

WK/201405177

[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.

We MS VIOLETTA SEMYONOVA

(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 SMAK, 1 COMMONSIDE EAST, MITCHAM, SUTTON, SURREY. CR4 2QA			
Post town	SURREY	Postcode	CR4 2QA

Telephone number at premises (if any)	07816589526
Non-domestic rateable value of premises	£8500

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 type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname SEMYONOVA			First names VIOLETTA		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		15 POPLAR ROAD, SUTTON, SURREY. SM3 9JX			
Post town	SURREY			Postcode	SM3 9JX
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
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
02	02	01 4

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)
 SMAK IS A DELICATESSEN SHOP SPECIALISING IN POLISH PRODUCTS. THE GROUND FLOOR IS USED FOR RETAIL & FOR STORAGE. THERE IS A TOILET & KITCHEN AREA FOR STAFF USE.

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)

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

X

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	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Wed					
Thur					
			<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)		
Fri					
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)		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 boxing or wrestling entertainment</u> (please read guidance note 4)			
Wed						
Thur						
			<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)			
Fri						
Sat						
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	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the performance of live music (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (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	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	
Day	Start	Finish		Outdoors	<input type="checkbox"/>
			Both		
Mon			<u>Please give further details here</u> (please read guidance note 3)		
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)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>			
				Off the premises	X			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) NONE					
Mon	09.00	23.00						
Tue	09.00	23.00						
Wed	09.00	23.00						
Thur	09.00	23.00						
Fri	09.00	23.00						
Sat	09.00	23.00						
Sun	10.00	23.00						
						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) NONE		

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

Name VIOLETTA SEMYONOVA	
Address 15 POPLAR ROAD, SUTTON, SURREY. SM3 9JX	
Postcode	SM3 9JX
Personal licence number (if known) 5870/11/00222/LAPERS	
Issuing licensing authority (if known) LONDON BOROUGH OF SUTTON	

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

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) NONE
Day	Start	Finish	<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> (please read guidance note 5) NONE
Mon	09.00		
		23.00	
Tue	09.00		
		23.00	
Wed	09.00		
		23.00	
Thur	09.00		
		23.00	
Fri	09.00		
		23.00	
Sat	09.00		
		23.00	
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 OPERATE OUR BUSINESS IN A RESPONSIBLE MANNER AND ACTIVELY PROMOTE THE LICENSING OBJECTIVES AT ALL TIMES.

b) The prevention of crime and disorder

1 THE PREMISES SHALL INSTALL AND MAINTAIN A COMPREHENSIVE CCTV SYSTEM AS PER THE MINIMUM REQUIREMENTS OF A METROPOLITAN POLICE CRIME PREVENTION OFFICER. ALL ENTRY AND EXIT POINTS WILL BE COVERED ENABLING FRONTAL IDENTIFICATION OF EVERY PERSON ENTERING IN ANY LIGHT CONDITION. THE CCTV SYSTEM SHALL CONTINUOUSLY RECORD WHILST THE PREMISES IS OPEN FOR LICENSABLE ACTIVITIES AND DURING ALL TIMES WHEN CUSTOMERS REMAIN ON THE PREMISES. ALL RECORDINGS SHALL BE STORED FOR A MINIMUM PERIOD OF 31 DAYS WITH DATE AND TIME STAMPING. RECORDINGS SHALL BE MADE AVAILABLE IMMEDIATELY UPON THE REQUEST OF POLICE OR AUTHORISED OFFICERS THROUGHOUT THE PRECEDING 31 DAY PERIOD. THE CCTV SYSTEM SHOULD BE UPDATED AND MAINTAINED ACCORDING TO POLICE RECOMMENDATIONS.

2 A STAFF MEMBER FROM THE PREMISES WHO IS CONVERSANT WITH THE OPERATION OF THE CCTV SYSTEM SHALL BE ON THE PREMISES AT ALL TIMES WHEN THE PREMISE IS OPEN TO THE PUBLIC. THIS STAFF MEMBER MUST BE ABLE TO SHOW A POLICE OR AUTHORISED OFFICER RECENT DATA OR FOOTAGE WITH THE ABSOLUTE MINIMUM OF DELAY WHEN REQUESTED.

3 NO SUPER STRENGTH BEER, LAGERS OR CIDERS OF 5.5% ABV (ALCOHOL BY VOLUME) OR ABOVE SHALL BE SOLD AT THE PREMISES.

4 CHALLENGE 25 SHALL BE OPERATED AS THE PROOF OF AGE SCHEME AT THE PREMISES WHERE THE ONLY ACCEPTABLE FORMS OF IDENTIFICATION ARE RECOGNISED PHOTOGRAPHIC IDENTIFICATION CARDS SUCH AS A PHOTOGRAPHIC DRIVING LICENCE OR PASSPORT / HOLOGRAPHICALLY MARKED PASS SCHEME IDENTIFICATION CARDS.

5 A LOG SHALL BE KEPT DETAILING ALL REFUSED SALES OF ALCOHOL. THE LOG SHOULD INCLUDE THE DATE AND TIME OF THE REFUSED SALE AND THE NAME OF THE MEMBER OF STAFF WHO REFUSED THE SALE. THE LOG SHALL BE AVAILABLE FOR INSPECTION AT THE PREMISES BY THE POLICE OR AN AUTHORISED OFFICER OF THE COUNCIL WHILST THE PREMISES IS OPEN.

6 AN INCIDENT LOG SHALL BE KEPT AT THE PREMISES, AND MADE AVAILABLE ON REQUEST TO AN AUTHORISED OFFICER OF THE COUNCIL OR THE POLICE, WHICH WILL RECORD THE FOLLOWING;

A ALL CRIMES REPORTED TO THE VENUE

B ALL EJECTIONS OF PATRONS

C ANY COMPLAINTS RECEIVED

D ANY INCIDENTS OF DISORDER

E ANY FAULTS IN THE CCTV SYSTEM OR SEARCHING EQUIPMENT OR SCANNING

EQUIPMENT
F ANY REFUSAL OF THE SALE OF ALCOHOL
G ANY VISIT BY A RELEVANT AUTHORITY OR EMERGENCY SERVICE

c) Public safety

A FIRE RISK ASSESSMENT & EMERGENCY PLAN WILL BE PREPARED AND REGULARLY REVIEWED.

d) The prevention of public nuisance

- 1) NOTICES WILL BE PROMINENTLY DISPLAYED BY THE EXIT ASKING CUSTOMERS TO RESPECT NEARBY RESIDENTS AND TO LEAVE QUIETLY, NOT TO LOITER OUTSIDE THE SHOP, TO DISPOSE OF LITTER RESPONSIBLY AND NOT TO DRINK IN THE STREET AS THE LONDON BOROUGH OF MERTON IS SUBJECT TO A DESIGNATED PUBLIC PLACE ORDER.
- 2) MANAGEMENT AND STAFF WILL ACTIVELY DISCOURAGE CUSTOMERS DRINKING OR LOITERING OUTSIDE THE SHOP.
- 3) THE SHOP FRONT WILL BE KEPT TIDY AT ALL TIMES AND SHALL BE SWEEPED AT CLOSE.
- 4) NO DELIVERIES WILL BE RECEIVED OR REMOVAL OF RUBBISH TAKE PLACE BETWEEN 20.00 AND 08.00 ON ANY DAY.
- 5) A PHONE NUMBER WILL BE PUBLISHED IN THE SHOP WINDOW FOR RESIDENTS TO CONTACT THE SHOP ABOUT ANY CONCERNS

e) The protection of children from harm

- 1) CHALLENGE 25 SHALL BE OPERATED AS THE PROOF OF AGE SCHEME AT THE PREMISES WHERE THE ONLY ACCEPTABLE FORMS OF IDENTIFICATION ARE RECOGNISED PHOTOGRAPHIC IDENTIFICATION CARDS SUCH AS A PHOTOGRAPHIC DRIVING LICENCE OR PASSPORT / HOLOGRAPHICALLY MARKED PASS SCHEME IDENTIFICATION CARDS.
- 2) A LOG SHALL BE KEPT DETAILING ALL REFUSED SALES OF ALCOHOL. THE LOG SHOULD INCLUDE THE DATE AND TIME OF THE REFUSED SALE AND THE NAME OF THE MEMBER OF STAFF WHO REFUSED THE SALE. THE LOG SHALL BE AVAILABLE FOR INSPECTION AT THE PREMISES BY THE POLICE OR AN AUTHORISED OFFICER OF THE COUNCIL WHILST THE PREMISES IS OPEN.
- 3) NOTICES WILL BE PROMINENTLY DISPLAYED AT THE ENTRY AND AT THE POINT OF SALE STATING THAT CHALLENGE 25 IS IN USE AND THE PROVISIONS OF THE LICENSING ACT REGARDING UNDERAGE AND PROXY SALES.
- 4) ALL STAFF WILL BE TRAINED FOR THEIR ROLE ON INDUCTION AND AT REGULAR INTERVALS OF SIX MONTHS THEREAFTER. TRAINING WILL INCLUDE IDENTIFYING PERSONS UNDER 25, MAKING A CHALLENGE, ACCEPTABLE PROOF OF AGE, MAKING AND RECORDING

A REFUSAL, AVOIDING CONFLICT AND RESPONSIBLE ALCOHOL RETAILING, WRITTEN TRAINING RECORDS WILL BE KEPT AND MADE AVAILABLE TO POLICE OR COUNCIL OFFICERS ON REQUEST.

5) AN EPOS SYSTEM WITH INTEGRAL AGE PROMPT OR A MANUAL AGE PROMPT PLACED BY EACH TILL TO REMIND STAFF TO CHECK WHEN AGE RESTRICTED PRODUCTS ARE BEING PURCHASED SHALL BE IN USE AT THE PREMISES.

6) NO UNACCOMPANIED CHILDREN WILL BE PERMITTED ON THE PREMISES AFTER 20.00. A SIGN ADVISING THIS SHALL BE DISPLAYED IN THE WINDOW / DOOR OF THE PREMISES.

Checklist:


Please tick to indicate agreement

- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. X
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. X
- I understand that I must now advertise my application. X
- I understand that if I do not comply with the above requirements my application will be rejected. X

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	2/9/14
Capacity	AUTHORISED LICENSING CONSULTANT

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)

GT LICENSING CONSULTANTS,
55 CODENHAM GREEN,
BASILDON,
ESSEX.
SS16 5DT

Post town	BASILDON	Postcode	SS16 5DT
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Telephone number (if any)	07810 826778
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)
gtlicensingconsultants@googlemail.com

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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor

MS VIOLETTA SEMYONOVA

I

[full name of prospective premises supervisor]

of

15 POPLAR ROAD,
SUTTON,
SURREY,
SM3 9JXx

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

A NEW PREMISES LICENCE

[type of application]

by

MS VIOLETTA SEMYONOVA

[name of applicant]

relating to a premises licence

N/A

[number of existing licence, if any]

for

1 COMMONSIDE EAST,
MITCHAM,
SURREY,
CR4 2QA

[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

MS VIOLETTA SEMYONOVA

[name of applicant]

concerning the supply of alcohol at

**1 COMMONSIDE EAST,
MITCHAM,
SURREY,
CR4 2QA**

[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

5870/11/00222/LAPERS

[insert personal licence number, if any]

Personal licence issuing authority

LONDON BOROUGH OF SUTTON

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

Signed



Name (please print)

MS VIOLETTA SEMYONOVA

Date

13/8/14

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