

Application for a premises licence to be granted under the Licensing Act 2003

I/We Eveline Day Nursery Schools Limited (The)

(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			
The Justin James Hotel 43 Worple Road			
Post town	Wimbledon	Postcode	SW19 4JZ

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£31,000

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> | please complete section (B) |
| f) a health service body | <input type="checkbox"/> | 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 Eveline Day Nursery Schools Limited (The)
Address 30 Ritherdon Road Tooting London SW17 8QD
Registered number (where applicable) 01096078
Description of applicant (for example, partnership, company, unincorporated association etc.) Private Limited Company
Telephone number (if any)
E-mail address (optional) maria@lu-ma.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
2	6	112016

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 Justin James Hotel is a family run business which has been in the same family for 40 years. The current manager, who is also the proposed Designated Premises, Supervisor, is a member of the family and has worked there for many years; she has been the full-time manager for the last 12 years.

The business has an excellent reputation, having been operated for 40 years without significant incident and the applicant is seeking to maintain this excellent record and the high standards guests would expect.

The hotel is in a converted house and has 19 bedrooms all with en-suite facilities. The hotel has its own car park for guests and visitors.

The hotel has operated a café and dining facility for the past two years at the premises and a licence is now being sought to allow the sale of alcohol to take place at the premises, within the café and dining area and for the occasional supper-club nights they organise.

The hours sought for the sale of alcohol are unlikely to be used to their full extent on a regular basis, but flexibility is sought to allow the applicant to use the premises for infrequent events (such as their monthly supper-club) and to provide the expected level of service to guests staying at the hotel.

The café / restaurant operates a healthy eating policy, offering the public and hotel guests a variety of seasonal organic healthy food throughout the day and into the evening.

Operating Hours - The operating hours state 24 hours a day. This reflects the need of a hotel where temporary residents can be at the premises 24 hours a day. The hours stipulated for the licensable activities reflects the times which guests attending the hotel are likely to be present.

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

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music 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			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"/>
Day	Start	Finish		Both	<input type="checkbox"/>
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)			<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								
Wed						<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Thur								
Fri						<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)		
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"/>
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			<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)
Sun			

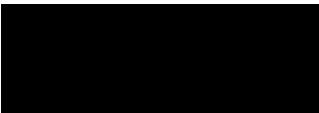


I

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"/>
				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 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 type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)		
Mon	11.30	23.00			
Tue	11.30	23.00			
Wed	11.30	23.00			
Thur	11.30	23.00			
Fri	11.30	23.00			
Sat	11.30	23.00			
Sun	11.30	22.30			
			<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)		

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

Name Maria Jessiman	
Address 	
Postcode	
Personal licence number (if known) 	
Issuing licensing authority (if known) 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).

N/A

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)
Day	Start	Finish	
Mon	00.00	00.00	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	00.00	00.00	
Wed	00.00	00.00	
Thur	00.00	00.00	
Fri	00.00	00.00	
Sat	00.00	00.00	
Sun	00.00	00.00	

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)

1. **Staff Training** – Appropriate induction training will be undertaken with all relevant staff to cover appropriate subjects for their role including:
 - a. The responsible sale of alcohol.
 - b. The prevention of under-age sales of alcohol, the Challenge 25 policy and in checking & authenticating accepted forms of identification.
 - c. The responsibility to refuse the sale of alcohol to any person who is drunk.
 - d. Fire safety & emergency evacuation procedures

- 2. Recording Practices** – The premises will maintain written reports and registers. These will be kept for a minimum of 12 months and made available to the police and any authorised officer of the licensing authority on request. Records will be maintained of the following:
- a. Any complaint against the premises in respect of any of the licensing objectives
 - b. Any crime reported at the premises
 - c. Any illegal drug related incident
 - d. Any temporary or permanent exclusion from the premises of customers
 - e. A ‘register of refusals’ highlighting any refusal in the sale of age-restricted products; for any reason.
 - f. Any fault in the CCTV system
- All written reports and registers will be regularly checked by the DPS.

b) The prevention of crime and disorder

- 3. CCTV** - The venue shall maintain a CCTV system. The CCTV system shall continually record whilst the venue is open for licensable activities and / or when customers remain on the premises. All recordings shall be time & date stamped, maintained for a 31 day period and be made available to the Police or authorised officer of the licensing authority upon request. The CCTV system shall:
- a. Cover the main entry point to the hotel used by guests.
 - b. Enable frontal identification of persons entering in any light condition.
 - c. Be maintained by a suitably qualified person.
- 4. CCTV** - Sufficient competent persons should be authorised by the premises licence holder to provide the Police with downloaded CCTV footage and / or images in an appropriate recorded format (usually to a disc or memory stick) when formally requested to do so. The authorised person(s) should be sufficient to enable such data to be obtained by the police within 48 hours of a formal request being made.
- 5. Drugs Zero Tolerance Policy** – A Zero Tolerance Policy towards the use, possession and supply of illegal drugs will be adopted and enforced.
- 6. Preventing Theft** - As a relatively small open-plan premises where staff have a clear view of the whole premises, staff vigilance in respect of potential theft from customers at the premises, is sufficient in order to prevent theft from customers.
- 7. Externally Promoted Events** – No externally promoted events will be permitted at the premises; ‘externally promoted events’ are those which are promoted, managed and delivered by external promoters not affiliated to the Premises Licence holder.

c) Public safety

8. **Fire Safety** - A fire risk assessment will be conducted and regularly reviewed. In-line with the Fire Risk Assessment:
 - a. An integrated fire detection and alarm system is installed, checked, regularly tested and maintained by a competent person.
 - b. Fire extinguishers are installed in accordance with the recommendations of the fire risk assessment.
 - c. Emergency lighting is installed in accordance with the recommendations of the fire risk assessment.
 - d. All emergency exits are marked on the premises plan.
9. **First Aid** - Adequate & suitable first aid boxes will be maintained.

d) The prevention of public nuisance

10. **Refuse Disposal** - Regular waste disposal is undertaken in accordance with the council's requirements.
11. **Litter** - The area immediately outside the premises will be maintained to ensure that any litter generated by the premises and / or its customers is regularly cleared.
12. **Noise Escape** - No noise shall emanate from the premises nor vibration be transmitted through the structure of the premises which gives rise to a nuisance.
13. **Premises Contact** - The reception will be manned 24 hours.
14. **Exit Signage** - A sign requesting customers to respect local residents and leave the premises quietly, will be displayed at each public the exit to the premises.

e) The protection of children from harm

15. **Challenge 25** - A Challenge 25 policy will be enforced, where any person reasonably looking under the age of 25 shall be asked to prove their age when attempting to purchase alcohol; signs to this effect will be displayed at the premises. The only acceptable forms of identity will be those photographic identification documents recognised in the Home Office guidance; including passports, photo-card driving licence or proof of age card bearing a PASS hologram.
16. **Recording Practices** - A register of refusals will be maintained at the premises.

Checklist:

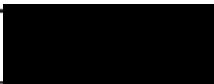
Please tick to indicate agreement

- I have made or enclosed payment of the fee. *(The payment will be made by telephone today)*
- 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. *(Application Has Been Sent Electronically for the Licensing Authority to Forward)*
- 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	28 th October 2016
Capacity	Peter Mayhew - Agent

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
Peter Mayhew Beyond the Blue Limited 92 Vegal Crescent			
Post town	Englefield Green	Postcode	TW20 0QF
Telephone number (if any)	01784 434 392		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) p.mayhew@btbl.co.uk			

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