

143137

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 BALASUNTHARAM SUBEEGARAN
 (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

051760

Part 1 – Premises Details

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

JOHALS GROCERS
 130 BISHOPSCOTE ROAD

Post town

LUTON

Post code

LU3 1PE

Telephone number at premises (if any)

[REDACTED]

Non-domestic rateable value of premises

£ 8000

Part 2 – Applicant details

Daytime contact
 telephone number

E-mail address (optional)

Current postal address if
 different from premises
 address

[REDACTED]

Post Town

Postcode

Part 3 - Variation

Please tick yes

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



If not do you want the variation to take effect from

Day		Month		Year	
1	1	1	1	1	1

Please describe briefly the nature of the proposed variation (Please see guidance note 1)

Hereby, I would like to ask kindly for permission to apply for variation. Due to high competition in my area by multiples and others. I believe, our business will not survive for so long in this competition! If we do not open late. So, please kindly help me to survive in this competition by granting the permission for proposed variation

OFF LICENCE & GENERAL STORE

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 yes

- | | |
|--|--------------------------|
| 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 entertainment facilities

- | | |
|--|--------------------------|
| i) making music (if ticking yes, fill in box I) | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K) | <input type="checkbox"/> |

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

☐

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

☒

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri					
Sat			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 5)		
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri					
Sat			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 5)		
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed			
Thur			
Fri			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 5)
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur					
Fri					
Sat			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 5)		
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the performance of live music (please read guidance note 4)		
Wed					
Thur			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 5)		
Fri					
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur					
Fri					
Sat			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 5)		
Sun					

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri					
Sat			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 (please read guidance note 5)		
Sun					

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>	
			Will the facilities for making music be indoors or outdoors or both – please tick (please read guidance note 2)	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 3)	
Tue				
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)	
Thur				
Fri			Non standard timings Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sat				
Sun				

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
			Please give a description of the facilities for dancing you will be providing		
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for providing dancing facilities (please read guidance note 4)		
Thur					
Fri					
Sat			Non standard timings Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sun					

K

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j (please read guidance note 4)		
Fri					
Sat			Non standard timings Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sun					

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	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 3)		
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
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 5)		
Sat					
Sun					

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (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) N/A		
Mon	00:00	24:00			
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	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) N/A		

N

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) N/A

O

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) N/A
Day	Start	Finish	
Mon	00:00	24:00	
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	
			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) N/A

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

X. Embedded Conditions annex 2

Please tick yes

- 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 failed to enclose the premises licence or relevant part of premises licence

N/A

P 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,e) (please read guidance note 9)

All four licensing objectives are Paramount
non of them can be ignored at any times
so we will intend to take the following steps

b) The prevention of crime and disorder

- Employ additional staff and provide training.
- Challenge age 25 scheme
- Installed effective CCTV in and out side of the Premises
- Report any suspicious activity to the Police.

c) Public safety

- Adopt the existing Health and Safety / Fire safety requirement
- Employ additional Staff.
- Installed effective CCTV in and out side of the premises.
- Increased external lighting in the carpark

d) The prevention of public nuisance

- Display notice in and out reminding to leave quietly and quickly and not to slam doors, rev engines, sound horns or play loud music.
- Don't accept any noise or disturbance causing deliveries between 10PM-6AM

e) The protection of children from harm

- Operate a strict No I.D No Sale Policy
- Employing additional staff to secure the protection of children from harm.
- Imposition of requirements for children to be accompanied by an adult.

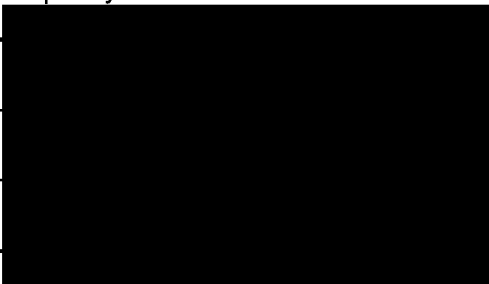
Please tick yes

- 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 CONVICTION TO A FINE UP TO 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)

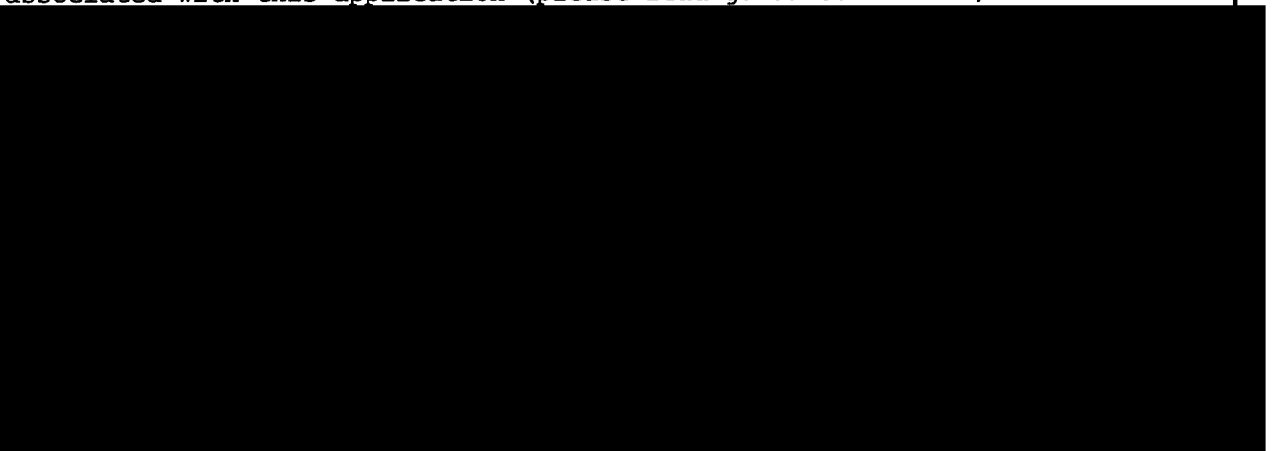
Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (please read guidance note 11) If signing on behalf of the applicant please state in what capacity

Signature		
Date		
Capacity		

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)


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Notes for Guidance

This application cannot be used to vary the licence so as to extend the period for which the licence has effect or to vary substantially the premises to which it relates. If you wish to make that type of change to the premises licence you should make a new premises licence application under section 17 of the Licensing Act 2003.

Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.

Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.

For example state type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.

For example (but not exclusively), where the activity will occur on additional days during the summer months.

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.

Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.

Please list here steps you will take to promote all four licensing objectives together.

The application form must be signed.

An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.

Where there is more than one applicant, both applicants or their respective agents must sign the application form.

This is the address which we shall use to correspond with you about this application.

RESPONSIBLE AUTHORITIES – LICENSING ACT 2003

The attached list contains the details of the Responsible Authorities who must serve your application, plan of the premises and operating schedule in addition to the Licensing Service, if you are applying for a grant or a variation of a Premises licence or Club Premises certificate

Failure to serve these documents within 48 hours of submitting your application to the Licensing Service may result in your application being delayed or rejected

Police	Police Licensing Officer Bedfordshire Police Luton Police Station Buxton Road Luton LU1 1SD Tel 01582 394309
Fire	Chief Fire Officer Bedfordshire and Luton Fire and Rescue Service Southfields Road Kempston Bedford MK42 7NR Tel 01234 351081
Health & Safety	Environmental Health Service Manager Luton Borough Council Clemitson House 44 – 48 Gordon Street Luton LU1 2BQ Tel 01582 546000
Weights & Measures	Trading Standards Service Manager Luton Borough Council Clemitson House 44 – 48 Gordon Street Luton LU1 2BQ Tel 01582 547130
Planning	Principal Planning Officer Development Control Luton Borough Council Town Hall Luton LU1 2BQ Tel 01582 546000
Childrens Services	Head of Children Services Children & Family Services Luton Borough Council 1 st Floor Unity House 111 Stuart Street Luton LU1 5TD Tel 01582 409470
Head of Luton Drug and Alcohol Partnership	Luton Drug and Alcohol Partnership Public Health 4 th Floor Unity House 111 Stuart Street, Luton LU1 5NP Tel 01582 709231

Consent of individual to being specified as premises supervisor

I, Mr BALASUNTHARAM SUBEEGARAN
[full name of prospective premises supervisor]

of

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

Vary a premises licence
[type of application]

made by BALASUNTHARAM SUBEEGARAN
[name of applicant]

relating to a premises licence 051760
[number of existing licence, if any]

for Jorhal's Off Licence and Foodstore
130 Bishopscote Road, LUTON, LU3 1PE
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

BALASUNTHARAM SUBEEGARAN
[name of applicant]

concerning the supply of alcohol at

Jorhal's Off Licence and Foodstore
130 Bishopscote Road, LUTON, LU3 1PE
[name and address of premises to which the application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below

Personal licence number

Personal licence issuing authority

Signed

Name (please print)

Date

RAW

Annex 4 - Plans

Note Plans may not be shown to any scale that may be specified in the drawing

Aug 02 05 02 07p

Bryan Abbott

01234319856

P 2

