

**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** Jeyendran Alakendran

*(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<br><b>97-99 Commercial Way</b> |        |                 |                 |
| <b>Post town</b>  | London | <b>Postcode</b> | <b>SE15 6DB</b> |
| Telephone number at premises (if any)   |        | [REDACTED]      |                 |
| Non-domestic rateable value of premises   |        | <b>£25000</b>   |                 |

**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 checked="" type="checkbox"/>   | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/>                                 | Ms <input type="checkbox"/>      | Other Title (for example, Rev) |  |
| <b>Surname</b><br>██████████   |                              |   | <b>First names</b><br>██████████ |                                |  |
| <b>Date of birth</b> ██████████  |                              | I am 18 years old or over <input checked="" type="checkbox"/> |                                  | Please tick yes                |  |
| <b>Nationality British</b>   |                              |   |                                  |                                |  |
| Current residential address if different from premises address   |                              | ██████████<br>████████████████████                            |                                  |                                |  |
| Post town  | ██████████                   | Postcode  | ██████████                       |                                |  |
| <b>Daytime contact telephone number</b>  |                              | ████████████████████  |                                  |                                |  |
| <b>E-mail address (optional)</b>   | ████████████████████         |   |                                  |                                |  |
| Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information) |                              |   |                                  |                                |  |

**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) |  |
| <b>Surname</b>  |                              |                               | <b>First names</b>   |                                |  |
| <b>Date of birth</b>  |                              |                               | I am 18 years old or over <input type="checkbox"/> Please tick yes |                                |  |
| <b>Nationality</b>  |                              |                               |  |                                |  |
| Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information) |                              |                               |  |                                |  |
| Current residential address if different from premises address  |                              |                               |  |                                |  |
| Post town   |                              |                               |  | Postcode                       |  |
| <b>Daytime contact telephone number</b>   |                              |                               |  |                                |  |
| <b>E-mail address (optional)</b>  |                              |                               |  |                                |  |

**(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?

|    |    |      |
|----|----|------|
| DD | MM | YYYY |
| 01 | 03 | 2022 |

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)

It is going to be a local convenience store selling day to day products to the locals such as groceries, confectionaries and alcohol.

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)  | <input type="checkbox"/>   |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/>   |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/>   |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/>   |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/>   |
| f) recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/>   |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/>   |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/>   |

**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**

|   |       |        |  |                  |                                     |
|---|-------|--------|--|------------------|-------------------------------------|
| <b>Supply of alcohol</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the supply of alcohol be for consumption – please tick</b> (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 | <b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)     |                  |                                     |
| Mon   | 07.00 | 23.00  |  |                  |                                     |
|   |       |        |  |                  |                                     |
| Tue   | 07.00 | 23.00  |  |                  |                                     |
|   |       |        |  |                  |                                     |
| Wed   | 07.00 | 23.00  |  |                  |                                     |
|   |       |        |  |                  |                                     |
| Thur  | 07.00 | 23.00  |  |                  |                                     |
|   |       |        |  |                  |                                     |
| Fri   | 07.00 | 23.00  |  |                  |                                     |
|   |       |        |  |                  |                                     |
| Sat   | 07.00 | 23.00  |  |                  |                                     |
|   |       |        |  |                  |                                     |
| Sun   | 07.00 | 23.00  |  |                  |                                     |
|   |       |        |  |                  |                                     |

**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):**

|   |            |
|---|------------|
| <b>Name</b> [REDACTED]                                      |            |
| <b>Date of birth</b> [REDACTED]                             |            |
| <b>Address</b><br>[REDACTED]<br>[REDACTED]<br>[REDACTED]    |            |
| <b>Postcode</b>   | [REDACTED] |
| <b>Personal licence number (if known)</b><br>[REDACTED]     |            |
| <b>Issuing licensing authority (if known)</b><br>[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).

It is going to be a local convenience store selling day to day products to the locals such as groceries, confectionaries and alcohol.

## L

| <b>Hours premises are open to the public</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>State any seasonal variations</u></b> (please read guidance note 5)  |
|---|-------|--------|--|
| Day   | Start | Finish |  |
| Mon   | 07.00 | 23.00  | <b><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></b> (please read guidance note 6) |
|   |       |        |  |
| Tue   | 07.00 | 23.00  |  |
|   |       |        |  |
| Wed   | 07.00 | 23.00  |  |
|   |       |        |  |
| Thur  | 07.00 | 23.00  |  |
|   |       |        |  |
| Fri   | 07.00 | 23.00  |  |
|   |       |        |  |
| Sat   | 07.00 | 23.00  |  |
|   |       |        |  |
| Sun   | 07.00 | 23.00  |  |
|   |       |        |  |

## 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)**

I will always ensure that when the premises are open for trading that there are sufficient competent and knowledgeable staff on duty at the premises for the purpose of fulfilling the terms and conditions of the licence and for preventing any crime and disorder on the premises. I will also ensure that all staff will undertake continuous training in their responsibilities in relation to the sale of alcohol, particularly regarding vulnerable and underage people. Records of staff training will be kept for references and refusal of sale to underage will be logged in refusal book.

### **b) The prevention of crime and disorder**

To prevent any crime and disorder around the premises, I will make sure sufficient CCTV coverage across the inside and outside of the property is available. In the event of any incidents of a criminal nature that may occur on or outside the premises will be reported to the Police immediately. The CCTV system will be maintained at the premises and will make sure that it has got the following features: 1. Cameras must be sited to observe the entrance and exit doors both inside and outside. 2. Cameras on the entrances must capture full frame shots of the heads and shoulders of all customers entering the premises i.e., capable of identification 3. Cameras viewing till areas capturing people served. 4. Cameras overlooking floor areas should be wide angled to give an overview of the premises. 5. Be capable of visually confirming the nature of the crime committed. 6. Provide a linked record of the date, time and place of any image. 7. Provide good quality images –colour during opening times. 8. Have the recording device located in a secure area or locked cabinet. 10. Have a screen to review images and recorded picture quality. 11. Be regularly maintained to ensure continuous quality of image capture retention. 12. Have signage displayed in the customer area to advise that CCTV is in operation. 13. Digital images must be kept for 31 days. 14. Police will have access to images at any reasonable time for any incidents to be reviewed.

### **c) Public safety**

For the safety of the public, I shall make sure that fire safety procedures are in place in the event of a fire at the same time have numerous smoke detectors and emergency lighting in place for any emergency. I shall also make sure relevant signage for any hazards such as “WET FLOOR” signage are displayed in the event of any spillage or cleaning processes.

### **d) The prevention of public nuisance**

To prevent public nuisance within the premises I will make sure that the noise level is always kept at the very lowest level. Clear and visible signs will be displayed to leave quietly and have regard to our neighbourhood. I will also make sure that the sale of alcohol only takes place throughout the proposed trading hours this will also help prevent any public nuisance around the premises



**e) The protection of children from harm**

Any customers who would like to purchase alcohol and appear to be under 25 will be required to show or provide photographic ID such as proof of age cards, citizen card, photographic driving license or passport. The ID should bear the photograph and date of birth of the customer. All staff will be trained for UNDERAGE Sales and prevention and protection regularly. A register of refused sales will be always logged and maintained on the 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 or my share code issued by the Home Office online right to work checking service (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)

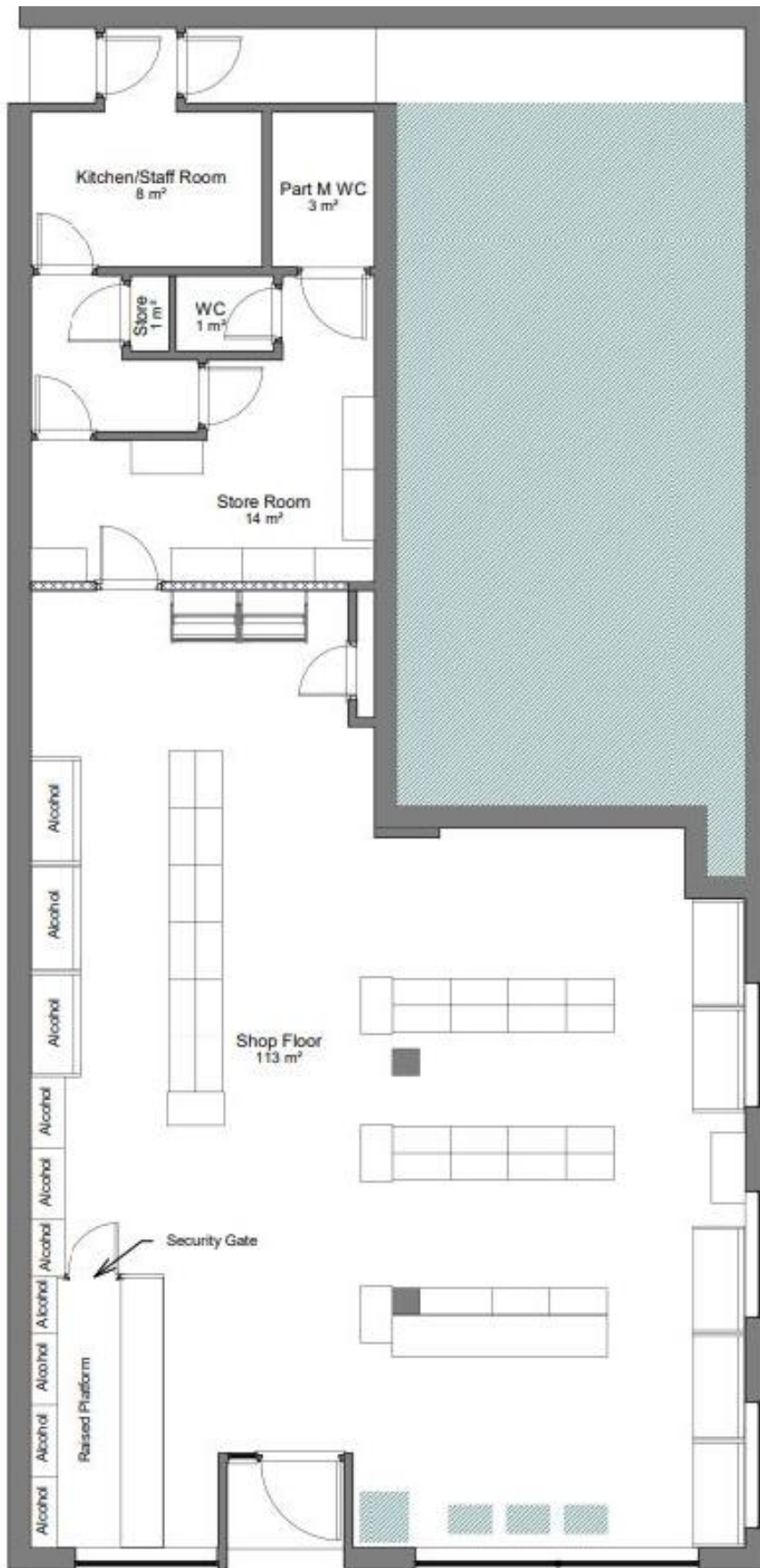
**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

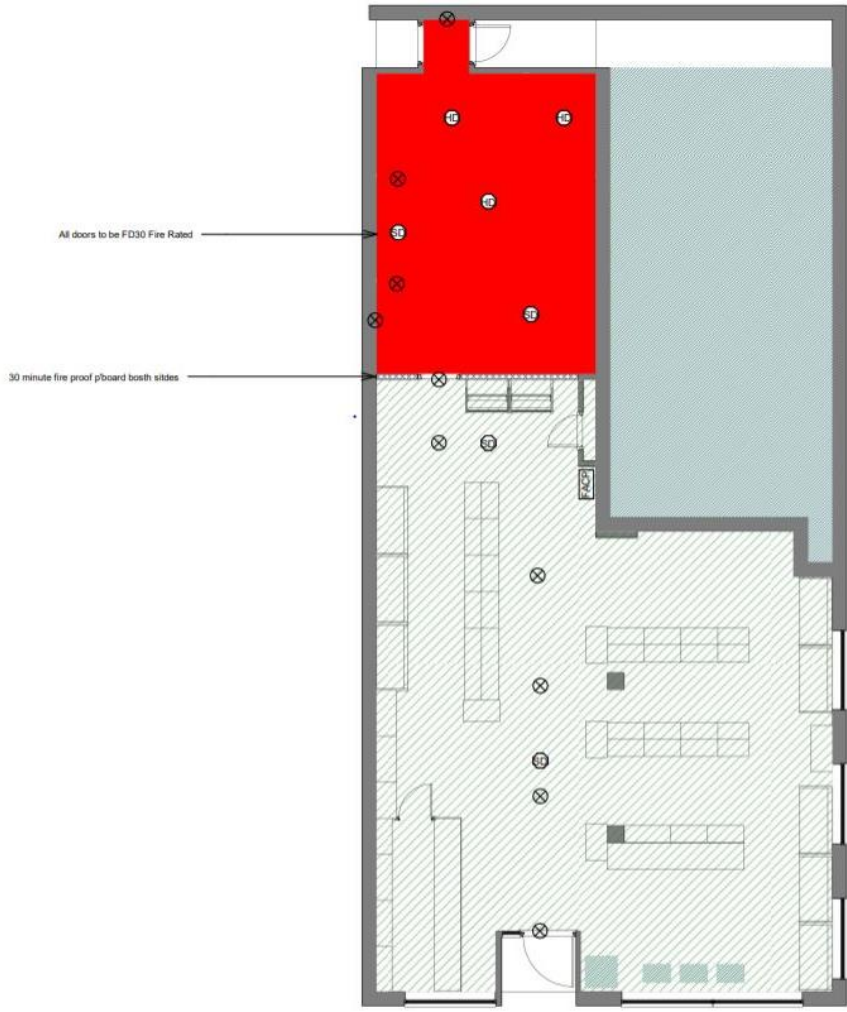
|                    |  |
|--------------------|--|
| <b>Declaration</b> | <ul style="list-style-type: none"><li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I 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).</li><li>• 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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)</li></ul> |
| Signature          | ████████████████████   |
| Date               | 18.01.2022   |
| Capacity           | ████████████████████   |

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)<br>████████████████████<br>██████<br>████████████████████ |                      |          |            |
| Post town   | ██████████           | Postcode | ██████████ |
| Telephone number (if any)   | ████████████████████ |          |            |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional)<br>████████████████████   |                      |          |            |





- ⊗ Directional Fire Exit Sign
- FACP Fire alarm control plane
- ⊕ Mains connected smoke detector
- ⊕ Mains connected heat detector
- Fire Zone 1
- ▨ Fire Zone 2

All doors to be FD30 Fire Rated

30 minute fire proof p/boord both sides