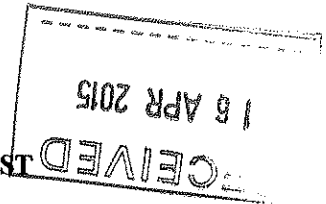


848112

Southwark Licensing Team, Community Safety EHTS, London Borough of Southwark, 160 Tooley, Street,  
PO Box 64529 London Ref No. 600623

**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 Tesco Stores Ltd

**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>SOUTHWARK THECUT EXP<br>3 - 11 The Cut<br>Southwark |        |                 |         |
| <b>Post town</b>  | London | <b>Postcode</b> | SE1 8JZ |

|   |        |
|---|--------|
| Telephone number at premises (if any)   |        |
| Non-domestic rateable value of premises | £36250 |

**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  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 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:

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 type="checkbox"/> | Ms <input type="checkbox"/> | Other Title (for example, Rev) |                 |
| <b>Surname</b>  |                              |                               | <b>First names</b>          |                                |                 |
| I am 18 years old or over                                 |                              |                               |                             | <input type="checkbox"/>       | Please tick yes |
| Current postal address if different from premises address |                              |                               |                             |                                |                 |
| Post town   |                              |                               |                             | Postcode                       |                 |
| <b>Daytime contact telephone number</b>                   |                              |                               |                             |                                |                 |
| <b>E-mail address (optional)</b>                          |                              |                               |                             |                                |                 |

**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>          |                                |                 |
| I am 18 years old or over                                 |                              |                               |                             | <input type="checkbox"/>       | Please tick yes |
| Current postal 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.

|   |
|---|
| <b>Name</b><br>Tesco Stores Ltd   |
| <b>Address</b><br>Tesco House,<br>Delamare Road<br>Cheshunt<br>Herts EN8 9SL  |
| <b>Registered number (where applicable)</b><br>519500   |
| <b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b><br>Ltd company |
| <b>Telephone number (if any)</b><br>01707 634 837   |
| <b>E-mail address (optional)</b><br>Licensing.team@uk.tesco.com   |

**Part 3 Operating Schedule**

When do you want the premises licence to start?

ASAP

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

Retail premises (supermarket) selling a range of goods and services. This includes the sale of alcohol for consumption off the premises. Sales of alcohol for consumption off the premises are made from the supermarket sales floor as shown on the enclosed plan

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 any 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)

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

**In all cases complete boxes K, L and M**

**A**

| Plays<br>Standard days and timings<br>(please read guidance note 6) |       |        | <u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)   | Indoors  | <input type="checkbox"/> |
|---|-------|--------|--|----------|--------------------------|
| Day   | Start | Finish |  | Outdoors | <input type="checkbox"/> |
| Mon   |       |        | <u>Please give further details here</u> (please read guidance note 3)  | Both     | <input type="checkbox"/> |
| 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**

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

C

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

**D**

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

**E**

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

**F**

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

# G

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

# H

|   |       |        |   |          |                          |
|---|-------|--------|---|----------|--------------------------|
| <b>Anything of a similar description to that falling within (e), (f) or (g)</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | Please give a description of the type of entertainment you will be providing  |          |                          |
| Day   | Start | Finish | <b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)  | Indoors  | <input type="checkbox"/> |
| Mon   |       |        |   | Outdoors | <input type="checkbox"/> |
|   |       |        |   | Both     | <input type="checkbox"/> |
| Tue   |       |        | <b><u>Please give further details here</u></b> (please read guidance note 3)  |          |                          |
|   |       |        |   |          |                          |
| Wed   |       |        |   |          |                          |
| Thur  |       |        | <b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)   |          |                          |
|   |       |        |   |          |                          |
| Fri   |       |        |   |          |                          |
| Sat   |       |        | <b><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></b><br>(please read guidance note 5) |          |                          |
| Sun   |       |        |   |          |                          |



**I**

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

**J**

| <b>Supply of alcohol</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the supply of alcohol be for consumption –<br/>please tick</b> (please read guidance note 7)   | On the premises  | <input type="checkbox"/>            |
|--|-------|--------|--|------------------|-------------------------------------|
| Day  | Start | Finish |  | Off the premises | <input checked="" type="checkbox"/> |
|  |       |        |  | Both             | <input type="checkbox"/>            |
| Mon  | 06:00 | 24:00  | <b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)<br>N/A  |                  |                                     |
| Tue  | 06:00 | 24:00  |  |                  |                                     |
| Wed  | 06:00 | 24:00  |  |                  |                                     |
| Thur   | 06:00 | 24:00  | <b>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</b> (please read guidance note 5)<br>N/A |                  |                                     |
| Fri  | 06:00 | 24:00  |  |                  |                                     |
| Sat  | 06:00 | 24:00  |  |                  |                                     |
| Sun  | 06:00 | 24:00  |  |                  |                                     |

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

|  |   |
|--|---|
| Name<br>Gary Adam Bignell  |   |
| Address<br> |   |
| Postcode   |  |
| Personal licence number (if known)<br>14/00731/BEXLEY/LI                                       |   |
| Issuing licensing authority (if known)<br>London Borough of Bexley                             |   |



**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 9)**

We are a national retailer that sells alcohol as part of a broad offering of goods and services. We have held off-licences in our stores for many years and are an approved British Institute of Inn-keeping examination centre. We have written training policies and formal training programmes are in place, which ensure our people are equipped to meet all licensing objectives. All training and revision/refresher materials are reviewed regularly. All stores currently comply with our 'Think 25' policy, this is brought to customer's attention through point of sale material within the store. We take legal compliance very seriously and in addition to local training we employ a central alcohol licensing compliance manager and have a compliance committee.

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

The premises will have digital CCTV system that covers many areas of the shop floor, including the proposed area which will be used for beer and wine, should we be successful with our application. Images will be retained for a minimum of 21 days and made available on enforcement request. Ordinarily, a member of the Management team will be on the premises all the time the store is open. A person will have responsibility for the premises whilst the premises are open.

**c) Public safety**

A person will have responsibility for the premises whilst the premises are open. Management will be trained to support the running of the premises including looking after our customers and staff. The store will adhere to all rules and regulations relating to public safety.

**d) The prevention of public nuisance**

We intend to be an active member of the community. We welcome the opportunity to liaise with Police and enforcement authorities should the need arise.

e) The protection of children from harm

All staff will be trained and regularly refreshed in the corporate 'Think 25' Policy. Staff will be trained to look at the customer and 'Think 25' when selling alcohol.  
 A till prompt will appear on the initial sale of alcohol that will remind the seller of their responsibilities including not to sell alcohol to anyone under the age of 18.  
 The store will display signage around the premises informing both staff and customers of our 'Think 25' policy on alcohol.

**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.

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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 | [REDACTED]        |
| Date      | 17/04/2015        |
| Capacity  | Licensing Manager |

**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 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)

Licensing Team  
Cirrus C  
Shire Park

|           |                    |          |         |
|-----------|--------------------|----------|---------|
| Post town | Welwyn Garden City | Postcode | AL7 122 |
|-----------|--------------------|----------|---------|

|                           |  |
|---------------------------|--|
| Telephone number (if any) |  |
|---------------------------|--|

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)  
Licensing.team@uk.tesco.com

### 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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

4474

Gary Adam

[Redacted]

Full Name Date of Birth Place of Birth

Home Address:

[Redacted]

I hereby confirm that I give my consent to be appointed as the designated premises supervisor in relation to the application for varying a premises licence to specify an individual as designated premises supervisor under section 87 of the Licensing Act 2003 by Tesco Stores Ltd relating to a premises licence

Tesco Stores Ltd

for

Store Number 4474  
Store Address 3-11 The Cut  
Southwark  
London  
SE1 8J2

and any premises licence to be granted or varied in respect of the application made by Tesco Stores Ltd concerning the supply of alcohol at the above premises.

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

14/00731/BEXLEY/L1

Personal Licence issuing authority

LONDON BOROUGH OF BEXLEY

Signed

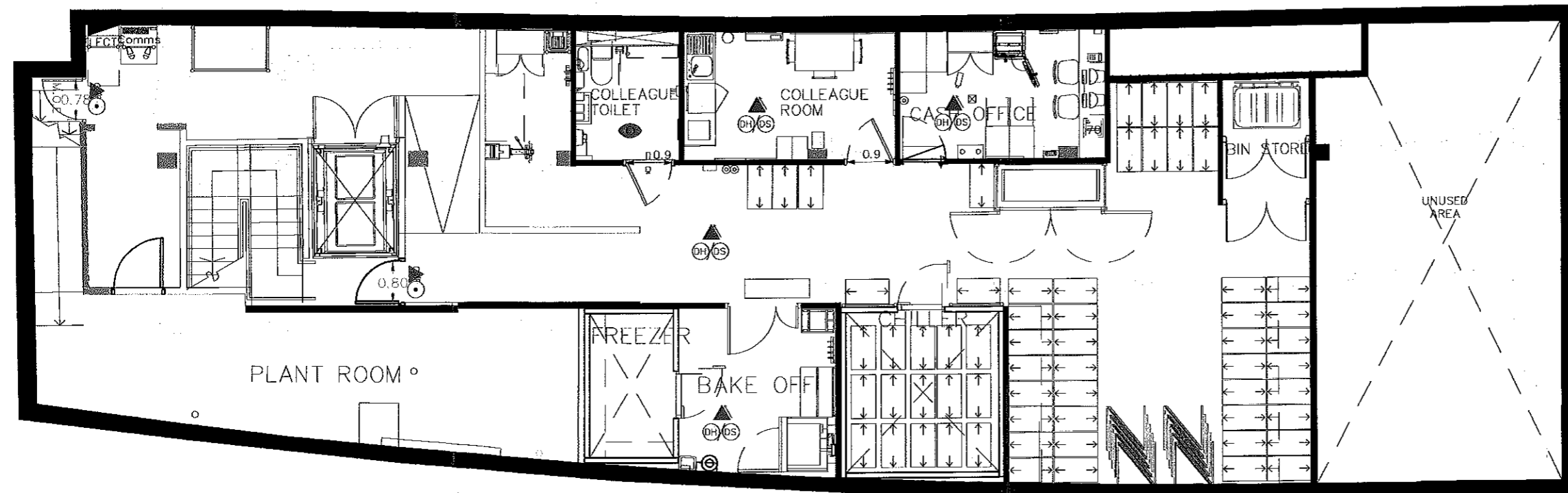
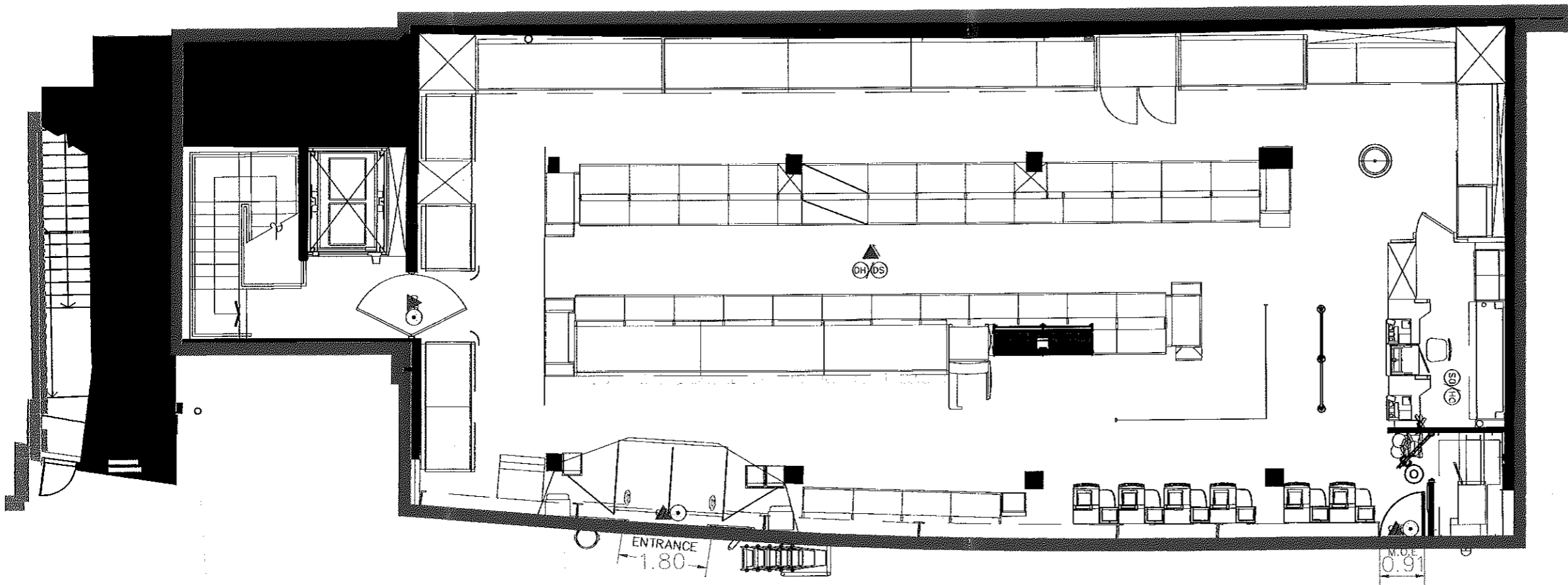
[Redacted Signature]

Name (Please Print)

GARY BIGNELL

Date

08.04.2015



| REV | DATE | AMENDMENTS |
|-----|------|------------|
|     |      |            |

ADDRESS: 3-11 THE CUT  
 SOUTHWARK  
 LONDON  
 SE1 8JZ  
 LONDON  
 ENGLAND

- FIRE DETECTION LEGEND**
- SOUNDER
  - VISUAL INDICATOR (BEACON)
  - 6KG 27A FOAM & 2KG CO2 EXTINGUISHERS
  - AREA COVERED BY SMOKE DETECTION
  - BREAK GLASS CALL POINT

PROJECT: 4474  
 SOUTHWARK THE CUT  
 EXPRESS

DESCRIPTION  
 PROPOSED RETAIL  
 ALCOHOL LICENSE LAYOUT

DRAWING NO 4474gag1#BWSPLAN.DWG

PHASE ISSUE 1#  
 SYSTEM ID. No. 4474hg1#BWSPLAN.dwg  
 4474g1#BWSPLAN.dwg

SCALE DATE  
 1:100@A3 27.03.2015

PLANNER SEAN QUINNEY



TESCO STORES LIMITED  
 STORE PLANNING DEPARTMENT  
 PROPERTY SERVICES  
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 WELWYN GARDEN CITY, HERTS. AL7 1GA  
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