APPENDIX A

1000		632					
Duningga	Application	For o neo	miono linen	4- 6		1 1 1 1 1	nsing Act 2003
DUSINGSS -	AUDIICAIIOH	IOI A DIE	mises licer	CA IO DA I	arantea una	ier the i ice	nging Act VIII3

1	4	10	2	12	Ô١	18

Business - Application for a premises licence to be granted under the Licensing Act 2003 Ref No. 972457

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

	T	
12	Origin Coffee Ltd	- N985-2-1
l .	Origin Coffee Ltd	

Premises Details

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

	20,500
0	Band D and E only applies to premises which uses exclusively or primarily for the supply of alcohol for consumption on the premises
	consumption on the premises

Premises trading name

r	
Origin Coffee	

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

Address Line 1	RAILWAY ARCH 84 SCORESBY STREET
Address Line 2	
Town	LONDON
County	
Post code	SE1 0XN
Ordnance survey map reference	y y
Description of the location	Coffee Shop
Telephone number	

Applicant Details

Please select whether you are applying for a premises licence as Please tick as appropriate

a person other than an individual (limited company, partnership, etc)	

you applying as an individua	l 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 br>premises for licensable activities				
Other Applicants					
Personal Details -	- First Entry				
Name	Origin Coffee Ltd				

Street number or building name	. The Roastery
Street Description	Wheat Vrose Business Pan
Town	London London
County	
Post code	TRI3 OFG
Registered number (where applicable)	08604373
Description of applicant (for example, partnership, company, unincorporated association etc)	Limited Company

Contact Details - First Entry

Telephone number				
Email address	7.5	0		-,4

Operating Schedule

When do you want the premises licence to start?

nly for a limited perio	od, when do you want	it to end?	
0	only for a limited perio	only for a limited period, when do you want	only for a limited period, when do you want it to end?

General description of premises (see guidance note 1)

	* x
	Coffee Shop - Pending planning permission for change of use (18/AP/0176) to be decided on 20/03/2018.
Please select the rar	nge of the number of people expected to attend the premises at any one time.
	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 Cabadula n	out 2
Operating Schedule p	art 2
What licensable activ	ities 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)
Provision of regulated	d entertainment (Please read guidance note 2)
	,
Provision of late night	refreshment
Supply of alcohol	
	j) Supply of alcohol
J - Supply of Alcohol	
Will the supply of alcol	hol be for consumption (Please read guidance note 8)
9	On the premises

Standard days and timings for Supply of alcohol (Please read guidance note 7)

Day	Start	Finish	22-7 2000000
Mon	10:00	22:00	
Tues	10:00	22:00	ē
Wed	10:00	22:00	
Thur	10:00	22:00	
Fri	10:00	22:00	
Sat	10:00	23:00	
Sun	10:00	16:00	

State any seasonal v	ariations for the supply of alcohol (Please read guidance 5)
Non standard timings those listed. Please li	s. Where you intend to use the premises for the supply of alcohol at different times to st, (Please read guidance note 6)
Please upload the co	nsent form completed by the proposed premises supervisor
	Schedule- 15- 6- 3- 17- Consent- of- individual- to- being- specified- as- premises- supervisor- 1pdf
Premises Supervisor	
Full name of propose	d designated premises supervisor
First names	Michael
Surname	McFarlane
DOB	
Date Of Birth	
Address of proposed	designated premises supervisor

Street number or Building name Street Description

Town County

Post code			
Personal licence num	ber of proposed designated premise	s supervisor, if any,	
Personal licence number (If known)			
Issuing authority (if known)	17		
K			
Please highlight any a	dult entertainment or services, activi	ties other entertainment or matters	ancillary to the
use of the premises th	at may give rise to concern in respec	ct of children (Please read guidance	note 9)
~	N/A	×	
	N/A		
I - Harra avandasa ava	among to more than		
L - Hours premises are	open to public		
Hours premises are of	pen to the public (standard timings P	lease read guidance note 7)	
Day	Start	Finish	
Mon	06:00	22:00	
Tues	06:00	22:00	II
Wed	06:00	22:00	
Thur	06:00	22:00	
Fri	06:00	22:00	
Sat	07:00	23:00	
Sun	09:00	16:00	
State any seasonal var	iations (Please read guldance note t	5)	
lon standard fimings 1	Where you intend to use the promise	s to be open to the public of different	t time a grana
hose listed. Please list,	Where you intend to use the premises (Please read guidance note 6)	s to be open to the public at dillerent	times from
CX Services			
- Stens to promote for	ır licencing objectives	* 4	
otopo to promoto tot	ii ilochollig objectives	ata "	
) General - all four lice	nsing objectives (b,c,d,e) (Please re	ad guidance note 10)	
		™ v *** D ***	
l N	Nothing beyond existing health and s	afety/fire etc requirements.	
		• • • • • • • • • • • • • • • • • • • •	

b) the prevention of crime and disorder Nothing beyond existing health and safety/fire etc requirements. c) public safety Nothing beyond existing health and safety/fire etc requirements. d) the prevention of public nulsance Nothing beyond existing health and safety/fire etc requirements. e) the protection of children from harm Nothing beyond existing health and safety/fire etc requirements. Please upload a plan of the premises Site-planRedLine.1.pdf Please upload any additional information i.e. risk assessments Checklist I have enclosed the plan of the premises. I understand that if I do not comply with the above requirements my application

will be rejected. I understand that I must now advertise my application (In th elocal paper within 14 days of applying) Home Office Declaration Please tick to indicate agreement I am a company or limited liability partnership

Declaration

I agree to the above statement

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

	Yes		en and a second		
PaymentDescription			*		
AuthCode				*	
LicenceReference			-27		
PaymentContactEmail		_	_		37

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.

