

Annual Fee payment Codes

Agenda Item 3

~~WK/201403900~~

MEC000104695

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.

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18 JUL 2014
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RECEIVED
25 JUL 2014
RETURNED

I/we LEON THOMPSON

(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			
26 EVELINE RD MITEHAM SURREY			
Post town		Postcode	CR43LE
Telephone number at premises (if any)	07961 74 596		
Non-domestic rateable value of premises	£100		

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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)
Surname THOMPSON		First names LEON EMERSON		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes
Current postal address if different from premises address		26 QUEENIE RD MITCHEM SURREY		
Post town		Postcode	CP4 9LE	
Daytime contact telephone number		07961 701 596		
E-mail address (optional)		LEONTHOMPSON4@HOTMAIL.COM		

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
2	4	77014

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)

THIS IS A HOUSE ON A QUIET ONE WAY STREET. This has a secure shed which will be protected by CCTV and other security measures - Bars on windows and Premises will be used only to take phone/internet orders

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

0

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			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed					
Thur			State any seasonal variations for performing plays (please read guidance note 4)		
Fri					
Sat			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 (please read guidance note 5)		
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films 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			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed					
Thur			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Fri					
Sat			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 (please read guidance note 5)		
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			State any seasonal variations for indoor sporting events (please read guidance note 4)	
Wed				
Thur			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 (please read guidance note 5)	
Fri				
Sat				
Sun				

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment 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					Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)			
Wed						
Thur			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)			
Fri						
Sat			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 (please read guidance note 5)			
Sun						

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			
Mon			Please give further details here (please read guidance note 3)		
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			
Mon			Please give further details here (please read guidance note 3)		
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)			Will the performance of dance 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			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri			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)		
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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors <input type="checkbox"/>
Mon					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri					
Sat			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 (please read guidance note 5)		
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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed					
Thur			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Fri					
Sat					
Sun			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 (please read guidance note 5)		

J

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

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

Name		LEON THOMPSON	
Address		26 EVELINE RD MILTHAM SURREY CR4 3LE	
Postcode			
Personal licence number (if known)		CURRENTLY APPLYING FOR IT	
Issuing licensing 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).

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) Premises are not open to Public Orders will only be taken on phone / internet. Advertisers will be advertised to prevent cullers
Day	Start	Finish	
Mon	12am	5am	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 (please read guidance note 5)
Tue	12am	5am	
Wed	12am	5am	
Thur	12am	5am	
Fri	12am	5am	
Sat	12am	5am	
Sun	12am	5am	

Licensing Objectives:-

(a) I will supply alcohol only to residential addresses which accord with card details given. Delivery will be made by me and ID's carefully checked. I intend to encourage responsible drinking at home.

(b) All deliveries will be made to home addresses preventing drink-driving and persons congregating in the street as they do outside ordinary off-licenses. I will check both over the phone and on delivery that persons are not drunk. ID's will be checked both to prevent under-age drinking and misuse of credit/debit cards.

(c) Irresponsible drinking will be discouraged by:-

(i) Not selling Beer/Lager of greater strength than 6% sold in multi packs only

(ii) Minimum order of £25-00p.

My business will promote public safety by encouraging people to drink responsibly at home preventing drink-driving and persons out on the street drunk.

(d) Requiring home address and other restrictions will avoid sale to street drinkers.

It will also encourage people to drink responsibly at home not outside causing a nuisance.

I will prevent over-drinking by checking carefully whether the persons are drunk before and on delivery.

(e) I will operate a strict challenge 25 policy on delivery. My minimum cost limit will be beyond reach of children.

M Describe the steps you intend to take to promote the four licensing objectives:

*
PLEASE CHECK
PREVIOUS
PAGE FOR
MORE

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

I will deliver to people at home after phone/E-mail Orders
I WILL BE CLOSELY MONITORING THE
ALCOHOL AT ALL TIMES MAKING SURE
ALL STEPS ARE CARRIED THROUGH
I will carefully check IDs to discourage fraud/underage drinking

DETAILED
VERSION

*

b) The prevention of crime and disorder

CAMERAS AND NOTICES WILL BE PUT
ON PROPERTIES. All drink sold will be
delivered to residential addresses those of the card-
holders only. I will not sell to people sounding drunk

c) Public safety

SEVERAL OVER 21 AGE SIGNS
put on property. My system of
Home Delivery will reduce drink-driving by allowing
people to drink responsibly at home

d) The prevention of public nuisance

All sales will be by phone/Internet only
SEVERAL SIGNS OF NO LOITERING WILL BE EXHIBITED
Persons will not be allowed to come to the house
intended to encourage home drinking preventing people
hanging about outside off-licences

e) The protection of children from harm

I WILL BE PUTTING SIGNS UP WITH
MINIMUM AGE ON THE PREMISES.
ID WILL ALSO BE REQUIRED before
a delivery is made. I will strictly enforce Challenge 25.

Checklist:

- 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.

Please tick to indicate agreement

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	<i>Leo L Thompson</i>
Date	<i>24/16/2014</i>
Capacity	

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	
Capacity	

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

<i>26 BILWEE RD</i>			
<i>MITCHAM</i>			
<i>SURREY CR4 3LE</i>			
Post town		Postcode	
Telephone number (if any)	<i>07961 781 596</i>		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
<i>LEON THOM PSON LE @ GMAIL - COM</i>			

SCHEDULE 11
PART A

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

RECEIVED
25 JUL 2014

Consent of individual to being specified as premises supervisor

I LEON THOMPSON of
[full name of prospective premises supervisor]
26 EVELINE RD MITCHAM SURREY
[home address of prospective premises supervisor]
CR4 3LE

hereby confirm that I give my consent to be specified as the designated premises supervisor in
relation to the application for SALES OF ALCOHOL BY RETAIL ONLINE
[type of application] PREMISES LICENSE
by LEON THOMPSON
[name of applicant] LET.
relating to a premises licence 100/4865/0 for
[number of existing licence, if any]
26 EVELINE RD MITCHAM SURREY CR4 3LE
[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
LEON THOMPSON
[name of applicant]
concerning the supply of alcohol at 26 EVELINE RD
MITCHAM SURREY CR4 3LE
[name and address of premises to which application relates]

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 100/4865/0
[insert personal licence number, if any]
Personal licence issuing authority MERTON CIVIC COUNCIL
[insert name and address and telephone number of personal licence issuing authority, if any]
MERTON CIVIC CENTRE
LONDON RD SM4 5DX

Signed L. Thompson
Name LEON THOMPSON
[please print]
Dated 24/6/2014