

*Southwark*  
Council

Community Safety EHTS, Health Safety & Licensing Team, Southwark Council, 3rd Floor  
Hub 2, P O BOX 65429, London, SE1P 5LX

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 Chapeau Tower Bridge Limited

*(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**

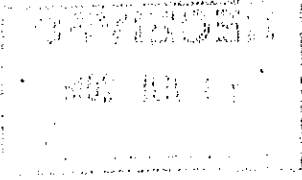
Postal address of premises or, if none, ordnance survey map reference or description			
The Watch House, 31 Shad Thames			
Post town:	London	Postcode:	SE1 2YR
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£	8,700

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick as appropriate

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals *               | <input type="checkbox"/>            | please complete section (A) |
| b) a person other than an individual *          |                                     |                             |
| i. as a limited company                         | <input checked="" 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  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)**

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	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)					

**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	Chapeau Tower Bridge Limited
Address	25 Leith Mansions Grantully Road, London, United Kingdom, W9 1LQ
Registered number (where applicable)	09984533
Description of applicant (for example, partnership, company, unincorporated association etc.)	Private Limited Company
Telephone number (if any)	
E-mail address (optional)	rmh@watchhousecoffee.com

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Other Applicants

Personal Details - First Entry

Name	Roland Horne <i>SR</i>
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Address - First Entry

Street number or building name	31
Street Description	Shad Thames <i>SR</i>
Town	London
County	United Kingdom
Post code	SE1 2YR
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc)	Limited Company

Contact Details - First Entry

Telephone number	<del>(020) 74070000</del>
Email address	

Operating Schedule

When do you want the premises licence to start?

	21/08/2016
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If you wish the licence to be valid only for a limited period, when do you want it to end?

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General description of premises ( see guidance note 1 )

	speciality coffee house and cocktail restaurant
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Please select the range of the number of people expected to attend the premises at any one time.

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	Less than 5000
If 5,000 or more people are expected to attend the premises at any one time. Please state the number expected to attend	

Operating Schedule part 2

What licensable activities do you intend to carry on from the premises?

	(Please see sections 1 and 14 of the Licensing Act 2003 and schedule 1 and 2 to the Licensing Act 2003)
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Provision of regulated entertainment

	f) recorded music

Provision of late night refreshment

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Supply of alcohol

	j) Supply of alcohol
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F - Recorded Music

Will the playing of recorded music take place indoors or outdoors or both? ( Please read guidance note 2 )

	Indoors
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Please give further details here ( Please read guidance note 3 )

	recorded music from speakers inside the restaurant.
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Standard days and timings for Recorded Music ( Please read guidance note 6 )

Day	Start	Finish
Mon	07:00	23:00
Tues	07:00	23:00
Wed	07:00	23:00
Thur	07:00	23:00
Fri	07:00	23:00
Sat	08:00	23:00
Sun	08:00	23:00

State any seasonal variations for playing recorded music ( Please read guidance note 4 )

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Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed. ( Please read guidance note 5 )

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J - Supply of Alcohol

Will the supply of alcohol be for consumption ( Please read guidance note 7 )

	On the premises
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Standard days and timings for Supply of alcohol ( Please read guidance note 6 )

Day	Start	Finish
Mon	12:00	22:30
Tues	12:00	22:30
Wed	12:00	22:30
Thur	12:00	22:30
Fri	12:00	22:30
Sat	12:00	22:30
Sun	10:30	22:30

State any seasonal variations for the supply of alcohol ( Please read guidance 4 )

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Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed. Please list, ( Please read guidance note 5 )

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Please upload the consent form completed by the proposed premises supervisor

	DPS-Consent-Form-2011.pdf
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Premises Supervisor

Full name of proposed designated premises supervisor

First names	Roland
Surname	Horne

Address of proposed designated premises supervisor

Street number or Building name	31
Street Description	Shad Thames
Town	London
County	
Post code	SE1 2YR

Personal licence number of proposed designated premises supervisor, if any,

Personal licence number ( if known )	
Issuing authority ( if known )	

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 )

	No activities that may give rise to concern in respect of children.
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L - Hours premises are open to public

Hours premises are open to the public ( standard timings Please read guidance note 6 )

Day	Start	Finish
Mon	07:00	23:00
Tues	07:00	23:00
Wed	07:00	23:00

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Thur	07:00	23:00
Fri	07:00	23:00
Sat	08:00	23:00
Sun	08:00	23:00

State any seasonal variations ( Please read guidance note 4 )

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Non standard timings. Where you intend to use the premises to be open to the public at different times from those listed. Please list, ( Please read guidance note 5 )

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M - Steps to promote four licencing objectives

a) General - all four licensing objectives (b,c,d,e) ( Please read guidance note 9 )

	Staff will be well trained with the provision of alcohol and will know the law and rules surrounding the provision of alcohol.
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b) the prevention of crime and disorder

	alarms and CCTV will be installed on the premises. There will be external lighting on the premises for crime deterrence. Staff will be trained to remain vigilant during whilst on duty of any criminal activity. Staff will be briefed and debriefed to improve to improve working practices. Policies will be adopted to prevent overcapacity in order to prevent agitation amongst customers. There will be a zero tolerance policy of drugs and weapons and any staff member that is aware of customers in possession of these will call the police to report the incident. A lost and found policy will be used for anything customers have left behind. Alcohol will be carefully positioned to prevent shop thieves from stealing alcohol as far as possible. Staff will be trained in the effect of alcohol and will be able to spot the potential in aggression of customers so that they can deal with the situation accordingly.
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c) public safety

	There will be a full risk assesment to identify any potential threats to customer and staff safety and precautions can then be put in place. First aid boxes will be available on the premises to deal with any accidents that may occur and at least one staff member will have a qualification in first aid. Temperature and humidity levels will be closely monitored to improve customer and staff welfare. There will be regular glass collection by staff and any spillage or broken glass will be dealt with immedately in the interest of safety. Bottle bins will be secure and kept away from public areas at all times. A fire detection system will be in place and staff will be trained in what to do in the event of a fire and the fire escape. The fire escape route will be left clear. Equipment used to detect fires will be well maintained. There will be a zero tolerance drug policy and staff will be aware of this and a smoke
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	free legislation. Staff will also discourage drivers from drink driving. Lighting will increase towards the end of an evening to increase customers awareness towards the end of the evening.
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d) the prevention of public nuisance

	A noise management policy will be in place and staff will be aware of the noise limits to prevent public nuisance. A contact phone number will be made available to local residents to call if there is noise disturbance. There will be policies in place to reduce queue lines so that persons will not be outside for a prolonged period of time. Staff will be trained to prevent a mass exit but rather a controlled exit. Deliveries will take place between 8am and 6pm to prevent disturbance of local residents. External lighting will be shut off after the premises is closed to the public.
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e) the protection of children from harm

	There will be a documented policy in place to prevent children from harm which all staff will know. There will be a strict no ID no service scheme to prevent the underage sale of alcohol and photo ID's to be shown to customers who look under 25. Only photographic driving licences and passports or PASS cards will be accepted as a means of identification.
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Please upload a plan of the premises

	<a href="#">TWH-TB-M-E-Above.pdf</a>
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Please upload any additional information i.e. risk assessments

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Checklist

	I have enclosed the plan of the premises. 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.
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Declaration

I agree to the above statement

	I agree
PaymentDescription	
AuthCode	
LicenceReference	
PaymentContactEmail	

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The information you provide will be used fairly and lawfully and Southwark Council will not knowingly do anything which may lead to a breach of the Data Protection Act 1998.

