

**Southwark London Borough Council**

**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.

**We** Heddon Street Limited

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**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>			
Tibbits 124 Southwark Street			
<b>Post town</b>	London	<b>Post code</b>	SE1 0SW
<b>Telephone number at premises (if any)</b>			
<b>Non-domestic rateable value of premises</b>		Band C - £315	

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as  
Please tick yes

- 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  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 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)					

**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 Heddon Street Limited
Address Eversheds House 70 Great Bridgewater Street Manchester M1 5ES
Registered number (where applicable) 06964673

Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
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

**A**

Please give a general description of the premises (please read guidance note1)

This is a Swiss family managed business and the premises will trade as a specialist vegetarian and vegan restaurant for eat in and take away.

The premises will offer a range of services including bespoke corporate and event packages.

Tibbits already operate a similar style premises at 12-14 Heddon Street, London, W1B 4DA which has been open for 8 years and trading successfully without any issues.

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

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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 yes

- 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"/>
				Outdoors <input type="checkbox"/>
Day	Start	Finish	<b>Both</b> <input type="checkbox"/>	
Mon				
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>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
Day	Start	Finish	<b>Both</b> <input type="checkbox"/>	
Mon				
Tue				
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)	
Thur				
Fri			<b>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</b> (please read guidance note 5)	
Sat				
Sun				

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b>Please give further details</b> (please read guidance note 3)
Day	Start	Finish	<del> <p><b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)</p> <p><b>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</b> (please read guidance note 5)</p> </del>
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input checked="" type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<del> <p><b>Please give further details here</b> (please read guidance note 3)</p> <p><b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)</p> <p><b>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</b> (please read guidance note 5)</p> </del>	
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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur					
Fri			<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					
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"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
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>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
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)			<b>Please give a description of the type of entertainment you will be providing</b>		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Mon					
Tue			<b>Please give further details here</b> (please read guidance note 3)		
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)		
Fri					
Sat			<b>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</b> (please read guidance note 5)		
Sun					

<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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3) Hot food and drink provided		
Mon	23:00	00:00			
Tue	23:00	00:00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Wed	23:00	00:00			
Thur	23:00	00:00	<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) From the end of permitted hours on New Year's Eve to the start of permitted hours on New Year's Day		
Fri	23:00	00:00			
Sat	23:00	00:00			
Sun	23:00	00:00			

**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 box)</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)		
Mon	09:00	00:00			
Tue	09:00	00:00	<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) From the end of permitted hours on New Year's Eve to the start of permitted hours on New Year's Day		
Wed	09:00	00:00			
Thur	09:00	00:00			
Fri	09:00	00:00			
Sat	09:00	00:00			
Sun	09:00	00:00			

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

<b>Name</b> Edmund John Farrow
<b>Address</b> 



Postcode	[REDACTED]
Personal Licence number (if known)	[REDACTED]
Issuing licensing authority (if known)	Wealden District Council

**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><b>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</b> (please read guidance note 5)</p> <p>From the end of permitted hours on New Year's Eve to the start of permitted hours on New Year's Day</p>
Mon	07:30	00:30	
Tue	07:30	00:30	
Wed	07:30	00:30	
Thur	07:30	00:30	
Fri	07:30	00:30	
Sat	07:30	00:30	
Sun	07:30	00:30	

**M** 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)

<ol style="list-style-type: none"> <li>1. We train all staff in the standards required by the relevant legislation and as required by company policy.</li> <li>2. The premises to operate predominantly as a restaurant and a comprehensive food menu shall be available throughout the hours of trading with the exception of a 60 minute period at the end of every evening prior to closing.</li> </ol>
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**b) The prevention of crime and disorder**

<ol style="list-style-type: none"> <li>1. CCTV must be installed and operating correctly to manufacturer's instructions internally and externally and must cover all public areas where licensable activity takes place whilst the premises is open to the public.</li> <li>2. The time and date must be set to the correct time relating to BST/GMT</li> <li>3. A competent trained person in the use of and operation of the CCTV must be in attendance at the premises at all times that licensable activities take place and be able to fully operate the CCTV system to be able to down load at the time of the visit in a recognised format any information</li> </ol>
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requested by the Police or Responsible Authority

4. All CCTV images must be retained for a period of not less than 31 days and any evidential incidents must be down loaded and stored in a secure system until such time as collected by an appropriate authority.
5. Clear signage must be displayed at all entrance and exits indicating that CCTV is in operation.
6. An incident register of all occurrences and ejections from the premises must be maintained at the premises and any details of any incidents of crime or disorder or misuse of drugs offences must be recorded. The register must be produced and made available at the time of the visit for inspection upon request by any responsible authority.
7. All persons involved in the sale of alcohol who are not the holder of a Personal Licence must receive initial and regular 6 monthly refresher training by the Designated Premises Supervisor or training provider with regards to the law in relation to the sale of alcohol. Such training must be recorded and up to date training records of all such persons must be maintained at the premises and produced and made available for inspection at the time of the visit by a responsible authority.

**c) Public safety**

1. We understand our obligations under existing legislation, and take our responsibilities seriously.
2. All exit doors will be regularly checked and all fire doors maintained unobstructed and effectively self closing. All fire fighting equipment will be regularly checked to ensure it functions correctly.
3. Staff will routinely check the premises during the opening hours to ensure that the premises are clean and tidy.
4. Empty glasses will be regularly collected and any spillage dealt with as soon as possible.
5. A comprehensive risk assessment policy will be in place.

**d) The prevention of public nuisance**

1. All staff will be trained to ask customers to leave quietly in the evening when necessary.
2. There will be appropriate signage at the premises requesting customers to leave quietly.

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

1. We will at all times ensure that the manager and staff are trained in the importance of their responsibilities in ensuring that customers who purchase alcohol are over 18.
2. The premises will operate a Challenge 21 policy whereby any person attempting to buy alcohol who appears to be under 21 will be asked to produce appropriate ID. The only ID that will be accepted is a passport, photo driving licence, PASS accredited proof of age card or military ID card.


**Please tick yes**

- I have made or enclosed payment of the fee or
- I have not made or enclosed payment of the fee because the application has been made in relation to the introduction of the late night levy
- 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 CONVICTION TO A FINE UP TO 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	09 August 2016
Capacity	Poppleston Allen – Solicitors for and on behalf of the applicant

**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)

Angela Gardner  
 Poppleston Allen Solicitors  
 37 Stoney Street  
 The Lace Market

<b>Post town</b>	Nottingham	<b>Post code</b>	NG1 1LS
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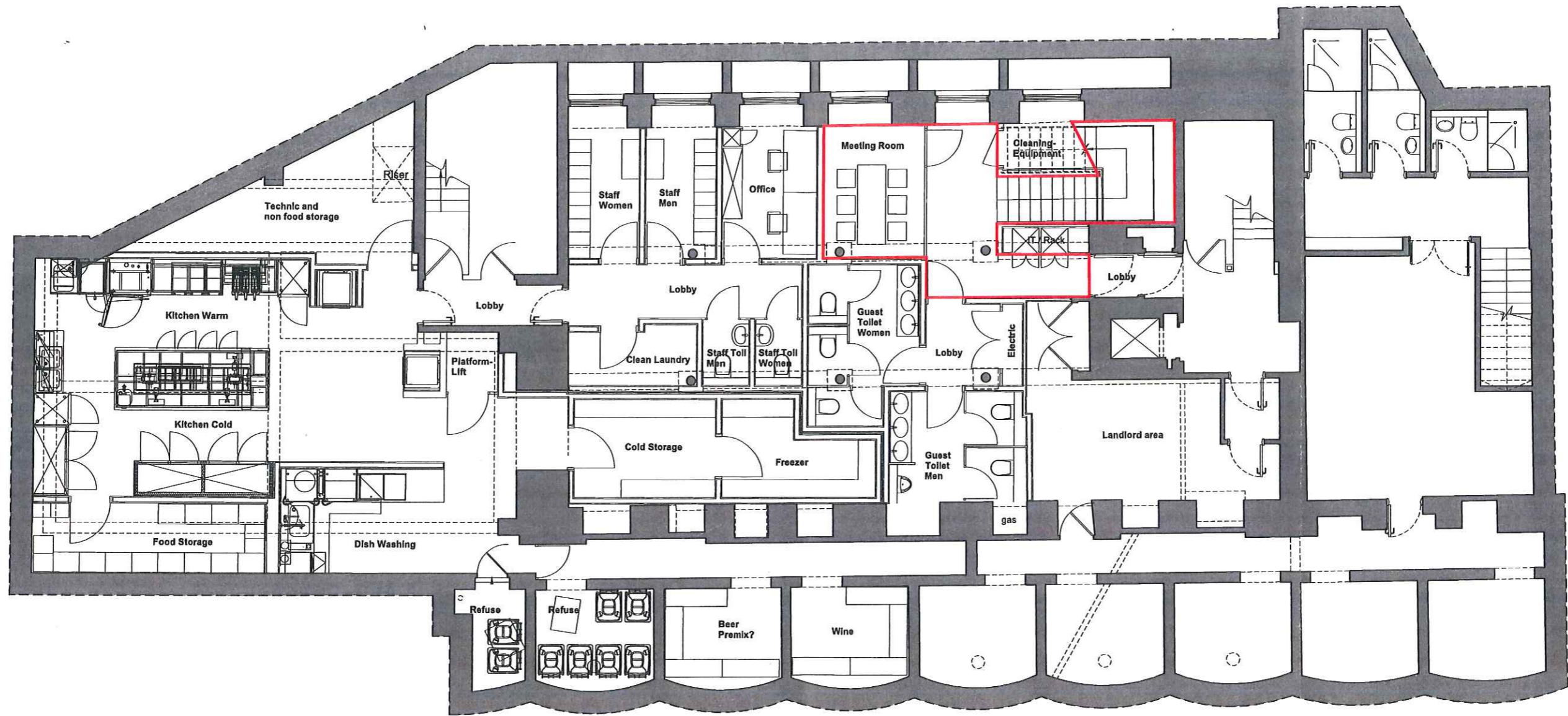
<b>Telephone number (if any)</b>	0115 9349 157
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**If you would prefer us to correspond with you by e-mail your e-mail address (optional)**  
 a.gardner@popall.co.uk

**Notes for Guidance**

1. 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.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. 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.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. 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.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.

8. 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, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



**NOTES:**

- Drawing based upon the formal survey information Issue by GREENHATCH Surveys.
- Information to read in conjunction with Structural Engineer and MEP Engineer package information
- All levels indicated as height above Ordnance Survey
- Datum taken from survey. To be confirmed.
- All dimensions subject to a tolerance of +/-5mm.
- All details are indicative and should be reviewed against contractors selected supplier / manufacturer / system. Any variations are to be advised to and approved by the Contract Administrator prior to commencement on site.

DATE	REVISIONS
09.08.2016	P01 FOR INFORMATION

**LICENSING NOTES:**

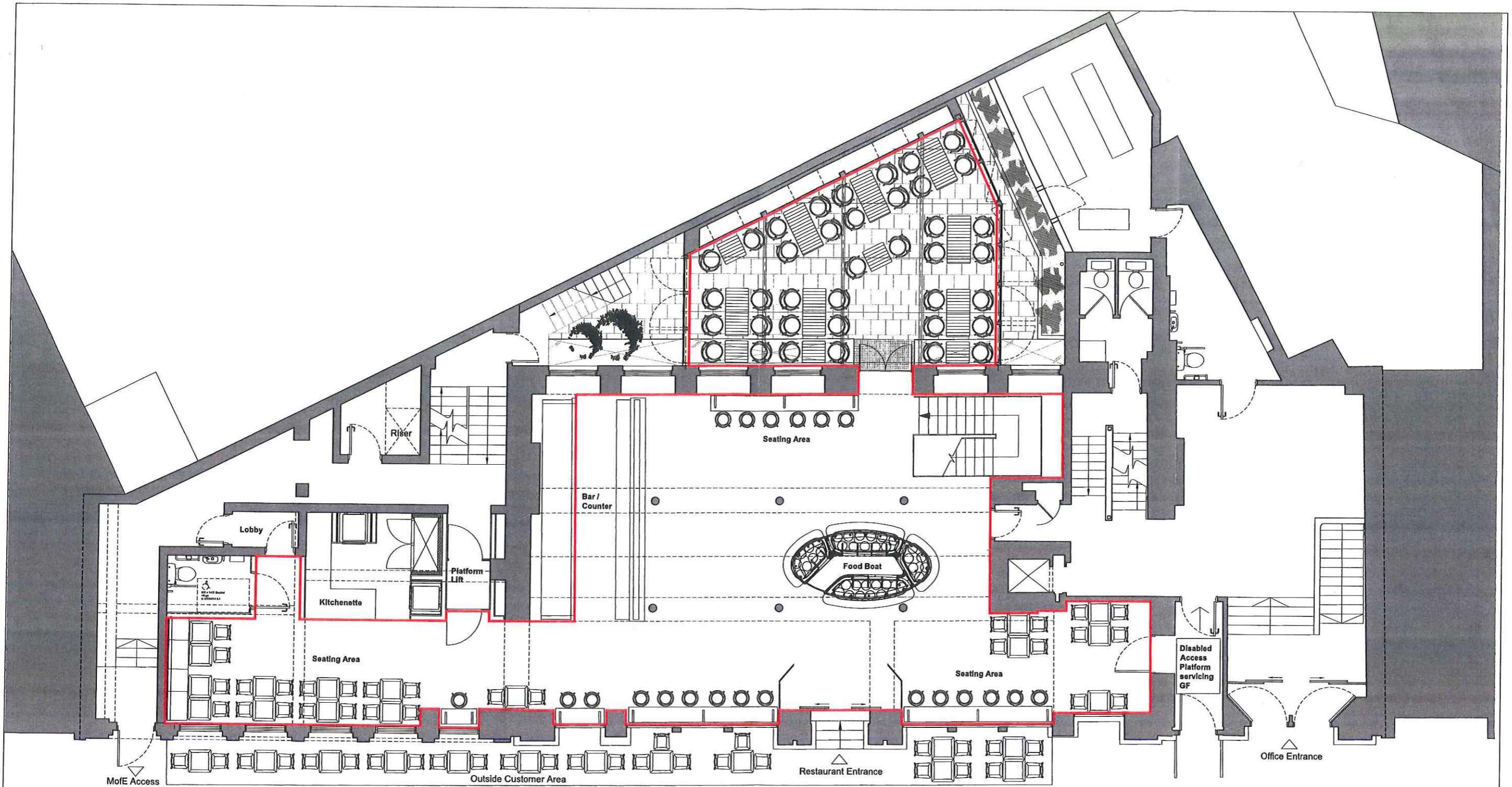
- The area where licensable activities will take place
- The location and type of any fire safety and any other safety equipment is to be assessed and agreed with Fire Officer or after a fire risk assessment has been carried out.



Do not scale from this drawing  
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 mal@emrysarchitects.com  
 www.emrysarchitects.com T: 020 7728 5060

PROJECT NO:	1611	CLIENT:	HEDDON STREET LTD
TITLE:	124-130 SOUTHWARK STREET LONDON, SE1		
DESCRIPTION:	LICENSING PLAN LOWER GROUND FLOOR PLAN		
DRAWN BY:	IG	DATE:	09.08.2016
SCALE:	1/50	REVISION:	
CHECKED BY:	GJ	REVISION:	INFORMATION
PROJECT NO:	1611-9500-AL-001		



- NOTES:**
- Drawing based upon the formal survey information issue by GREENHATCH Surveys.
  - Information to read in conjunction with Structural Engineer and MEP Engineer package information
  - All levels indicated as height above Ordnance Survey
  - Datum taken from survey. To be confirmed.
  - All dimensions subject to a tolerance of +/-5mm.
  - All details are indicative and should be reviewed against contractors selected supplier / manufacturer / system. Any variations are to be advised to and approved by the Contract Administrator prior to commencement on site.

DATE	REVISIONS
09.08.2016	P01 FOR INFORMATION

- LICENSING NOTES:**
- The area where licensable activities will take place
  - The location and type of any fire safety and any other safety equipment is to be assessed and agreed with Fire Officer or after a fire risk assessment has been carried out.



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 www.emrysarchitects.com T: 020 7726 5060

NO:	1611	CLIENT:	HEDDON STREET LTD
TITLE:	124-130 SOUTHWARK STREET LONDON, SE1		
DWG:	LICENSING PLAN GROUND FLOOR PLAN		
DRAWN:	IG	DATE:	09.08.2016
SCALE:			1/50
DESIGNED:	GJ	STATUS:	INFORMATION
NO:	P01		
NO:	1611-9500-AL-002		