



**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 Mr Ishmail Safian Koromah & Mrs STELLA PIET  
 (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			
SIERRA SPOT 6 ARNSIDE STREET			
Post town	LONDON	Post code	SE17 2AP

Telephone number at premises (if any)	0207 701 2414
Non-domestic rateable value of premises	£ BAND B.

**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)

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- 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)
- 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)	
Surname KOROMA			First names Shmaji Sufan		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address		Flat 1 Groombridge House UPPER WATY KINGSWAY ESTATE			
Post Town	London		Postcode	SE17 2PP	
Daytime contact telephone number					
E-mail address (optional)					

**SECOND INDIVIDUAL APPLICANT** (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname PIEH			First names STELLA		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	

Current postal address if different from premises address		47 GAY HURST HOPWOOD ROAD	
Post Town	LONDON	Postcode	SE17 2BE
Daytime contact telephone number			
E-mail address (optional)	lshma@2507@tdcw.co.uk		

**(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  N/A
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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Ground floor Grocery / restaurant  
on Arside Street.

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 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 entertainment facilities:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

**Provision of late night refreshment** (if ticking yes, fill in box L)

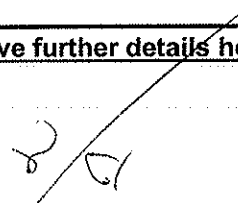
**Supply of alcohol** (if ticking yes, fill in box M)

**In all cases complete boxes N, O and P**


A

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

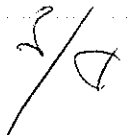
**B**

<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"/>
				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					
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

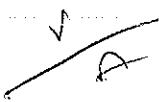
Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)
Wed			
Thur			<b>Non standard timings.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

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded 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	14.00	00.00	<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	14.00	00.00			
Wed	14.00	00.00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4) SIERRA LEONE INDEPENDENT DAY 27 APRIL TILL 03.00.		
Thur	14.00	00.00			
Fri	15.00	02.00	<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) BANK HOLIDAY BANK HOLIDAY WEEKENDS TILL 03.00.		
Sat	15.00	02.00			
Sun	13.00	02.00			

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance 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	14.00	00.00	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	14.00	00.00			
Wed	14.00	00.00	State any seasonal variations for the performance of dance (please read guidance note 4)	SEE (F)	
Thur	14.00	00.00			
Fri	15.00	02.00	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 (please read guidance note 5)	SEE (F)	
Sat	15.00	02.00			
Sun	12.00	12.00			

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><u>Please give a description of the type of entertainment you will be providing</u></b>		
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			<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)		
Thur					
Fri					
Sat			<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)		
Sun					

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>  	
			<b><u>Will the facilities for making music be 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"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)	
Mon				
Tue			<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)	
Wed				
Thur			<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)	
Fri				
Sat				
Sun				

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick</b> (see guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
			<b>Please give a description of the facilities for dancing you will be providing</b>		
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	14.00	00.00	SEE (F)		
Tue	14.00	00.00			
Wed	14.00	00.00	<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)		
Thur	14.00	00.00	SEE (F)		
Fri	15.00	02.00			
Sat	15.00	02.00	<b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sun	12.00	22.00	SEE (F)		

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>		
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 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 the provision of facilities for entertainment of a similar description to that falling within i or j</u></b> (please read guidance note 4)		
Sat					
Sun					
			<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)		

L

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<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 provision of late night refreshment</b> (please read guidance note 4)		
Thur					
			SEE (F)		
Fri	23.00		<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)		
		02.30			
Sat	22.00				
		02.30	SEE (F)		
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 type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  SEE (+)		
Mon	12.00	00.00			
Tue	12.00	00.00			
Wed	12.00	00.00			
Thur	12.00	00.00			
Fri	12.00	02.30			
Sat	12.00	02.30			
Sun	12.00	22.00	<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)  SEE (+)		

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

Name	Ishmael Susan KAROMAH	
Address	FLAT 1 GRADUENIDGE HSE MORNING WAY KINGSLATE ESTATE	
Postcode	SE7 2PP	
Personal Licence number (if known)	—	
Issuing licensing authority (if known)	—	

N

**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

O

<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)																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Mon</td> <td>10.00</td> <td></td> </tr> <tr> <td></td> <td>00.30</td> </tr> <tr> <td rowspan="2">Tue</td> <td>10.00</td> <td></td> </tr> <tr> <td></td> <td>00.30</td> </tr> <tr> <td rowspan="2">Wed</td> <td>10.00</td> <td></td> </tr> <tr> <td></td> <td>00.30</td> </tr> <tr> <td rowspan="2">Thur</td> <td>10.00</td> <td></td> </tr> <tr> <td></td> <td>00.30</td> </tr> <tr> <td rowspan="2">Fri</td> <td>10.00</td> <td></td> </tr> <tr> <td></td> <td>03.00</td> </tr> <tr> <td rowspan="2">Sat</td> <td>10.00</td> <td></td> </tr> <tr> <td></td> <td>03.00</td> </tr> <tr> <td rowspan="2">Sun</td> <td>10.00</td> <td></td> </tr> <tr> <td></td> <td>02.30</td> </tr> </tbody> </table>	Day	Start	Finish	Mon	10.00			00.30	Tue	10.00			00.30	Wed	10.00			00.30	Thur	10.00			00.30	Fri	10.00			03.00	Sat	10.00			03.00	Sun	10.00			02.30	SEE (F)
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	<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 style="text-align: center; font-size: 2em;">SEE (F)</p>																																						

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)

There is a CCTV on site that has a recorded system with a hard drive that can be retrieve for after 31 days.

b) The prevention of crime and disorder

Rohe  
We will carry out a very good practice sources of guidance. Be a member of the local pubwatch scheme, good staff training initiatives. A very good personal licence holder and make sure the premises is not used for any kind of drugs. Security in place.

c) Public safety

Fire  
There will be a notice statement demonstrating awareness and compliance with health and safety and fire prevention. There will also be a maximum occupancy limit.

d) The prevention of public nuisance

@h  
We will do everything possible to minimise the possibilities of nuisance to the public by putting up notices (quiet) sound proofing insulation, volume limiters on musical (amplification) equipment and notices to respect neighbours and live quietly.

e) The protection of children from harm

Children under the age of 16 would not be allowed in the premises unless they are accompanied by an adult. A notice would be in place for admission of children. All safety measures would be in place for adult to guide the children. Adult would be certified that they are over the age limit.

Please tick yes

- 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 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	<i>[Handwritten Signature]</i>
Date	10/09/09
Capacity	

**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	<i>[Handwritten Signature]</i>
Date	10/09/09
Capacity	

**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 13)---

Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

DPS

Consent of individual to being specified as premises supervisor

ISHMAIL SUFIAN KOROMAN

[full name of prospective premises supervisor]

of FLAT 1 GROENBRIDGE HOUSE, KINGSLAKE ESTATE

London

SE17 2RP

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be speci  
supervisor in relation to the application for

SIERRA SPOT

by

relating to a premises licence

for SIERRA SPOT

6 ARNSIDE STREET

LONDON SE17 2AP

[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 [name of applicant]

concerning the supply of alcohol at SIERRA SPOT

6 ARNSIDE STREET

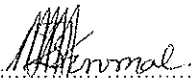
LONDON SE17 2AP

[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.

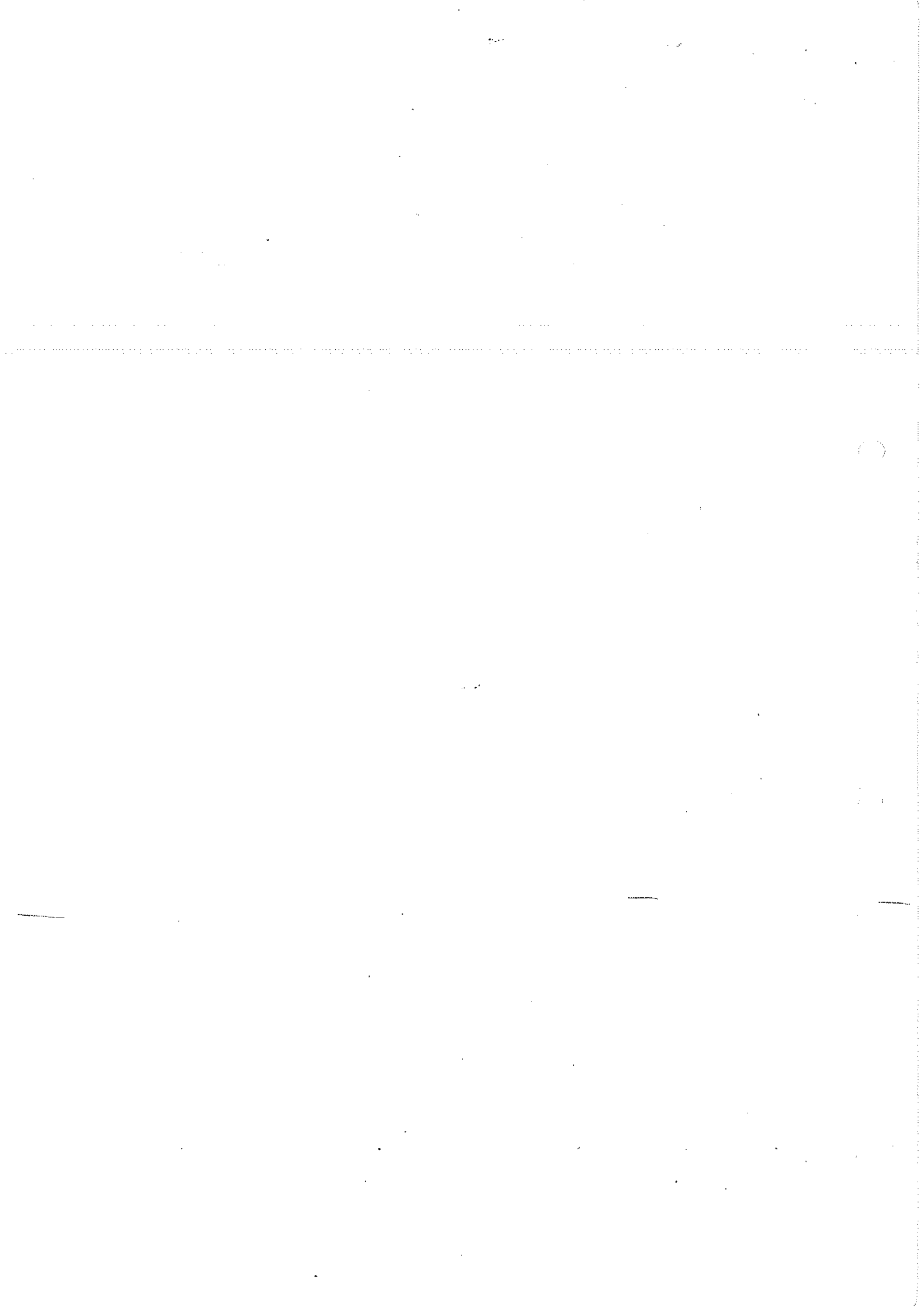
Personal licence number [redacted]  
[insert personal licence number, if any]

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

 signed x

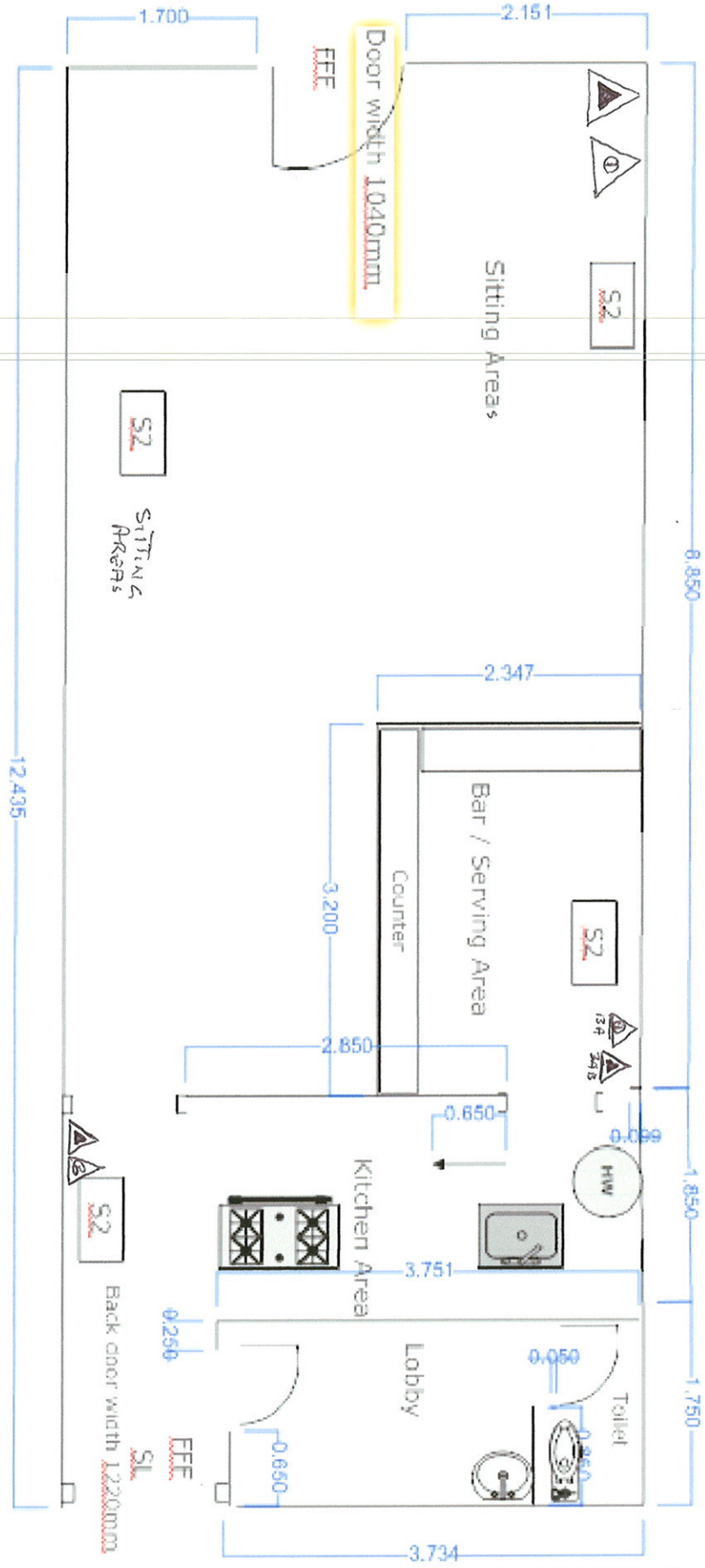
ISHMAIL S. KOROMAN name (please print) x

10-9-09 dated x



# ARNSIDE STREET

WILKINSON ROAD



Sierra Spot  
 6 Arnside Street  
 London  
 SE17 2AP

**Please Note: All dimensions are in meters unless otherwise stated**

