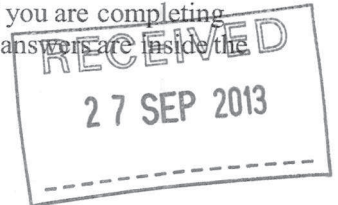


WK/201307443

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 MR. THAMOTHARAMPILLAI GANESHATHASAN
(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			
BEST WINE 23 LONDON ROAD TOOTING LONDON			
Post town	TOOTING.	Postcode	SW17 9JR
Telephone number at premises (if any)	0208 640 4220		
Non-domestic rateable value of premises	£ 6,600/£		

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)

Handwritten signature and date 30/09/13

- 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 GANESHATHASAN			First names THAMOTHARAMPILLAI		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		72A GORRINGE PARK AVENUE MITCHAM SURREY			
Post town	MITCHAM		Postcode	CR4 2DG	
Daytime contact telephone number			075 3326 2265		
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
25	10	2013

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 CONVENIENCE SHOP SITUATED IN 23 LONDON ROAD, TOOTING SW17 9JR WITH ALL FACILITIES FOR CONDUCTING LICENSABLE ACTIVITY OF RETAIL SALE OF ALCOHOL. FRONT OF SHOP IS WITH GLASS COVERING AND ENTRANCE BY A SINGLE DOOR. SHOP IS SECURED WITH IRON SHUTTER OPERATED ELECTRICALLY.

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"/>
				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			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Thur					
Fri			<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)		
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			<u>State any seasonal variations for indoor sporting events</u> (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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed					
Thur			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Fri					
Sat					
Sun					
			<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)		

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)			<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"/>
				Both	<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					
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"/>			
				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 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)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	08.00hrs	02.00hrs						
Tue	08.00hrs	02.00hrs						
Wed	08.00hrs	02.00hrs						
Thur	08.00hrs	02.00hrs				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) ON CHRISTMAS DAY FROM 12.00 to 15.00hrs and 19.00hrs to 02.00hrs. ON GOOD FRIDAY between 08.00hrs to 02.00hrs.		
Fri	08.00hrs	02.00hrs						
Sat	08.00hrs	02.00hrs						
Sun	10.00hrs	02.00hrs						

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

Name	MR. THAMOTHARAMPILLAI GANESHATHASAN
Address	72A GORRINGE PARK AVENUE MITCHAM SURREY
Postcode	CR4 2DG.
Personal licence number (if known)	LN 2013 2871
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).

SALE OF ALCOHOL BY RETAIL FOR
CONSUMPTION OF THE PREMISES

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	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) ON CHRISTMAS DAY FROM 12.00 to 15.00hrs AND 19.00 to 02.00hrs. ON GOOD FRIDAY BETWEEN 08.00hrs 02.00hrs.
Mon	06.00hrs	02.00hrs	
Tue	06.00hrs	02.00hrs	
Wed	06.00hrs	02.00hrs	
Thur	06.00hrs	02.00hrs	
Fri	06.00hrs	02.00hrs	
Sat	06.00hrs	02.00hrs	
Sun	10.00hrs	02.00hrs	

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 ATTACHED PROPOSED OPERATING SCHEDULE SETS OUT CONDITIONS THAT ARE CONCERNED WITH FOUR LICENSING OBJECTIVES. PROPER SUPERVISION, TRAINING OF MANAGEMENT STAFF, SUITABLE PROOF OF AGE SCHEME AND REFUSAL BOOK WILL BE CARRIED OUT AND MAINTAINED IN THE PREMISES. PLEASE SEE ANNEX 'PA'.

b) The prevention of crime and disorder

THE PROPOSED OPERATING SCHEDULE WHICH IS ENCLOSED, SETS OUT CONDITIONS WHICH DEAL WITH THE PREVENTION OF CRIME AND DISORDER, PRINCIPALLY THROUGH OPERATION OF CCTV, RESTRICTING THE PERSON SELLING ALCOHOL BY PERSONAL LICENCE HOLDERS, WHO ARE WELL TRAINED AND WILL STRICTLY IMPLEMENT SUITABLE PROOF OF AGE SCHEME AND PROPERLY MAINTAINING REFUSAL BOOK AT THE PREMISES.

c) Public safety

THE PROPOSED OPERATING SCHEDULE OUTLINES THE CONDITIONS WHICH DEAL WITH THE PROMOTION OF PUBLIC SAFETY BY WAY EFFECTIVE FIRE PRECAUTIONS AND SAFETY CHECKS. PLEASE SEE ANNEX: 'PC'

d) The prevention of public nuisance

THE PROPOSED OPERATING SCHEDULE WHICH IS ATTACHED HERETO SETS OUT CONDITIONS WHICH DEAL WITH THE PREVENTION OF PUBLIC NUISANCE CONCERNING ALL THE AREAS. THE DESIGNATED PREMISES SUPERVISOR WILL MAKE SURE THAT THE AREA IS KEPT CLEAN AND TIDY AND THAT ALL REFUSE ARE DISPOSED OF ACCORDING TO LOCAL REFUSE COLLECTING SYSTEM IN PLACE.

e) The protection of children from harm

THE ENCLOSED PROPOSED OPERATING SCHEDULE SETS OUT CONDITIONS THAT TAKE CARE WITH THE PROTECTION OF CHILDREN FROM HARM, PRINCIPALLY OPERATING A PHOTO ID, PROOF OF AGE SCHEME, APPLICATION OF CHALLENGE 25, MAINTAINING REFUSAL BOOK AND THAT ALL SALE OF ALCOHOL WILL BE HANDLED BY WELL TRAINED PERSONAL LICENCE HOLDERS. THE D.P.S WILL TAKE NECESSARY STEPS TO ELIMINATE ANY ATTEMPTS OF PROXY PURCHASE AND WILL STRICTLY IMPLEMENT REQUIREMENT OF PROOF OF APPROVED IDs.

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	
Date	26/09/13
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)			

ANNEX 'P A'

A CCTV system and Camera has been installed and put in operation with one camera pointing to the cash desk and permanent recording of every reference.

Notice advising that CCTV has been installed shall be visibly displayed in the premises.

The CCTV system will be set to record from the premises are open to the public until the premises close. Such recordings to be made available for inspection by the Police or other statutory authority on demand. Such recordings will be kept for a minimum of thirty days.

The premises will operate a photo ID proof of age scheme. A notice advising that the premises operate a photo ID proof of age scheme shall be visibly displayed. CHALLENGE 25 will be implemented by all staff.

A refusal book shall be maintained, recording refusals of age restricted sales and the reason for refusal. Such refusals book to be made available on demand for inspection by the Police or other relevant statutory agency.

The designated premises supervisor shall subscribe to the Portman Group Code of Practice on the Naming, Packaging and Promotion of Alcoholic Drinks and will always do risk assessment to prevent disorder, anti social behaviours and disturbances by youth or gathering street drinkers.

ANNEX 'P C'

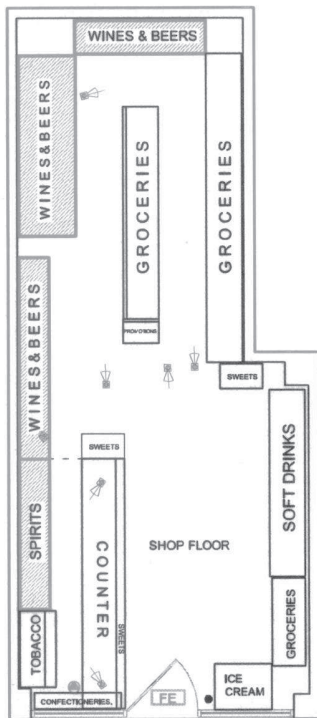
The Designated Premises Supervisor shall ensure all appropriate steps for compliance with fire safety precautions are carried out, regularly inspected and maintained including the provision of clearly signed fire exits and fire extinguishers along with smoke detectors and fire alarms.

The Designated Premises Supervisor shall keep a record and proof of regular testing and certification of appliances, systems etc pertinent to public safety and these shall be available on demand for inspection by the relevant statutory agencies.

PROPOSED OPERATING SCHEDULE

1. A CCTV will be fully in operation inside with one camera pointing to the cash desk.
2. A notice advising that CCTV has been installed shall be visibly displayed in the premises.
3. The CCTV system will be set to record from the time the premises are open to the public until the premises close. Such recording to be made available for inspection by the police or other statutory authority on demand.
4. Such recording to be kept for a minimum of thirty days.
5. All spirits and tobacco product will be kept behind the counter desk and no customer will be allowed beyond cashier's counter desk. All sale of alcohol which customer requests will be sold to over 18 by well trained cashier.
6. All sales of alcohol will be made by the designated premises supervisor or a personal licence holder.
7. The premises will operate a photo ID proof of age scheme and Challenge 25 will be implemented and notice will be displayed in store visible to all customers.
8. A notice advising that the premises operate a photo ID proof of age scheme shall be visibly displayed.
9. A refusal book shall be maintained, recording refusals of restricted sales and the reasons for refusal. Such refusals book to be made available on demand for inspection by the police or other relevant statutory agency. Designated Premises Supervisor will oversee the records regularly to take appropriate action to prevent further attempt by underage persons buying alcohol.
10. The designated premises supervisor shall subscribe to the Portman Group Code of practice on the Naming, Packaging and Promotion of Alcoholic Drinks.
11. The Designated Premises Supervisor shall ensure all appropriate steps for compliance with fire safety precautions are carried out, regularly inspected and maintained including the provision of clearly signed fire exits and fire extinguishers along with smoke detectors and fire alarms.




12. The Designated Premises Supervisor shall keep a record and proof of regular testing (and certification where appropriate) of procedures, appliances, systems etc. Pertinent to public safety and these shall be available on demand for inspection by the relevant statutory agencies.
13. The Designated Premises Supervisor shall ensure that the area outside the premises are kept clean and tidy and all refuse is disposed of according to the local refuse system in place.
14. A notice advising customer to leave the premises in an orderly manner and to be mindful of neighbours to be visibly displayed.
15. To run this Off Licence Premises efficiently and adhere to all rules and regulations pertaining to sale of alcohol, it is assured that all staff will be trained to understand and practice the full extent of Licensing Act 2003 and will hold Personal Licence.



PROPOSED SHOP FLOOR LAYOUT

Key Notes

1. This shop to have external metal shutter with heavy duty professional locks.
2. 24Hour recording with cctv cameras to be fixed as shown on the plan.
3. Fire extinguishers kept in the shop as shown on the plan.
4. Emergency light fixed to the ceiling as shown.

DESCRIPTION	KEY
FIRE EXIT -	FE
EMERGENCY LIGHT -	EL
CCTV CAMERA -	
FIRE EXTINGUISHER -	
ALCOHOLS DISPLAY AREA -	

TITLE: SHOP FLOOR LAYOUT FOR PREMISES LICENCE

NAME : BEST WINE

ADDRESS : 23 LONDON ROAD, TOOTING, SW17 9JR

 ARCCI DESIGNS

Tel : 079 036 85211
Fax: 020 8318 9756

Web : www.arccidesigns.com
Email: admin@arccidesigns.com

Notes:
• This Drawing is Copyright of ARCCI DESIGNS and may not be reproduced or copied, in whole or in part, without express permission.
• This plan drawn for licensing purposes only. (Licensing Act 2003)

DATE : 24.09.13

Drg No : AD/13/LON23/OL00

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