

[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 Tobi Raphael

(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			
I Go Chop 46 Camberwell Church Street Southwark			
<b>Post town</b>	London	<b>Postcode</b>	SE5 8QZ

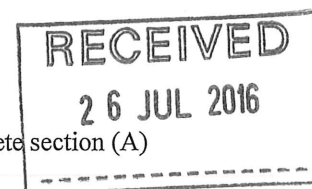
Telephone number at premises (if any)	
Non-domestic rateable value of premises	£7,400

**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)	
<b>Surname</b> Raphael			<b>First names</b> Tobi		

**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
A	S	A P

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)

I Go Chop, is to be an Afro-Caribbean takeaway premises. The focus of the premises is that it is food led operating primarily as a takeaway but intends to offer alcohol for consumption both on and off the premises.

The premises has limited seating internally and is operated by an existing premises licence holder within the borough.

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 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"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
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					

**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"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	23:00	05:00	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue	23:00	05:00			
Wed	23:00	05:00	<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Thur	23:00	05:00	None		
Fri	23:00	05:00	<b><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></b> (please read guidance note 5)		
Sat	23:00	05:00			
Sun	23:00	05:00			

**J**

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – <b>please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	10:00	23:30	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  None		
Tue	10:00	23:30			
Wed	10:00	23:30			
Thur	10:00	23:30		<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)	
Fri	10:00	00:30		None	
Sat	10:00	00:30			
Sun	10:00	23:30			

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

Name Tobi Raphael

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)			<u>State any seasonal variations</u> (please read guidance note 4)	
Day	Start	Finish	None	
Mon	00:01	00:00		
Tue	00:01	00:00		
Wed	00:01	00:00		
Thur	00:01	00:00		<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)
Fri	00:01	00:00		
Sat	00:01	00:00		
Sun	00:01	00:00		



**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)**

1. The licence holder shall actively participate in any local Pubwatch or Retail watch scheme
2. Staff including delivery drivers shall be trained in Age Verification and Underage sales prevention

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

1. CCTV installed shall be, operated and maintained in agreement with the Police. The system will enable frontal identification of every person entering the premises. The system shall record in real time and operate whilst the premises are open for licensable activities. The recordings shall be kept available for a minimum of 31 days. Recordings shall be made available immediately on request to an Authorised Officer or a Police Officer (subject to the Data Protection Act 1998) throughout the preceding 31 day period following any incident.
2. A member of staff with knowledge of the CCTV will be present on site whilst the premises are open to the public to aid any enquiry from a Police Officer or Authorised Officer requiring recent CCTV recordings with the minimum of delay when requested.
3. In relation to orders for delivery containing alcohol, full address details including postcode must be given.
4. Any reference to alcohol delivery will not be shown in any advertising on delivery vehicles
5. Any order containing Alcohol must be made ancillary to food
6. Customers will be reminded to provide acceptable ID such as Driving licence, passport or PASS card when placing orders containing alcohol for delivery.

**c) Public safety**

1. All exit routes shall be kept unobstructed, with non-slippery and even surfaces, free of trip hazards and clearly signed.
2. Public areas will be maintained free from obstruction and trip hazards
3. Adequate and appropriate first aid equipment and materials will be kept on site, regularly checked and kept in an easily accessible place by staff.
4. Appropriate fire escape route signs will be displayed

**d) The prevention of public nuisance**

1. Refuse such as bottles will be placed into receptacles outside the premises at times that will minimise the disturbance to nearby properties.
2. No deliveries to or collections from the premises will take place between 21:00 and 06:00 hours.
3. Notices shall be prominently displayed at all exits requesting patrons to leave the premises quietly
4. Any plant, air conditioning, ventilation or machinery of a similar nature operated at the premises shall not give rise to public or statutory nuisance.

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

1. A challenge 25 policy will be adopted with proportionate and appropriate signage displayed.
2. A refusal to serve log shall be maintained and made available for inspection by a Police Officer or Authorised Officer, this log shall include the Date, Time, Name and signature of the staff member who refused the sale.
3. The refusal to serve log shall be signed by the DPS of the premises on a monthly basis
4. Staff shall be trained in Licensing Law with regards to children and alcohol, and the procedures that shall be adopted if it is considered that an individual may be under the age of 18

**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.**

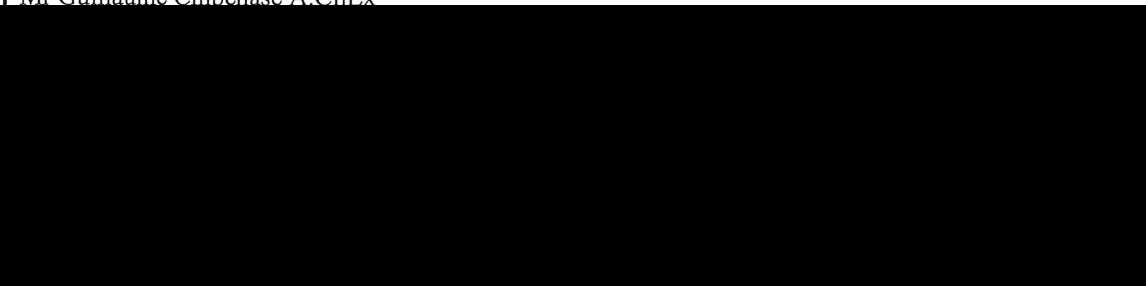
**Part 4 – Signatures** (please read guidance note 10)

**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.**

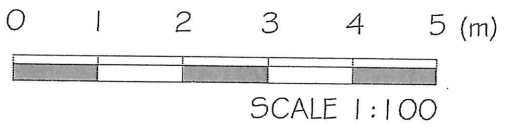
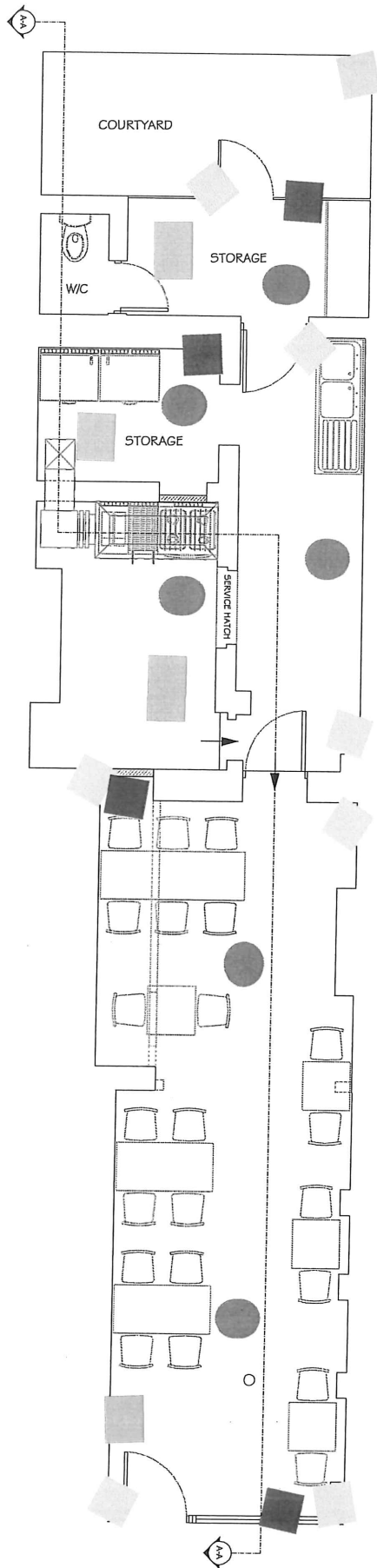
Signature	
Date	25/7/16
Capacity	Agent

**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)
Mr Guillaume Chinchase A.CiEx 

-  Fire Blanket
-  Camara
-  Fire Extinguisher
-  Smoke Alarm



EXISTING FLOOR PLAN  
SCALE 1:100