

[Insert name and address of relevant licensing authority and its reference number (optional).]

Application for a premises licence to be granted 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 CHAPTER 72 LTD.  
 (Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 - Premises Details

Postal address of premises or, if none, ordnance survey map reference or description			
72 BERMONDSEY STREET			
Post town	LONDON	Postcode	SE1 3UD
Telephone number at premises (if any)			
Non-domestic rateable value of premises	£ 10,250.00		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
  - i. as a limited company  please complete section (B)
  - ~~ii. as a partnership  please complete section (B)~~
  - ~~iii. as an unincorporated association or  please complete section (B)~~
  - iv. other (for example a statutory corporation)  please complete section (B)

- c) a recognised club  please complete section (B)
- d) a charity  please complete section (B)
- e) the proprietor of an educational establishment  please complete section (B)
- f) a health service body  please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales  please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

I am making the application pursuant to a  
 statutory function or   
 a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS (fill in as applicable)**

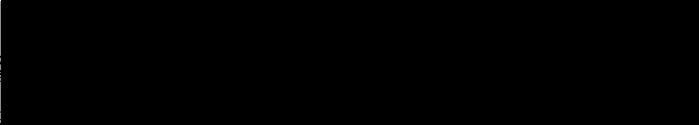
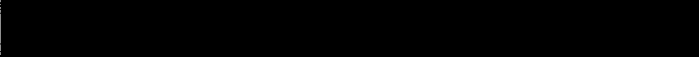
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town		Postcode			
Daytime contact telephone number					
E-mail address (optional)					

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name	CHAPTER 72 Ltd.
Address	72, BERMONDSEY STREET LONDON SE1 3UD
Registered number (where applicable)	10411379
Description of applicant (for example, partnership, company, unincorporated association etc.)	Ltd company.
Telephone number (if any)	
E-mail address (optional)	

Business - Application for a premises licence to be granted under the Licensing Act 2003

04/10/2016

Business - Application for a premises licence to be granted under the Licensing Act 2003

Ref No. 692257

Name of Applicant

Please enter the name(s) who is applying for a premises licence under section 17 of the Licensing Act 2003 and am making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

	Elaheh Eslamieh
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Premises Details

Non-domestic rateable value of premises in order to see your rateable value click here (opens in new window)

£	10,250
	Band D and E only applies to premises which uses exclusively or primarily for the supply of alcohol for consumption on the premises
	No

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

Address Line 1	72 Bermondsey Street
Address Line 2	
Town	
County	
Post code	SE1 3UD
Ordnance survey map reference	
Description of the location	
Telephone number	

Applicant Details

Please select the capacity in which you are applying to convert your existing licence

	a person other than an individual (limited company, partnership, etc)
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If you applying as an individual or non-individual please select one of the following:-

	I am carrying on or proposing to carry on a business which involves the use of the  premises for licensable activities
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Business - Application for a premises licence to be granted under the Licensing Act 2003

Other Applicants

Personal Details - First Entry

Name	Elaheh Eslamieh
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Address - First Entry

Street number or building name	
Street Description	
Town	
County	
Post code	
Registered number ( where applicable )	
Description of applicant ( for example, partnership, company, unincorporated association etc )	Limited Company

Contact Details - First Entry

Telephone number	
Email address	

Operating Schedule

When do you want the premises licence to start?

	01/11/2016
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If you wish the licence to be valid only for a limited period, when do you want it to end?

	01/11/2021
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General description of premises ( see guidance note 1 )

	Coffee Shop
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Please select the range of the number of people expected to attend the premises at any one time.

Business - Application for a premises licence to be granted under the Licensing Act 2003

	Less than 5000
If 5,000 or more people are expected to attend the premises at any one time. Please state the number expected to attend	

Operating Schedule part 2

What licensable activities do you intend to carry on from the premises?

	(Please see sections 1 and 14 of the Licensing Act 2003 and schedule 1 and 2 to the Licensing Act 2003)
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Provision of regulated entertainment

	f) recorded music

Provision of late night refreshment

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Supply of alcohol

	j) Supply of alcohol
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F - Recorded Music

Will the playing of recorded music take place indoors or outdoors or both? ( Please read guidance note 2 )

	Indoors
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Please give further details here ( Please read guidance note 3 )

	This will be unamplified music and will be used only to play background music.
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Business - Application for a premises licence to be granted under the Licensing Act 2003

Standard days and timings for Recorded Music ( Please read guidance note 6 )

Day	Start	Finish
Mon	08:00	
		22:30
Tues	08:00	
		22:30
Wed	08:00	
		22:30
Thur	08:00	
		22:30
Fri	08:00	
		22:30
Sat	08:00	
		22:15
Sun	08:00	
		21:30

State any seasonal variations for playing recorded music ( Please read guidance note 4 )

N/A
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Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed. ( Please read guidance note 5 )

N/A
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J - Supply of Alcohol

Will the supply of alcohol be for consumption ( Please read guidance note 7 )

Both
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Standard days and timings for Supply of alcohol ( Please read guidance note 6 )

Day	Start	Finish
Mon	08:00	
		22:30
Tues	08:00	
		22:30
Wed	08:00	
		22:30
Thur	08:00	

Business - Application for a premises licence to be granted under the Licensing Act 2003

		22:30
Fri	08:00	
		22:30
Sat	08:00	
		22:30
Sun	08:00	
		21:30

State any seasonal variations for the supply of alcohol ( Please read guidance 4 )

	n/a
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Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed. Please list, ( Please read guidance note 5 )

	n/a
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Please upload the consent form completed by the proposed premises supervisor

	<a href="#">Consent-form.pdf</a>
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Premises Supervisor

Full name of proposed designated premises supervisor

First names	Rod
Surname	Eslamieh

Address of proposed designated premises supervisor

Street number or Building name	[REDACTED]
Street Description	[REDACTED]
Town	[REDACTED]
County	[REDACTED]
Post code	[REDACTED]

Personal licence number of proposed designated premises supervisor, if any,

Personal licence number ( if known )	[REDACTED]
Issuing authority ( if known )	Richmond Upon Thames



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 )

	N/a
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L - Hours premises are open to public

Hours premises are open to the public ( standard timings Please read guidance note 6 )

Day	Start	Finish
Mon	07:00	
		22:30
Tues	07:00	
		22:30
Wed	07:00	
		22:30
Thur	07:00	
		22:30
Fri	07:00	
		22:30
Sat	07:00	
		22:30
Sun	08:00	
		21:30

State any seasonal variations ( Please read guidance note 4 )

	n/a
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Non standard timings. Where you intend to use the premises to be open to the public at different times from those listed. Please list, ( Please read guidance note 5 )

	n/a
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M - Steps to promote four licencing objectives

a) General - all four licensing objectives (b,c,d,e) ( Please read guidance note 9 )

	<p>- We will at all times run our premises in a responsible fashion seeking always to promote the licensing objectives.</p> <p>- All staff shall be suitably trained for their job function for the premises. The training shall be written into a programme ongoing and under constant review and must be made available to a relevant responsible authority when called upon.</p>
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b) the prevention of crime and disorder

	<ul style="list-style-type: none"><li>- We will work alongside community police and any neighbourhood watch organisations to always be aware of any dangers or risks in the area.</li><li>- A premises daily register shall be kept at the premises. This register shall be maintained and kept for a rolling period of 12 months. This register shall record the name of the person responsible for the premises on each given day. The premises daily register shall record all pertinent issues which have a bearing on the licensing objectives. The premises daily register shall be made available for inspection by an authorised person upon reasonable request.</li><li>- Suitable beverages other than intoxicating liquor including drinking water shall be equally available for consumption with or otherwise as ancillary to meals served on the licensed premises</li></ul>
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c) public safety

	<ul style="list-style-type: none"><li>- An adequate and appropriate supply of first aid equipment and materials shall be kept on the premises.</li><li>- A fire safety and emergency plan shall be implemented and adhered to.</li><li>- All electrical equipment shall be maintained and tested regularly to ensure safety.</li></ul>
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d) the prevention of public nuisance

	<ul style="list-style-type: none"><li>- Any music provided on the premises shall be background music only.</li><li>- Anyone who appears to be drunk and is seeking to purchase alcohol shall be refused service and asked to leave the premises.</li><li>- Customer behaviour shall be monitored to minimise the potential for public nuisance.</li></ul>
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e) the protection of children from harm

	<ul style="list-style-type: none"><li>- A challenge 25 proof of age scheme shall be operated at the premises where the only acceptable forms of identification are recognised are photographic forms of identification such as drivers licence or passport.</li><li>- A prominent clear notice shall be displayed on the premises advising customers that they may be asked to provide evidence of their age if seeking to buy alcohol.</li><li>- All occasions when persons have been refused service shall be recorded in the premises daily register.</li></ul>
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Please upload a plan of the premises

	<a href="#">72-Bermondsey-Street-Plan2.pdf</a>
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Please upload any additional information i.e. risk assessments

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Checklist

Business - Application for a premises licence to be granted under the Licensing Act 2003

	I have enclosed the plan of the premises. I understand that I must now advertise my application. I understand that if I do not comply with the above requirements my application  will be rejected.
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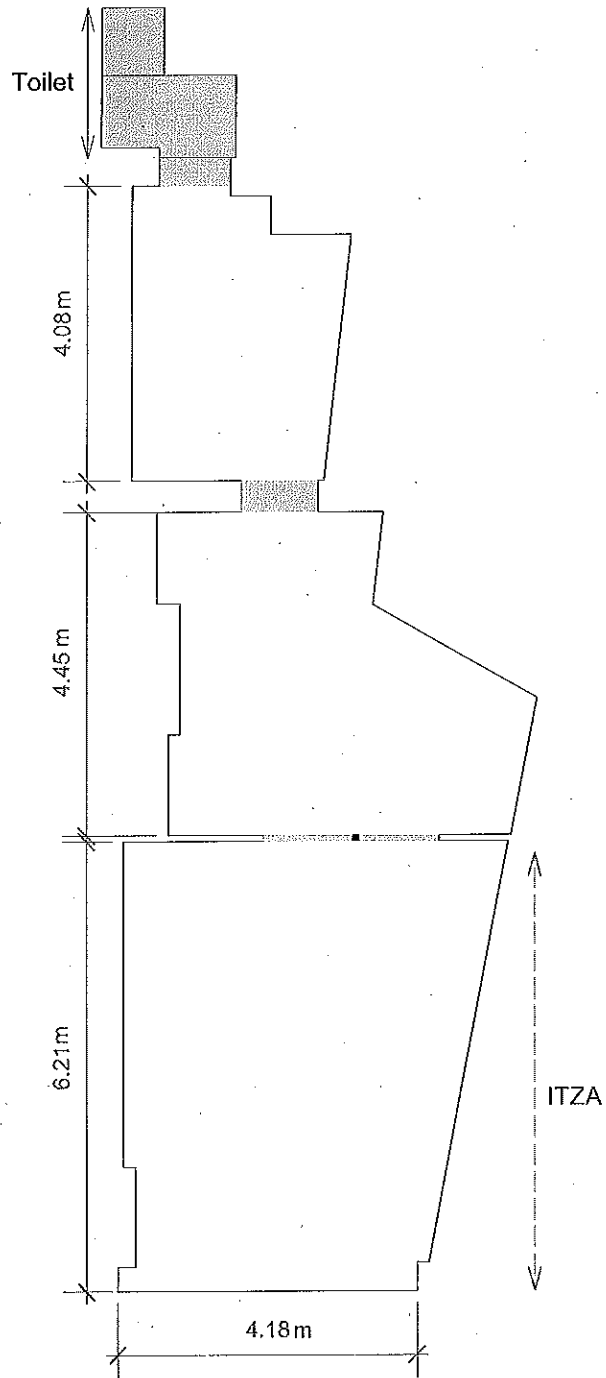
Declaration

I agree to the above statement

	I agree
PaymentDescription	, ,
AuthCode	028014
LicenceReference	LPA-94212-248
PaymentContactEmail	

The information you provide will be used fairly and lawfully and Southwark Council will not knowingly do anything which may lead to a breach of the Data Protection Act 1998.


72 Bermondsey Street



Measurements

Total = 630 sq ft NIA

306 sq ft ITZA

 Corridors excluded in NIA (RICS Code of Measuring Practice)

Scale  
1:100