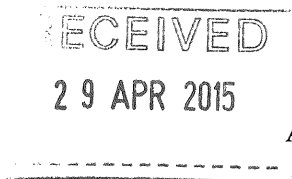


[Insert name and address of relevant licensing authority and its reference number (optional).]



**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 **JAHANZAIB SAFDAR**

(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:			
Bermondsey Express 212 Jamaica Road			
Post town	London Borough of Southwark	Postcode	SE16 4BD

Telephone number at premises (if any)	02037456500
Non-domestic rateable value of premises	£8,500

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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname SAFDAR			First names JAHANZAIB		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address different from pre address					
Post town					
Daytime contact					
E-mail address (optional)					

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?

DD	MM	YYYY
2	3	05
2	0	15

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)

Off-licence & supermarket

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 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 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"/>
				Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			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					
Sun					

B

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

J

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) NONE		
Mon	07:00	23:00			
Tue	07:00	23:00			
Wed	07:00	23:00			
Thur	07:00	23:00			
Fri	07:00	00:00			
Sat	07:00	00:00			
Sun	07:00	23:00	<u>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</u> (please read guidance note 5) none		

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

Name JAHANZAIB SAFDAR
Address

I

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"/>
					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 late night refreshment</u> (please read guidance note 4)			
Wed						
Thur			<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)			
Fri						
Sat						
Sun						

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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 8).
 NONE

L

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) NONE
Day	Start	Finish	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) NONE
Mon	07:00	23:00	
Tue	07:00	23:00	
Wed	07:00	23:00	
Thur	07:00	23:00	
Fri	07:00	00:00	
Sat	07:00	00:00	
Sun	07:00	23:00	

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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)

Please see below

b) The prevention of crime and disorder

1. Appropriate signage will be displayed, in a prominent position, informing customers they are being recorded on CCTV.
2. CCTV covering areas inside and outside of the premises should be installed and maintained to police recommendations with properly maintained log arrangements. All images will be stored for a minimum of 31 days.
3. CCTV is to comply with Data Protection Act 1998 and is to be working and recording correctly when the premises are open to the public.
4. A staff member from the premises that is conversant with the operation of the CCTV system will be on the premises at all times that the premises are open to the public. This staff member will be able to show police recent data footage with the minimum of delay when requested. This data or footage reproduction should be almost instantaneous.
5. A refusals book shall be kept at the premises to record details of all refusals to sell alcohol. This book shall contain the date and time of the incident, a description of the customer, the name of the staff member who refused the sale, and the reason the sale was refused. The book shall be made available to Police and authorised Council officers on request.
6. The Designated Premises Supervisor shall regularly check the refusals book to ensure it is being consistently used by all staff.
7. A Proof of Age scheme shall operate at the premises and all staff shall be trained in its implementation, eg Challenge 25. Only photographic ID such as a British driving licence or a passport shall be treated as acceptable forms of identification.

c) Public safety

A FIRE RISK ASSESSMENT AND EMERGENCY PLAN WILL BE PREPARED AND REGULARLY REVIEWED. STAFF WILL BE GIVEN APPROPRIATE FIRE SAFETY TRAINING.

d) The prevention of public nuisance

NOTICES WILL BE PROMINENTLY DISPLAYED BY THE EXIT ASKING CUSTOMERS TO RESPECT NEARBY RESIDENTS AND TO LEAVE QUIETLY, NOT LITTER OUTSIDE THE SHOP, TO DISPOSE OF LITTER RESPONSIBLY AND ADVISING CUSTOMERS NOT TO DRINK IN THE STREET.

MANAGEMENT AND STAFF WILL DISCOURAGE PERSONS DRINKING OR LOITERING OUTSIDE THE SHOP.

e) The protection of children from harm

1) THE LICENCE HOLDER/ DPS SHALL OPERATE A STRICT CHALLENGE 25 POLICY AT THE PREMISES. CLEAR SIGNAGE SHALL BE DISPLAYED IN PROMINENT POSITIONS INSIDE THE PREMISES INFORMING CUSTOMERS OF THIS CONDITION.

THE FOLLOWING PROOFS OF AGE ARE THE ONLY ONES TO BE ACCEPTED:

- a) PROOF OF AGE CARDS BEARING THE "PASS" HOLOGRAM SYMBOL.
- b) UK PHOTO DRIVING LICENCE.
- c) PASSPORT.

2) ALL STAFF SHALL BE TRAINED ON INDUCTION AND GIVEN REFRESHER TRAINING AT A MINIMUM OF SIX MONTHLY INTERVALS IN RELATION TO UNDERAGE SALES AND CHALLENGE 25 AND SHALL BE FULLY AWARE OF THEIR RESPONSIBILITIES IN RELATION TO VERIFYING THE AGE OF CUSTOMERS & TO BE ABLE TO CHALLENGE POTENTIAL UNDERAGE CUSTOMERS WHO MAY ATTEMPT TO PURCHASE ALCOHOL & THE USE OF THE REFUSALS BOOK.

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	EZGI YILDIZ
Date	24 TH APRIL 2015
Capacity	LICENSING CONSULTANT

13. This is the address which we shall use to correspond with you about this application.