



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.

We Mr Alvin Cole + Mrs Avril Cole
 (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 NWLA RESTAURANT 51 CAMBERWELL ROAD			
Post town	LONDON	Post code	SE5 0ER

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

Part 2 - Applicant Details

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

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i. as a limited company please complete section (B)
 - ii. as a partnership 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 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:

Please tick yes

- 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname COLE			First names ALVIN		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		28 EAST SURREY GROVE PECKHAM LONDON			
Post Town	LONDON		Postcode	SE15 6EY	
Daytime contact telephone number 020 582 052					
E-mail address (optional)		nivla@hotmail.co.uk			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname COLE			First names AVRIL		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	

Current postal address if different from premises address		28 EAST SURREY GROVE PECKHAM	
Post Town	LONDON	Postcode	SE15 6EX
Daytime contact telephone number		[REDACTED]	
E-mail address (optional)	nivea@hotmail.co.uk		

(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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []

AS SOON AS POSSIBLE / GRANTED

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

Day	Month	Year
[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []

N/A

Please give a general description of the premises (please read guidance note1)

Open plan ground floor + basement situated on the main commercial thoroughfare A215 Camberwell Road. It was previously a restaurant and wine bar and will continue to be used for the same purpose. The basement has 2 exits, one takes you to the ground floor of the restaurant and the other takes you out to the outside public of Camberwell road. It has been enhanced with emergency lighting and CCTV on both floors

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

N/A

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick yes

- 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 entertainment facilities:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

Provision of late night refreshment (if ticking yes, fill in box L)

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

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			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 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
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 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Wed					
Thur			<u>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</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

DELETED

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10:00	04:00	Please give further details here (please read guidance note 3) Performance will be done in the basement area of the premises by selected artist. There will also be Karaoke on selected days.	Both	<input type="checkbox"/>
Tue	10:00	04:00			
Wed	10:00	04:00	State any seasonal variations for the performance of live music (please read guidance note 4) None		
Thur	10:00	04:00			
Fri	10:00	04:00	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 5) None		
Sat	10:00	04:00			
Sun	10:00	04:00			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10:00	04:00	Please give further details here (please read guidance note 3) Music will be played on the two floors but amplified in the basement area only. A music licenced is been applied for.	Both	<input type="checkbox"/>
Tue	10:00	04:00			
Wed	10:00	04:00	State any seasonal variations for the playing of recorded music (please read guidance note 4) None		
Thur	10:00	04:00			
Fri	10:00	04:00	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 (please read guidance note 5) None		
Sat	10:00	04:00			
Sun	10:00	04:00			

A MEND SD

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10:00	04:00	Please give further details here (please read guidance note 3) <i>will take place in basement area by customers who want to dance. There will also be special dance performance by artists on special occasions.</i>	Both	<input type="checkbox"/>
Tue	10:00	04:00			
Wed	10:00	04:00	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	10:00	04:00			
Fri	10:00	04:00	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 (please read guidance note 5)		
Sat	10:00	04:00			
Sun	10:00	04:00			

AMENDED

H A20.

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p><u>Please give a description of the type of entertainment you will be providing</u></p> <p>Reading Club Conferences & Meetings.</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input checked="" type="checkbox"/>
Mon	10:00	04:00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	10:00	04:00	<p><u>Please give further details here</u> (please read guidance note 3)</p> <p>The basement area will also be a private function area for clients who want privacy. It will be prebooked</p>		
Wed	10:00	04:00			
Thur	10:00	04:00	<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p> <p>None</p>		
Fri	10:00	04:00			
Sat	10:00	04:00	<p><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 5)</p>		
Sun	10:00	04:00	<p>None</p>		

AMENDED

Deleted

Provision of facilities for making music Standard days and timings (please read guidance note 6) A29 A23			Please give a description of the facilities for making music you will be providing Premises with Private function area in the basement. Hi-fi and amplified equipments such as mics + mixers	
			Will the facilities for making music be indoors or outdoors or both – please tick (please read guidance note 2)	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 3)	
Mon	10:00	04:00		
Tue	10:00	04:00		
Wed	10:00	04:00	State any seasonal variations for the provision of facilities for making music (please read guidance note 4)	
Thur	10:00	04:00		
Fri	10:00	04:00	Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sat	10:00	04:00		
Sun	10:00	04:00		

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)	Indoors <input checked="" type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
ARL6			Please give a description of the facilities for dancing you will be providing The basement area of the premises	
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon	10:00	04:00		
Tue	10:00	04:00		
Wed	10:00	04:00	State any seasonal variations for providing dancing facilities (please read guidance note 4)	
Thur	10:00	04:00		
Fri	10:00	04:00	Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sat	10:00	04:00		
Sun	10:00	04:00		

Deleted

DATED

K

A30 A29

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing Adequate secure premises with music + dancing facilities for guests + customers		
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon	10:00	04:00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	10:00	04:00	Please give further details here (please read guidance note 3) Recording of music by artist Dance performance + lessons when appropriate		
Wed	10:00	04:00			
Thur	10:00	04:00	State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j (please read guidance note 4)		
Fri	10:00	04:00			
Sat	10:00	04:00	Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sun	10:00	04:00			

L A32

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	23:00	04:00	Please give further details here (please read guidance note 3) <i>Provision of hot and cold food and alcohol to customers.</i>	Both	<input type="checkbox"/>
Tue	23:00	04:00			
Wed	23:00	04:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	23:00	04:00			
Fri	23:00	04:00	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 5)		
Sat	23:00	04:00			
Sun	23:00	04:00			

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A MENDED

M A35

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) None		
Mon	10:00	04:00			
Tue	10:00	04:00			
Wed	10:00	04:00			
Thur	10:00	04:00			
Fri	10:00	04:00			
Sat	10:00	04:00			
Sun	10:00	04:00			
			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 5) None		

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name	MS AVRIL COLE	
Address	28 EAST SURREY GROVE PECKHAM LONDON	
Postcode	SE 15 6EX	
Personal Licence number (if known)	APPLIED FOR	
Issuing licensing authority (if known)	SOUTHWARK	

N

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 8)

None

O

ALLY

Hours premises are open to the public
Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	07:00	05:00
Tue	07:00	05:00
Wed	07:00	05:00
Thur	07:00	05:00
Fri	07:00	05:00
Sat	07:00	05:00
Sun	07:00	05:00

State any seasonal variations (please read guidance note 4)

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 5)

AMENDED

P Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

- Install CCTV on both floors of the Premises
- Discourage idlers + loafers from loitering the Premises
- Only admit invited guest to Private function + Reception

b) The prevention of crime and disorder

- As in (a)
- No one person will be left in the restaurant at any time when it is open to the public.

c) Public safety

- As in (a)
- Also making sure staff are properly trained to carry out the role in welcoming, serving customers + to be able to spot trouble makers.
Trained in Health + Safety at work

d) The prevention of public nuisance

- As in (a)
- Will not admit anyone management perceive to be drunk
 - Will ask customers who misbehave to act properly or leave the premises

e) The protection of children from harm

- As in (a)
- Don't admit children to late night entertainment + functions unless accompany an adult


Please tick yes

- 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 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


IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent (See guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	7/4/2010
Capacity	Director

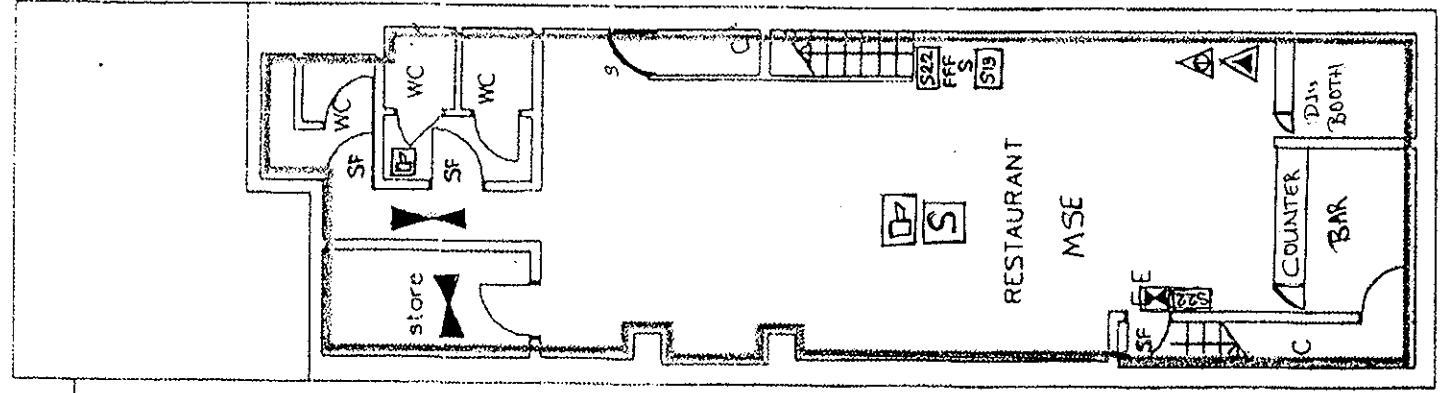
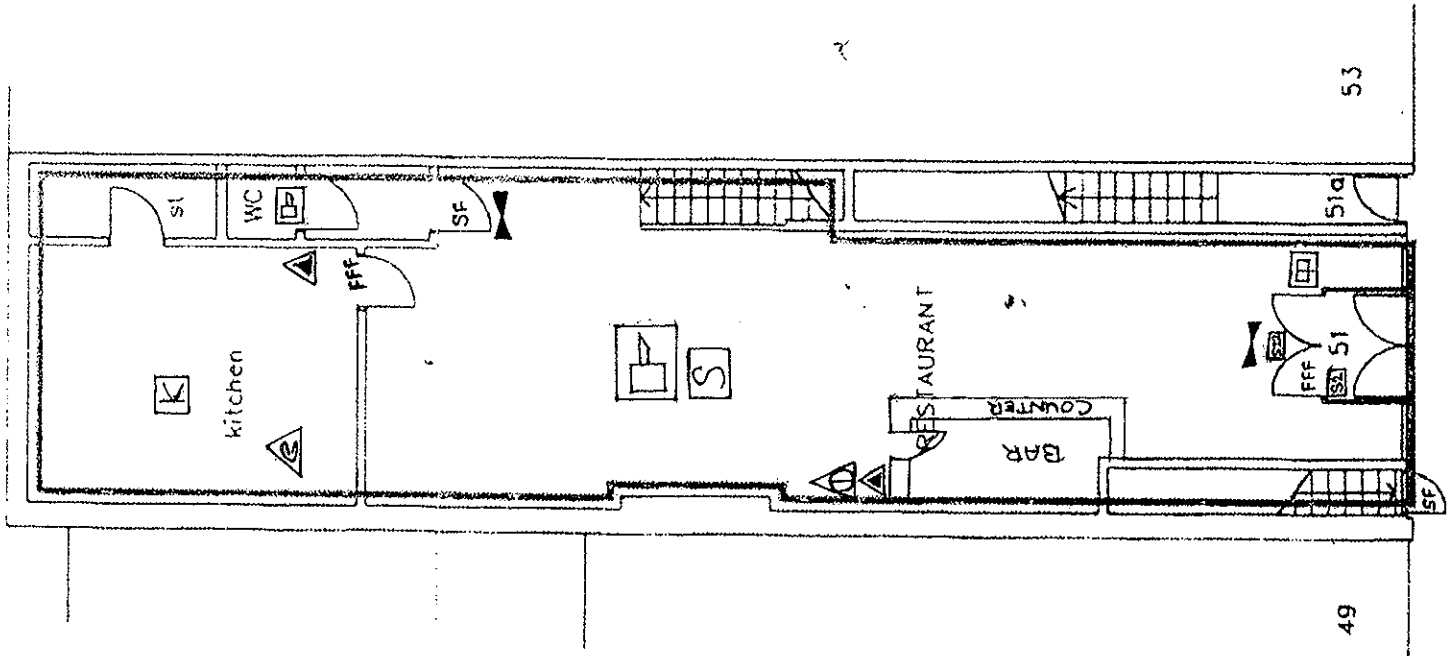
For joint applications signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent. (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	7/4/2010
Capacity	Director

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

51 Camberwell Rd

Post town	London	Post code	SE5 0EZ
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			



No.51 CAMBERWELL ROAD
 LONDON SE5 0EZ
 Ground Floor and
 basement Shop
 Scale 1:150 Date: 12/09
 Bar Scale 0 1 2 3 4 5m

BASEMENT

No.51 CAMBERWELL ROAD