

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.

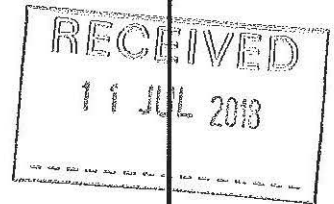
I/We CER LONG LANE LIMITED

(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			
Uncommon 1 LONG LANE LONDON ENGLAND			
Post town	London	Postcode	SE1 4PG



Telephone number at premises (if any)	tbc
Non-domestic rateable value of premises	£Band E

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.

CER LONG LANE LIMITED
Address 1 LONG LANE LONDON ENGLAND SE1 4PG
Registered number (where applicable) 10570171
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Partnership
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
0	9	08 2018

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

DD	MM	YYYY
1	1	11 11

Please give a general description of the premises (please read guidance note 1)

The premises operate as a shared working space for members providing a work environment and facilities for those who wish to use them for business and work purposes. They include ancillary services such as a café/restaurant from which it is intended to sell alcohol.

In addition, certain private events are run either for members and guests or where the space has been hired out.

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

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	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 4)		
Mon	08.00	23.00			
Tue	08.00	23.00	State any seasonal variations for performing plays (please read guidance note 5)		
Wed	08.00	23.00			
Thur	08.00	23.00	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 6)		
Fri	08.00	23.00			
Sat	10.00	22.00			
Sun	10.00	22.00			

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	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 4) Showing of films or images within the internal areas of the premises.		
Mon	08.00	23.00			
Tue	08.00	23.00			
Wed	08.00	23.00	State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur	08.00	23.00			
Fri	08.00	23.00	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 6)		
Sat	10.00	22.00			
Sun	10.00	22.00			

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			
Thur			<u>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</u> (please read guidance note 6)
Fri			
Sat			
Sun			

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	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 4)		
Mon	08.00	23.00			
Tue	08.00	23.00			
Wed	08.00	23.00			
			State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	08.00	23.00			
Fri	08.00	23.00			
			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 6)		
Sat	10.00	22.00			
Sun	10.00	22.00			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 4)					
Mon								
Tue								
Wed						State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
Thur								
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 6)		
Sat								
Sun								

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	08.00	23.00	<u>Please give further details here</u> (please read guidance note 4)	Both	<input checked="" type="checkbox"/>
Tue	08.00	23.00			
Wed	08.00	23.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur	08.00	23.00			
Fri	08.00	23.00	<u>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</u> (please read guidance note 6)		
Sat	10.00	22.00			
Sun	10.00	22.00			

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	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 4)		
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
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 6)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Fri					
Sat			<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 6)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	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 4) Hot food and hot drink		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur					
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 6)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	08.00	23.00			
Tue	08.00	23.00			
Wed	08.00	23.00			
Thur	08.00	23.00			
Fri	08.00	23.00			
Sat	10.00	22.00			
Sun	10.00	22.00			
			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 6)		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name Gemma Lopes	
Date of birth [REDACTED]	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) [REDACTED]	
Issuing licensing authority (if known) Havering	

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

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			<p><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 6)</p>
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

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

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	00.00	24.00	
Tue	00.00	24.00	
Wed	00.00	24.00	
Thur	00.00	24.00	
Fri	00.00	24.00	
Sat	00.00	24.00	
Sun	00.00	24.00	

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)

Please note the premises are never open to members of the general public but the premises are open to members 24 hours a day.

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 10)

Please see list of attached proposed conditions

b) The prevention of crime and disorder

Please see list of attached proposed conditions

c) Public safety

Please see list of attached proposed conditions

d) The prevention of public nuisance

Please see list of attached proposed conditions

e) The protection of children from harm

Please see list of attached proposed conditions

Checklist:

Please tick to indicate agreement

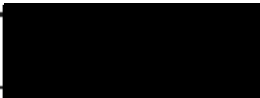
- I have made or enclosed payment of the fee. [✓]
- I have enclosed the plan of the premises. [✓]
- I have sent copies of this application and the plan to responsible authorities and others where applicable. [✓]
- I have enclosed the consent form completed by the individual I wish to be designated premises 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. [✓]
- [✓]
[Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15). □

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.



Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
Signature	
Date	11 July 2018
Capacity	Solicitors for applicant

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 13). **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 14) Jeremy Bark BCLP Adelaide House London Bridge			
Post town	London	Postcode	EC4R 9HA
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) 			

Proposed Conditions

1. The premises are used by and available to the following:
 - o Members of Uncommon (whose use of the venues is then subject to house rules)
 - o Guests of members signed in by them (using the procedure set out in the house rules)
 - o Persons invited by Uncommon to private events organised by Uncommon (both members and others)
 - o Those attending a private/corporate function organised by a third party but where Uncommon have let parts of the premises to that third party
2. Access to the premises is controlled by key card entry or videophone access and there is a manned reception between the hours of 8am and 5 pm during the week. Outside of these times there will be at least one person working at the premises at all times and part of whose role is to supervise the premises.
3. A digital CCTV system shall be installed and operated during the hours that alcohol is being sold. The system shall have a 28 day recording and retrieval system and footage shall be capable of being downloaded onto a portable storage device such as memory stick or DVD. The CCTV cameras shall cover the main parts of the licensed areas and specifically and the entrance/exit to the premises and the café area.
4. Equipment shall be operated and maintained in good and clear working order
5. At least one staff member shall be trained in the use of the system to ensure rapid data retrieval is available upon reasonable request by a Police Officer or authorised Council Licensing Enforcement Officer, and in any event within 24 hours.
6. Notice that CCTV is in operation shall be displayed in a clear and prominent position at the premises.
7. The use of the outside terrace for the sale of alcohol shall cease at 9.45pm and the area shall be cleared by 10pm.
8. Signage shall be displayed at the exit to the premises asking people to leave the premises quietly and respectfully.

KEY:



AREA TO BE LICENSED



TOILETS



ACCESS TO SPACE & TOILETS



ESCAPE SIGNAGE

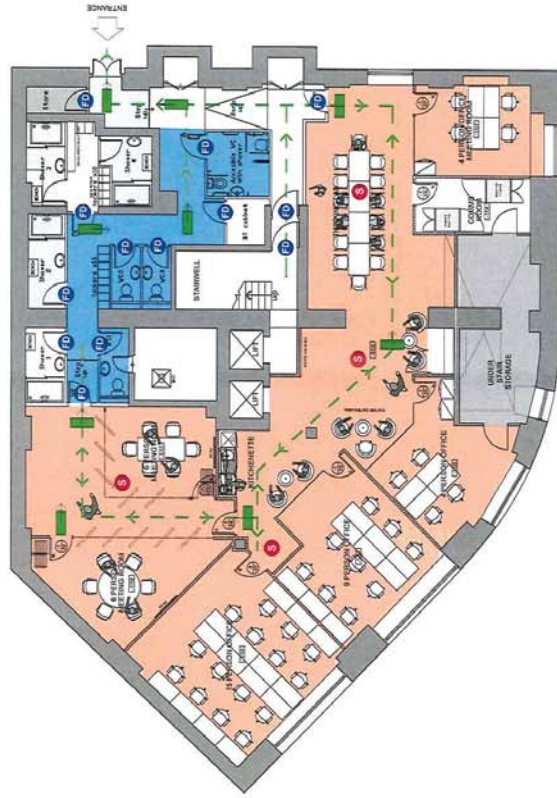
SMOKE DETECTION TO BS5839-1

EXISTING EMERGENCY LIGHTING TO BS5266

FIRE DOORS AS FIRE STRATEGY

NOTE: FIRE CURTAIN AS FIRE STRATEGY

EXISTING FIRE ALARM TO BS5839



Rev	Description	Drawn by	Date
B	Alteration made to layout	BK	26.05.18
A	Alteration made to layout	LK	23.04.18
Rev	Describe amendments	Drawn by	Date

Pre Design - Construction - AS BUILT
AS BUILT

CER LONG LANE SARL

Client Contact
Site Address
CER LONG LANE
LONDON, SE1 4PG
Drawing title
Drawn by
Checked by
Project Manager

Contract Number	Building	Floor	Drawn	Checked	Revision
01	BS	LIC	B		

Project Manager
322 High Holborn
WC1V 7JH
T: +44 (0)20 7593 9500
www.oktra.co.uk



Client Approval	_____
Signed	_____
Print Name	_____
Date	_____
Client Approval	_____
Signed	_____
Print Name	_____
Date	_____

NOTE: This drawing is a copy of a drawing that has been approved for construction. It is not intended to be used for any other purpose. All dimensions and specifications are subject to approval by the relevant authority.

KEY:	
	AREA TO BE LICENSED
	TOILETS
	ACCESS TO SPACE & TOILETS
	ESCAPE SIGNAGE
	SMOKE DETECTION TO BS5839-4
	EMERGENCY LIGHTING TO BS5266
	FIRE DOORS AS FIRE STRATEGY
NOTE: FIRE CURTAIN AS FIRE STRATEGY	



⊗ Fifth Floor



Rev	Description	Drawn by	Date
A	Alteration made to layout	BK	28.05.16
	Describe amendments		

AS BUILT

CER LONG LANE SARL

Client Contact
 307 Avenue
 1 BANK CLOSE
 1 LONG LANE
 LONDON, SE1 4PG
 Drawing Title: General Arrangement - Liquor Licence
 Account Manager

Contract Number	Building	Floor	Client	Revision
1114082A1	JM	05	LIC	A

Design Project Manager
 OK Filler
 17/04/2018
 Fire Alarm
 307 Bank Close
 London
 WC1V 7PB
 T: +44 (0)20 7553 9500
 www.oktra.co.uk



Client Approval	_____
Project Name	_____
Date	_____
Other Approval	_____
Project Name	_____
Date	_____

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