

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 EMPANADAS TUCUMANAS LTD T/A CHANGO  
 (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 <u>12 HIGH STREET</u>			
Post town	<u>WIMBLEDON, LONDON</u>	Postcode	<u>SW19 5DX</u>
Telephone number at premises (if any)	<u>N/A 07974 140501</u>		
Non-domestic rateable value of premises	<u>£ 15,900</u>		

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)

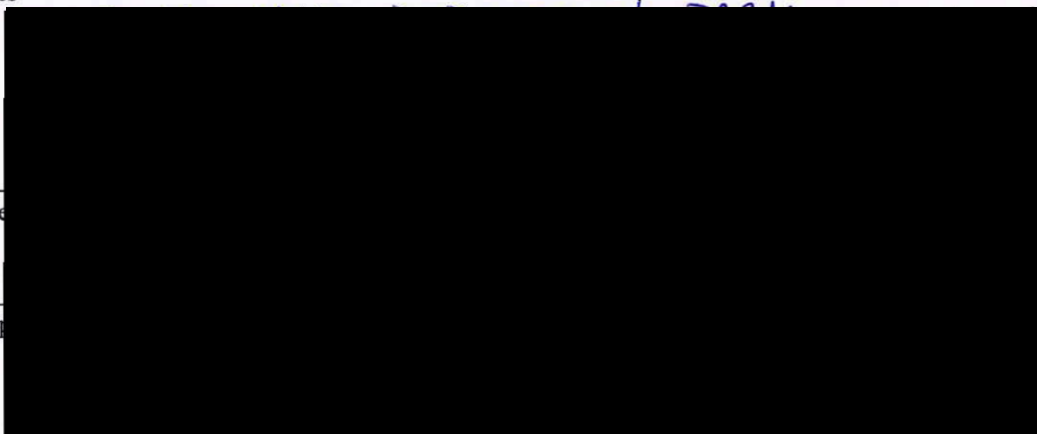
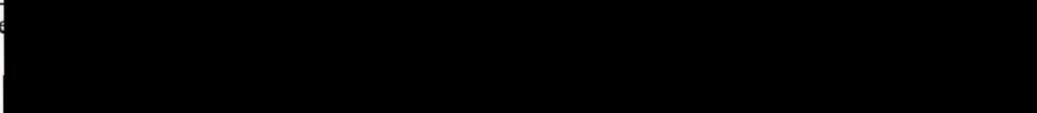
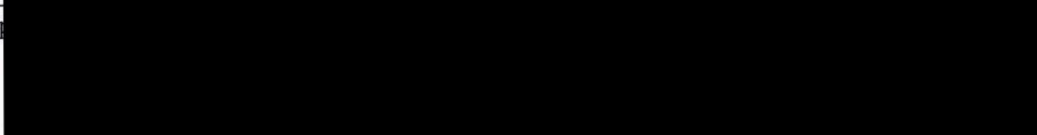
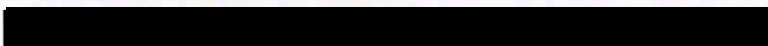
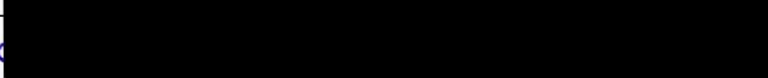
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town		Postcode			
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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	EMPANADAS TUCUMANAS LTD
Address	
Registered	
Description	
Telephone number (if any)	
E-mail address (optional)	

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY

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)

THE PREMISES IS AN A1 USE PREMISES WHERE FOOD COOKED AND PRODUCED AT PREMISES IS REHEATED FOR CONSUMPTION ON SITE AND TAKE AWAY FACILITIES. THE GROUND FLOOR IS FOR SITTING PEOPLE CONSUMING OUR FOOD. THE APPLICATION IS FOR BOTTLE BEER AND WINE FOR ON SITE CONSUMPTION ONLY TO ACCOMPANY FOOD.

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

N/A
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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 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) LICENCE ALREADY IN PLACE
- 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)			<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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
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**

Films 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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
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	
Mon			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)
Tue			
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>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed				<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)	
Thur					
Fri			<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)		
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**

<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 checked="" 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)  AMBIENT MUSIC					
Mon	10.30 AM	11 PM						
Tue	10.30 AM	11 PM						
Wed	10.30 AM	11 PM				<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)  NO VARIATION		
Thur	10.30 AM	11 PM						
Fri	10.30 AM	11 PM				<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)  NO VARIATION		
Sat	10.30 AM	11 PM						
Sun	10.30 AM	11 PM						

## G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place 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"/>
Day	Start	Finish				
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)			
Tue						
Wed			<b><u>State any seasonal variations for the performance of dance</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 dance at different times to those listed in the column on the left, please list</u></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)			Please give a description of the type of entertainment you will be providing			
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						
Thur			<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)			
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**

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"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	10.30 AM	11 PM	<b>Please give further details here</b> (please read guidance note 3) ALCOHOL WILL ONLY BE SERVED AS PART OF A MEAL/FOOD CONSUMPTION. MUSIC WILL ONLY BE PLAYED ON A RECORDED BASIS AS BACKGROUND MUSIC FOR ATMOSPHERE.		
Tue	10.30 AM	11 PM			
Wed	10.30 AM	11 PM	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur	10.30 AM	11 PM	N/A		
Fri	10.30 AM	11 PM	<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)		
Sat	10.30 AM	11 PM	N/A		
Sun	10.30 AM	11 PM			

**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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	10.30 AM	11 PM	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Tue	10.30 AM	11 PM			
Wed	10.30 AM	11 PM	None		
Thur	10.30 AM	11 PM	<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)		
Fri	10.30 AM	11 PM	None		
Sat	10.30 AM	11 PM			
Sun	10.30 AM	11 PM			

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

Name	[REDACTED]
Address	
Postcode	
Person	
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).

THERE IS NOTHING ON SITE OTHER THAN EATING FACILITIES. NOTHING RELEVANT TO THIS SECTION TO INCLUDE.

**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>No VARIATION</p> <hr/> <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>No VARIATION</p>
Mon	10.30 AM	11 PM	
Tue	10.30 AM	11 PM	
Wed	10.30 AM	11 PM	
Thur	10.30 AM	11 PM	
Fri	10.30 AM	11 PM	
Sat	10.30 AM	11 PM	
Sun	10.30 AM	11 PM	

**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)

MY BUSINESS WILL BE RUN AND MANAGED BY MYSELF AS SINGLE OWNER AND ONE MANAGER, RODRIGO RIVERO (FORMER TRAINING MANAGER AT 'BILL'S' RESTAURANT). HE TOO HAS EXTENSIVE EXPERIENCE AND BACKGROUND IN CATERING BUSINESS. THERE WILL ONLY BE THE DESIGNATED FOOD ON THE PREMISES AND ONLY THOSE BUYING FOOD AND EATING ON  $\text{(*)}$

b) The prevention of crime and disorder

THE PREMISES HAS HAD NO REPORTS OR DIFFICULTIES OR CRIME AND IT IS MY INTENTION TO KEEP IT THAT WAY. NO ONE YOUNGER THAN 25 WILL BE SERVED ALCOHOL, IF SUSPICION THEY WILL BE ASKED TO PRODUCE ID. NO ALCOHOL WILL BE SERVED TO ANYONE TAKING FOOD FROM THE PREMISES. CCTV WILL BE INSTALLED TO COVER ALL AREAS.  $\text{(*)}$  1

c) Public safety

THE PREMISES WILL ONLY ALLOW ENTRY TO THOSE IT IS CAPABLE OF SEATING. ANYONE ELSE ALLOWED ENTRY WILL BE LIMITED TO THOSE WAITING FOR SEATING OR TAKING FOOD AWAY. PATRONS WILL NOT BE ALLOWED STAND IN THE ADDITIONAL AREAS AND FACILITIES WILL BE FOR THE USE OF PATRONS ONLY. NO PATRONS ALLOW TO STAND OUTSIDE THE  $\text{(*)}$  2

d) The prevention of public nuisance

THE PREMISES WILL LIMIT ITS ENTERTAINMENT TO BACKGROUND MUSIC WHILE THAT THE PURPOSE IS TO ENCOURAGE PATRONS TO BUY FOOD ACCOMPANIED BY ALCOHOL. IT IS NOT DESIGNED AND WILL NOT RESEMBLE ANIGHT CLUB OR ANYTHING CLOSE TO IT. AS SUCH WITH A CAP ON CAPACITY, NOISE WILL NOT BE AN ISSUE. FOOD WILL ONLY BE HEATED ON  $\text{(*)}$  3

e) The protection of children from harm

THE PREMISES WILL ENFORCE A STRICT POLICY IN RELATION TO CHILDREN WHICH BARS THEM FROM THE PREMISES, WHETHER ACCOMPANIED OR NOT, AFTER 7.30PM. THIS WILL BE STRICTLY ENFORCED WITHOUT EXCEPTION. AS ABOVE THE BUSINESS WILL ALSO ENFORCE AN ID

POLICY FOR ANYONE WHO DOES NOT LOOK OVER 25 YEARS OF AGE. NO OTHER ACTIVITY ON THE PREMISES RAISES CONCERNS REGARDING THE WELFARE OF CHILDREN AS THERE WILL BE NO ENTERTAINMENT AND THE PREMISES IS AKIN TO A RESTAURANT RATHER THAN A PUB OR HOUSE OR ANYTHING FURTHER

a) ① PREMISES WILL HAVE THE OPTION OF BUYING ALCOHOL (PREDOMINANTLY SELECTED WINES) TO ACCOMPANY THEIR MEAL. NO ONE OTHER THAN PATRONS WILL BE ALLOWED TO USE THE FACILITIES OR ALLOWED TO REMAIN ON PREMISES OR WILL BE ALLOWED TO BUY ALCOHOL. NO ONE DEEMED TO BE UNDER THE INFLUENCE OF ALCOHOL OR OTHER SUBSTANCES WILL BE ALLOWED TO ENTER THE PREMISES AND CAPACITY WILL BE STRICTLY ADHERED TO. THIS WILL BE ESSENTIAL FOR THE ENJOYMENT OF EATING CUSTOMERS.

b) ② THE ONE SINGLE TOILET ON PREMISES WILL BE CHECKED HOURLY. THERE WILL BE NO DRINK PROMOTIONS EXCEPT THOSE WHICH ACCOMPANY THE MEAL AND NO ALCOHOL WILL BE SERVED WITHOUT THE PURCHASE OF FOOD. MONTHLY LIAISON WITH THE LOCAL POLICE UNIT TO MONITOR DIFFICULTIES AND TAKE ADVICE AND ACTION ON IMPROVEMENTS.

c) ③ PREMISES REGARDLESS OF WHETHER THEY ARE ONLY EATING FOOD BOUGHT ON PREMISES AND STAFF WILL BE ENCOURAGED TO MOVE PEOPLE AWAY FROM THE PREMISES. CCTV INSTALLED WILL ALLOW CONSTANT SUPERVISION OF PATRONS AND INDEED NON-PATRONS TO ALLOW FOR TIMELY INTERVENTION. I WILL SEEK ADVICE CONSTANTLY FROM LICENSING TEAM

d) ④ PREMISES AND AS SUCH THERE SHOULD BE NO ISSUE AS FAR AS SMELL IS CONCERNED. MANAGEMENT WILL OF COURSE LIASE TO MAKE SURE THIS IS CORRECT AND OF COURSE STAY THAT WAY. BECAUSE OF THE STRICT CONDITIONS OF THE SALE OF ALCOHOL THE PREMISES WILL NOT ATTRACT OR RETAIN THOSE WHO ARE INTOXICATED. INDEED, THOSE PERSONS WILL DISRUPT OTHER PATRONS NOT TO MENTION LOCAL RESIDENTS. ANY QUEUES FOR SEATING WILL BE LIMITED TO THOSE INSIDE THE PREMISES AND NO PATRONS WILL BE ALLOWED TO LINGER OUTSIDE.

**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	[Redacted]
Date	16/05/16
Capacity	MANAGING Director

**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)

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

## 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.

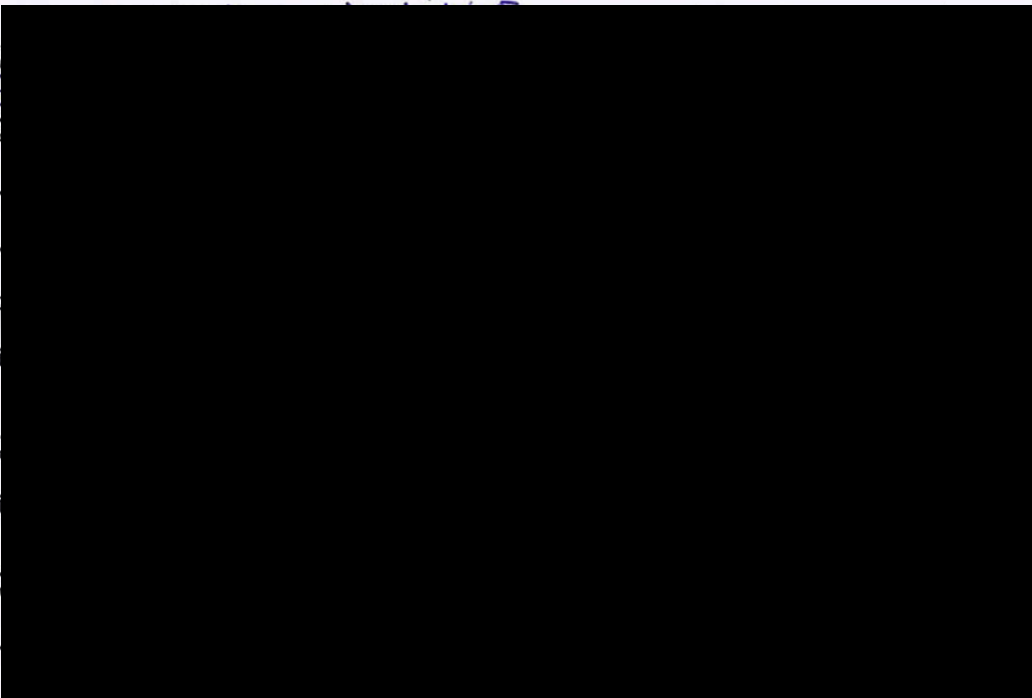
SCHEDULE 11  
PART A

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



Consent of individual to being specified as premises supervisor

I .....  
[full .....]  
[home ad .....]  
.....  
.....  
heret .....  
relat .....  
by .....  
[in .....]  
relat .....  
.....  
[name ad .....]  
.....



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 .....  
[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 .....

[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 .....

Name .....  
[please print]

Dated .....



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