

APPENDIX A

10/07/2018

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

Ref No. 1053179

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

	Miamara Limited
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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)

£	33,001
	Band D and E only applies to premises which uses exclusively or primarily for the supply of alcohol for consumption on the premises

Premises trading name

	Restaurant 2A
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Postal address of premises or, if none, ordnance survey map reference or description

Address Line 1	8 CASTLE SQUARE
Address Line 2	
Town	LONDON
County	
Post code	SE17 1EN
Ordnance survey map reference	
Description of the location	
Telephone number	

Applicant Details

Please select whether you are applying for a premises licence as

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

	I am making the application pursuant to a statutory function
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Other Applicants

Personal Details - First Entry

Name	Miamara Limited
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Address - First Entry

Street number or building name	Global House
Street Description	303 Ballards Lane
Town	London
County	
Post code	N12 8NP
Registered number (where applicable)	11114507
Description of applicant (for example, partnership, company, unincorporated association etc)	Private Limited Company

Contact Details - First Entry

Telephone number	██████████
Email address	████████████████████

Operating Schedule

When do you want the premises licence to start?

	09/08/2018
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If you wish the licence to be valid only for a limited period, when do you want it to end?

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General description of premises (see guidance note 1)

	Restaurant
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If 5,000 or more people are expected to attend the premises at any one time please use the drop down below to select the number.

	Less than 5000
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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 of the Licensing Act 2003)
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Provision of regulated entertainment (Please read guidance note 2)

Provision of late night refreshment

	i) Late night refreshment
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Supply of alcohol

	j) Supply of alcohol
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I - Late Night Refreshment

Will the provision of late night refreshment take place indoors or outdoors or both? (Please read guidance note 3)

	Both
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Please give further details here (Please read guidance note 4)

	Restaurant
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Standard days & timings for Late night refreshment (Late night start time is from 23.00, see guidance notes 7)

Day	Start	Finish
Mon	23:00	23:30
Tues	23:00	23:30
Wed	23:00	23:30
Thur	23:00	23:30
Fri	23:00	00:00
Sat	00:00	00:30
	23:00	00:00
Sun	00:00	00:30
	23:00	23:30

State any seasonal variations for the provision of late night refreshment (Please read guidance note 5)

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Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed. Please list, (Please read guidance note 6)

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J - Supply of Alcohol

Will the supply of alcohol be for consumption (Please read guidance note 8)

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

Day	Start	Finish
Mon	08:00	23:00
Tues	08:00	23:00
Wed	08:00	23:00
Thur	08:00	23:00
Fri	08:00	00:00
Sat	08:00	00:00
Sun	08:00	23:00

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 download and then upload the consent form completed by the designated proposed premises supervisor

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Premises Supervisor

Full name of proposed designated premises supervisor

First names	Marco Giovanni Mario
Surname	Sandrini

DOB

Date Of Birth	26/08/1969
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Address of proposed designated premises supervisor

Street number or Building name	
Street Description	
Town	
County	
Post code	

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

Personal licence number (if known)	
Issuing authority (if known)	London Borough of Islington

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)

	None
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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	23:30
Tues	08:00	23:30
Wed	08:00	23:30
Thur	08:00	23:30
Fri	08:00	00:00
Sat	00:00	00:30
	08:00	00:00
Sun	00:00	00:30
	08:00	23:30

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)

	Premises will operate as a restaurant with waiter/ waitress service to persons seated at tables. Conditions will be discussed with the police and licensing authority during the consultation process. ALCOHOL ONLY TO BE SERVED BEFORE 11AM WITH A TABLE MEAL.
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b) the prevention of crime and disorder

	See A above
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c) public safety

	Food Safety and Health and Safety Certificates will be obtained, and risk assessments carried out as necessary.
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d) the prevention of public nuisance

	See A above
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e) the protection of children from harm

	See A above Premises will operate with a challenge 25 age verification policy
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Please upload a plan of the premises

	Castle-Square-Final-plan.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 the local 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

	Yes
PaymentDescription	10093342129, ,
AuthCode	018390
LicenceReference	ks102 94212
PaymentContactEmail	

Please provide name of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (please read guidance note 12). If completing on behalf of the applicant, please state in what capacity.

Full name	Angela Message
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Business - Application for a premises licence to be granted under the Licensing Act 2003

Date (DD/MM/YYYY)	10/07/2018
Capacity	Licensing Co ordinator - Authorised agent for applicant Keystone Law Limited

Where the premises licence is jointly held, enter the 2nd applicant (the current premises licence holder) or 2nd applicant's solicitor or other authorised agent (guidance note 13). If completing on behalf of the applicant state in what capacity

Full name	Miamara Limited
Date (DD/MM/YYYY)	
Capacity	London

Contact name (where not previously given) an address for correspondence associated with this application (please read guidance note 14)

Contact name and address for correspondence	Angie Message Keystone Law Limited 48 Chancery lane London WC2A 1JF
Telephone No.	[REDACTED]
If you prefer us to correspond with you by e-mail, your email address (optional)	[REDACTED]

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.

DRAWING STATUS
CONSTRUCTION

This is a copy of the drawing referred to in the accompanying Building Warrant application.

Signed.....

Dated.....

REVISION NOTES

REV	DESCRIPTION	DATE
1	DISCUSSION OF LAYOUT AND DISPOSITION OF PRODUCTS	

66020 S. GIOVANNI TEATINO - CH -
VIA ATERNO 9
TEL. (085) 4460304 - FAX (085) 4462196

E' SEVERAMENTE VIETATA LA RIPRODUZIONE DEI
DESGNI SENZA PREVIA AUTORIZZAZIONE

CLIENT: Mr. MARCO SANDRINI OWNER

DESCRIPTION: SIDE SHOW CABINETS

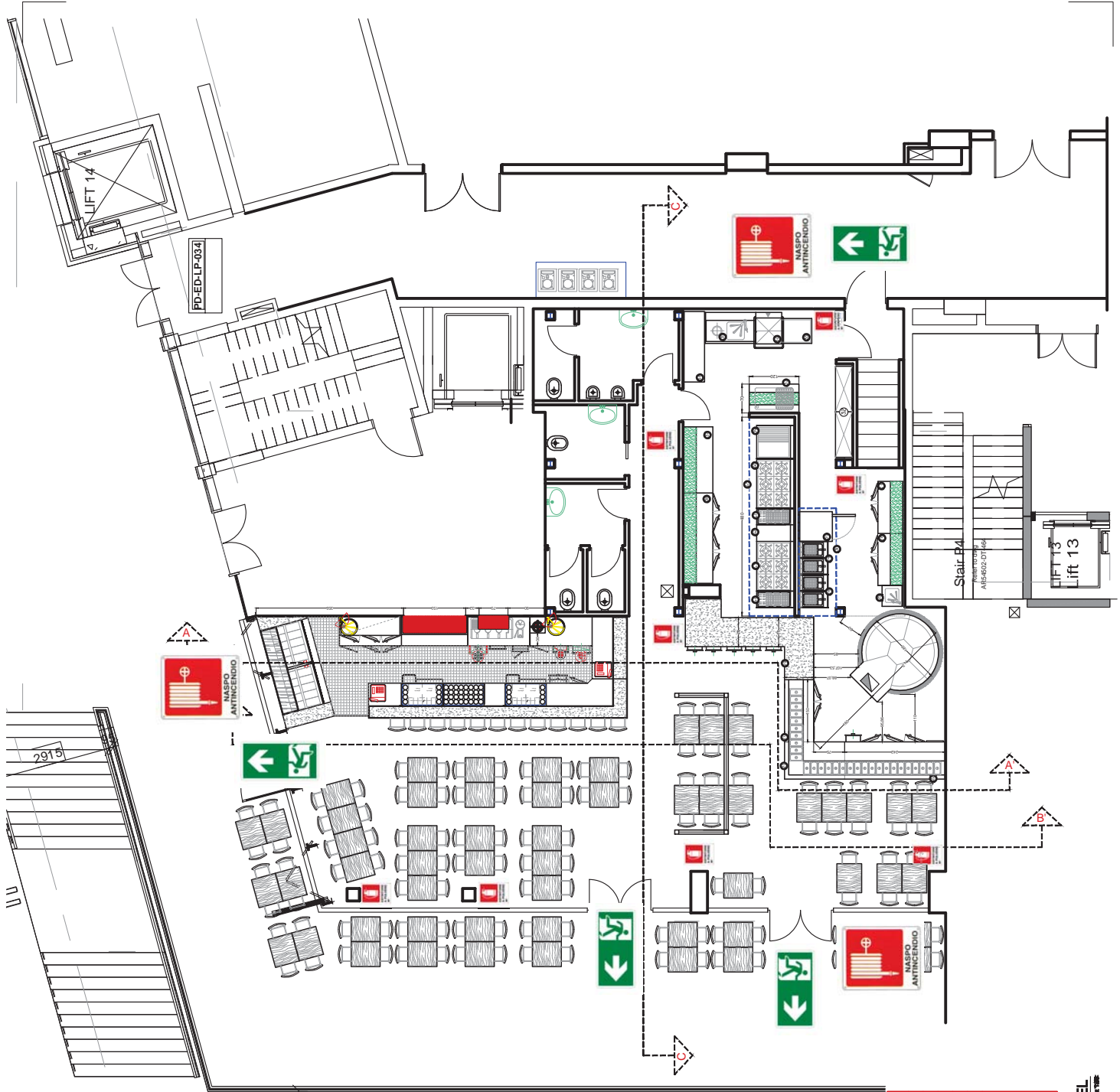
SCALE: DATE 1:25 @ A3 14-04-2018

DRAWN AL

File Identifier Revision

Workflow Status

final drawings



	EMERGENCY EXIT
	FIRE EXTINGUISHER
	NASPO/REEL

APPROVED DETAILED DESIGN

Project: Elephant & Castle town centre: Restaurant Shop
Shop No: 2369: Lower Podium Restaurant A2 - Pappagone

Design Manager & Contractor: PATOS S.r.l.

Date: Tenant & Client: Mr. Marco Sandrini

Signature: Tenant for approval: _____

Consent of the concept is granted to the lessee for the shopfront, shop layout and signage shown in these plans, notation including comments and measurements very carefully comparable with the SHOPFRITTERS MUST KEEP A COPY OF THESE STAMPED APPROVED DRAWING ON SITE AT ALL TIMES. (ALL UNSTAMPED DRAWINGS)