

# Online application for a minor variation to a premises licence or club premises certificate under the Licensing Act 2003



THE ROYAL BOROUGH OF  
**KENSINGTON  
AND CHELSEA**

Licensing Team, Royal Borough of Kensington and Chelsea - please visit our website [www.rbkc.gov.uk](http://www.rbkc.gov.uk) for our current postal address or contact us on Telephone: 020 7341 5152 email: [licensing@rbkc.gov.uk](mailto:licensing@rbkc.gov.uk)

## PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes attached to the form (especially Note 1). Please ensure that your answers are typed in black. Some text boxes may have a limit on the number of characters. Where necessary please use additional sheets and upload them with your form.

**ALL FIELDS MARKED IN RED ARE MANDATORY AND MUST BE COMPLETED.**

Before submitting your application please save a copy to your desk top. Please ensure that you provide a valid email address

.....  
*(Insert name(s) of applicant)*

**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, Ordnance Survey map reference, or description)	
Post town	Postcode

Telephone number at premises (if any)	
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<b>Premises Licence number/club premises certificate number</b>	
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<b>Brief description of premises</b> (Please see Guidance Note 2)
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**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)

Applicant Postal address IF DIFFERENT FROM PREMISES ADDRESS	
Post town	Postcode
Please provide email address if you would prefer us to contact you by email (optional)	

**Part 3 – Proposed variation(s)**

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

Please tick  
 Yes  No

If not, from what date do you want the variation to take effect?

DD MM YYYY

Do you want the proposed variation to have effect in relation to the introduction of the late night levy?  
(Please see Guidance Note 3)

Yes  No

**Please describe the proposed variation(s) in detail in the box below and explain why you consider that they could not have an adverse effect on the promotion of any of the licensing objectives (See Guidance Note 1). This should include whether new or increased levels of licensable activities will be taking place indoors or outdoors (indoors may include a tent):**

<b>Details of proposed variation(s)</b> (Please see Guidance Note 4) <b>***LIMITED CHARACTERS – CONTINUE ON NEXT PAGE***</b>
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**Details of proposed variation(s) (continued) \*\*\*LIMITED CHARACTERS –PLEASE CONTINUE ON SEPARATE SHEET IF NECESSARY\*\*\***

#### **Part 4 – Operating Schedule**

Please tick those parts of the Operating Schedule which would be subject to change if this application to vary were successful.

#### **Provision of regulated entertainment (please read guidance note 5)**

Please tick all that apply

- a. plays
- b. films
- c. indoor sporting events
- d. boxing or wrestling entertainment
- e. live music
- f. recorded music
- g. performances of dance
- h. anything of a similar description to that falling within (e), (f) or (g)

**Provision of late night refreshment**

**Supply of alcohol**

(Note that this can only relate to reducing licensed hours, or moving them without any overall increase between 7am and 11pm)

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  
(this is necessary if the proposed variation will affect the layout)

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 certificate or relevant parts.**

**Any further information to support your application. (See Guidance Note 6) \*\*\*LIMITED CHARACTERS – PLEASE CONTINUE ON SEPARATE SHEET IF NECESSARY\*\*\***

Checklist:

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee; or
- I have not made or enclosed payment of the fee because this application has been made in relation to the introduction of the late night levy.
- I have enclosed a plan of the premises, if appropriate.
- I have enclosed the premises licence/club premises certificate or relevant part of it or explanation.
- I understand that if I do not comply with the above requirements my application will be rejected..

I understand that I must now advertise my application for a continuous period beginning on the first working day after the day on which the application was given to the relevant licensing authority and ending at the expiry of the ninth consecutive working day after that day.

**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**Part 5 – Signatures and Contact Details**

(See Guidance Note 7)

**Premises Licence:** Signature of applicant (the current premises licence holder) or applicant’s solicitor or other duly authorised agent (see Guidance Note 8). If signing on behalf of the applicant, please state your name and in what capacity you are authorised to sign:

Signed

Date

Capacity

**Where the premises licence is jointly held, signature of 2<sup>nd</sup> applicant (the current premises licence holder) or 2<sup>nd</sup> applicant’s solicitor or other authorised agent** (See Guidance Note 9). If signing on behalf of the applicant, please state in what capacity.

Signed

Date

Capacity

**Where the premises are a club**

I (insert full name)

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

Signed

Date

Capacity

Contact name and address. (See Guidance Note 10) – <b>Must be completed</b>	
Post town	Postcode
Telephone number	Your email address

Now save your form and upload here