



**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** BLUE FIN PROPERTY MANAGEMENT (UK) LTD

*(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			
BLUE FIN BUILDING 110 SOUTHWARK STREET			
<b>Post town</b>	LONDON	<b>Postcode</b>	SE1 0SU

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£6930000

**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)
- g) 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.**

Name	Blue Fin Property Management (UK) Ltd
Address	30 Charles II Street London SW1Y 4AE
Registered number (where applicable)	05541954
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited Company
Telephone number (if any)	
E-mail address (optional)	David.whitehead@dswgroup.co.uk

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
3	0	062016

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)

The premises have been licensed since 2008 and currently benefit from premises licence number 845861 which was recently transferred to this applicant; Blue Fin Property Management (UK) Ltd. The purpose of this application is to enable greater flexibility within the property for occasional client hospitality by facilitating licensable activities in additional areas.

The provision of licensable activities will remain ancillary to the use of the premises as offices and it will not be open to the general public.

There will be no external advertisement at the premises that a licence exists save for that required during the application process.

There is no increase in permitted hours over the existing licence.

Although the premises are located within the Borough & Bankside Saturation Area it will have no detrimental effect and not add to the cumulative impact due to the type of premises, style of operation and intended activities.

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**

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

**B**

<b>Films</b> Standard days and timings (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								
Sat						<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)		
Sun								

C

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

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (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			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)	
Wed			<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)	
Thur				
Fri				
Sat				
Sun				



**E**

<b>Live music</b> Standard days and timings (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								
Sat						<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)		
Sun								

**F**

<b>Recorded music</b> Standard days and timings (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	<b>Please give further details here</b> (please read guidance note 3)					
Mon								
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> Standard days and timings (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"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)			
Mon						
Tue			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)			
Wed						
Thur			<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)			
Fri						
Sat						
Sun						

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (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					
Fri			<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)		
Sat					
Sun					
			<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> (please read guidance note 5)		




I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" 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)  Provision of hot beverages at close of dinners, meetings, events etc.		
Mon	23.00	24.00			
Tue	23.00	24.00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Wed	23.00	24.00			
Thur	23.00	24.00	None		
Fri	23.00	24.00	<b>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</b> (please read guidance note 5)		
Sat	23.00	24.00			
Sun	23.00	24.00			
			None		

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  None		
Mon	11.00	24.00			
Tue	11.00	24.00			
Wed	11.00	24.00			
Thur	11.00	24.00			
Fri	11.00	24.00			
Sat	11.00	24.00			
Sun	11.00	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)  Alcohol is normally, but not exclusively, supplied as hospitality but a sale will occur between the caterer and premises licence holder. Such hospitality does not occur every day or for the full hours for which authorisation is sought. However the need for hospitality may occur at short notice and at any time during those hours due to the dynamic nature of the business.		

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

Name	Lynne Christie Deutsch
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	Tower Hamlets

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

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	<p>None</p> <p><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 5)</p> <p>The premises are not open to the general public.</p> <p>Employees of the premises licence holder and subsidiary companies, business tenants of the building, agents, servants and invited guests may be on the premises at any time.</p>
Mon	00.00	24.00	
Tue	00.00	24.00	
Wed	00.00	24.00	
Thur	00.00	24.00	
Fri	00.00	24.00	
Sat	00.00	24.00	
Sun	00.00	24.00	

**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 9)**

The premises are already required to comply with existing and future legislation including, but not limited to, fire regulations, health, safety and environmental matters, planning, building regulations, trading standards, weights and measures, crime and disorder, disability, discrimination, security industry legislation and all provisions of the Licensing Act 2003. In accordance with Home Office Guidance, other legislation, statutory requirements or other duties or responsibilities should not be duplicated in conditions.

The provision of licensable activities shall be ancillary to the use of the premises as offices.

Non-alcoholic beverages shall be available in all parts of the premises where alcohol is supplied for consumption on the premises.

Access to the premises is restricted to officers and employees of the premises licence holder, subsidiary companies and building tenants, agents, servants and invited guests. The general public shall not be admitted.

All persons engaged at the premises with responsibility for the sale or supply of alcohol will receive adequate training in their responsibilities and training records will be retained for no less than 6 months.

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

Access to the premises will be controlled by manned security and or access cards as appropriate 24 hours each day.

A CCTV system will be maintained to the best ability of the premises licence holder covering internal and external risk-assessed areas. Images recorded will be retained for at least 31 days. Subject to a suitable request and agreement of the Data Controller images shall be released to police so long as the Data Controller is happy to do so in accordance with the Data Protection Act 1998 or subsequent legislation.

**c) Public safety**

Risk assessments will be reviewed periodically and whenever a particular risk changes or is perceived to change and appropriate action taken.

**d) The prevention of public nuisance**



Open vessels containing alcohol shall not be removed from the premises.

e) The protection of children from harm

Persons who attempt to purchase, or be supplied with alcoholic beverages and appear to be under the age of 18 will be challenged and only served alcohol on production of a proof of age card accredited by the "Proof of Age Standards Scheme", driving licence photo card or passport.

**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	
Date	June 1 <sup>st</sup> 2016
Capacity	Consultant to Blue Fin Property Management (UK) Ltd

**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	

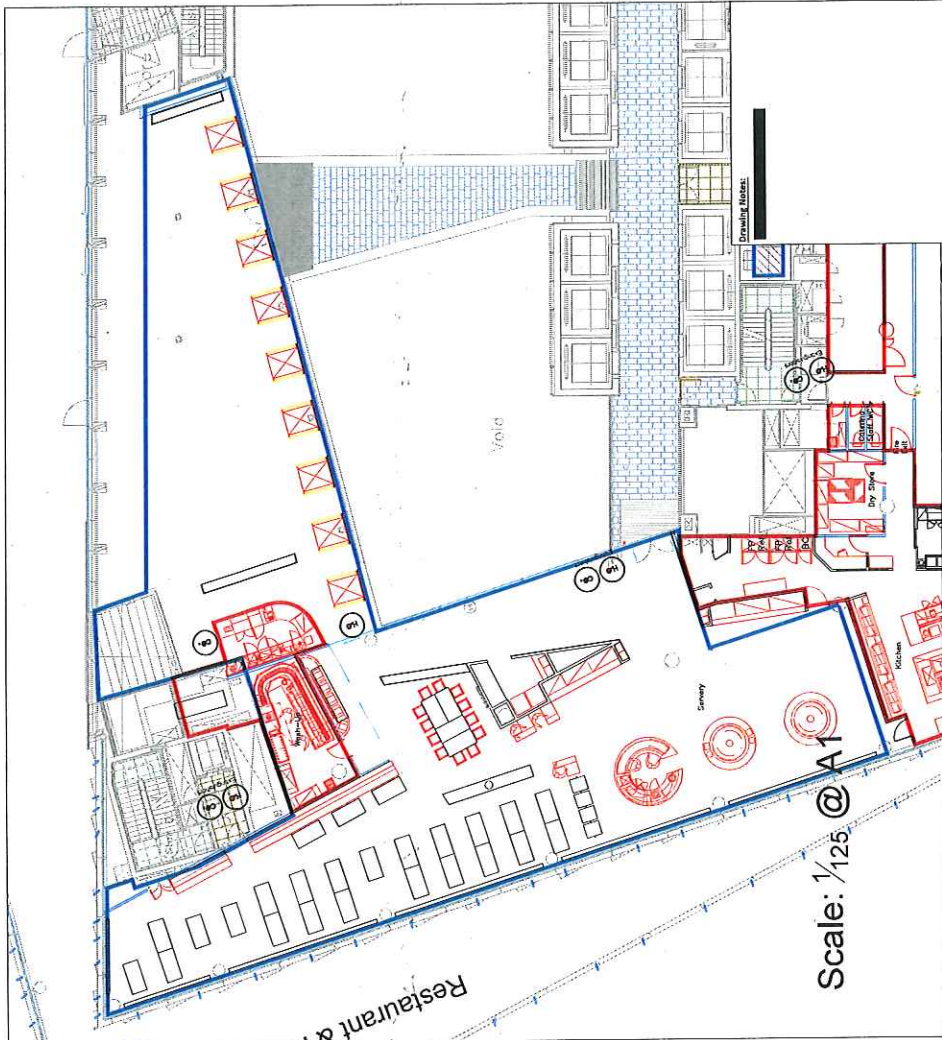
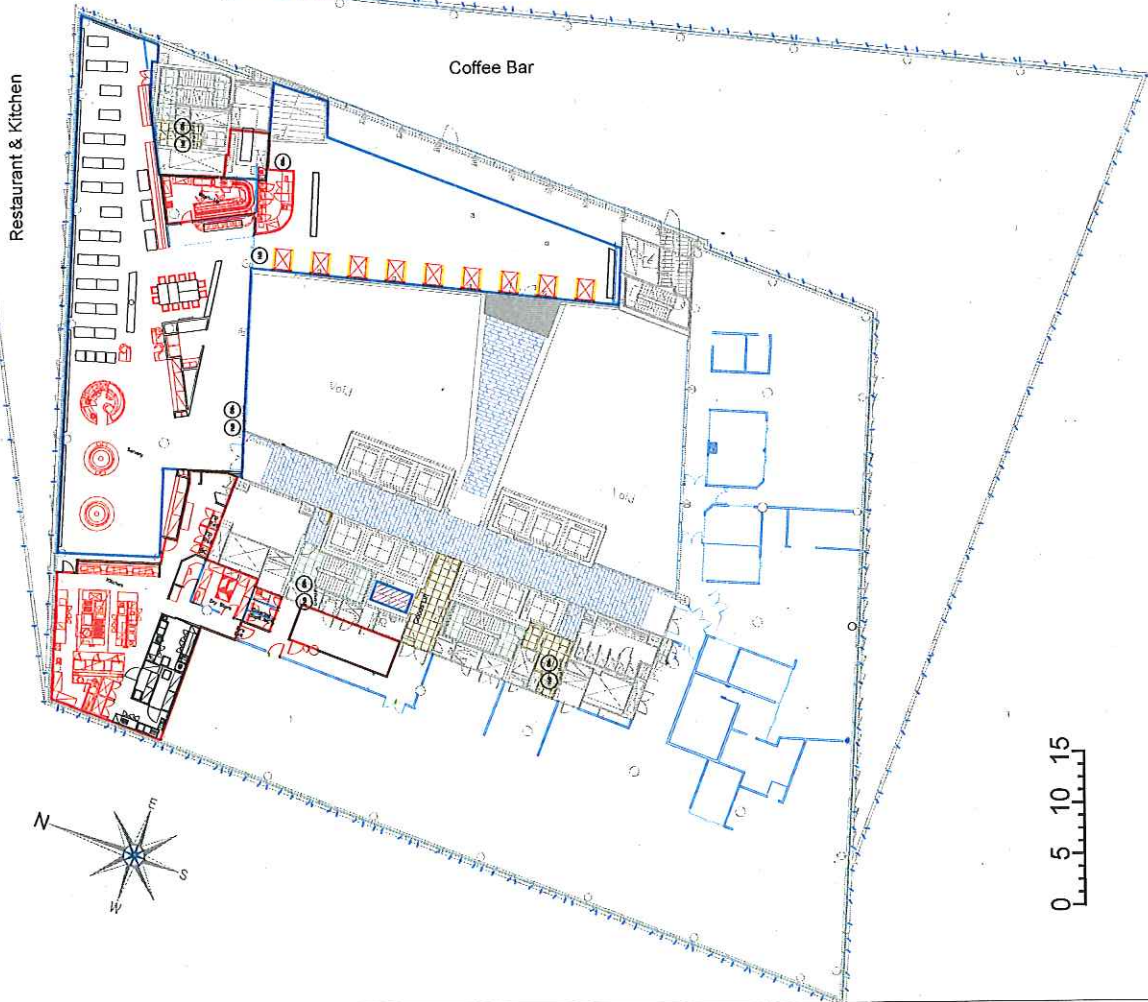
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
David Whitehead DSW Group Hammonds Green Farm Hammonds Green			
Post town	Uckfield	Postcode	TN22 5QH
Telephone number (if any)	0844 736 1998		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) <b>david.whitehead@dswgroupo.co.uk</b>			

#### Notes for Guidance

- 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.
- Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
- 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.
- For example (but not exclusively), where the activity will occur on additional days during the summer months.
- For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
- 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.
- 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'.
- 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.
- Please list here steps you will take to promote all four licensing objectives together.
- The application form must be signed.
- An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
- This is the address which we shall use to correspond with you about this application.

Scale: 1/200 @ A1

# Level 11



Scale: 1/125 @ A1

Scale: 1/1250 @ A1

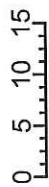
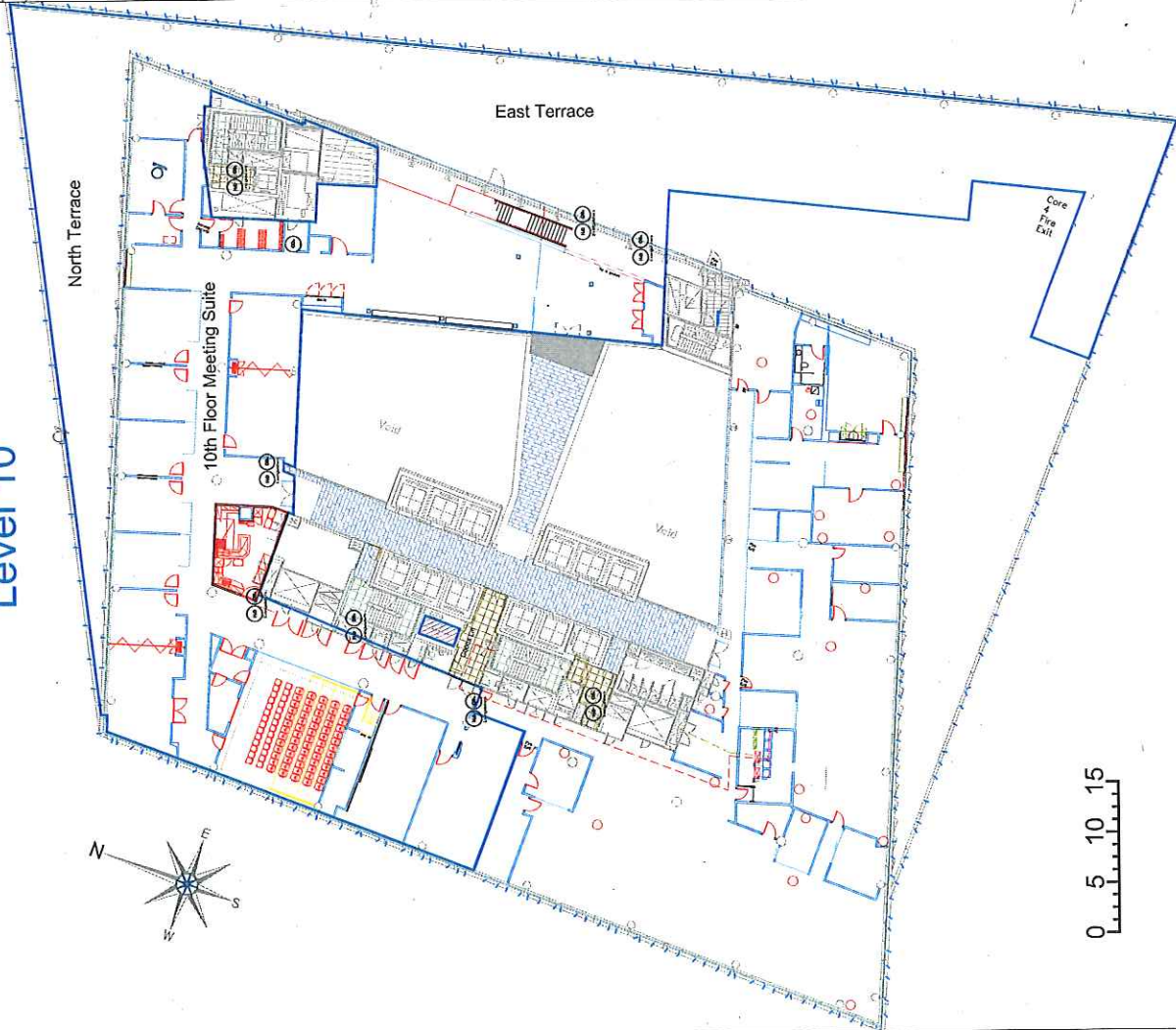
<b>Location:</b> Blue Fin Building 110 Southwark Street London SE1 4SU	<b>Project Title:</b> 11th Floor Blue Fin Building
<b>DWG No:</b> 100610_11	<b>Revision:</b> A
<b>Scale:</b> Refer to DWG	<b>Drawn By:</b> PAR
<b>DATE:</b> 10/09/2015	<b>Checked:</b>

**General Notes:**  
 1. Check all dimensions on this drawing  
 2. All dimensions must be checked on site prior to  
 commencing any works.  
 3. All materials and workmanship shall conform with the  
 requirements of the relevant British Standard Specifications and Codes of  
 Practice.  
 4. All materials and workmanship shall conform with the  
 requirements of the relevant British Standard Specifications and Codes of  
 Practice.

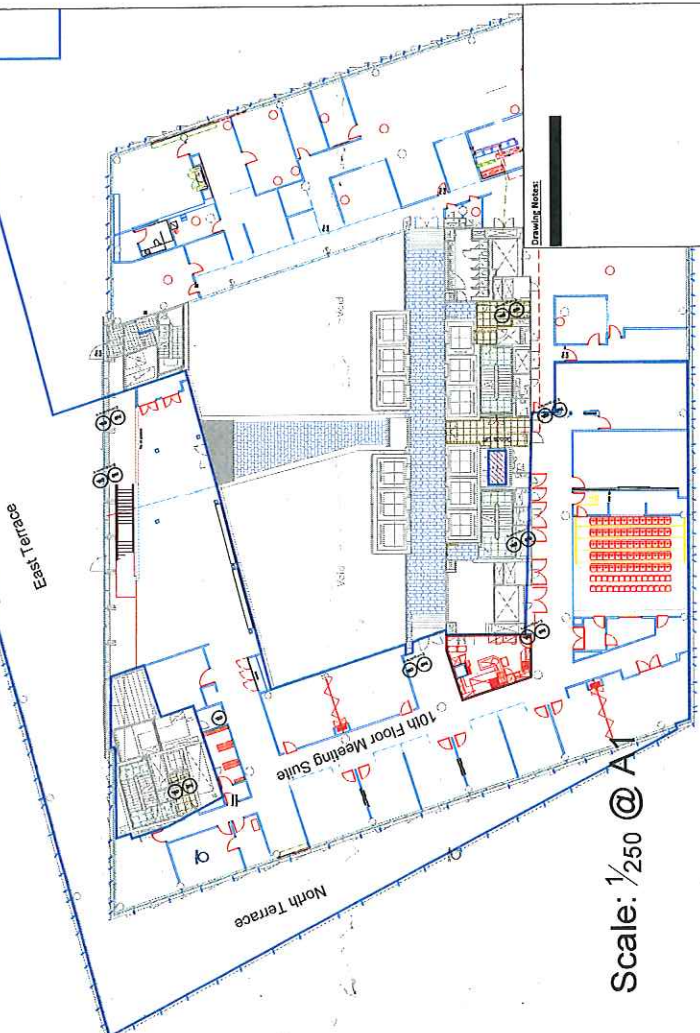


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# Level 10

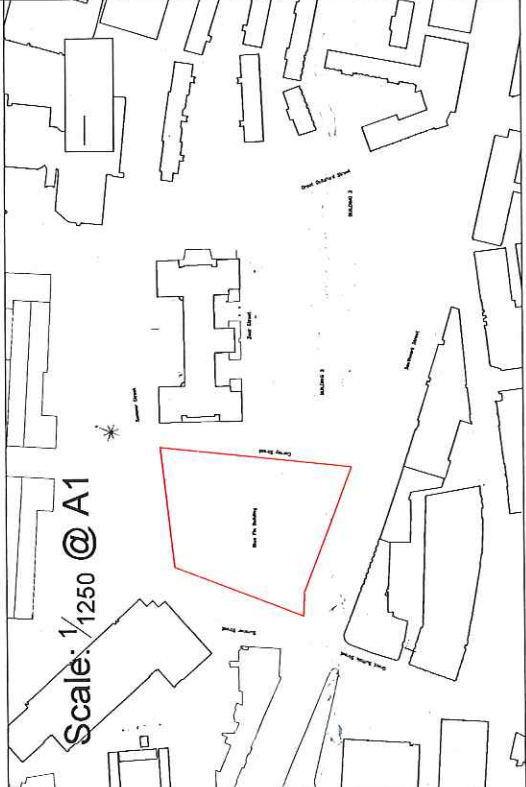


# Level 10



Scale: 1/250 @ A1

Scale: 1/1250 @ A1



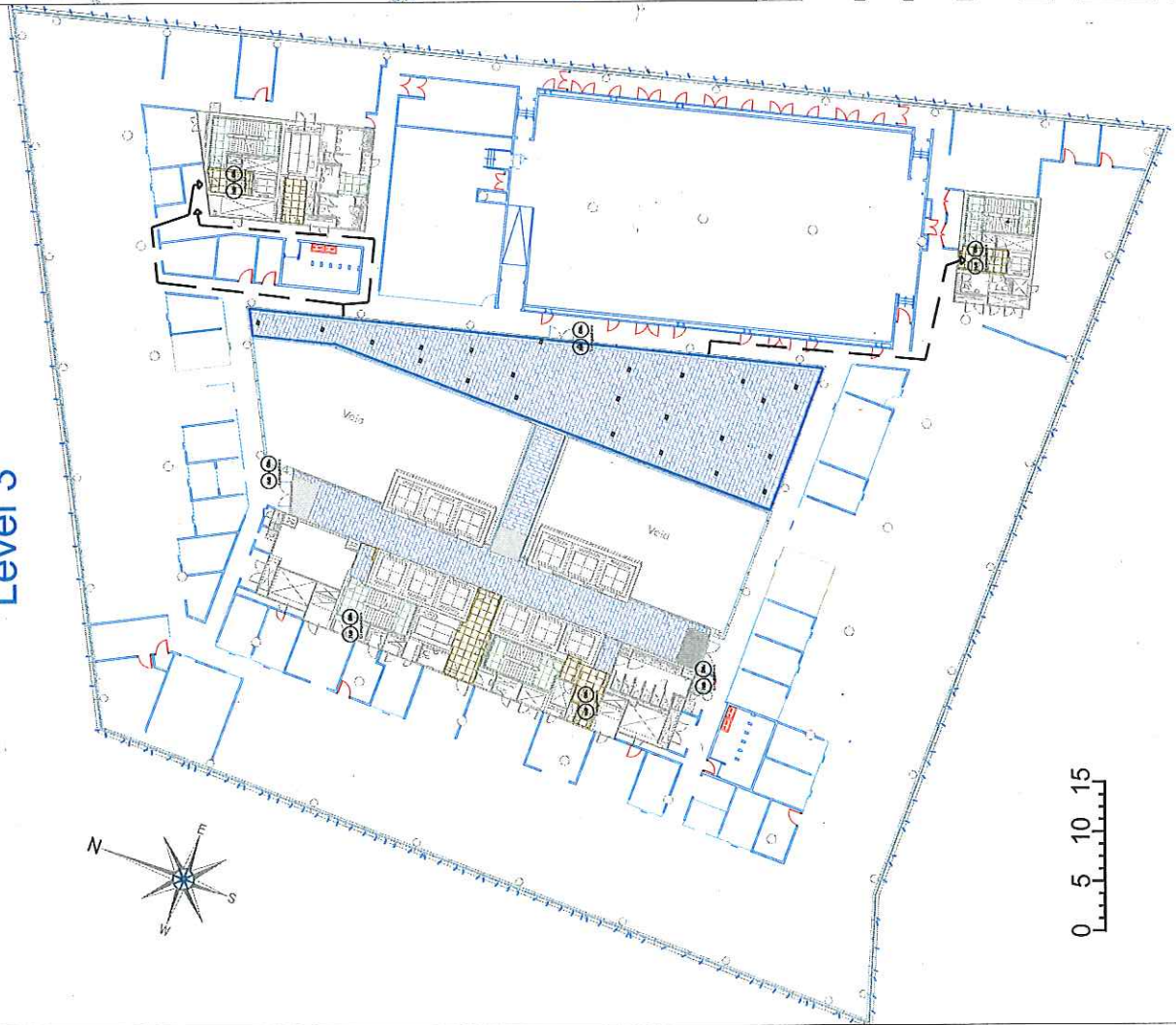
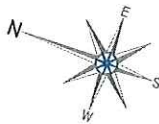
<b>Location:</b> Blue Pin Building 21 Abchurch Lane London SE1 4SU	<b>Project Title:</b> 10th Floor Blue Pin Building
<b>DWG No:</b> 100410_10	<b>Revision:</b> A
<b>Scale:</b> Refer to DWG	<b>Drawn By:</b> PAR
<b>Date:</b> 10/09/2015	<b>Checked:</b>

**General Notes:**  
 1. All dimensions must be checked on the prior to commencing any work.  
 2. Any discrepancies must be reported to the project manager.  
 3. All materials and workmanship shall conform with the relevant British Standard Specifications and codes of practice.



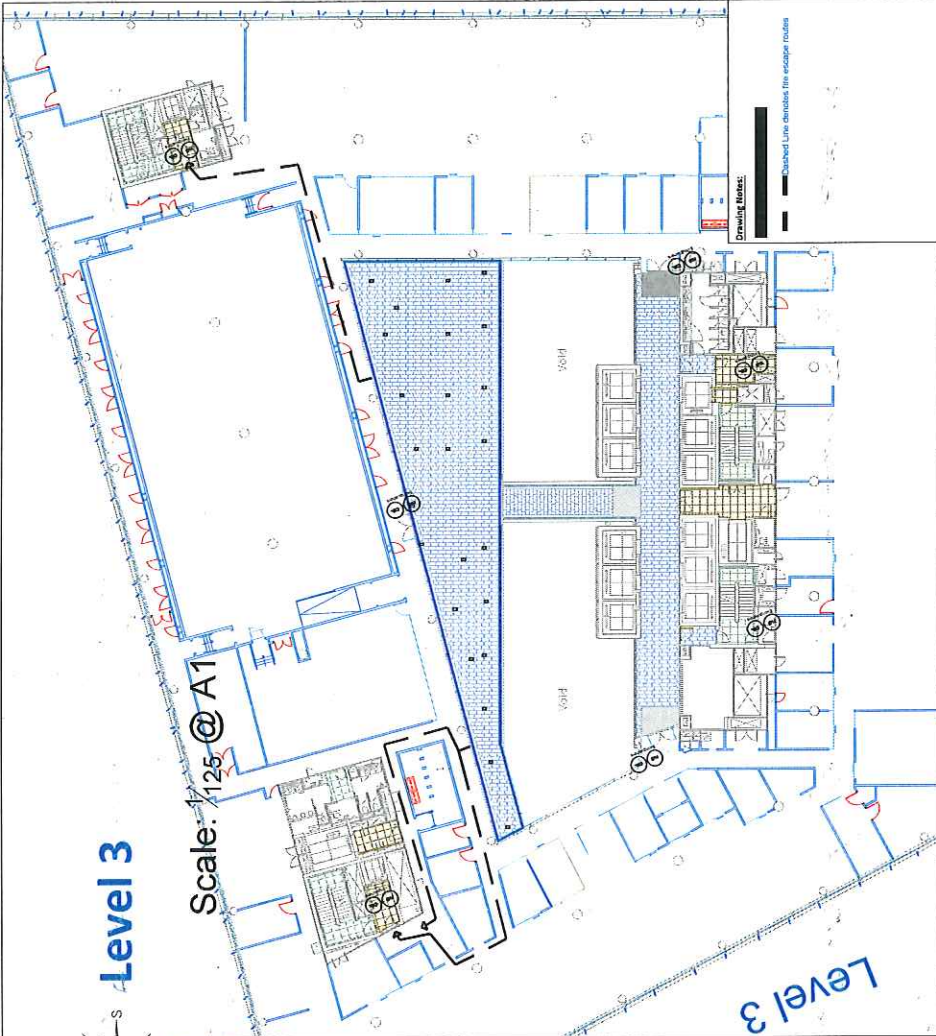
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Level 3



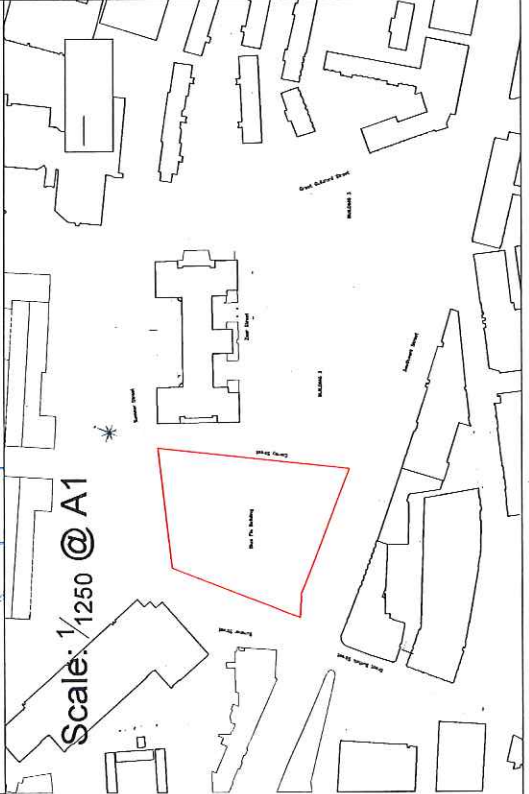
Level 3

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Level 3

Scale: 1/1250 @ A1

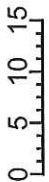


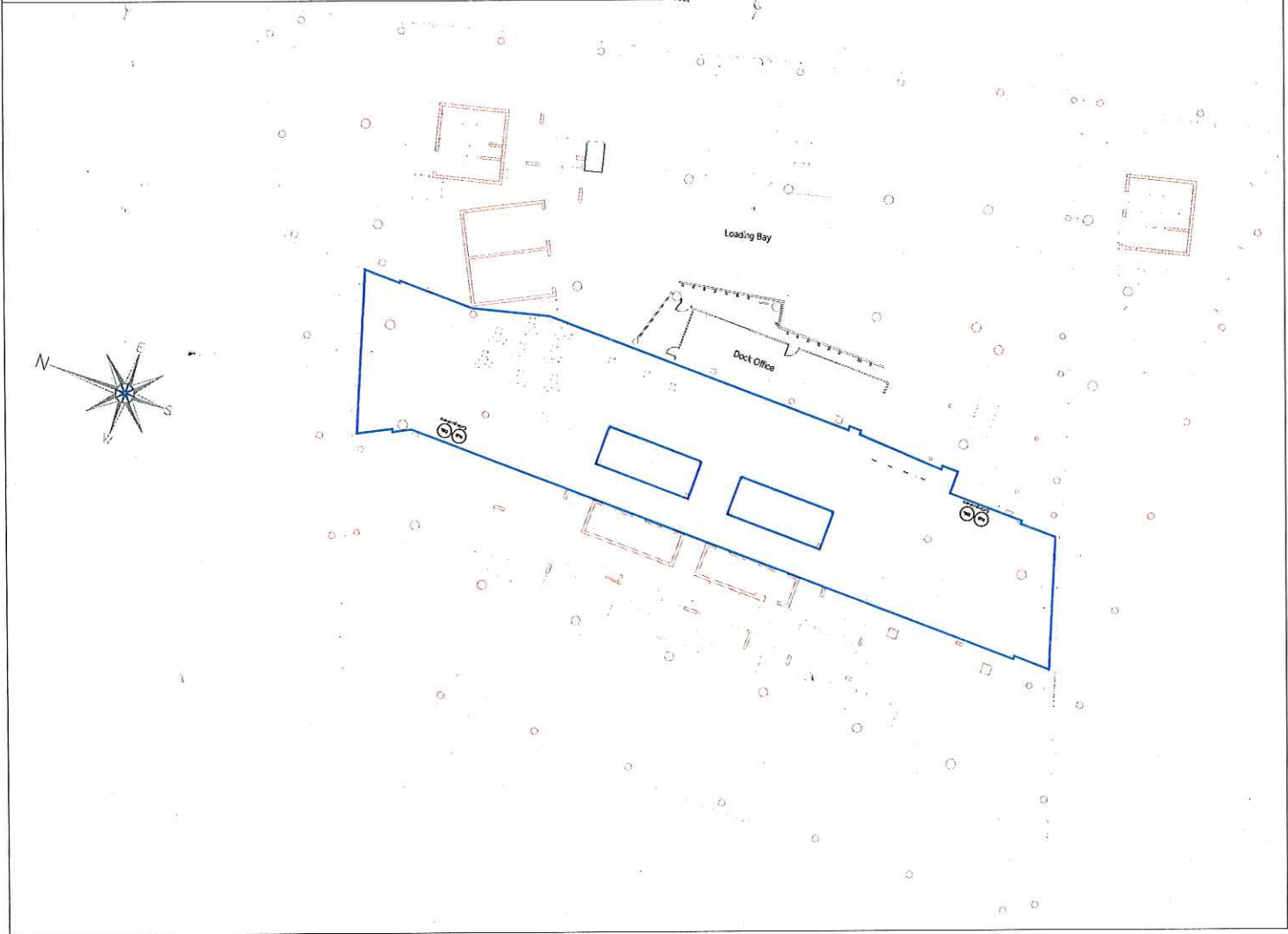
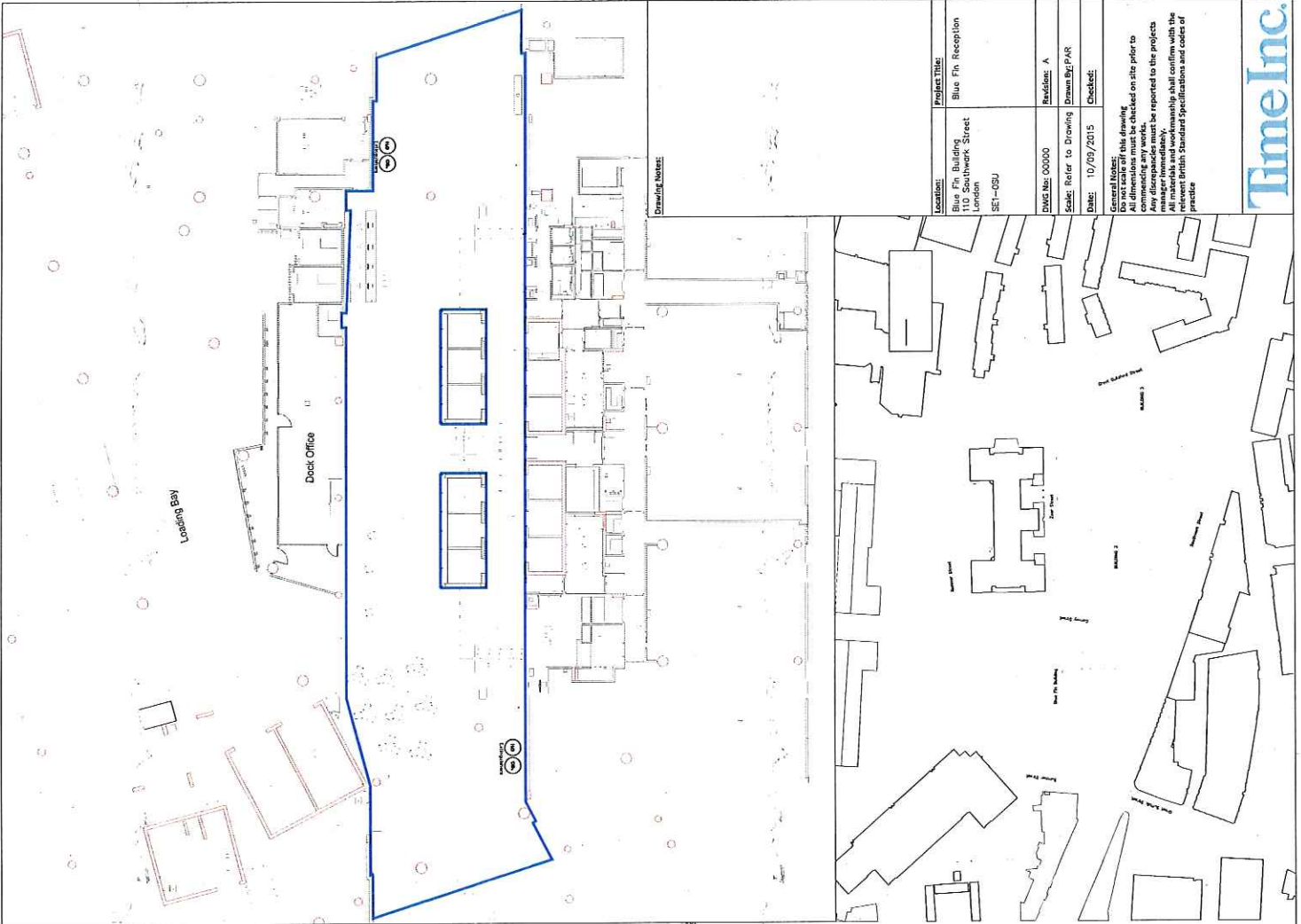
Drawing Notes:

--- Dashed line indicates fire escape routes

<b>Location:</b> Blue Fin Building 100 Broad Street London SE1 4QU	<b>Project Title:</b> 002PB Blue Sky Space
<b>DWG No:</b> 152410_03	<b>Revision:</b> A
<b>Scale:</b> Refer to DWG	<b>Drawn By:</b> PAR
<b>Date:</b> 10/02/2015	<b>Checked:</b>

**General Notes:**  
 All dimensions must be checked on site prior to commencing any works.  
 Any discrepancies must be reported to the project manager.  
 All materials and workmanship shall conform with the relevant British Standard Specifications and code of practice.





Drawing Notes:

<b>Location:</b> Blue Fin Building 110 Southwark Street London SE1-0SU	<b>Project Title:</b> Blue Fin Reception
<b>DIMS No:</b> 00000	<b>Revision:</b> A
<b>Scale:</b> Refer to Drawing	<b>Drawn By:</b> PAR
<b>Date:</b> 10/09/2015	<b>Checked:</b>

**General Notes:**  
 All dimensions must be checked on site prior to commencing any works.  
 All materials and workmanship shall conform with the relevant British Standards specifications and codes of practice.

