

A TRANSFER

RECEIVED
16 MAR 2009

Southwark
Council

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 Mrs ASIKE EREJUWA
(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
346, EAST STREET
OFF OLD KENT ROAD

Post town LONDON Post code SE17 2SX

Telephone number at premises (if any) 0207 7038362

Non-domestic rateable value of premises £ 6,000

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)

APPENDIX A

- 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
 - o statutory function or
 - o a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname EREJUWA		First names AJIKE		
I am 18 years old or over				<input type="checkbox"/> Please tick yes
Current postal address if different from premises address		14, Greehaven Drive Themasmead		
Post Town	London		Postcode	SE28 8FR
Daytime contact telephone number		07961750376		
E-mail address (optional)	Abi.abiolakiboh@yahoo.co.uk			

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		
I am 18 years old or over				<input type="checkbox"/> Please tick yes

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
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

1	5	0	4	2	0	0	9
---	---	---	---	---	---	---	---

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

Day Month Year

--	--	--	--	--	--	--	--

Please give a general description of the premises (please read guidance note 1)

Ground floor and Basement Shop used for selling grocery and to be used as a restaurant.

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

4
Pages 5-8 Omitted Intentionally

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place 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	18.00	00.00			
Tue	18.00	00.00			
Wed	18.00	00.00	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	18.00	03.00			
Fri	18.00	03.00	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)		
Sat	18.00	03.00			
Sun	18.00	00.00			
			New Years Eve till 04 00 hrs Bank Holidays till 04 00 hrs		

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	11.00	00.00	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	11.00	00.00			
Wed	11.00	00.00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	11.00	03.30			
Fri	11.00	03.30	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)		
Sat	11.00	03.30			
Sun	11.00	00.00			
					New Year Eve till 04.00 hrs
					Bank Holidays till 04.00 hrs

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	18.00	00.00	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	18.00	00.00			
Wed	18.00	00.00	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	18.00	03.00			
Fri	18.00	03.00	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	18.00	03.00		New Years Eve till 04.00 hrs	
Sun	18.00	00.00		Bank holidays till 04.00 hrs	

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"/>
			Please give a description of the facilities for dancing you will be providing		
Day	Start	Finish			
Mon	18.00	00.00	Please give further details here (please read guidance note 3)		
Tue	18.00	00.00			
Wed	18.00	00.00	State any seasonal variations for providing dancing facilities (please read guidance note 4)		
Thur	18.00	02.00			
Fri	18.00	02.00	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) New Years Eve till 04.00 hrs Bank Holidays till 04.00 hrs		
Sat	18.00	02.00			
Sun	18.00	00.00			

L

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	00.00	<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	23.00	00.00			
Wed	23.00	00.00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur	23.00	03.00			
Fri	23.00	03.00	<u>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</u> (please read guidance note 5) New Years Eve till 04.00 hrs Bank Holidays till 04.00 hrs		
Sat	23.00	03.00			
Sun	23.00	00.00			

M

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 checked="" type="checkbox"/>
Day	Start	Finish		
Mon	10.00	00.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)	
Tue	10.00	00.00		
Wed	10.00	00.00		
Thur	10.00	03.00 03.00		
Fri	10.00	03.00		
Sat	10.00	03.00		
Sun	10.00	00.00		
			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)	
			New Years Eve till 04.00 hrs Bank Holidays till 04.00 hrs	

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

Name		ASTICE BRESTUWA	
Address		14, greenhaven Drive Thamesmead London	
Postcode	SE28	8FR	
Personal Licence number (if known)		LN/000004370	
Issuing licensing authority (if known)		Greenwich Council	

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

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	10.00	00.30	<p>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)</p>
Tue	10.00	00.30	
Wed	10.00	00.30	
Thur	10.00	03.30	
Fri	10.00	03.30	
Sat	10.00	03.30	
Sun	00.00	00.30	

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)

See below

b) The prevention of crime and disorder

CCTV to be installed and maintained
CCTV recording library will be kept for 28 days
A Personal licence holder to be on the premises during the sale of alcohol

c) Public safety

Fire extant would be unobstructed.
Fire extinguisher will be maintained and in date.

d) The prevention of public nuisance

A notice will be displayed requesting Customer to leave quietly.
No Consumption of alcohol will be allowed outside the premises except for smoking

e) The protection of children from harm

- No children under the age of 16 will be allowed after 2100 hrs
- The adoption and implementation of a recognised proof of age scheme.
- A recognised training scheme for all staff connected with the sale of alcohol.

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	<i>Lamb</i>
Date	16/3/09
Capacity	

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	
Capacity	

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

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