

2/6/9

Please note the changes to
the operating schedules in
the attached application they
have change from the last application

Regards,

Andrew King

Cafe on the Rye

Statens Road

Peckham Rye Common

London SE15 3UA

RECEIVED

05 JUN 2009



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 FIONA M. HALTON
(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			
CAFE ON THE RYE STRAKERS ROAD. PECKHAM RYE COMMON LONDON			
Post town		Post code	SE153UA

Telephone number at premises (if any)	0208 693 9431
Non-domestic rateable value of premises	£ TRA APPROX £9,500

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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname HALTON			First names FIONA MARGARET		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		10 WORLINGTONHAM ROAD EAST DULWICH LONDON			
Post Town	LONDON		Postcode	SE229HD	
Daytime contact telephone number			0208 693 9431		
E-mail address (optional)		fiona@cafeontherye.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	FIONA HALTON CONSULTANCY LIMITED
Address	25-27 THE BRIDGE BRIDGE HOUSE WEAVERSTONE HARROW HA3 5AB
Registered number (where applicable)	4697513
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	0208 693 9431
E-mail address (optional)	fiona@cafeontherye.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
01	07	2009

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 note1)
 THE CAFE IS SITUATED IN THE MIDDLE OF PELHAM
 RYE COMMON. IT IS A CONCESSION FROM SOUTHWARK.
 WE HAVE SEATING INDOOR AND OUTSIDE. WE ARE
 LOCATED A LONG WAY FROM ANY RESIDENTIAL
 PROPERTIES. WE ARE OPEN 7 DAYS PER
 WEEK.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend. NO

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	9.00	24.00	Please give further details here (please read guidance note 3)	Both	<input checked="" type="checkbox"/>
Tue	9.00	24.00			
Wed	9.00	24.00	State any seasonal variations for performing plays (please read guidance note 4)		
Thur	9.00	24.00			
Fri	9.00	24.00	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 (please read guidance note 5)		
Sat	9.00	24.00			
Sun	9.00	24.00			

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 checked="" type="checkbox"/>
Day	Start	Finish			
Mon	9.00	24.00	Please give further details here (please read guidance note 3)		
Tue	9.00	24.00			
Wed	9.00	24.00	State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur	9.00	24.00			
Fri	9.00	24.00	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	9.00	24.00			
Sun	9.00	24.00			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (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)			Will the boxing or wrestling entertainment 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 boxing or wrestling entertainment (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	9.00	24.00	Please give further details here (please read guidance note 3) ACOUSTIC MUSIC ONLY. 1-2 MUSICIANS.	Both	<input type="checkbox"/>
Tue	9.00	24.00			
Wed	9.00	24.00	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	9.00	24.00			
Fri	9.00	24.00	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	9.00	24.00			
Sun	9.00	24.00			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded 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	9.00	24.00	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	9.00	24.00			
Wed	9.00	24.00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	9.00	24.00			
Fri	9.00	24.00	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)		
Sat	9.00	24.00			
Sun	9.00	24.00			

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	9.00	24.00	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	9.00	24.00			
Wed	9.00	24.00	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	9.00	24.00			
Fri	9.00	24.00	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	9.00	24.00			
Sun	9.00	24.00			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<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)		
Fri					
Sat			<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)		
Sun					

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>		
			Will the facilities for making music be indoors or outdoors or both – please tick (please read guidance note 2)		Indoors
			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 the provision of facilities for making music</u> (please read guidance note 4)		
Wed					
Thur			<u>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</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

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 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	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
			State any seasonal variations for providing dancing facilities (please read guidance note 4)			
			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)			
Sun						

K

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)			<u>Please give a description of the type of entertainment facility you will be providing</u>	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick (please read guidance note 2)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)	
Wed				
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)	
Fri				
Sal			<u>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</u> (please read guidance note 5)	
Sun				

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 type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	23.00	24.00	Please give further details here (please read guidance note 3) PROVISION OF HOT & COLD BISTRO TYPE FOOD FOR CONSUMPTION ON THE PREMISES	Both	<input checked="" type="checkbox"/>
Tue	23.00	24.00			
Wed	23.00	24.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	23.00	24.00			
Fri	23.00	24.00	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	24.00			
Sun	23.00	24.00			

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) SEATING BOTH INDOOR & OUTDOOR	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	Both		
Mon	9.00	24.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	9.00	24.00			
Wed	9.00	24.00			
Thur	9.00	24.00			
Fri	9.00	26.00			
Sat	9.00	24.00			
Sun	9.00	24.00			
			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)		

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

Name	FIONA MARGARET HALTON		
Address	10 WORLINGTON ROAD EAST DULWICH LONDON		
Postcode	SE22 9TD		
Personal Licence number (if known)			
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

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	9.00	01.00	
Tue	9.00	01.00	
Wed	9.00	01.00	
Thur	9.00	01.00	
Fri	9.00	01.00	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)
Sat	9.00	01.00	
Sun	9.00	01.00	

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)

SALE OF ALCOHOL WILL COMPLEMENT THE EXISTING FOOD OFFER. WE INTEND TO SELL WINES; BOTTLED BEERS AND POSSIBLY SOME SPIRITS. WE ARE SET UP AS A CAFE NOT A BAR SO THE SALE OF ALCOHOL IS VERY MUCH AN ADD-ON SERVICE. THERE ARE LIMITED OPTIONS TO EAT AND DRINK IN THE AREA AND THIS LICENSE WILL HELP DEVELOP THE AREA.

b) The prevention of crime and disorder

WE ARE IN REGULAR CONTACT WITH THE SAFER NEIGHBOURHOODS TEAMS AND THE SOUTHWARK COMMUNITY WARDENS. WE ALSO MEET WITH FRIENDS OF PECKHAM RYE AND ARE IN CONSTANT CONTACT WITH OFFICERS OF SOUTHWARK COUNCIL. WE ALSO IMPLEMENT INITIATIVES PROMOTED BY THE LOCAL POLICE AND PARK OFFICERS.

c) Public safety

AS A FAMILY FRIENDLY ESTABLISHMENT SERVING UP TO 100,000 CUSTOMERS PER ANNUM WE ARE WELL VERSED IN DEALING WITH THE PUBLIC. THE OUTSIDE AREAS WILL BE CLEARED PROMPTLY AND DRINKING IN OUR OUTDOOR SEATING AREA MONITORED CLOSELY. WE WILL DISPLAY A POSTER IN A PROMINANT PLACE REQUESTING THAT CUSTOMERS DO NOT TAKE DRINKS ONTO THE COMMON. WE WILL PROVIDE PLASTIC GLASSES FOR THOSE WHO WISH TO SIT ON THE COMMON.

d) The prevention of public nuisance

WE INTEND TO SERVE ALCOHOL WITH FOOD. WE WILL NOT BE A DRINKING DESTINATION. WE DO NOT HAVE THE PHYSICAL CAPACITY TO BECOME A 'PUB' TYPE DESTINATION. WE INTEND TO BE OPEN ONLY IN THE EARLY EVENING AS A RULE AND IF WE ARE OPEN LATER FOR A PRIVATE EVENT IT WILL BE CONTROLLED. WE ARE SOME DISTANCE FROM RESIDENTIAL PROPERTIES SO DO NOT ANTICIPATE NOISE BEING AN ISSUE. ANY SPECIFIC EVENTS WILL BE EARLY EVENING AND PRIVATE FUNCTIONS IN THE CAFE WILL BE INDOORS.

e) The protection of children from harm

WE ARE A FAMILY FRIENDLY BUSINESS. A LARGE PERCENTAGE OF OUR CUSTOMERS HAVE CHILDREN. IN THE EVENINGS WE WILL LIMIT ACCESS TO CHILDREN. WE HAVE REVIEWED ALL POSSIBLE RISKS AND DO NOT DEEM THAT THIS IS A PROBLEM. AS AN EX EMPLOYEE OF NSPCC I AM AWARE OF MANY SAFEGUARDING ISSUES.

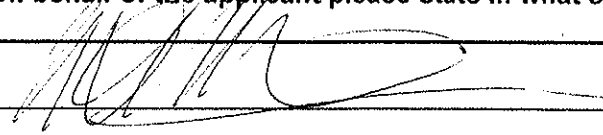
Please tick yes

- 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	18/05/09
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)			

Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Please return this form to:
Licensing Unit
Chaplin Centre
Thurlow Street
London SE17 2DG
Tel. 020 7525 2000
Fax. 020 7525 5705
Hlicensing@southwark.gov.ukH

Consent of individual to being specified as premises supervisor

I FIONA MARGARET HALTON
[full name of prospective premises supervisor]

of 10 WURRINGHAM ROAD

EAST DULWICH

LONDON SE22 9HD
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be speci
supervisor in relation to the application for

CAFE ON THE RYE

by FIONA HALTON

relating to a premises licence

for CAFE ON THE RYE

STRAKERS ROAD, PECKHAM RYE

COMMON, LONDON SE15 3UA
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made

by FIONA HALTON [name of applicant]

concerning the supply of alcohol at CAFE ON THE RYE

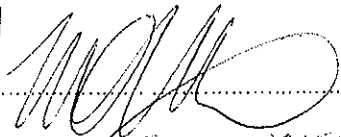
STRAKERS ROAD, PECKHAM RYE COMMON,

LONDON SE15 3UA
[name and address of premises to which application relates].

I also confirm that I am applying for, intend to apply for or currently hold a personal
licence, details of which I set out below.

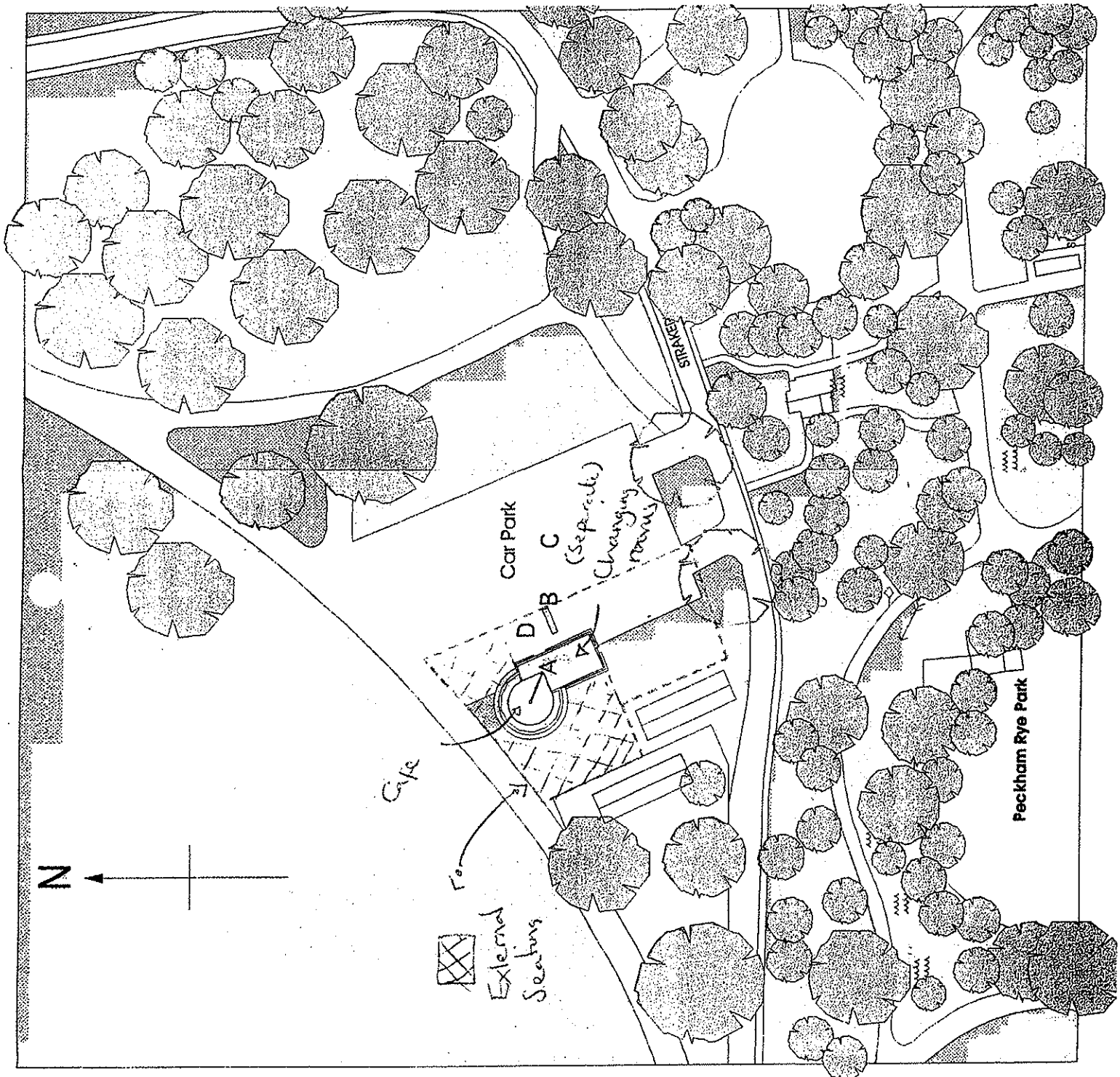
Personal licence number
[insert personal licence number, if any]

Personal licence issuing authority
[insert name and address and telephone number of personal licence issuing authority, if
any]

 signed

FIONA HALTON name (please print)

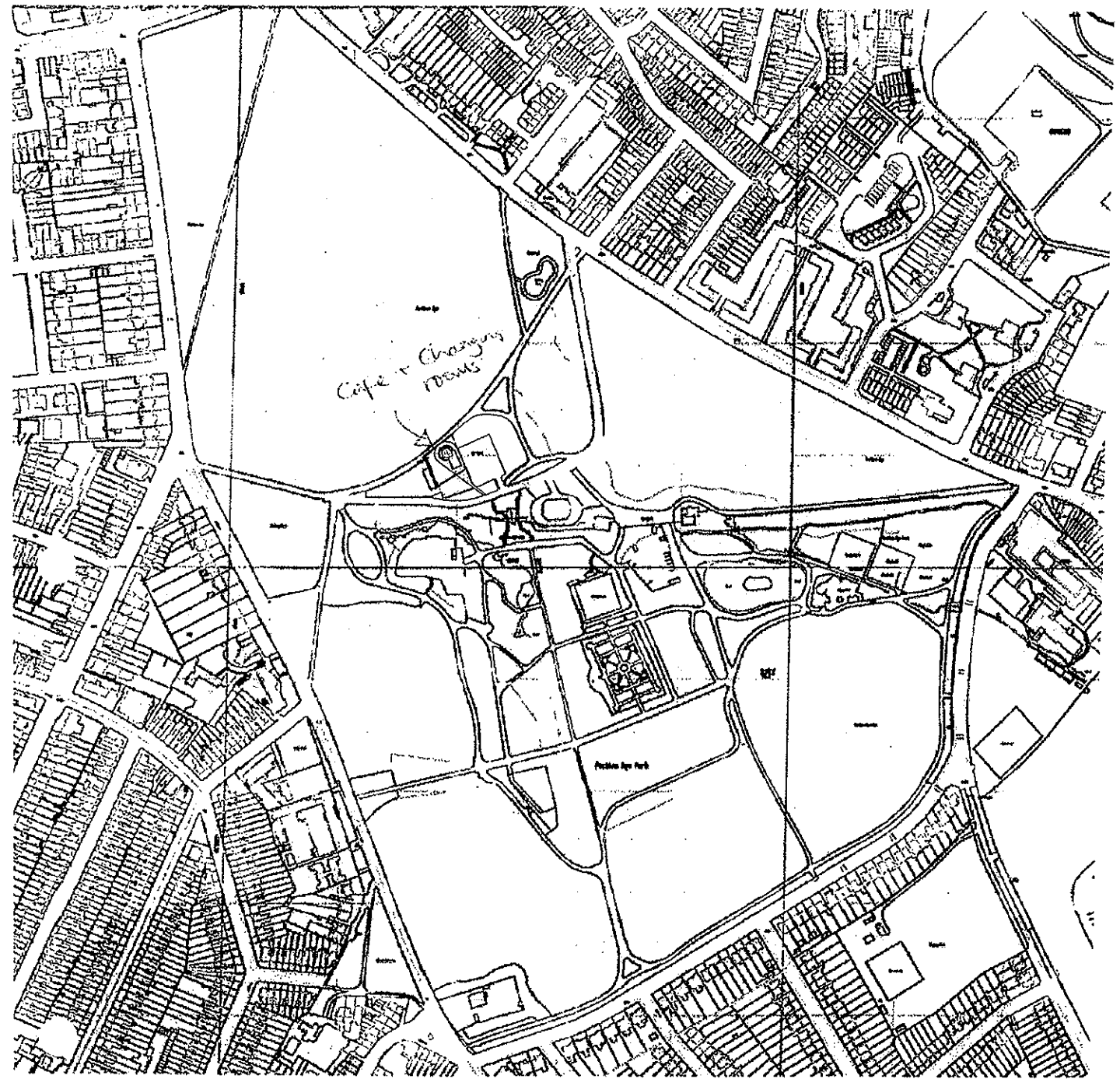
18/05/09 dated



- one o'clock club
- Retained Prisoner of War hut
- Construction site boundary

- Cafe & Changing Rooms **A**
- Bin store and fan **B**
- car park **C**
- loading bay for the cafe **D**

Works to the carpark and external works are not included within this project



1:5000

— Site Boundary

Date	Reason for Issue

**Peckham Rye Cafe and Ch. Rooms
Location Plan**

© 2006 at a/a/a/a Architects LLP, 75 Boxley Hill Road, London SE5 6QQ
t: 0207 701 3100 f: 0207 277 0761 e: info@aaarchitects.com www.aaarchitects.com

Scale: 1: 5000 Date: March 2006

PRP.L.01

REV AS BUILT

Notice of Application for a Premises Licence made under Section 17 of the Licensing Act 2003

Please take notice that I / we

Name of Applicant/Premises:..... FIONA M. WATSON

Have made application to the local licensing authority for a new Premises Licence in respect of

Full name & postal address of the premises: CAFE ON THE RYE, STRAKERS ROAD, PECKHAM RYE COMMON, LONDON, SE15 3UA

The relevant licensable activities and proposed times to be carried on, on or from the premises are (please include all proposed start times and finish times)

	Days	Start Time	Finish Time
The supply of alcohol:	MON - SUN	9.00	24.00
The provision of regulated entertainment:	MON - SUN	9.00	24.00
The provision of late night refreshment:	MON - SUN	23.00	24.00

A register of all applications made within the Southwark area is maintained by

The Licensing Service, C/O Southwark Environmental Health and Trading Standards, The Chaplin Centre, Thurlow Street, London, SE17 2DG

A record of this application may be inspected by visiting the office during normal office hours by appointment on 020 7525 2000, details are also on our web site at www.southwark.gov.uk/businesscentre/licensing/currentapplication

It is open to any interested party to make representations about the likely effect of the grant of the premises licence on the promotion of the licensing objectives. Representations must be made in writing to the Licensing Service at the office address given above and be received by the Service within a period of 28 days starting the day after the date shown below.

Note: It is an offence to knowingly or recklessly make a false statement in connection with an application. A person guilty of such offence is liable on summary conviction to a fine not exceeding level 5 on the standard scale.

Date of application 27/5/19

 Southwark Council