



**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 JULIET CLARE FLAVELL

(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			
13 HAREWOOD ROAD			
Post town	LONDON	Postcode	SW19 2HD

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£ N/A

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

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
30	01	2017

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)

MY HOME, A SEMI-DETACHED VICTORIAN PROPERTY OWNED BY MYSELF AND MY PARTNER OUTRIGHT, TO BE USED TO STORE WINES AND SPIRITS FOR OFF-SALES ONLY VIA A WEBSITE. NO ON-SALES AND NO DIRECT OFF-SALES. ALL THE ALCOHOL WILL BE PACKAGED AND SENT BY POST.

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

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri			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)		
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) NO SALES DIRECTLY FROM THE PREMISES	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	0900	1800	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	0900	1800			
Wed	0900	1800			
Thur	0900	1800	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	0900	1800			
Sat	0900	1800			
Sun					

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

Name	JULIET CLARE FLAVELL
Address	AS ABOVE
Postcode	
Personal licence number (if known)	LN2016 3652
Issuing licensing authority (if known)	MERTON COUNCIL

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)																									
	THE PREMISES WILL NOT BE OPEN TO THE PUBLIC.																									
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr> <td>Mon</td> <td></td> <td></td> </tr> <tr> <td>Tue</td> <td></td> <td></td> </tr> <tr> <td>Wed</td> <td></td> <td></td> </tr> <tr> <td>Thur</td> <td></td> <td></td> </tr> <tr> <td>Fri</td> <td></td> <td></td> </tr> <tr> <td>Sat</td> <td></td> <td></td> </tr> <tr> <td>Sun</td> <td></td> <td></td> </tr> </tbody> </table>	Day	Start	Finish	Mon			Tue			Wed			Thur			Fri			Sat			Sun			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)	
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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)

THE ALCOHOL AND OTHER GOODS FOR SALE WILL BE KEPT IN A LOCKABLE ROOM AT THE FRONT OF THE HOUSE. THERE WILL BE NO ON-SALES. THE GOODS WILL BE PACKAGED AND DRIVEN TO THE POST OFFICE. A BURGLAR ALARM WILL BE FITTED.

b) **The prevention of crime and disorder**

THE RISKS WILL BE MINIMAL BECAUSE THERE WILL BE NO SALES DIRECTLY TO INDIVIDUALS FROM THE HOUSE.

c) **Public safety**

SEE (b) ABOVE

d) **The prevention of public nuisance**

SEE (b) ABOVE

e) **The protection of children from harm**

SEE (b) ABOVE

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	14/12/16
Capacity	APPLICANT

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

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 JULIET CUARE FLAVELL of
[full name of prospective premises supervisor]

13 HAREWOOD ROAD
[home address of prospective premises supervisor]

COLLIERS WOOD

SW19 2HD

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for A PREMISES LICENCE
[type of application]

by MYSELF
[name of applicant]

relating to a premises licence AS ABOVE for
[number of existing licence, if any]

E-COMMERCE WEBSITES : QUINTESSENCEWINES.CO.UK
[name and address of premises to which the application relates]

QUINTESSENCEHAMPERS.CO.UK

and any premises licence to be granted or varied in respect of this application made by MYSELF
[name of applicant]

concerning the supply of alcohol at AS ABOVE
[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 LN 2016 3652
[insert personal licence number, if any]

Personal licence issuing authority LONDON BOROUGH OF MERTON
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed 

Name JULIET FLAVELL
[please print]

Dated 14 8/12/16