

## APPENDIX A

12/07/2018

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

Ref No. 1054773

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

Somasundram Ariyaratnam
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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)

£	18750
	Band D and E only applies to premises which uses exclusively or primarily for the supply of alcohol for consumption on the premises
	No

Premises trading name

Price Cutter
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Postal address of premises or, if none, Ordnance survey map reference or description

Address Line 1	4 CAMBERWELL CHURCH STREET
Address Line 2	
Town	LONDON
County	
Post code	SE5 8QU
Ordnance survey map reference	
Description of the location	
Telephone number	

Applicant Details

Please select whether you are applying for a premises licence as

An individual or individuals
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If you are 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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Details of Individual Applicant

Personal Details

Title	Mr
If other, please specify	
Surname	Ariyarahah
Forenames	Somasundram
I am 18 years old or over	Yes
Nationality	Sri Lankan

Current Address

Street number or Building name	█
Street Description	██████████
Town	██████████
County	
Post code	██████████

Contact Details

Daytime contact telephone number	██████████
Email Address	██████████

Do you wish to add a second individual applicant?

	No
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Operating Schedule

When do you want the premises licence to start?

	08/08/2018
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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 )

	convenience store
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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

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Supply of alcohol

	j) Supply of alcohol
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J - Supply of Alcohol

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

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

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

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

None
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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 )

None
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Please download and then upload the consent form completed by the designated proposed premises supervisor

DPS-consent-4-Camberwell-Church-Street.png
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Premises Supervisor

Full name of proposed designated premises supervisor

First names	Somasundram
Surname	Ariyarah

DOB

Date Of Birth	██████████
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Address of proposed designated premises supervisor

Street number or Building name	█
Street Description	████████████████████
Town	██████████

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County	
Post code	██████

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

Personal licence number ( if known )	██████████
Issuing authority ( if known )	Bromley 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 9)

	None except for the sale of alcohol
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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	00:00	00:00
Tues	00:00	00:00
Wed	00:00	00:00
Thur	00:00	00:00
Fri	00:00	00:00
Sat	00:00	00:00
Sun	00:00	00:00

State any seasonal variations ( Please read guidance note 5 )

	None
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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 )

	None
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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 )

	TRAINING OF ALL STAFF ON THE PREMISES TO ENSURE THAT THEY
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	UNDERSTAND AND ADHERE TO THE LAW RELATING TO THE SALE OF ALCOHOL. REFRESHER TRAINING WILL BE GIVEN ON A REGULAR BASIS AND TRAINING RECORDS WILL BE KEPT AND MADE AVAILABLE TO POLICE OR COUNCIL OFFICIALS ON REQUEST RECEIPTS FOR ALL ALCOHOL PRODUCTS WILL BE KEPT ON THE PREMISES FOR NO LESS THAN 12 MONTHS AFTER PURCHASE, WHICH WILL BE MADE AVAILABLE TO ANY AUTHORISED OFFICER ON REQUEST.
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b) the prevention of crime and disorder

	CCTV INSTALLED THAT MEETS POLICE GUIDELINES, AND MAINTAINED SO FULLY OPERATIONAL 24 HOURS DAILY. RECORDINGS TO BE KEPT FOR A MINIMUM OF 31 DAYS AND TO BE MADE AVAILABLE TO POLICE/COUNCIL OFFICERS IF REQUIRED. CCTV FOOTAGE TO SHOW CLEAR HEAD AND SHOULDER IMAGES OF ALL CUSTOMERS ENTERING THE PREMISES ALARM SYSTEM IN PLACE SHUTTERS AT FRONT WINDOWS WINDOW SERVICE ONLY FROM MIDNIGHT TO 8AM DAILY. NO CUSTOMERS WILL BE ALLOWED ONTO THE PREMISES BETWEEN MIDNIGHT AND 8AM EACH DAY.
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c) public safety

	ALL STAFF TRAINED TO DEAL WITH ANY OUTBREAK OF FIRE AT THE PREMISES. FIRE EXTINGUISHERS INSTALLED AND REGULARLY SERVICED IN ACCORDANCE WITH FIRE AUTHORITY GUIDELINES TO COMPLY WITH ANY REQUIREMENTS OF THE FIRE AUTHORITY
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d) the prevention of public nuisance

	ANYONE WHO IS DRUNK OR UNDER 18 OR APPEARS TO BE BUYING ALCOHOL FOR SOMEONE WHO IS DRUNK OR UNDER 18 WILL BE REFUSED THE SALE OF ALCOHOL NO BEERS, CIDERS OR LAGERS ABOVE 6.5% ABV TO BE DISPLAYED OR SOLD EXCEPT WHITE STAR CIDER, BLACK STAR CIDER (BOTH 7.5% ABV) AND K CIDER (8% ABV)
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e) the protection of children from harm

	CHALLENGE 25 TO BE OPERATED AT ALL TIMES, AND ANYONE ATTEMPTING TO BUY ALCOHOL WHO APPEARS TO BE UNDER THE AGE OF 25 WILL HAVE TO PROVIDE PHOTO ID IN THE FORM OF AN INDUSTRY APPROVED PROOF OF AGE IDENTITY CARD, PASSPORT OR PHOTO DRIVING LICENCE TO PROVE THAT THEY ARE 18 OR OVER. SIGN TO BE DISPLAYED AT POINT OF SALE - 'NO PROOF OF AGE - NO SALE'. A REFUSALS/INCIDENT BOOK, DETAILING ALL INCIDENTS WHERE ALCOHOL AND OTHER AGE RELATED PRODUCTS ARE REFUSED, AND ANY OTHER RELEVANT INCIDENTS, IS TO BE KEPT AND MADE AVAILABLE TO AUTHORISED OFFICERS ON REQUEST.
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Please upload a plan of the premises

	<a href="#">Plan-Camberwell-church-Street.PDF</a>
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Please upload any additional information i.e. risk assessments

Passport-Camberwell-Church-Street-2.html
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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

I am not a company or limited liability partnership
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Proof of Entitlement to work in the UK

Please upload proof of entitlement to work in the UK

Passport-Camberwell-Church-Street-1.html
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Declaration

I agree to the above statement

	Yes
PaymentDescription	[REDACTED]
AuthCode	[REDACTED]
LicenceReference	[REDACTED]
PaymentContactEmail	[REDACTED]

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	Debra Silvester
Date (DD/MM/YYYY)	12/07/2018
Capacity	Agent

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

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Full name	Licensing Services Agency
Date (DD/MM/YYYY)	
Capacity	Hertford

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

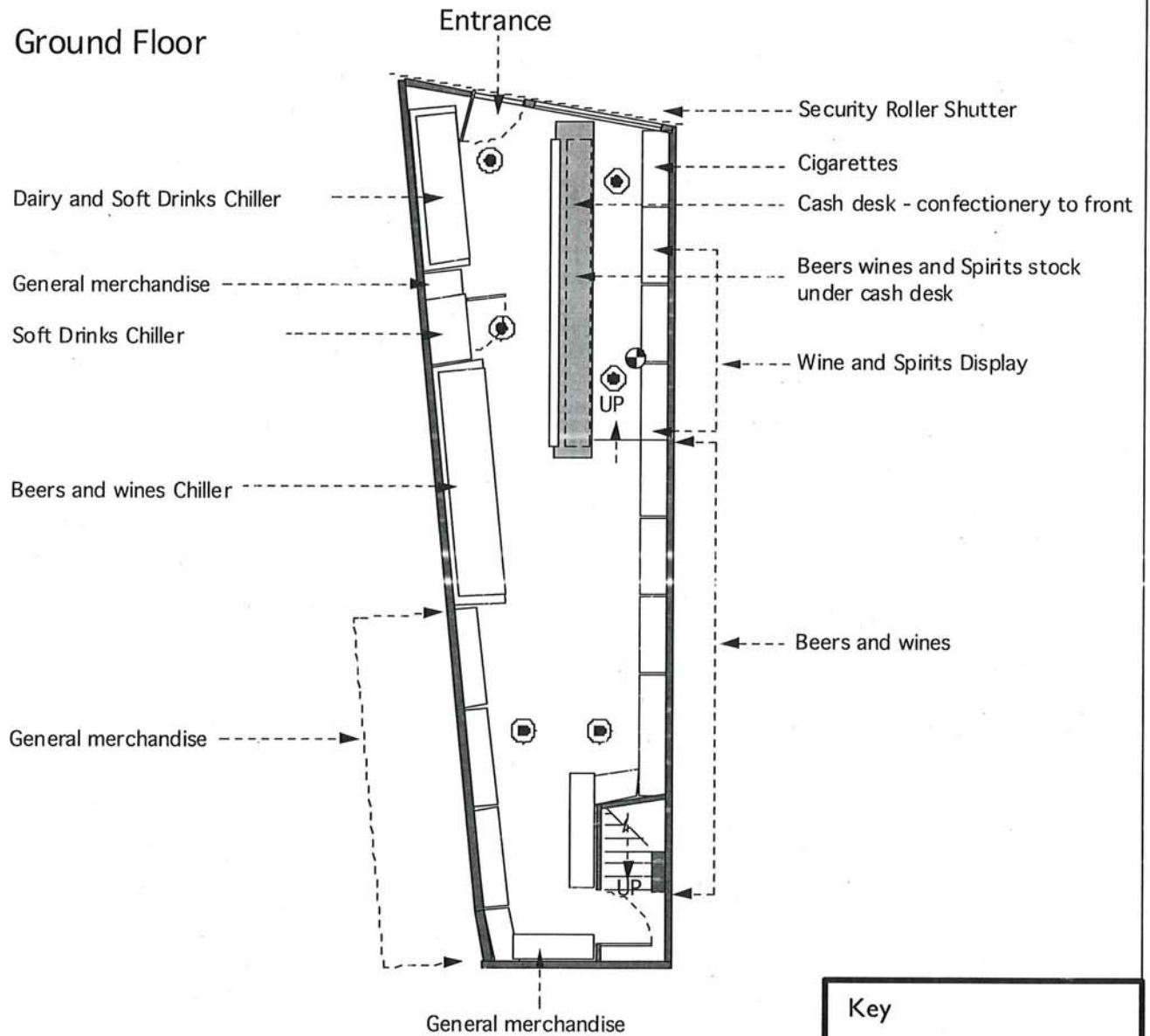
Contact name and [REDACTED]	[REDACTED] [REDACTED] t [REDACTED]
Telephone No.	[REDACTED]
If you prefer us to correspond with you by e-mail, your email address (optional)	licensingervicesagency@ntlworld.com

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.





## Camberwell Church Street

### Ground Floor



#### Key

-  CCTV Camera
-  General Purpose Fire Extinguisher

Licensing Services Agency

16 Bengeo Street  
Hertford SG14 3ES

Do Not Re-scale /resize  
This scale should measure 5 cm when printed



PRINT OUT AT A4

Date 6 July 2018

Scale 1:100

Drawing:  
Ground Floor Plan

#### Site Address

4 Camberwell Church St  
London  
SE5 8QU

# DESIGNATED PREMISES SUPERVISOR CONSENT FORM

## Consent of individual to being specified as premises supervisor

If you are completing this form by hand please use black ink and write legibly in block capitals.

I, SOMASUNDRAM ARIYARAJAH ..... [full name of prospective premises supervisor]  
of [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 LICENCE ..... [type of application eg, grant of new licence /  
vary of DPS] by S. ARIYARAJAH ..... [name of applicant]  
relating to premises licence ..... [number of existing licence, if any] for

PRICE CUTTER  
4 CAMBERWELL CHURCH STREET, LONDON  
SE5 8QU ..... [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

... SAME APPLICANT ..... [name of applicant]

concerning the supply of alcohol at ... SAME PREMISES [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 - [REDACTED] ..... [insert personal licence  
number if any]

Personal licence issuing authority BROMLEY COUNCIL .....

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

Name  
(please print)

Date

SOMASUNDRAM ARIYARAJAH

9/7/18

**Data Protection:** The Council will use this information for the purposes of The Licensing Act 2003 and related purposes. Any member of the public may examine the application form on request. In addition, this information may be disclosed to the Police, The London Fire and Emergency Planning Authority, relevant ward Councillors and other Council departments.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with law enforcement agencies and other bodies responsible for auditing or administering public funds for these purposes.