

**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 **Fourpure 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 96 Druid Street | | | |
| Post town | London | Postcode | SE1 2HQ |

| | |
|---|---------------|
| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | £20500 |

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)

| | | | | | |
|--|------------------------------|--|-----------------------------|--------------------------------|--|
| <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms | 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)

| | | | | | |
|-----------------------------|------------------------------|-------------------------------|-----------------------------|--------------------------------|--|
| <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms | 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 Fourpure Limited |
| Address  |
| Registered number (where applicable) 07777184 |
| Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company |
| Telephone number (if any)  |
| E-mail address (optional)  |

Part 3 Operating Schedule

When do you want the premises licence to start?

| | | |
|-----------|-----------|-------------|
| <u>DD</u> | <u>MM</u> | <u>YYYY</u> |
| 0 | 2 | 0 1 2 0 1 9 |

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)
The premises is a railway archway. We are planning to use the arch as an UK HQ for a New Zealand Brewery importing our beers into the UK. The arch will be primarily for offices, storage and logistics. It is our intention to offer our customers the ability to sample and purchase our beers on site.

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

F

| | | | | | |
|--|--------------|---------------|--|----------|-------------------------------------|
| Recorded music Standard days and timings (please read guidance note 7) | | | <u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | <input checked="" type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 4) It is our intention to play background recorder music to enhance the atmosphere while our patrons sample our product. | | |
| Mon | | | | | |
| Tue | | | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) | | |
| Wed | | | | | |
| Thur | 12:00 | 21:00 | <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) | | |
| Fri | 12:00 | 21:00 | | | |
| Sat | 12:00 | 21:00 | | | |
| Sun | 12:00 | 21:00 | | | |

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 | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thur | 12:00 | 21:00 | | | |
| Fri | 12:00 | 21:00 | | | |
| Sat | 12:00 | 21:00 | | | |
| Sun | 12:00 | 21:00 | 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) | | |
| | | | | | |
| | | | | | |
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| | | | | | |

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 Christopher Bown |
| Date of birth [REDACTED] |
| Address [REDACTED] |
| Postcode [REDACTED] |
| Personal licence number (if known) LEW [REDACTED] |
| Issuing licensing authority (if known) London Borough of Lewisham |



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 | | | 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 | | | |
| Wed | | | |
| Thur | 12:00 | 21:00 | |
| Fri | 12:00 | 21:00 | |
| Sat | 12:00 | 21:00 | |
| Sun | 12:00 | 21:00 | |
| | | | |
| | | | |
| | | | |

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)

A DPS will be appointed and will authorise the supply of alcohol. When the DPS is not on site a designated license holder will oversee all alcohol purchases.
The four licensing objectives will be promoted through staff induction and regular training.

b) The prevention of crime and disorder

Persons leaving the premises will be reminded through appropriate signage and the staff to leave quickly, quietly and orderly.
Regular glass and bottle collections.
A zero tolerance drugs policy will be in place and advertised by appropriate signage.
Premises opening and closing times will be publicised within and without the premises.
Patrons who are deemed under the influence of alcohol will not be served and a register of refusals kept.

c) Public safety

Access provided for emergency vehicles.
All areas will be risk assessed and compliant with H+S Legislation (including fire fighting equipment and appropriate signage)
All areas to be maintained in good order.
Toilets will be available for public use (patron)
Cold drinking water will be available freely

d) The prevention of public nuisance

Signage to ensure patrons disperse quickly and quietly and respect local residents
Litter patrols during and after public opening hours.
Volume of any amplified music to be controlled by management and not audible outside the premises.
Regular waste collections, deliveries and the cleaning of external areas will only occur between the hours of 09.00 and 20.00.

e) The protection of children from harm

Think 25 Scheme to be supported and staff to be inducted and regularly trained in this.
A refusals log to be maintained.
Signage to be visible from entrance and by the bar informing patrons that alcohol will not be served to under 18s at all or under 25s without valid ID.

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 | Christopher Bown  |
| Date | 18/12/2018 |
| Capacity | General Manager |

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) Christopher Bown Fourpure Unit 22, Bermondsey Trading Estate Rotherhithe New Road | | | |
| Post town | London | Postcode | SE16 3LL |
| Telephone number (if any) | 07747024154 | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) chrisb@fourpure.com | | | |

Notes for Guidance

By using this plan, the licensee, Administrator, Approver or other person is deemed to have accepted the terms and conditions of the licence only. It does not constitute an offer of insurance or any other financial product.

KEY:



FIRE EXTINGUISHER

PLEASE NOTE:

PLANS FOR LICENSING APPROVAL ONLY. ALL DIMENSIONS TO BE CONFIRMED ON SITE.

ISSUE



ISABEL LISBING WOODROFFE
DESIGNER
T: 07728 721 288
E: ISABEL@WOODROFFE.COM

CLIENT: FOURPURE BREWING CO.

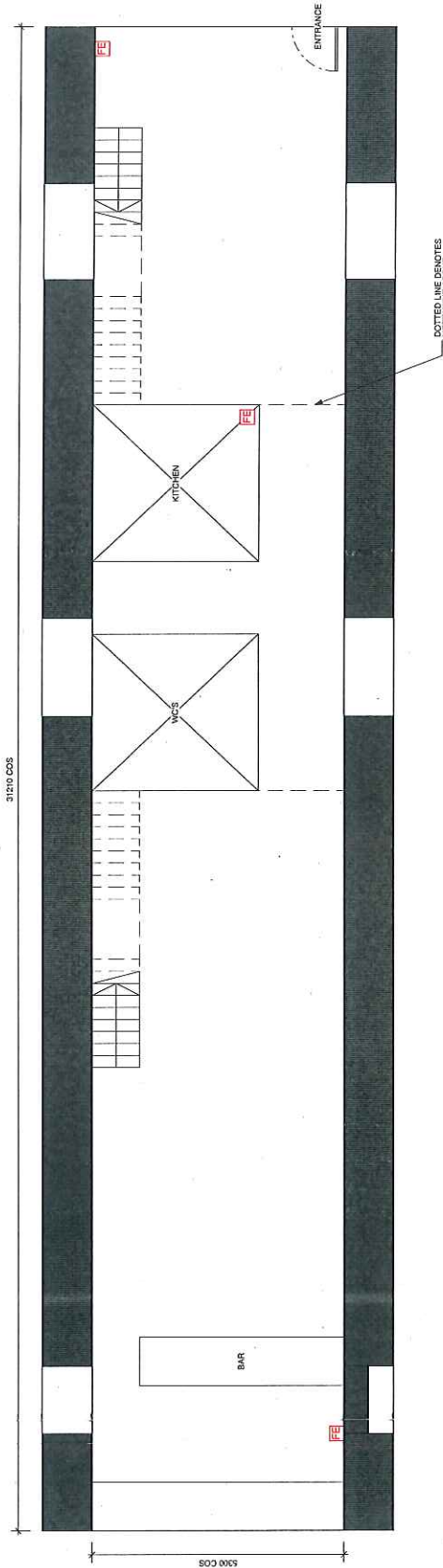
PROJECT: BARROOM
ARCH 701 DRUID STREET
LONDON BRIDGE

DATE: 14/12/2018

LICENSING PLAN

| | |
|-------------|------------|
| SCALE | 1:100 |
| DATE | 14/12/2018 |
| DRAWN BY | ISABEL |
| CHECKED BY | ISABEL |
| APPROVED BY | ISABEL |
| DATE | 14/12/2018 |
| PROJECT | BARROOM |
| DWG NO. | DWG_200 |

DRUID STREET



DOTTED LINE DENOTES
MEZZANINE ABOVE

6. PROPOSED PLAN - GROUND FLOOR
1:100 @ A1: 1100 @ 1/100



We will make sure that external waste handling, collections, deliveries and the cleaning of external areas will only occur between the hours of 09.00 and 20.00

We will have clearly legible signs, that are prominently displayed at all exits where it can easily be seen and read, requesting that customers leave the premises in a quiet and orderly manner that is respectful to neighbours.

We will ensure that the accommodation limit for the premises shall not exceed 150 persons (excluding staff).

We will ensure that an age verification policy is adopted in respect of the premises in relation to the sale or supply of alcohol. (2) The designated premises supervisor in relation to the premises licence must ensure that the supply of alcohol at the premises is carried on in accordance with the age verification policy. (3) The policy will require individuals who appear to the responsible person to be under 25 years of age (or such older age as may be specified in the policy) to produce on request, before being served alcohol, identification bearing their photograph, date of birth and either (a) a holographic mark; or (b) an ultraviolet feature.

We shall ensure that - (a) Where any of the following alcoholic drinks is sold or supplied for consumption on the premises (other than alcoholic drinks sold or supplied having been made up in advance ready for sale or supply in a securely closed container) it is available to customers in the following measures - (i) Beer or cider: 1/3 pint; (ii) Gin, rum, vodka or whisky: 25 ml ; and (iii) Still wine in a glass: 125 ml; (b) these measures will be displayed in a menu, price list or other printed material which is available to customers on the premises; and (c) where a customer does not in relation to a sale of alcohol specify the quantity of alcohol to be sold, the customer is made aware that these measures are available

We shall maintain a challenge 25 scheme at the premises, that requires that, staff selling alcohol request that any customer who looks under 25 years old, and who is attempting to purchase alcohol, provides valid photographic identification proving that the customer is at least 18 years old. Valid photographic identification is composed of a driving licence, passport, UK armed services ID card and any Proof of Age Standards Scheme (PASS) accredited card such as the Proof of Age London (PAL) card.

All staff involved in the sale of alcohol will be trained in the prevention of sales of alcohol to underage persons, and the challenge 25 scheme in operation at the premises. A record of such training will be kept and be accessible at the premises at all times and be made immediately available for inspection at the premises to council or police officers on request. The training record shall include the trainee's name (in block capitals), the trainer's name (in block capitals), the signature of the trainee, the signature of the trainer, the date(s) of training and a declaration that the training has been received.

We will prominently display clearly legible signage, where they can easily be seen and read by customers stating to the effect that a challenge 25 policy is in operation at the premises, that customers may be asked to provide proof of age and stating what the acceptable forms of proof of age are.

We will ensure that there is clear and legible signage prominently displayed, where it can be easily seen and read, requesting that alcohol sold as off sales should not be opened and consumed in the vicinity of the premises.

We will ensure that all signage is kept free from obstructions at all times.

We will maintain a register of refused sales of alcohol to demonstrate effective operation of the challenge 25 policy. This register will be clearly and legibly marked on the front cover as a register of refused sales, with the address of the premises and with the name and address of the licence holder. The register will be kept and be accessible at the premises at all times. On a monthly basis, the Designated Premises Supervisor (DPS) will check the register to ensure it is being properly completed. The DPS will sign and date the register to that effect and where appropriate take corrective action in a timely manner if the register is not being completed correctly. We will make the register immediately available for inspection at the premises to council or police officers on request.

We will ensure that no more than 15 customers are permitted within the designated outside smoking area at any one time (as hatched on the attached plan).

For consideration

We shall submit to the licensing authority, and operate in accordance with, an outside management policy that deals with patrons that consume alcohol in the designated outside smoking area and is designed to minimise the risk of public nuisance to residents and other persons in the vicinity: The plan may be updated from time to time.

We shall provide and display a dedicated and manned telephone number of the management of the premises to local residents.

We will not permit children in the premises unless accompanied by an adult.

We will not permit children in the outside area smoking area at any time.

On Saturdays, from noon until the premises closes to the public, we will ensure that a minimum of one SIA door supervisor must be employed at the premises to effectively control outside smoking area, to ensure the conditions on the premises licence are complied with and to promote the licensing objectives.