Application for a minor variation to a premises licence or club premises certificate 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, especially Note 1.

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 in black ink. Use additional sheets if necessary.

Once completed please send your application to the relevant licensing authority. You may wish to keep a copy of the completed form for your records.

Co-operative Group Food Ltd

	(Insert name(s) of applicant)
being the premises licence holder(s)/club holding a club premises licence under section 41A/club premises certificate under 2003 for the premises described in Part 1 below. Part 1 – Premises details	
Postal address of premises (or, if none, ordnance survey ma Co-op Whitemans Green Cuckfield	p reference, or description)
Post town Po	ostcode
	H17 5BY
Telephone number at premises (if any) Premises licence number/club premises certificate number PWA0490	
Brief description of premises (Please see Guidance Note 2	2)
Convenience store selling groceries and alcohol for consu	umption off the premises.

Part 2 – Applicant Details

I am/we are the premises licence holder/club premises appropriate)	certificate holder. (Please delete as
Contact phone number in working hours (if any)	
Applicant Postal address IF DIFFERENT FROM PRE	MISES 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 s	Please tick oon as possible? ⊠ Yes ☐ No
	DDMMYYYY
If not, from what date do you want the variation to tak	e effect?
Do you want the proposed variation to have effect in relevy? (Please see Guidance Note 3)	elation to the introduction of the late night Yes No
Please describe the proposed variation(s) in detail is consider that they could not have an adverse effect objectives (See Guidance Note 1). This should includicensable activities will be taking place indoors or of the constant of the con	on the promotion of any of the licensing de whether new or increased levels of
Details of proposed variation(s) (Please see Guidan	ce Note 4)
We are making minor alterations to the store layout a alterations will not have an adverse effect on the pror	

Details of proposed variation(s) (Continued)	
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. filmsc. indoor sporting events	
d. boxing or wrestling entertainment e. live music	
f. recorded music	Ħ
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)	

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Please tick to indicate you have enclosed the following:

I have e	enclosed the premises licence/club premises certificate	\boxtimes
	enclosed the relevant part of the premises licence/ emises certificate	\boxtimes
	ncluded a copy of the plan necessary if the proposed variation will affect the layout)	\boxtimes
If you h	have not ticked one of the previous three boxes, please explain why in the box below.	
	sons why you have not enclosed the premises licence/club premises certificate or	
Elect	want parts. tronic copy included. If you originally sent it as a hard copy by post, we will securely on this on receipt of the new one, unless specified otherwise.	
Any	further information to support your application. (See Guidance Note 6)	
CHECK		
Please t	ick to indicate agreement	
•	I have made or enclose payment of the fee.	\boxtimes
•	I have not made or enclosed payment of the fee because this application has been marelation to the introduction of the late night levy.	de in
•	I have enclosed the plan, if appropriate, of the premises in scale [1mm to 100mm], unotherwise agreed with the licensing authority.	nless
•	I have enclosed the premises licence/club premises certificate or relevant part of it or provided an explanation.	
•	I understand that if I do not comply with the above requirements my application will rejected.	be 🖂

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)

<u>Premises Licence</u>: 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:

Signature	Christopher Nixon
Date	23/12/2025
Capacity	Licensing Practitioner on behalf of the Co-Operative Group Food Ltd

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 (See Guidance Note 9). If signing on behalf of the applicant, please state in what capacity.

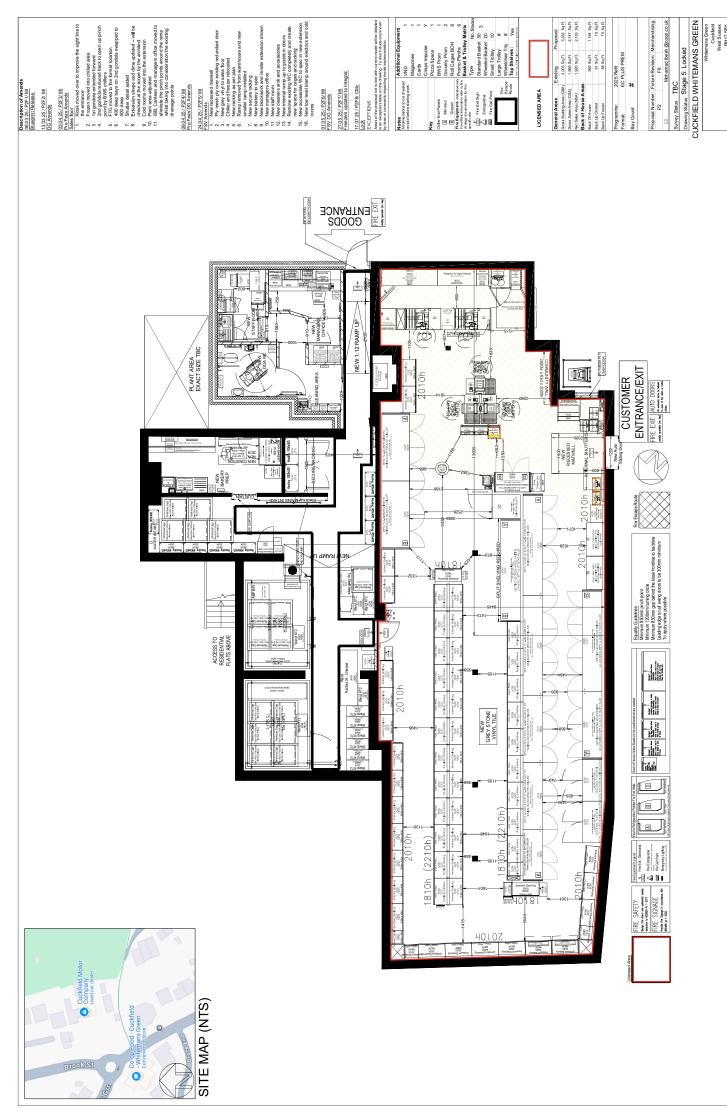
Signature	
Date	
Capacity	

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.	

Signature	
Date	
Capacity	

Contact name (where not previously given) and address for correspondence associated with this application. (See Guidance Note 10)	
Post town	Postcode
Telephone number (if any)	If you would prefer us to correspond with you by email your email address (optional)



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