



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 Co-operative Group Food 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 Co-operative 86-96 Evelina Road			
Post town	Nunhead, Southwark	Postcode	SE15 3HL

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£32,200

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 Co-operative Group Food Limited
Address Dept 10227 1 Angel Square Manchester M60 0AG
Registered number (where applicable) 26715R
Description of applicant (for example, partnership, company, unincorporated association etc.) Company
Telephone number (if any) [REDACTED]
E-mail address (optional) [REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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)
Convenience store open seven days a week, selling groceries, sundry items and alcohol for consumption off the premises

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

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 checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	06:00	23:00			
Tue	06:00	23:00			
Wed	06:00	23:00			
Thur	06:00	23:00			
Fri	06:00	23:00			
Sat	06:00	23:00			
Sun	06:00	23:00			
			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 Sellathurai Kumaresan	
Date of birth: [REDACTED]	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) [REDACTED]	
Issuing licensing authority (if known) [REDACTED]	

□□□□

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	N/A
Mon	06:00	23:00	
Tue	06:00	23:00	
Wed	06:00	23:00	
Thur	06:00	23:00	
Fri	06:00	23:00	
Sat	06:00	23:00	
Sun	06:00	23:00	
			<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)
			At the discretion of the Premises Licence Holder.

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)

The applicant has given thought to the potential impact of the grant of this application on the four licensing objectives and, having regard to the locality, considers that the following conditions are appropriate.

b) The prevention of crime and disorder

1. The premises shall maintain a CCTV system which gives coverage of all entry and exit points. The system shall continually record whilst the premises are open and conducting licensable activities. All recordings shall be stored for a minimum period of 28 days and shall be capable of being easily downloaded. Recordings shall be made available upon the receipt of a request by an authorised Officer of the Police or the Local Authority.

2. There shall be "CCTV in Operation" signs prominently displayed at the premises.

3. An incident log (whether kept in a written or electronic form) shall be retained at the premises and made available to an authorised Officer of the Police or the Local Authority.

4. The premises shall operate a proof of age scheme, such as a Challenge 25, whereby the only forms of acceptable identification shall be either a photographic driving licence, a valid passport, military identification or any other recognised form of photographic identification incorporating the PASS logo, or any other form of identification from time to time approved by the secretary of the state.

5. The premises will be fitted with a burglar alarm system.

6. The premises will be fitted with a panic button system for staff to utilise in the case of an emergency.

c) Public safety

The premises licence holder shall ensure that the appropriate fire safety, and health and safety regulations are applied at the premises.

d) The prevention of public nuisance

A complaints procedure will be maintained, details of which will be made available in store and upon request.

e) The protection of children from harm

1. All staff will receive comprehensive training in relation to age restricted products and in particular the sale of alcohol. No member of staff will be permitted to sell age restricted products until such time as they have successfully completed the aforementioned training.
2. An age till prompt system will be utilised at the premises in respect of age restricted products.
3. A refusals register (whether kept and written or electronic form) will be maintained at the premises and will be made available for inspection upon request by an authorised Officer of the Police or the Local Authority.

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)

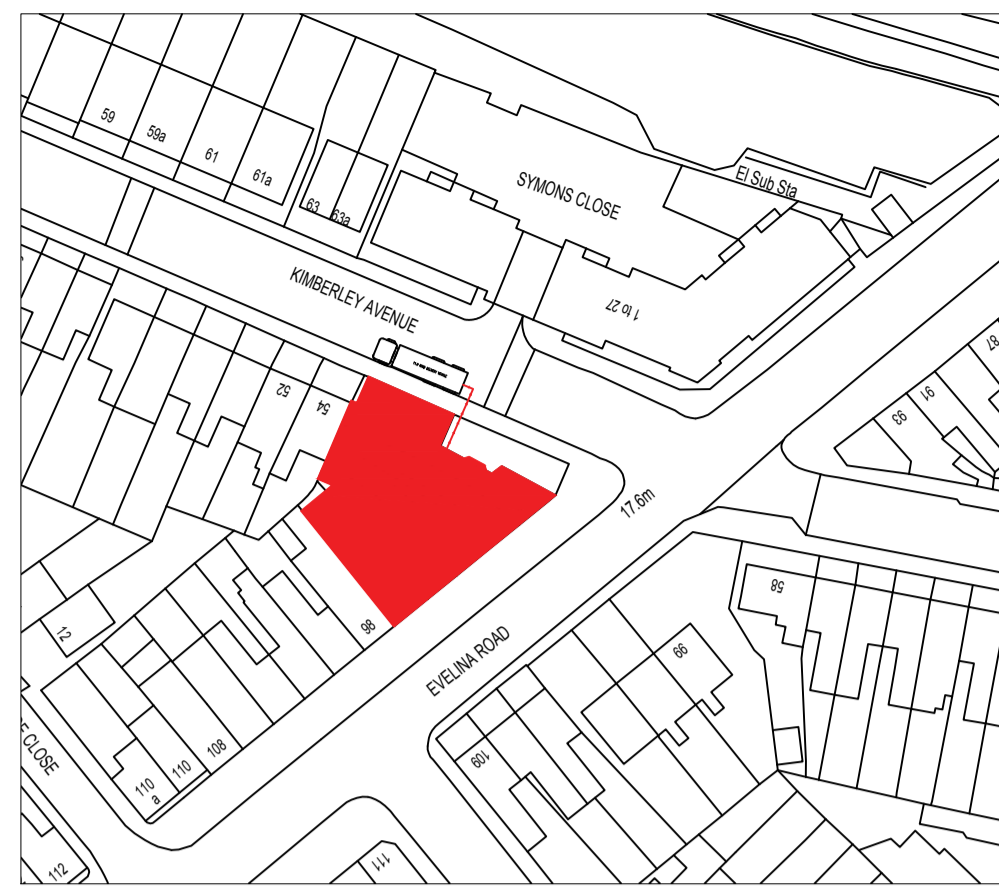
Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

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	
Capacity	Solicitors for the 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	Solicitors for the Applicant

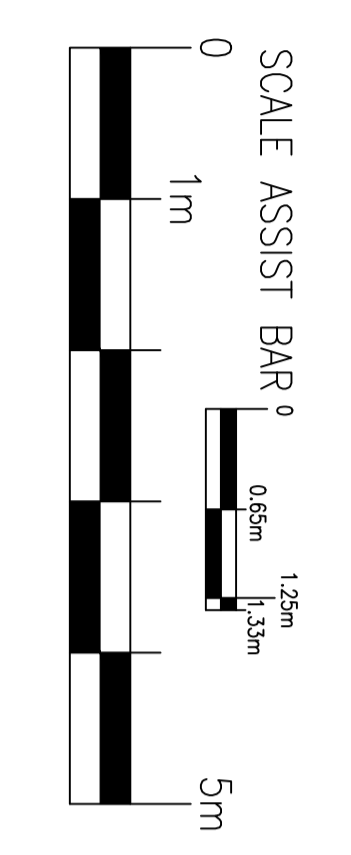
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
			



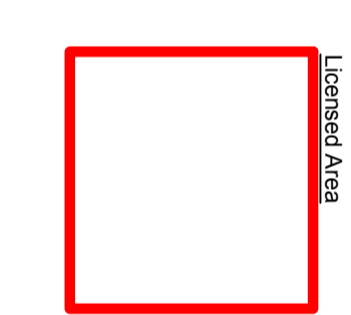
ORDNANCE SURVEY MAP (NTS)



ELEVATIONS



BWS CAPACITY BLM
(Scottish stores only)
FLOOR BWS: 00,00m²
KIOSK BWS: 00,00m²
TOTAL BWS: 00,00m²



FIRE SAFETY
Fire Alarm not alarm, make reference to BS5839 Pt 1, 2002
FIRE SIGNAGE
Fire Exit, Fire Alarm, Fire Call Point, Emergency Lighting
Fire Equipment: Fire Extinguisher, Fire Call Point, Emergency Lighting
Fire Escape Route: Minimum 1200mm turning circle, Minimum 850mm gap behind the kick front to baseline, Leading edge on all swing doors to be 300mm minimum, To apply where possible

BACK OF HOUSE - 1:100

SHOP FLOOR - 1:50

BAY COUNT: 105

SURVEY OVERLAID

NUNHEAD, EVELINA ROAD
88-96 Evelinda Road

SE15 3HL
Store Phone No: TBC

Format: EC Hub Number: TBC

Brief Description Of Works:
Existing or Proposed Fixture Layout

Latest system drawing

Job Originated By:
Acquisition/Programme 2018

Drawing No: NUNHEAD, EVELINA RD
P1 F5
Macro Rev: M0
The Co-Op
1 Angel Square, Manchester, M80 0AG

<p>Description of Amends 12.06.18 Nunhead Evelina Road /Hub P1F1M0/NS Draft</p> <p>14.06.18 Nunhead Evelina Road /Hub P1F2M0/NS BOH total area 1540 Sq.Ft. BOH minus lift and entrance area 1276 Sq.Ft. Service amended. Gondola removed. Spirits to backline.</p> <p>28/08/2018 Nunhead Evelina Road /Hub P1F3M0/EW -DRAFT REDRAW -New border update -New cleaners area added</p> <p>05/11/08/2018 Nunhead Evelina Road /Hub P1F4M0/EW Sco's updated</p> <p>29/11/2018 Nunhead Evelina Road /Hub P1F5M0/EW Fire Equipment added</p>	<p>Standard Notes Please refer to the Asset Planning Standard Notes for applicable information. ALL DISCREPANCIES TO THE PROPOSAL OR SITE AND ANY DISCREPANCY TO BE VERIFIED WITH THE CO-OPERATIVE GROUP OR ITS AGENTS BEFORE PROCEEDING WITH THE WORK. The prime purpose of this plan is for retail sales floorshop fitting. For further detail regarding this project refer to red book or drawing portal. Licensing Application Process Statement: "We will comply with our statutory requirements" All box outs to be to the ceiling unless otherwise stated. Existing ceiling plans for refits are available on request. Management of Asbestos As part of our compliance with the Management of Asbestos Regulations, service providers must comply with the Co-operative Groups Management of Asbestos Containing Materials policy and processes. Service providers are to access the Co-operative Group's web-based asbestos register: www.263online.co.uk prior to undertaking any work. Any difficulty in obtaining asbestos information must be brought to our immediate attention and is not an excuse for working without this.</p>	<p>CDM Regulations 2015 The designers at the Co-operative wish to point out that the CDM Regulations 2015 apply to this work and the project may require notification to the HSE. Under their duty imposed by the CDM Regulations 2015 the designers have attempted to eliminate hazards so far as is reasonably practicable during design and where hazards could not be avoided the designers have reduced the risks associated. The remaining hazards and foreseeable risks that could not be designed out of the project have been identified as below: FALLS: from heights during installation of suspended ceilings, taking deliveries over raised loading bays, as a result of split level floors and steps HAZARDOUS MATERIALS: i.e. asbestos - to be removed as necessary by specialist, see the Co-operative Groups Management of Asbestos Containing Materials policy and processes. EQUIPMENT: ensure there are controls and training in place regarding the use and suitability of all equipment on site. MANUAL HANDLING: shelving, metal studs, boards etc PROTECTION: site operatives and Co-operative Group employees are to be protected at all times. Some of the work is to be undertaken out of hours. Work areas are not to be used by Co-operative Group staff during the alterations. The Principal Designer or Property RHSE is to be consulted with regard to the phasing of any works. SERVICES: buried services may exist under the floors and behind panels, their exact position unknown. The contractor is to ascertain the location of all services prior to the commencement of works on site. PETROL STATIONS - RISK OF EXPLOSION OF PETROL FUMES: please refer to the Guidance For The Design, Construction, Modification and Maintenance Of Petrol Filling Stations ("The Blue Book") before undertaking any work. ADDITIONAL DESIGNERS NOTES: any significant or unusual risks are highlighted in the drawing.</p>	<p>Exceptions Any areas of the proposal that are not in-line with the current model should be detailed here along with the reason and thinking behind it. To also include any by-laws or covenants.</p> <p>Top Shelves Storage To be used: No Minimum ceiling height required for top shelves storage: Store size > 5000 sq.ft = 3000 (mm) Store size < 5000 sq.ft = 2000 (mm) Not to be added to granite ends, bakery & CSC, cash, news & magz, BWS, Free from, perimeter and local fixtures</p> <p>Checklist Added: Asset Planner: Date: Risk Rating: Planning: Lease:</p>	<p>Additional Equipment VND Magazines Cards Pizza Space BWS Prom Grocery Prom Roll Cages BOH Promo Plinths</p> <p>Basket & Trolley Matrix</p> <table border="1"> <thead> <tr> <th>Type</th> <th>No.</th> <th>Stacks</th> </tr> </thead> <tbody> <tr> <td>Standard Basket</td> <td>-</td> <td>-</td> </tr> <tr> <td>Wheeled Basket</td> <td>-</td> <td>-</td> </tr> <tr> <td>Small Trolley</td> <td>-</td> <td>-</td> </tr> <tr> <td>Large Trolley</td> <td>-</td> <td>-</td> </tr> <tr> <td>Wheelchair Try</td> <td>-</td> <td>-</td> </tr> </tbody> </table>	Type	No.	Stacks	Standard Basket	-	-	Wheeled Basket	-	-	Small Trolley	-	-	Large Trolley	-	-	Wheelchair Try	-	-	<p>Drawing Information</p> <table border="1"> <thead> <tr> <th></th> <th>Existing</th> <th>Proposed</th> </tr> </thead> <tbody> <tr> <td>Gross Building Area (GBA)</td> <td>Sq.Ft.</td> <td>5605 Sq.Ft.</td> </tr> <tr> <td>Gross Sales Area (GSA)</td> <td>Sq.Ft.</td> <td>2814 Sq.Ft.</td> </tr> <tr> <td>Net Sales Area (NSA)</td> <td>Sq.Ft.</td> <td>2691 Sq.Ft.</td> </tr> </tbody> </table> <p>Back of House Information</p> <table border="1"> <thead> <tr> <th></th> <th>Sq.Ft.</th> </tr> </thead> <tbody> <tr> <td>Back Of House</td> <td>1269 Sq.Ft.</td> </tr> <tr> <td>Back Up Chilled</td> <td>95Sq.Ft.</td> </tr> <tr> <td>Back Up Frozen</td> <td>94 Sq.Ft.</td> </tr> </tbody> </table> <p>Drawn By: EW Email: ellie.williams@coop.co.uk</p> <p>Meetings</p> <table border="1"> <thead> <tr> <th></th> <th>xx/xx/xxxx</th> </tr> </thead> <tbody> <tr> <td>Drawing Review</td> <td>xx/xx/xxxx</td> </tr> <tr> <td>Sign Off Meeting</td> <td>xx/xx/xxxx</td> </tr> </tbody> </table> <p>Drawing Status Draft</p>		Existing	Proposed	Gross Building Area (GBA)	Sq.Ft.	5605 Sq.Ft.	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Small Trolley	-	-																																															
Large Trolley	-	-																																															
Wheelchair Try	-	-																																															
	Existing	Proposed																																															
Gross Building Area (GBA)	Sq.Ft.	5605 Sq.Ft.																																															
Gross Sales Area (GSA)	Sq.Ft.	2814 Sq.Ft.																																															
Net Sales Area (NSA)	Sq.Ft.	2691 Sq.Ft.																																															
	Sq.Ft.																																																
Back Of House	1269 Sq.Ft.																																																
Back Up Chilled	95Sq.Ft.																																																
Back Up Frozen	94 Sq.Ft.																																																
	xx/xx/xxxx																																																
Drawing Review	xx/xx/xxxx																																																
Sign Off Meeting	xx/xx/xxxx																																																