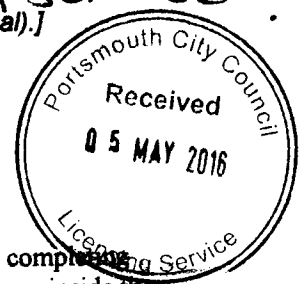


PORTSMOUTH CITY COUNCIL LICENSING SERVICE
 [Insert name and address of relevant licensing authority and its reference number (optional).]



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 Mr Fasu Miah
 (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 14/04242/LAPREM

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description KASSIA 135-137 HAVANT ROAD DRAYTON			
Post town	PORTSMOUTH	Postcode	PO6 2AA
Telephone number at premises (if any)	02392 25555		
Non-domestic rateable value of premises	£ _____		

Part 2 – Applicant details

Daytime contact telephone number	_____		
E-mail address (optional)	_____		
Current postal address if different from premises address	_____		
Post town	PO7 7S2	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

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

TO DISCHARGE THE FOLLOWING CONDITION
ANNEX (3) POINT 5
"NO ENTRY OR RE-ENTRY AFTER 11pm
INCLUDING THOSE LEAVING THE
PREMISES TO SMOKE"

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:

N/A.

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)					
Mon								
Tue								
Wed								
Thur						<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 5)		
Fri								
Sat								
Sun								

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 8).

NONE .

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)
Day	Start	Finish	
Mon	17:00	23:00	<p>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)</p>
Tue	17:00	23:00	
Wed	17:00	23:00	
Thur	16:00	23:00	
Fri	15:00	00:00	
Sat	15:00	00:00	
Sun	15:00	22:00	

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.

TO DISCHARGE THE FOLLOWING CONDITION
ANNEX (3) POINT 5
*NO ENTRY OR RE-ENTRY AFTER 11PM
INCLUDING THOSE LEAVING THE PREMISES
TO SMOKE.

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.

N/A .

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)

STRONG MANAGEMENT CONTROL + EFFECTIVE TRAINING OF ALL KASSIA STAFF, SO THAT THEY ARE AWARE OF THE REQUIREMENTS OF THE LICENSING OBJECTIVES.

b) The prevention of crime and disorder

OUR CCTV MONITERS ENTRANCES, EXITS + ALL OTHER PARTS OF THE PREMISES IN ORDER TO PREVENT CRIME

- NOT SELLING ALCOHOL TO DRUNK CUSTOMERS
- PREVENTION + VIGILANCE IN ILLEGAL DRUG USE.

c) Public safety

- WE TRAIN ALL OUR STAFF ON HOW TO CONDUCT UNDER AGE CHECKS
- THE FIRE DOORS AT THE REAR OF THE PROPERTY ARE KEPT CLOSED AT ALL TIMES + FOR EMERGENCY USE ONLY

d) The prevention of public nuisance

- WE HAVE PROMINENT, CLEAR, LEGIBLE NOTICES THAT HAVE BEEN DISPLAYED AT OUR EXIT REQUESTING CUSTOMERS TO RESPECT THE NEED OF OTHERS / NEIGHBOURS.

e) The protection of children from harm

WE HAVE TRAINED STAFF ABOUT THE REQUIREMENT FOR ID, AGE AND WE USE THE "CHALLENGE 25" IN KASSIA WHICH ENCOURAGES ANYONE WHO IS OVER 18 BUT LOOKS UNDER 25 TO CARRY ACCEPTABLE ID AT ALL TIMES.

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	
Date	18-11-15
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)

MR F. MIAH
135 HAVANT ROAD
DRAYTON

Post town	PORTSMOUTH	Post code	PO6 2AA
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Telephone number (if any)

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)