
Fri	00:00	00:00
Sat	00:00	00:00
Sun	00:00	00:00

State any seasonal variations for the supply of alcohol ( Please read guidance 6 )

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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 7 )

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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 )

	NONE
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Hours premises are open to the public ( standard timings Please read guidance note 8 )

Day	Start	Finish
Mon	00:00	00:00
Tues	00:00	00:00
Wed	00:00	00:00
Thur	00:00	00:00
Fri	00:00	00:00
Sat	00:00	00:00
Sun	00:00	00:00

State any seasonal variations ( Please read guidance note 6 )

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Non standard timings. Where you intend to use the premises to be open to the public at different times from those listed. Please list, ( Please read guidance note 7 )

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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.

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I have uploaded relevant part of the previous premises licence (Please send a hard copy in the post)

Reason for not uploading the premises licence

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a) General - all four licensing objectives (b,c,d,e) ( Please read guidance note 11 )

	THE PREMISES RUN BY RESPONSIBLE RETAILER OVER LONG TIME. IT IS IN A 24 HOUR BUSY ROAD. IT HAS BEEN OPERATING UNTIL 2AM WITH NO IMPACT ON LICENSING OBJECTIVES.
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b) the prevention of crime and disorder

	CURRENT CONDITIONS ARE MORE THAN ENOUGH TO PROMOTE THE LICENSING OBJECTIVES FOR 24 HOUR OPENING. THE CONDITIONS HAVE BEEN ALREADY INCORPORATED TO MANAGE THE PREMISES EFFECTIVELY.
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c) public safety

	CURRENT CONDITIONS ARE MORE THAN ENOUGH TO PROMOTE THE LICENSING OBJECTIVES FOR 24 HOUR OPENING. THE CONDITIONS HAVE BEEN ALREADY INCORPORATED TO MANAGE THE PREMISES EFFECTIVELY.
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d) the prevention of public nuisance

	CURRENT CONDITIONS ARE MORE THAN ENOUGH TO PROMOTE THE LICENSING OBJECTIVES FOR 24 HOUR OPENING. THE CONDITIONS HAVE BEEN ALREADY INCORPORATED TO MANAGE THE PREMISES EFFECTIVELY.
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e) the protection of children from harm

	CURRENT CONDITIONS ARE MORE THAN ENOUGH TO PROMOTE THE LICENSING OBJECTIVES FOR 24 HOUR OPENING. THE CONDITIONS HAVE BEEN ALREADY INCORPORATED TO MANAGE THE PREMISES EFFECTIVELY.
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If the plan of the premises are varying please upload a plan of the premises,

Upload proposed plans	[REDACTED]
Upload existing plans	[REDACTED]

Checklist

	I understand that I must now advertise my application. I understand that if I do not comply with the above requirements my application  will be rejected.
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I agree to the above statement

	I agree
PaymentDescription	[REDACTED]
AuthCode	
LicenceReference	[REDACTED]
PaymentContactEmail	

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


Full name	Suresh Kanapathi
Date (DD/MM/YYYY)	24/12/2018
Capacity	LONDON

Where the premises licence is jointly held, enter the 2nd applicant (the current premises licence holder) or 2nd applicant's solicitor or other authorised agent (guidance note 14). If completing on behalf of the applicant state in what capacity

Full name	
Date (DD/MM/YYYY)	
Capacity	

Contact name (where not previously given) an address for correspondence associated with this application (please read guidance note 15)

Contact name and address for correspondence	ARKA LICENSING CONSULTANTS [REDACTED]
Telephone No.	0 [REDACTED]

If you prefer us to correspond with you by e-mail, your email address (optional)	
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Please tick to indicate agreement

<input type="checkbox"/>	
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Please upload proof of entitlement to work in the UK

<input type="checkbox"/>	
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I agree to the above statement

<input type="checkbox"/>	
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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.