

Vary a Premises Licence

Review

Please review the details to below to ensure they are correct before proceeding. If the details shown are not correct, click previous to enter the correct licence number.

Current Licence number

22/01042/LAPREM

Current Premises address

Giggling Squid 65 High Street Reigate Surrey RH2 9AE

Premises Details

Premises Licence Number *

22/01042/LAPREM

Premises Address *

Giggling Squid 65 High Street Reigate Surrey RH2 9AE

Telephone Number at Premises (if any)

Non-domestic rateable value of premises. * For further details on how to find the non-domestic rateable value of the premises please consult further guidance on the council's premises related licensing pages.

£ 39500

Type of Premises Licence Holder

Type of Premises Licence Holder *

Non-Individual(s)

Premises Licence Holder - Non Individual

Name *

Chokdee Ltd

Street address *

Walnut Tree Close

Premises Licence Holder - Non Individual

Town/City *	Guildford
County	
Postcode *	GU1 4UL
Registered number (where applicable)	04508336
Description of applicant (for example partnership, company, unincorporated association etc.) *	company
Email *	craig.baylis@keystonelaw.co.uk
Daytime Contact Telephone Number	07817858403

Variation

Do you want the proposed variation to take effect as soon as possible? *	Yes
--	-----

Variation

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see Guidance Note 1)*	No
Briefly describe the nature of the proposed variation. (Please see Guidance Note 2) *	Vary a condition in annex 2 to read The rear gardens can be used to serve no more than 16 patrons at one time. The latest time that patrons can be seated in the rear garden is 17:00. The latest time that a food order can be made in the rear garden is at 17:30. Alcohol only to be served in the rear garden until 18:30. The rear garden area will be cleared by patrons by 19:00. Thereafter the area to be used only for emergency purposes and doors and windows to be kept shut after 19:00.
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.	

Operating Schedule

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 read guidance note 3) *

Plays

Films

Indoor Sporting Events

Boxing or Wrestling

Live Music

Recorded Music

Performances of Dance

Anything of a similar description falling under Music or Dance

Provision of late night refreshment

Supply of Alcohol

Plan Only

Type of Variation - Supply of Alcohol

Please select the type of variation that applies to this activity.

*

Change an existing Activity

Supply of Alcohol Standard Times

Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 8) *
Please enter times in 24hr format (HH:MM)

Day *

Declarations

Declaration Type *

Sole Applicant - Individual or Other

Declarations

I agree to pay the prescribed fee or I do not need to make payment of the fee because this application has been made in relation to the introduction of the late night levy. I understand that copies of this application and the plan will be sent to the responsible authorities and others where applicable. I understand I must now advertise my application. I agree that on receipt of the updated premises licence to destroy any and all previous versions of the licence. I understand that if I do not comply with the above requirements my application will be rejected.

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

Signature/Declaration of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (see Guidance Note 13). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.

Full Name *

Craig Baylis

Date *

09/08/2023

Capacity *

Applicant's Solicitor



Declaration made

Do you wish to provide alternative correspondence details? *

Yes

Alternative Correspondence Address

Alternative Correspondence Address

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

Please provide Contact Name (where not previously given) and postal address for correspondence associated with this application (See guidance note 15).

Title *	Mr
First name *	Craig
Surname *	Baylis
Street address *	6 Lettice Street
Town/City *	London
County	
Postcode *	SW6 4EH
Telephone Number	07817858403
Email Address *	craig.baylis@keystonelaw.co.uk

Email confirmation

On submission an email confirmation will be sent using the details below

Forename	Craig
Surname /Company Name	Baylis
Email *	craig.baylis@keystonelaw.co.uk
Telephone	07817858403