

**Appendix A**

**The application under consideration.**

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**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 MOHAMED MAHFOON MOHAMED AJMAL  
(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			
MAM CAFE & RESTAURANT 282 - 302 BOROUGH HIGH STREET			
Post town	LONDON	Post code	SE1 1JJ

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 40,000

**RECEIVED**

**22 SEP 2009**

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick **yes**.....

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals *               | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual *          |                                     |                             |
| i. as a limited company                         | <input type="checkbox"/>            | please complete section (B) |
| ii. as a partnership                            | <input type="checkbox"/>            | please complete section (B) |
| iii. as an unincorporated association or        | <input type="checkbox"/>            | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/>            | please complete section (B) |
| c) a recognised club                            | <input type="checkbox"/>            | please complete section (B) |
| d) a charity                                    | <input type="checkbox"/>            | please complete section (B) |

Current postal address if different from premises address			
Post Town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
A	S	A
P	.	.
.	.	.
.	.	.

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

Day	Month	Year

**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	1900	0130	<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	1900	0130			
Wed	1900	0130	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur	1900	0130			
Fri	1900	0230	<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	1900	0230			
Sun	1900	0130			

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)		
Mon	0600	0200	MAINLY BACKGROUND MUSIC.		
Tue	0600	0200			
Wed	0600	0200	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur	0600	0200	CHRISTMAS EVE + NEW YEARS EVE 0600 - 0300 HOURS		
Fri	0600	0300	<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	0600	0300			
Sun	0600	0200			

I

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the facilities for making music you will be providing</u></b>  NOT YET KNOWN	
			<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)  HOURS AS E	
Tue				
Wed			<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)	
Thur				
Fri			<b><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></b> (please read guidance note 5)	
Sat				
Sun				

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>  NOT YET KNOWN		
Day	Start	Finish	<b><u>Will the entertainment facility be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input checked="" 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)  HOURS AS E		
Wed					
Thur			<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u></b> (please read guidance note 4)		
Fri					
Sat			<b><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></b> (please read guidance note 5)		
Sun					

**M**

<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 box)</b> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  CHRISTMAS EVE & NEW YEARS EVE  0600 - 0230 HOURS		
Mon	0600	0130			
Tue	0600	0130			
Wed	0600	0130			
Thur	0600	0130			
Fri	0600	0230			
Sat	0600	0230			
Sun	0650	0130			
			<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)		

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

<b>Name</b>	MONAMED MAHMOON MONAMED AJMAL
<b>Address</b>	98 TAPLOW HOUSE THURLOW STREET LONDON
<b>Postcode</b>	SE17 2UH
<b>Personal Licence number (if known)</b>	TBA
<b>Issuing licensing authority (if known)</b>	SOUTHWARK



**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)**

TRAINING OF ALL STAFF ON THE PREMISES TO ENSURE THAT THEY UNDERSTAND AND ADHERE TO THE LAW RELATING TO THE SALE OF ALCOHOL

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

CCTV INSTALLED AND MAINTAINED SO FULLY OPERATIONAL AT ALL TIMES, AND TAPES TO BE KEPT IN ACCORDANCE WITH POLICE GUIDELINES. RECORDINGS TO BE KEPT FOR A MINIMUM OF 30 DAYS AND TO BE MADE AVAILABLE TO POLICE/COUNCIL OFFICERS IF REQUIRED.  
ALARM SYSTEM IN PLACE  
SHUTTERS AT FRONT WINDOWS

**c) Public safety**

ALL STAFF TRAINED TO DEAL WITH ANY OUTBREAK OF FIRE AT THE PREMISES. FIRE EXTINGUISHERS INSTALLED AND REGULARLY SERVICED IN ACCORDANCE WITH FIRE AUTHORITY GUIDELINES  
FIRE RISK ASSESSMENT AND EMERGENCY PLAN COMPLETED

**d) The prevention of public nuisance**

ANYONE WHO IS DRUNK OR APPEARS TO BE BUYING ALCOHOL FOR SOMEONE WHO IS DRUNK WILL BE REFUSED THE SALE OF ALCOHOL

**e) The protection of children from harm**

SCHEME 21 TO BE OPERATED AT ALL TIMES, AND ALL STAFF WILL BE TRAINED TO ACCEPT ONLY A PROOF OF AGE (PASS SCHEME) CARD, PASSPORT OR PHOTO DRIVING LICENCE AS ACCEPTABLE FORMS OF ID WHEN SELLING ALCOHOL TO YOUNG PEOPLE.  
SIGN TO BE DISPLAYED AT POINT OF SALE - 'NO PROOF OF AGE - NO SALE'  
REFUSAL BOOK TO BE KEPT AT THE PREMISES AND MAINTAINED AT ALL TIMES

Consent of individual to being specified as premises supervisor

I MONAMED MAHFOOD MONAMED AJMAL  
[full name of prospective premises supervisor]

of 98 TAPLOW HOUSE  
THURLOW STREET LONDON SE17 2UH  
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

VARIATION / TRANSFER / CHANGE OF DPS [type of application]

by M. AJMAL [name of applicant]

relating to a premises licence 10971 [number of existing licence, if any]

for MAM CAFE + RESTAURANT

282 - 302 BOROUGH NICH STREET  
LONDON SE1 1JJ  
[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 SAME APPLICANT [name of applicant]

concerning the supply of alcohol at SAME PREMISES

[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 TBA  
[insert personal licence number, if any]

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

Ajmal signed

Mohamed Mahfoov Mohamed Ajmal name (please print)

1/3/09 dated

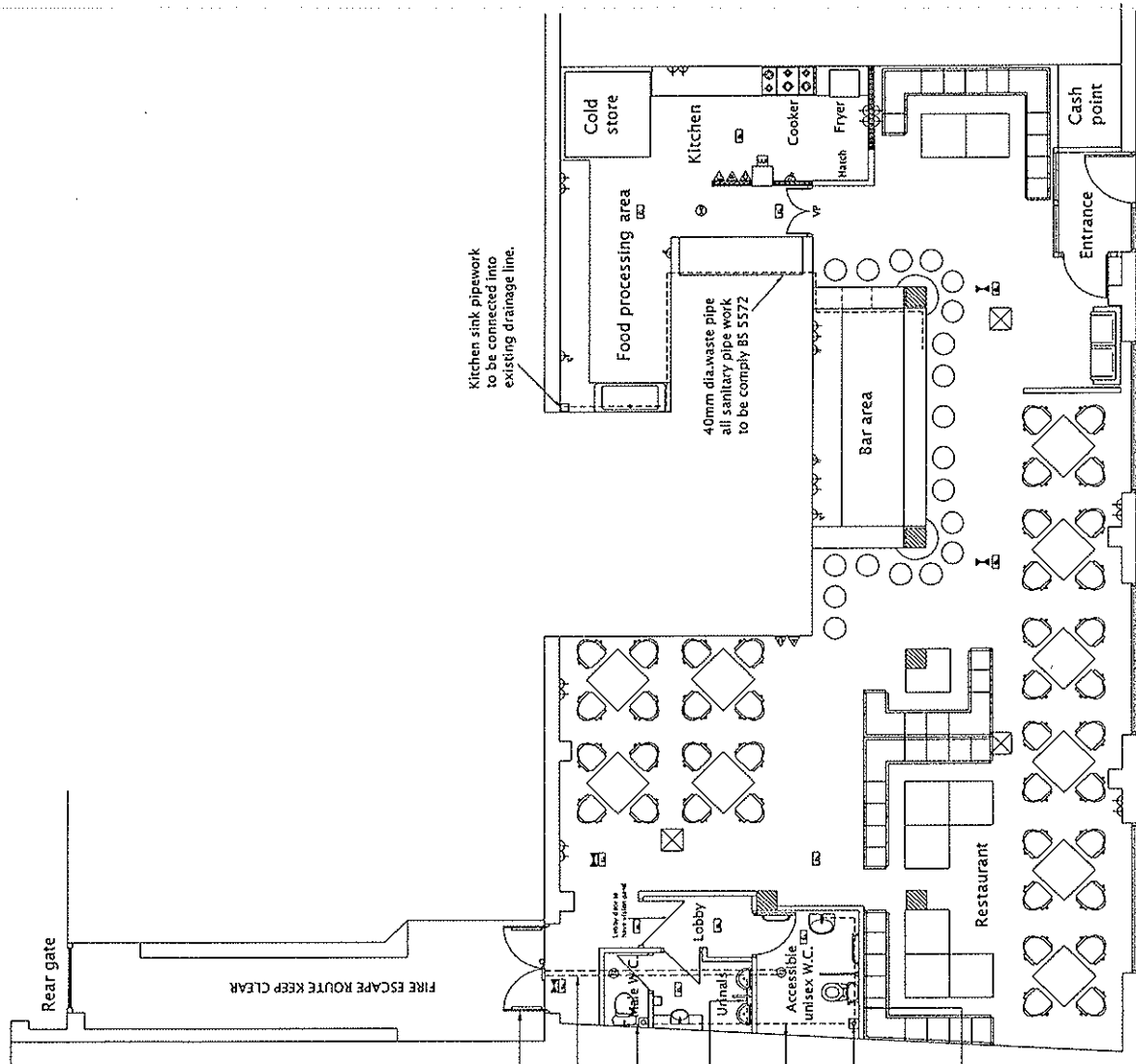
**ELECTRICAL KEY**

- ⊕ SOLEIL SWITCHED
- ⊕ SOLEIL SWITCHED
- ⊕ SWITCHED TO PARK
- ⊕ UNLATCHED SIGN
- ⊕ ILLUMINATION EXTERIOR
- ⊕ EXT. BSA
- ⊕ EMERGENCY CALL POINT
- ⊕ CO2 DETECTOR
- ⊕ EXT. POWER LIGHTING
- ⊕ FIRE ALARM
- ⊕ VIDEO PANEL
- ⊕ HEAT DETECTOR
- ⊕ FIRE ALARM POINT
- ⊕ AIR CONDITION OUTSIDE
- ⊕ VENTILATION
- ⊕ FIRE WORK
- ⊕ MAIN POWER

ELECTRICAL INSTALLATION - All work to be designed, installed, inspected & tested by a competent electrician. Installation to be carried out in accordance with the relevant parts of the IET Wiring Regulations. All electrical work to be installed in accordance with ELECTRICAL SAFETY OF THE BUILDING REGULATIONS. On completion of the work, the electrician must certify the work (forwarded to me) THAT TO BE COMPLETED BY THE WORKER.

- NOTE:**
- Emergency exit lights to be BS 5499 part 1.
  - Emergency lighting to be installed in accordance with BS 5266 part 1.
  - Chairs - cladding when 1.8m of spread table can be fire resisting & fixed shut.

*CCTV  
time stamp*



Kitchen sink pipework to be connected into existing drainage line.

40mm dia waste pipe all sanitary pipe work to be comply BS 5572

With statutory sign and panic bars

Switch operated Ventaxia extract or similar equal approved.

Proposed W.C. pipework to be connected into existing drainage line.

40mm dia waste pipe all sanitary pipe work to be comply BS 5572

100mm dia drain pipe all sanitary pipe work to be comply BS 5572

Stub stack with AAV, AAV to be fitted above the highest over flow level of appliances

All new stud partitions to be in timber stud min 50mm x 100mm with 12.5mm plasterboard on each side with skim coat finish with 100mm Rockwool RWA 45 in the cavity.

**Proposed Ground Floor Plan**

Project: PROPOSED INTERNAL ALTERATIONS TO FORM BAR & RESTAURANT		Client: Chaze South Bank
Scale: 1:100	Date: July 2009	Address: 282-302 BOROUGH HIGH STREET LONDON.
Drawn: DM	Revision: N/A	
Purpose of issue: Building Control Approval		Drawing No: KMI/09/001

Do not scale work to utilize dimensions etc. All dimensions to be checked on site prior to commencement. Designer to be informed of any discrepancies. If in doubt, please ask.

Rev. Date