

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.

We London Bridge Kebab Limited
(Insert name(s) of applicant)

Part 1 – Premises details

| | | | |
|---|---------------------|--------------|---------|
| Postal address of premises or, if none, Ordnance Survey map reference or description 19 London Road, London, | | | |
| Post town | Elephant and Castle | Postcode | SE1 6JX |
| Telephone number at premises (if any) | | | |
| Non-domestic rateable value of premises | | £ [REDACTED] | |

Please state whether you are applying for a premises licence as Please tick as appropriate

- | | | | |
|-----|--|--------------------------|-------------------------------|
| a) | an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) | a person other than an individual * | | |
| i | as a limited company/limited liability partnership | <input type="checkbox"/> | X please complete section (B) |
| ii | as a partnership (other than limited liability) | <input type="checkbox"/> | please complete section (B) |
| iii | as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv | other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) | a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) | a charity | <input type="checkbox"/> | 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 over | | 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 over | | I am 18 years old or | <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 London Kebab Limited |
| Address 7 Westmoreland House, Cumberland Park Scrubs Lane, London, NW10 6RE |
| Registered number (where applicable) [REDACTED] |
| 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 | | | |
|----|---|----|---|------|---|---|---|
| 0 | 1 | 1 | 2 | 2 | 0 | 1 | 8 |

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)
Shop and 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?

Late night refreshment

(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)

☐
X

Supply of alcohol (if ticking yes, fill in box J)

☐

In all cases complete boxes K, L, and M

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 checked="checked" type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | Please give further details here (please read guidance note 4) Sell hot food (Pizza, Chips & Fried Chicken), hot drink and soft drinks to customers | | |
| Mon | 23.00 | 01.00 | | | |
| Tue | 23.00 | 01.00 | State any seasonal variations for the provision of late night refreshment (please read guidance note 5) | | |
| Wed | 23.00 | 01.00 | | | |
| Thur | 23.00 | 01.00 | 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 (please read guidance note 6) | | |
| Fri | 23.00 | 03.00 | | | |
| Sat | 23.00 | 03.00 | | | |
| Sun | 23.00 | 01.00 | | | |

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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).

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| | | | |
|---|-------|--------|---|
| 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 | 11.00 | 01.00 | <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) |
| | | | |
| Tue | 11.00 | 01.00 | |
| | | | |
| Wed | 11.00 | 01.00 | |
| | | | |
| Thur | 11.00 | 01.00 | |
| | | | |
| Fri | 11.00 | 03.00 | |
| | | | |
| Sat | 11.00 | 03.00 | |
| | | | |
| Sun | 11.00 | 01.00 | |
| | | | |

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)

We will put up a notice at the premises for 28 days where it can be easily seen and read by passers by details of the application. We will advertise the application in our local newspaper within 10 days of the application

b) The prevention of crime and disorder

We have CCTV and we have sufficient staff to attend to the customers

c) Public safety

Maintain good hygiene. We are registered with the Council's Environmental Health Food Hygiene Team

d) The prevention of public nuisance

We have sufficient staff to deal with customers in orderly manner of first come first serve

e) The protection of children from harm

Our staff are well trained to ensure that children who attend our premises are not left unsupervised. We will maintain a children friendly policy to ensure that staff pay attention to their safety whilst they are in our premises.

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 | |

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 | 13/11/2018 |
| Capacity | Solicitor for the Applicant (London Bridge Kebab Ltd |

| | | | |
|--|---------------------|----------|---------|
| Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) Felix Nicholas Otuoke – Lisa's Law Solicitors, 13 London Road, London | | | |
| Post town | Elephant and Castle | Postcode | SE1 6JZ |
| Telephone number (if any) | | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |