



APPENDIX A

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 LIGHTHOUSE OPERATIONS 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			
262-274 CAMBERWELL RD, CAMBERWELL			
Post town	London	Postcode	SE5 0DP

Telephone number at premises (if any)	02072774312
Non-domestic rateable value of premises	£ 4.3 million

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/limited liability partnership please complete section (B)
- ii as a partnership (other than limited liability) 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 (by ticking yes to one box below):

- 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		
Date of birth		I am 18 years old or over		<input type="checkbox"/>	Please tick yes
Nationality					
Current residential 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		

Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes.	
Nationality			
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 LIGHTHOUSE OPERATIONS LTD
Address 262-274 CAMBERWELL RD, CAMBERWELL
Registered number (where applicable) 11124403
Description of applicant (for example, partnership, company, unincorporated association etc.) COMPANY
Telephone number (if any) 02072774312
E-mail address (optional) INFO@THELIGHTHOUSEVENUE.COM

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	1	3
1	1	8

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)

THIS VENUE IS A GRADE II LISTED HERITAGE BUILDING. THE PRIME PURPOSE OF THE BUILDING IS A PLACE OF WORSHIP; HOWEVER, IT HAS A SECONDARY USE AS AN EVENTS SPACE CATERING FOR WEDDING RECEPTION, COMMUNITY EVENTS AND SPORTING EVENTS.

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

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

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)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>		
Day	Start	Finish		Outdoors	<input type="checkbox"/>		
				Both	<input type="checkbox"/>		
Mon	8:00	16:00	Please give further details here (please read guidance note 3) ALL PERFORMANCES WILL BE INDOORS				
	17:00	00:00					
Tue	8:00	16:00					
	17:00	00:00					
Wed	8:00	16:00		State any seasonal variations for performing plays (please read guidance note 4)			
	17:00	00:00					
Thur	8:00	16:00					
	17:00	00:00					
Fri	8:00	16:00			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 (please read guidance note 5)		
	17:00	00:00					
Sat	8:00	16:00					
	17:00	00:00					
Sun	8:00	16:00					
	17:00	00:00					

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) ALL PERFORMANCES WILL BE INDOORS		
Mon	8:00	16:00			
	17:00	00:00			
Tue	8:00	16:00			
	17:00	00:00			
Wed	8:00	16:00			
	17:00	00:00			
Thur	8:00	16:00			
	17:00	00:00			
Fri	8:00	16:00			
	17:00	00:00			
Sat	8:00	16:00			
	17:00	00:00			
Sun	8:00	16:00			
	17:00	00:00			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3) ALL PERFORMANCES WILL BE INDOORS
Day	Start	Finish	
Mon	17:00	00:00	State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue	17:00	00:00	
Wed	17:00	00:00	
Thur	17:00	00:00	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)
Fri	17:00	00:00	
Sat	17:00	00:00	
Sun	17:00	00:00	

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment 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			
Mon			Please give further details here (please read guidance note 3) ALL PERFORMANCES WILL BE INDOORS		
	17:00	01:00			
Tue					
	17:00	01:00			
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
	17:00	01:00			
Thur					
	17:00	01:00			
Fri			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 (please read guidance note 5)		
	17:00	01:00			
Sat					
	17:00	01:00			
Sun					
	17:00	01:00			

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) ALL PERFORMANCES WILL BE INDOORS					
Mon	17:00	04:00						
Tue	17:00	04:00						
Wed	17:00	04:00				State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	17:00	04:00						
Fri	17:00	04:00						
Sat	17:00	04:00				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)		
Sun	17:00	04:00						

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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) ALL PERFORMANCES WILL BE INDOORS		
Mon	17:00	04:00			
Tue	17:00	04:00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Wed	17:00	04:00			
Thur	17:00	04:00	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)		
Fri	17:00	04:00			
Sat	17:00	04:00			
Sun	17:00	04:00			

G

Performances of dance Standard days and timings (please read guidance-note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3) ALL PERFORMANCES WILL BE INDOORS		
	17:00	04:00			
Tue					
	17:00	04:00			
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
	17:00	04:00			
Thur					
	17:00	04:00			
Fri			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 (please read guidance note 5)		
	17:00	04:00			
Sat					
	17:00	04:00			
Sun					
	17:00	04:00			

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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon	17:00	04:00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	17:00	04:00	Please give further details here (please read guidance note 3) ALL PERFORMANCES WILL BE INDOORS		
Wed	17:00	04:00			
Thur	17:00	04:00	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri	17:00	04:00			
Sat	17:00	04:00	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 (please read guidance note 5)		
Sun	17:00	04:00			

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			
Mon			<u>Please give further details here</u> (please read guidance note 3) ALL PERFORMANCES WILL BE INDOORS		
	23:00	04:00			
Tue					
	23:00	04:00			
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
	23:00	04:00			
Thur					
	23:00	04:00			
Fri			<u>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</u> (please read guidance note 5)		
	23:00	04:00			
Sat					
	23:00	04:00			
Sun					
	23:00	04:00			

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) ALL PERFORMANCES WILL BE INDOORS					
Mon								
	17:00	04:00						
Tue								
	17:00	04:00						
Wed								
	17:00	04:00						
Thur						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)		
	17:00	04:00						
Fri								
	17:00	04:00						
Sat								
	17:00	04:00						
Sun								
	17:00	04:00						

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

Name	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	



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 9).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	08:00	04:00	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 6)
Tue	08:00	04:00	
Wed	08:00	04:00	
Thur	08:00	04:00	
Fri	08:00	04:00	
Sat	08:00	04:00	
Sun	08:00	04:00	

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

Day	Start	Finish
Mon	17:00	04:00
Tues	17:00	04:00
Wed	17:00	04:00
Thur	17:00	04:00
Fri	17:00	04:00
Sat	17:00	04:00
Sun	17:00	04:00

State any seasonal variations for the supply of alcohol (Please read guidance 5)

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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 6)

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Please upload the consent form completed by the proposed premises supervisor

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Premises Supervisor

Full name of proposed designated premises supervisor

First names	Vicki
Surname	Hearn

DOB

Date Of Birth	
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Address of proposed designated premises supervisor

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

Street number or Building name	71 - 75
Street Description	SHELTON STREET
Town	LONDON
County	
Post code	WC2H 9JQ

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

Personal licence number (if known)	08-00706 LAPER
Issuing authority (if known)	LONDON BOROUGH OF NEWHAM, E16 2QU

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 9)

N/A

L - Hours premises are open to public

Hours premises are open to the public (standard timings Please read guidance note 7)

Day	Start	Finish
Mon	08:00	16:00
	17:00	00:00
Tues	08:00	16:00
	17:00	00:00
Wed	08:00	16:00
	17:00	00:00
Thur	08:00	16:00
	17:00	00:00
Fri	08:00	16:00
	17:00	00:00
Sat	08:00	16:00
	17:00	00:00
Sun	18:00	00:00

State any seasonal variations (Please read guidance note 5)

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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 6)

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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 10)

	<p>Strong management controls and effective training of all staff so that they are aware of the premises licence and the requirements to meet the four licensing objectives with attention to:</p> <p>a/ no selling of alcohol to underage people b/ no drunk and disorderly behaviour on the premises area c/ vigilance in preventing the use and sale of illegal drugs at the retail area d/ no violent and anti-social behaviour e/ no any harm to children</p> <ul style="list-style-type: none"> - Operating Schedule providing the hours of operation and licensable activities during those hours. - Designated premises supervisor confirmed it is obligated to be in day-to-day control of the premises, to provide good training for staff on the Licensing Act (Training Record), to make or authorise each sale - Clear "Challenge 25" information to prevent the supply of alcohol to under-age drinkers. - CCTV system installed with recording option available - Roller metal exterior window shutter will be fixed to ensure that shop front is safe and secure at all times <p>As a licensed premises we know that it is necessary to carry out our functions or operate their businesses with a purpose of promoting these objectives. We promise to support these objectives through their operating schedules and other measures (including staff training and qualifications, policies, and strategic partnerships with other agencies).</p>
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b) the prevention of crime and disorder

	<p>CCTV System installed to monitor entrances, exits, and other parts of the premises in order to address the prevention of crime objective.</p> <p>A clear and legible notice outside the premises indicating the normal hours under the terms of the premises licence during which licensable activities are permitted.</p> <p>Clear and conspicuous notices warning of potential criminal activity, such as theft, that may target customers will be displayed.</p> <p>Not selling of alcohol to drunk or intoxicated customers.</p> <p>Custom will not be sought by means of personal solicitation outside or in the vicinity of the premises.</p> <p>Prevention and vigilance in illegal drug use at the retail unit area.</p> <p>Staff will be well trained in asking customers to use premises in an orderly and respectful manner and prevent drinking alcohol at the retail unit (ex. canned or bottled beer).</p>
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c) public safety

	<p>Internal and external lighting fixed to promote the public safety objective.</p> <p>Well trained staff adherence to environmental health requirements.</p> <p>Training and implementation of underage ID checks.</p> <p>A log book or recording system shall be kept upon the premises in which shall be entered particulars of inspections made; those required to be made by statute, and information compiled to comply with any public safety condition attached to the premises licence that requires the recording of such information. The log book shall be kept available for inspection when required by persons authorised by the Licensing Act 2003 or associated legislation.</p>
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	All parts of the premises and all fittings and apparatus therein, door fastenings and notices, lighting, heating, electrical, air condition, sanitary accommodation and other installations, will be maintained at all times in good order and in a safe condition.
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d) the prevention of public nuisance

	Noise reduction measures to address the public nuisance objective. Prominent, clear and legible notices will be displayed at the exit requesting the public to respect the needs of nearby residents and to leave the premises and the area quietly. Deliveries of goods necessary for the operation of the business will be carried out at such a time or in such a manner as to protect residents from noise disturbances.
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e) the protection of children from harm

	"Challenge 25" sign which is a retailing strategy that encourages anyone who is over 18 but looks under 25 to carry acceptable ID (a card bearing the PASS hologram, a photographic driving license or a passport) if they wish to buy alcohol. Well trained staff about requirement for persons' identification, age establishment etc. All the details provided in Training Record Book available the retail unit. Log Book will be kept upon the premises all the time. Nothing belongs existing Health & Safety requirements.
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Please upload a plan of the premises

	Hall-dimensions.1.pdf
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Please upload any additional information i.e. risk assessments

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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)
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Home Office Declaration

Please tick to indicate agreement

	<input type="checkbox"/> I am a company or limited liability partnership
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Declaration

I agree to the above statement

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

	Yes
PaymentDescription	, ,
AuthCode	██████
LicenceReference	██████████
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.

Consent of individual to being specified as premises supervisor

I VICKI HEARN
[full name of prospective premises supervisor]

of [REDACTED] 75 [REDACTED]
LONDON,
[REDACTED]

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for
PREMISES LICENSE
[type of application]

by

LIGHTHOUSE OPERATIONS LTD
[name of applicant]

relating to a premises licence _____
[number of existing licence, if any]
for

LIGHTHOUSE, 262-274 CAMBERWELL ROAD, SE5 0DP
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by


LIGHTHOUSE OPERATIONS LIMITED
[name of applicant]

concerning the supply of alcohol at

LIGHTHOUSE 202-274 CAMBERWELL ROAD, SE5 0DP
[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number


[insert personal licence number, if any]

Personal licence issuing authority

LONDON BOROUGH OF NEWHAM, 1000 DOCKSIDE ROAD, LONDON, E16 2QU
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

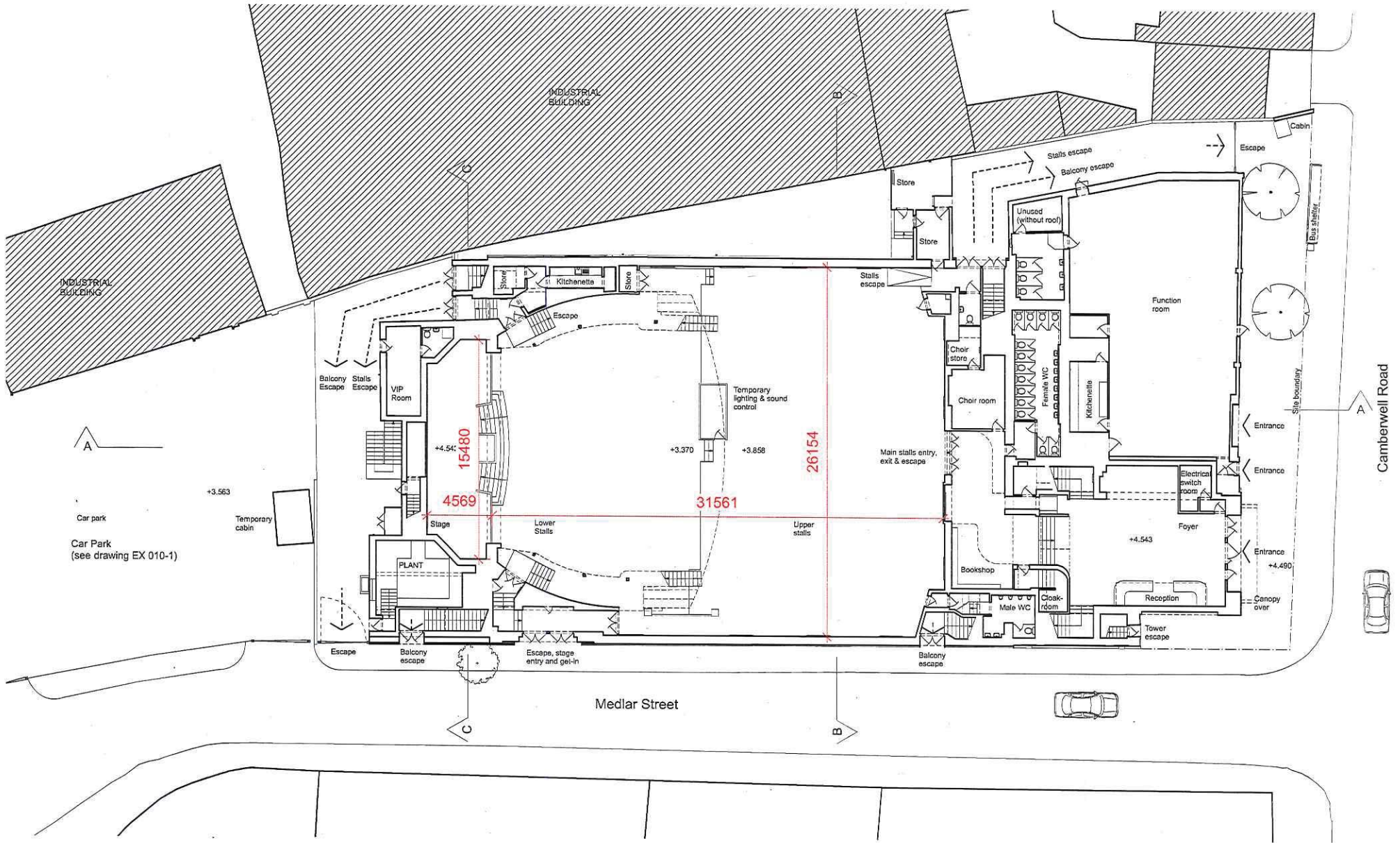


Name (please print)

VICKI HEARN

Date

14th March 2018



8040: The Lighthouse, 254 - 270 Camberwell Road, SE5 0DP

Client: The House of Praise
 Status: Planning

©Avery Associates Architects

AVERY ASSOCIATES ARCHITECTS
 270 Vauxhall Bridge Road LONDON SW1V 1BB
 Tel 020 7233 6262 Email enquiries@avery-architects.co.uk

Rev A: 16.12.2015 Planning Amendments



Date: 16 Dec 15	Drawing: As Existing - Ground Floor Plan	Rev: A
Scale: 1:250@A3	Drawing no: 8040 EX 010	
0m	5m	10m
		15m
		20m