

LICENSING ACT 2003

Reference: 25/01043/LAPRE

An application for a **Premises Licence** (Variation)

has been made by **Dada Eats Food Ltd**

for the premises known as -

19 Station Road, Aldershot, Hampshire, GU11 1HT

Details of this application (including the activities and times that are proposed to be varied and/or carried on or from the premises) are set out in the attached copy (redacted).

These and other details of the application (including any plans), together with the licensing register of the licensing authority may be inspected at the offices of Rushmoor Borough Council at the Council Offices, Farnborough Road, Farnborough GU14 7JU; telephone: 01252 398855, website: www.rushmoor.gov.uk.

NB(1): Responsible authorities or any other person may make representations about this application to the licensing authority no later than the date set out below.

21 January 2026

NB(2): Where applicable, all representations must be made in writing to the licensing authority at the above address or submitted by email: licensing@rushmoor.gov.uk.

NB(3): The ability to make representations is restricted after the issue of a provisional statement.

NB(4): It is an offence to knowingly or recklessly make a false statement in connection with an application; the maximum fine for which is £5000 on summary conviction.

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Rushmoor Borough Council, Council Offices, Farnborough Road, Farnborough,
Hampshire, GU14 7JU

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 **DADA EATS FOOD LTD**

(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

Part 1 – Premises Details

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

19 STATION ROAD ALDERSHOT HAMPSHIRE

Post town

Postcode

GU11 1HT

Telephone number at premises (if any)

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

DADA EATS 19 Station Road , Aldershot , Hampshire

Post town

Postcode

GU11 1HT

Part 3 - Variation

RUSHMOOR
BOROUGH COUNCIL

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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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

~~TO OPEN~~ **LATE AND CHANGE THE KITCHEN EQUIPMENT PLAN**

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:

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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 all that apply

- | | |
|--|--------------------------|
| 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 late night refreshment (if ticking yes, fill in box I)

☒

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

☐

In all cases complete boxes K, L and M

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A

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

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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="radio"/>
				Outdoors	<input type="radio"/>
				Both	<input type="radio"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Thur					
Fri					
Sat			<u>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</u> (please read guidance note 5)		
Sun					

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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			

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D

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

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E

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

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F

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

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G

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

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H

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

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I

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)	
Day	Start	Finish	Indoors	<input type="radio"/>
			Outdoors	<input type="radio"/>
			Both	<input checked="" type="radio"/>
Mon	4 4 0 1		Please give further details here (please read guidance note 3)	
Tue	4 4 0 1			
Wed	1 1 0 1		State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	
Thur	4 4 0 1			
Fri	4 4 0 2		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	1 1 0 2			
Sun	1 1 0 1			

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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="radio"/>
				Off the premises	<input checked="" type="radio"/>
				Both	<input type="radio"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) NO ALCOHOL SERVED		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun			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)		

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). NO ENTERTAINMENT OF ANY KIND
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L

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	11-1	0-1	
Tue	11-1	0-1	
Wed	11-1	0-1	
Thur	11-1	0-1	
Fri	11-1	0-2	
Sat	11-1	0-2	
Sun	11-1	0-1	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)

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.

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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.

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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)

CCTV

b) The prevention of crime and disorder

NO ALCOHOL

c) Public safety

STAFF TRAINING

d) The prevention of public nuisance

NOT TO OPERATE OUTSIDE THE LICENCE HOURS

e) The protection of children from harm

NO PLAGIARY AND NO ENTERTAINMENT AT THE PREMISES AT ALL TIMES

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Checklist:

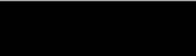
Please tick to indicate agreement

- 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	23/12/2025
Capacity	OWNER

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)

Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			