

WK/201402059

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 KC STORES LTD

(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: 115 MERTON ROAD WIMBLEDON. Post town: LONDON. Postcode: SW19 1ED. Telephone number at premises (if any): 0208 543 2510. Non-domestic rateable value of premises: £ 4500.

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 [x] 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 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	KC STORES LTD	
Address	115 MERTON ROAD WIMBLEDON LONDON SW19 1ED	-(This is the registered address of the company, the same as the address of the premises)
Registered number (where applicable)	8697264	
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY	
Telephone number (if any)	0208 543 2510	
E-mail address (optional)	kcstores@hotmail.co.uk	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
08	07	2014

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)

SMALL OFF LICENCE TYPE STORE SITUATED ON THE CORNER OF MERTON ROAD AND THE BROADWAY IN BETWEEN WIMBLEDON TOWN CENTER AND SOUTH WIMBLEDON TUBE STATION

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 any that apply |
|---|-------------------------------------|
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |
| Provision of late night refreshment (if ticking yes, fill in box I) | <input type="checkbox"/> |
| Supply of alcohol (if ticking yes, fill in box J) | <input checked="" type="checkbox"/> |

In all cases complete boxes K, L and M

A

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

B

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

C

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

D

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

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 type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
Tue								
Wed						State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur								
Fri						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 (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 type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
Tue								
Wed						State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur								
Fri						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 (please read guidance note 5)		
Sat								
Sun								

G

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

H

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

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"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)					
Mon								
Tue								
Wed						<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur								
Fri						<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> (please read guidance note 5)		
Sat								
Sun								

J

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)					
Mon	12:00	23:00						
Tue	12:00	23:00						
Wed	12:00	23:00				<u>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</u> (please read guidance note 5)		
Thur	12:00	23:00						
Fri	12:00	24:00						
Sat	12:00	24:00						
Sun	12:00	23:00						

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

Name	KYLE ZOLTAN TVERDON
Address	174 QUEENS ROAD WIMBLEDON LONDON
Postcode	SW19 6LX
Personal licence number (if known)	LN 2014 3019
Issuing licensing authority (if known)	ENVIRONMENTAL HEALTH, TRADING STANDARDS LICENSING, MERTON COUNCIL - LONDON BOROUGH OF MERTON

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).

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)	State any seasonal variations (please read guidance note 4)																								
	<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr> <td>Mon</td> <td>04:00</td> <td>23:00</td> </tr> <tr> <td>Tue</td> <td>09:00</td> <td>23:00</td> </tr> <tr> <td>Wed</td> <td>09:00</td> <td>23:00</td> </tr> <tr> <td>Thur</td> <td>09:00</td> <td>23:00</td> </tr> <tr> <td>Fri</td> <td>09:00</td> <td>24:00</td> </tr> <tr> <td>Sat</td> <td>09:00</td> <td>24:00</td> </tr> <tr> <td>Sun</td> <td>10:00</td> <td>23:00</td> </tr> </tbody> </table>	Day	Start	Finish	Mon	04:00	23:00	Tue	09:00	23:00	Wed	09:00	23:00	Thur	09:00	23:00	Fri	09:00	24:00	Sat	09:00	24:00	Sun	10:00	23:00
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Sun	10:00	23:00																							

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)

We will ensure we fully promote all four licensing objectives through the steps outlined below, furthermore these steps will be monitored and reviewed to ensure their effectiveness.

b) The prevention of crime and disorder

The type of operation at these premises is designed to minimise the risk of crime + disorder. We will achieve this by having CCTV on the premises and retaining footage for a minimum of 31 days. We will operate a challenge 21 policy as a minimum to ensure that liquor is only ever sold to those of a lawful age - if a customer appears under 21 we would ask them to prove they are of a lawful age of 18 or over. All staff will be aware of the licensing objectives and company policy - this will ensure full compliance with the law.

c) Public safety

The premises is to comply with all Health + Safety legislation + current legal requirements, we will ensure adequate lighting is in place and in the unlikely case we were to become over crowded ask people to leave safely + securely.

d) The prevention of public nuisance

These premises are proposed to be licensed for consumption of liquor off the premises only, there will be no entertainment or consumption on the premises. We would ensure that no persons thought to be intoxicated would be sold liquor - all staff made aware through training. We would welcome communication with any local persons in relation to any issues which arise concerning the operation of these premises. Also fridges where beer/sides is kept would be locked. Outside of the house we are allowed to sell it.

e) The protection of children from harm

We will operate a challenge 21 policy whereby any person thought to be under 21 will have to prove they are over 18, for the purpose of sale of alcohol. We would only accept the following IDs: Ten year passport, photocard driving licence, PASS loan proof of age card. The company will operate a due diligence policy with the challenge 21, training for staff + a refusal log book. The store will have a fully recordable CCTV system. We will also refuse to sell to anyone we suspect of buying for under 18's. The store will have prominent signage confirming the minimum age to purchase alcohol.

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.

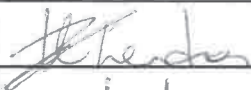
IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

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	10/6/14
Capacity	DIRECTOR OF KC STORES LTD

For joint applications, signature of 2nd applicant or 2nd 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	10/6/14
Capacity	DIRECTOR OF KC STORES LTD

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

SCHEDULE 11
PART A

London Borough of Merton
Merton Civic Centre, London Road, Morden SM4 5DX



Consent of individual to being specified as premises supervisor

I KYLE ZOLTAN TVERDONof
[full name of prospective premises supervisor]
174 QUEENS ROAD, WIMBLEDON, LONDON
[home address of prospective premises supervisor]
SW19 8LX

hereby confirm that I give my consent to be specified as the designated premises supervisor in
relation to the application for SUPPLY OF ALCOHOL BY RETAIL
[type of application]
by KC STORES LTD
[name of applicant]
relating to a premises licencefor
[number of existing licence, if any]
[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
KC STORES LTD
[name of applicant]
concerning the supply of alcohol at KC STORES, 115 MERTON ROAD
[name and address of premises to which application relates]
WIMBLEDON, LONDON, SW19 1ED

I also confirm that I am applying for, intend to apply for, currently hold a personal licence,
details of which I set out below. Personal licence number LN 2014 3019
[insert personal licence number, if any]
Personal licence issuing authority ENVIRONMENTAL HEALTH, TRADING
[insert name and address and telephone number of personal licence issuing authority, if any]
STANDARDS AND LICENSING, LONDON BOROUGH OF MERTON,
MERTON CIVIC CENTRE MORDEN, SURREY, SM4 5DX 0208 5453969

Signed [Signature]
Name KYLE ZOLTAN TVERDON
[please print]
Dated 10/6/14

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