

Health Safety & Licensing Team, Southwark Council, Hub 2, 3rd Floor,
PO Box 65429, London, SE1P 5LX



**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 Bola 8 ltd T/A FAKTORY

(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 Ground and first floor 113C ELEPHANT ROAD			
Post town	London	Postcode	SE17 1LB

Telephone number at premises (if any)	02078662586
Non-domestic rateable value of premises	£12500

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | |
|--|---|
| a) an individual or individuals * | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i. as a limited company | <input checked="" type="checkbox"/> please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> 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 Bola 8 ltd T/A FAKTORY
Address Ground and first floor 113C ELEPHANT ROAD London SE17 1LB
Registered number (where applicable) 07162342
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited
Telephone number (if any)
E-mail address (optional) info@faktorylondon.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
09	12	2016

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

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)
LATE NIGHT BAR AND RESTAURANT

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

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

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any 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 checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" 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 checked="" type="checkbox"/> |

Provision of late night refreshment (if ticking yes, fill in box I) ☒

Supply of alcohol (if ticking yes, fill in box J) ☒

In all cases complete boxes K, L and M

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="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
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					

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

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			

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="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) N/A		
Mon	11:00	02:00			
Tue	11:00	02:00			
			State any seasonal variations for the performance of live music (please read guidance note 4) N/A		
Wed	11:00	02:00			
Thur	11:00	02:00			
			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 (please read guidance note 5) N/A		
Fri	11:00	02:00			
Sat	11:00	02:00			
Sun	11:00	02:00			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors <input checked="" type="checkbox"/>	
					Outdoors <input type="checkbox"/>	
Day	Start	Finish	Both <input type="checkbox"/>			
Mon	11:00	05:00	Please give further details here (please read guidance note 3) N/A			
Tue	11:00	05:00				
Wed	11:00	05:00	State any seasonal variations for the playing of recorded music (please read guidance note 4) N/A			
Thur	11:00	05:00				
Fri	11:00	05:00	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 (please read guidance note 5) N/A			
Sat	11:00	05:00				
Sun	11:00	05:00				

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="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3) N/A		
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4) N/A		
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) N/A		
Sat					
Sun					

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 LIVE BANDS AND DJS		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon	11:00	05:00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	11:00	05:00	<u>Please give further details here</u> (please read guidance note 3) N/A		
Wed	11:00	05:00			
Thur	11:00	05:00	<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) N/A		
Fri	11:00	05:00			
Sat	11:00	05:00	<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) N/A		
Sun	11:00	05:00			

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)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) N/A		
Mon	23:00	05:00			
Tue	23:00	05:00	Please give further details here (please read guidance note 3) N/A		
Wed	23:00	05:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4) N/A		
Thur	23:00	05:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4) N/A		
Fri	23:00	05:00	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) N/A		
Sat	23:00	05:00	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) N/A		
Sun	23:00	05:00	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) N/A		

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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) N/A		
Mon	11:00	02:30			
Tue	11:00	02:30			
Wed	11:00	02:30			
Thur	11:00	04:30	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) N/A		
Fri	11:00	04:30			
Sat	11:00	04:30			
Sun	11:00	02:30			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

Name RICARDO GARZON MEDINA	
Address <div style="background-color: black; height: 30px; width: 100%;"></div>	
Postcode	<div style="background-color: black; height: 15px; width: 100%;"></div>
Personal licence number (if known) <div style="background-color: black; height: 15px; width: 100%;"></div> PERS	
Issuing licensing authority (if known) CROYDON COUNCIL	

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

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4) N/A
Day	Start	Finish	<u>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</u> (please read guidance note 5) N/A
Mon	11:00	05:00	
Tue	11:00	05:00	
Wed	11:00	05:00	
Thur	11:00	05:30	
Fri	11:00	05:30	
Sat	11:00	05:30	
Sun	11:00	05:00	

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)

- FULL CCTV OF THE PREMISES RUNNING ON 31 DAYS RECORDING.
- APPROVED SIA SUPERVISORS AND STEWARDS TO USED AT THE END OF THE NIGH.
- TO DISPERSE CUSTOMERS FROM THE AREA INCLUDING CARS PARKED OUTSIDE AS MUCH AS POSSIBLE TO IMPROVE SAFETY AND REDUCE NUISANCE.
- NO SERCH, NO ENTRY.
- NO ID, NO ENTRY.
- FULL COOPERATION WITH PUB WATCH

b) The prevention of crime and disorder

- SIA APPROVED DOOR SUPERVISORS PRESENT AFTER 10PM ON ANY GIVEN DAY OF OPERATION.
- NO DRINKS OR GLASS BOTTLES ALLOWED OUTSIDE OF THE PREMISES
- BODY WORN CCTV TO BE USED BY A SECURITY
- ONLINE ID SCAN TO BE USED AT ALL TIME AFTER 10PM

c) Public safety

- NO UNDER 18's ALLOWED IN THE PREMISES AT NIGHT.
- ONLY A LICENSED CAB COMPANY TO BE USED FOR OUR CUSTOMERS.
- SECURITY STEWARDS AT CLOSING TIME USED TO DISPERSE CUSTOMERS FROM THE IMMEDIATE AREA.
- SMOKING AREA TO BE SUPERVISED BY SECURITY WHILE IN USE AT NIGHT • CLOSE COOPERATION WITH POLICE FORCES

d) The prevention of public nuisance

- SOUND LIMITERS SET UP BY A PROFESIONAL SOUND ENGINEER AND A REPORT TO BE PRODUCED AND KEPT IN RECORD.
- DOUBLE DOOR LOBBY TO BE USED IN THE FRONT TO REDUCE NOISE SCAPE..
- DOUBLE DOOR LOBBY FOR ACCESS TO THE SMOKING AREA TO REDUCE NOISE SCAPE.

e) The protection of children from harm

- CHILDREN NOT ALLOWED IN THE PREMISES AT NIGHT.
- DOOR SUPERVISORS AND MANAGEMENT TO ENFORCE AN AGE VERIFICATION SCHEME.

Checklist:


Please tick to indicate agreement

- I have made or enclosed payment of the fee. ☒
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. ☒
- 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. ☒

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 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 11).
If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	26/10/16
Capacity	DPS/GM

For joint applications, signature of 2nd applicant 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 postal address for correspondence associated with this application (please read guidance note 13)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

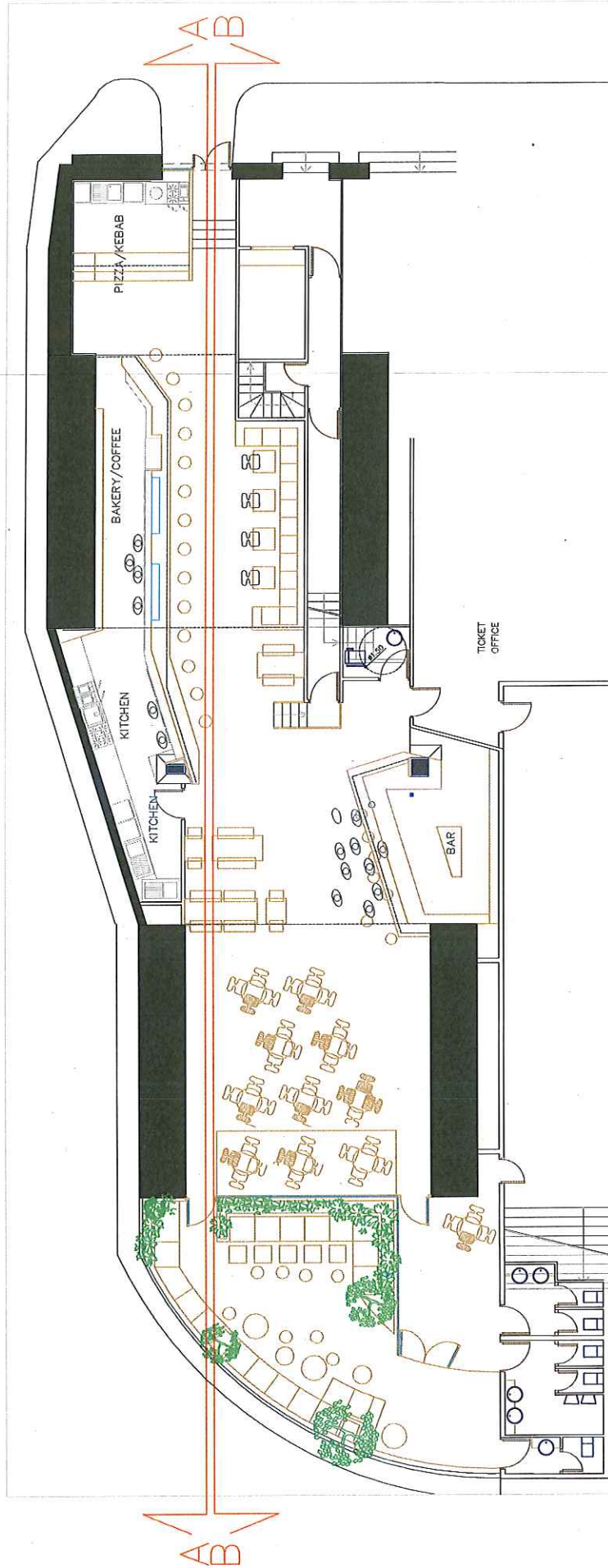
Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Dear Responsible Authorities,

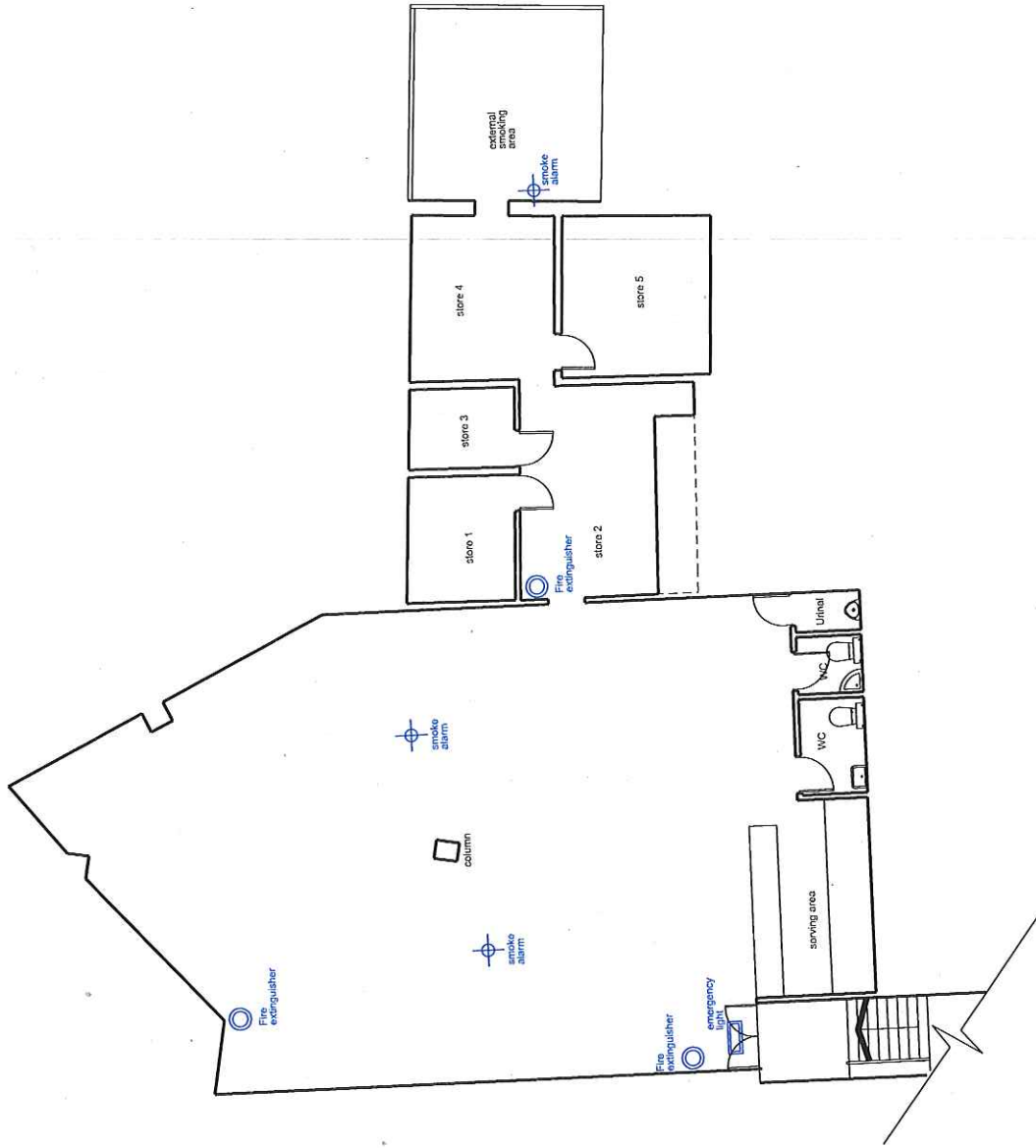
Please note that the applicant has amended their application to include the following conditions in the application in addition to those already stated in the application.

1. That suitable notices shall be displayed stating "No Drugs".
2. That all matters relating to drugs shall be in accordance with the Metropolitan Police Best Practice Guide on the handling of drugs in pubs and clubs.
3. That all musicians and DJs must play electrically amplified music/audio/PA through a sound limiting device. The limiting device shall be maintained at levels set to the satisfaction of the Council's Noise Team.
4. That a notice be displayed at the premises giving the telephone numbers of local mini-cab firms.
5. That signs shall be displayed informing customers and staff that sales of alcohol will not be made to under 18s and that age identification will be required.
6. All children on the premises will be accompanied by a parent or responsible adult at all times
7. That an age identification scheme shall be established and maintained. The scheme shall Require the production of evidence of age (comprising any PASS accredited card or passport or driving licence) from any person appearing to staff engaged in selling or supplying alcohol to be under the age of 18 and who is attempting to buy alcohol.
8. That staff will carry out regular checks when events take place to ensure that noise escaping from the premises does not disturb neighbours.
9. That music levels are to be significantly reduced thirty minutes before closing time.
10. Children to be supervised to ensure that they cannot drink any alcohol and are served soft drinks only
11. All SIA Staff are required to record their details, including SIA Badge number, in a booking on/off register.
12. That signs shall be displayed in the entrance foyer to the premises that state Drugs Free Zone, No Search No Entry and Management reserve the right to refuse entry.
13. That a computer based identification entry system is installed at the premises and that after 22:00 hours the details of all persons (including staff) shall be entered into the system prior to being permitted entry to the premises. Prior to this commencing a security check of the premises shall be carried out in respect of all areas and a record of the security check shall be made. Records of all security checks shall be kept at the premises and shall be made available to officers of the police or the council on request.



PROPOSED GROUND FLOOR PLAN B
1/75

PROJECT NO.	ARCH UNIT 122/113	DATE	15/05/2014	NO.	01D
PROJECT NAME	PROPOSED GROUND FLOOR				
DESIGNER	S. NIETO				
TOTAL	1/75				



<p>Notes:</p>	<p>Revision:</p>	<p>Project: 122 Elephant Road, London SE17 1LB Drawing Title: Existing First Floor Level Drawing Number: 1401_EX_01 Scale: 1:100 @ A3 Status: <input checked="" type="checkbox"/> for information <input type="checkbox"/> for tender <input type="checkbox"/> for consultation</p>
<p>Studio Oil Architects 3rd Floor 122 Elephant Road London W1T 1EG T: +44(0)207 6177 932 E: mail@studiooil.com</p>	<p>This drawing is to be read in conjunction with all related drawings. It may be used for reference only. The original should be used for all other purposes. The drawing is copyright and should not be reproduced without permission.</p>	<p>Revision:</p>