

WK/201710392



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 MS. FIKRIA SKALLI LAMI

(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			
Stateside Diner & Grill 294, Haydons Road			
Post town	LONDON	Postcode	SW19 8JZ
Telephone number at premises (if any)	0203 632 1074 [REDACTED]		
Non-domestic rateable value of premises	£		

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/limited liability partnership please complete section (B)
 - ii as a partnership (other than limited liability) 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 (by ticking yes to one box below):

- 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) <input type="checkbox"/>	
Surname Skalli Lami		First names Fikria	
Date of birth	I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes		
Nationality British			
Current residential 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) <input type="checkbox"/>	
Surname		First names	

Date of birth over		I am 18 years old or <input type="checkbox"/> Please tick yes	
Nationality			
Current residential 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
0	1	0 2 2 0 1 8

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)

Café/Diner offering eat-in and takeaway breakfasts, brunches, sandwiches, grills & burgers.
Configured as two interconnected internal dining areas with 36 covers; and a small outside terrace with 4 covers.

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all 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)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<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)



In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue			State any seasonal variations for performing plays (please read guidance note 5)		
Wed			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 (please read guidance note 6)		
Thur					
Fri					
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon						
			State any seasonal variations for the exhibition of films (please read guidance note 5)			
Tue						
			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 6)			
Wed						
Thur						
Fri						
Sat						
Sun						

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)	
Day	Start	Finish		
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)	
Tue				
Wed				<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 6)
Thur				
Fri				
Sat				
Sun				

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	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 4)		
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
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 6)		
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 6)		

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	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 4)		
Mon					
Tue					
			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)		
Wed					
Thur					
			<u>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</u> (please read guidance note 6)		
Fri					
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	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 4)		
Tue			State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Wed			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 6)		
Thur					
Fri					
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	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 4)		
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
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 6)		
Sat					
Sun					

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 4)</p>		
Wed					
Thur			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)</p>		
Fri					
Sat			<p><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 6)</p>		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	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 4)		
Tue			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Wed			<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 6)		
Thur					
Fri					
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	11:00	23:00						
Tue	11:00	23:00						
Wed	11:00	23:00						
Thur	11:00	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 6)		
Fri	11:00	23:00						
Sat	11:00	23:00						
Sun	11:00	22:00						

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	[REDACTED]
Date of birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	[REDACTED]
Issuing licensing authority (if known)	[REDACTED]

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 9).

None

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	08:00	23:00	<p>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 6)</p>
Tue	08:00	23:00	
Wed	08:00	23:00	
Thur	08:00	23:00	
Fri	08:00	23:00	
Sat	08:00	23:00	
Sun	08:00	22:00	

M Describe the steps you intend to take to promote the four licensing objectives:

PART M: Steps to promote the four licensing objectives

CONDITIONS RELATING TO THE PREVENTION OF CRIME AND DISORDER

Door Supervision		
	Example measures to meet the Licensing Objectives	Tick if applicable
1.	<p>I will observe the door at all times when a licensable activity is being carried out and I consider it necessary to:</p> <ul style="list-style-type: none"> • Prevent the admission and ensure the departure from the premises of drunk and disorderly persons, without causing further disorder; • Keep out excluded individuals (subject to court or pub watch bans) • Exclude persons suspected of carrying illegal drugs or offensive weapons. 	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>

Restriction on Drinking Areas		
	Example measures to meet the Licensing Objectives	Tick if applicable
2.	I will ensure that the consumption of alcohol is restricted to the areas identified on the plan attached to the operating schedule.	✓

Capacity Limits		
	Example measures to meet the Licensing Objectives	Tick if applicable
3.	I will ensure that the maximum occupancy of the licensed premises is restricted at any one time to: 50	✓

Proof of Age Cards		
	Example measures to meet the Licensing Objectives	Tick if applicable
4.	I will ensure that any person selling or supplying alcoholic drink under the authority of a personal licence holder asks for a photo ID proof of age where they have reason to suspect that the individual may be under 18 years of age.	✓

Notices		
	Example measures to meet the Licensing Objectives	Tick if applicable
5.	I shall ensure that public information notices about crime and disorder issues are displayed at the request of the Council or the local Constabulary. (e.g. Customer Code of Conduct)	✓

Litter & Waste		
	Example measures to meet the Licensing Objectives	Tick if applicable
6.	I will be responsible for the disposal of waste on the frontage of the premises and make provision for the emptying of litter bins in the vicinity of the premises.	✓

Lighting		
	Example measures to meet the Licensing Objectives	Tick if applicable
7.	I will ensure that lighting is provided outside the premises (and in my private car park) during the hours of darkness when any licensable activity takes place on the premises.	✓

CONDITIONS RELATING TO PUBLIC SAFETY

Escape Routes		
	Example measures to meet the Licensing Objectives	Tick if applicable
8.	I will make sure that escape routes and exits, including external exits, are maintained to ensure that they are not obstructed, in good order with non-slippery and even surfaces, free of trip hazards and clearly identified.	✓
9.	I will make sure that where chairs and tables are provided, internal gangways are kept unobstructed.	✓
10.	I will make sure that all exit doors are easily openable and do not require the use of a key, card, code or similar means	✓
11.	I will make sure that doors at such exits are regularly checked to ensure that they function satisfactorily, and a record of the check is kept.	✓
12.	I will make sure that any removable security fastenings are removed whenever the premises are open to the public or occupied by staff.	✓
13.	I will make sure that all fire doors are maintained effectively self-closing and not held open other than by approved devices (for example, electromagnetic releases operated by smoke detectors).	✓
14.	I will make sure that fire resisting doors to ducts, service shafts, and cupboards are kept locked shut.	✓
15.	I will make sure that the edges of the treads of steps and stairways are maintained so as to be conspicuous.	✓

Safety Checks		
	Example measures to meet the Licensing Objectives	Tick if applicable
16.	Safety checks are carried out before the admission of the public.	✓

Curtains, Hangings & Upholstery		
	Example measures to meet the Licensing Objectives	Tick if applicable
17.	I will make sure that hangings, curtains and temporary decorations are maintained in a flame-retardant condition.	✓
18.	I will make sure that Hangings, curtains and temporary decorations are arranged so as not to obstruct exits, fire safety signs or firefighting equipment.	✓

Fire Action Notices		
	Example measures to meet the Licensing Objectives	Tick if applicable
19.	I will make sure that notices detailing the action to be taken in the event of fire or other emergencies, including how the fire brigade should be summoned, are prominently displayed and protected from damage and deterioration.	✓

Outbreaks of Fire		
	Example measures to meet the Licensing Objectives	Tick if applicable
20.	The fire brigade will be called at once to any outbreak of fire.	✓

First Aid		
	Example measures to meet the Licensing Objectives	Tick if applicable
21.	I will make sure that adequate and appropriate supply of first aid equipment and materials is available on the premises.	✓

Lighting		
	Example measures to meet the Licensing Objectives	Tick if applicable
22.	In the absence of adequate daylight, I will make sure that the lighting in any area accessible to the public is fully operational.	✓
23.	I will make sure that Fire safety signs are adequately illuminated.	✓

Public Liability Insurance		
	Example measures to meet the Licensing Objectives	Tick if applicable
24.	I will make sure that I have valid public liability insurance in force and that a copy of the schedule is available for inspection by an authorised officer on request.	✓

General		
	Example measures to meet the Licensing Objectives	Tick if applicable
25.	I will make free drinking water available at all times the premises is open to the public.	✓

Outbreaks of Fire		
	Example measures to meet the Licensing Objectives	Tick if applicable
20.	The fire brigade will be called at once to any outbreak of fire.	✓

First Aid		
	Example measures to meet the Licensing Objectives	Tick if applicable
21.	I will make sure that adequate and appropriate supply of first aid equipment and materials is available on the premises.	✓

Lighting		
	Example measures to meet the Licensing Objectives	Tick if applicable
22.	In the absence of adequate daylight, I will make sure that the lighting in any area accessible to the public is fully operational.	✓
23.	I will make sure that Fire safety signs are adequately illuminated.	✓

Public Liability Insurance		
	Example measures to meet the Licensing Objectives	Tick if applicable
24.	I will make sure that I have valid public liability insurance in force and that a copy of the schedule is available for inspection by an authorised officer on request.	✓

General		
	Example measures to meet the Licensing Objectives	Tick if applicable
25.	I will make free drinking water available at all times the premises is open to the public.	✓

CONDITIONS RELATING TO PREVENTION OF PUBLIC NUISANCE

Noise		
	Example measures to meet the Licensing Objectives	Tick if applicable
26.	I will make sure that doors and windows are kept closed (except for ingress and egress) to reduce noise nuisance from the premises.	✓
27.	I will make sure that the placing of bottles into receptacles outside the premises takes place at times that will minimise disturbance to nearby properties.	✓
28.	I will make sure that any request by an authorised officer of the Council in relation to reducing noise levels is complied with.	✓

Noxious Smells		
	Example measures to meet the Licensing Objectives	Tick if applicable
29.	I will ensure that offensive smells from the licensed premises are not permitted so as to cause a nuisance to nearby properties and the premises are properly vented.	✓
30.	Ensure that receptacles for waste are emptied regularly to minimise nuisance smells.	✓

Litter		
	Example measures to meet the Licensing Objectives	Tick if applicable
31.	I will provide adequate and suitable (lidded) receptacles to receive and store refuse from the premises/site.	✓
32.	I will make sure that receptacles for refuse storage are maintained in a clean condition.	✓
33.	I will make sure litter is regularly cleared from the vicinity of the premises.	✓

CONDITIONS RELATING TO PREVENTION OF PUBLIC NUISANCE

Noise		
	Example measures to meet the Licensing Objectives	Tick if applicable
26.	I will make sure that doors and windows are kept closed (except for ingress and egress) to reduce noise nuisance from the premises.	✓
27.	I will make sure that the placing of bottles into receptacles outside the premises takes place at times that will minimise disturbance to nearby properties.	✓
28.	I will make sure that any request by an authorised officer of the Council in relation to reducing noise levels is complied with.	✓

Noxious Smells		
	Example measures to meet the Licensing Objectives	Tick if applicable
29.	I will ensure that offensive smells from the licensed premises are not permitted so as to cause a nuisance to nearby properties and the premises are properly vented.	✓
30.	Ensure that receptacles for waste are emptied regularly to minimise nuisance smells.	✓

Litter		
	Example measures to meet the Licensing Objectives	Tick if applicable
31.	I will provide adequate and suitable (lidded) receptacles to receive and store refuse from the premises/site.	✓
32.	I will make sure that receptacles for refuse storage are maintained in a clean condition.	✓
33.	I will make sure litter is regularly cleared from the vicinity of the premises.	✓

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.
 -
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). • The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing
--------------------	---

	work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
Signature	[REDACTED]
Date	09/01/2018
Capacity	Applicant / Proprietor

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). 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 14)			
Ms. Fikria Skalli Lami, Stateside Dinr & Grill 294, Haydon's Road			
Post town	LONDON	Postcode	SW19 8JZ
Telephone number (if any)	[REDACTED]		
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. In terms of specific regulated entertainments please note that:
 - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
 - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
 - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.

- A **current** Immigration Status Document containing a photograph issued by the Home Office to the holder with an endorsement indicating that the named person may stay in the UK, and is allowed to work and is not subject to a condition preventing the holder from doing work relating to the carrying on of a licensable activity **when produced in combination with** an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.
- A Certificate of Application, **less than 6 months old**, issued by the Home Office under regulation 17(3) or 18A (2) of the Immigration (European Economic Area) Regulations 2006, to a person who is not a national of a European Economic Area state or Switzerland but who is a family member of such a national or who has derivative rights of residence.
- Reasonable evidence that the person has an outstanding application to vary their permission to be in the UK with the Home Office such as the Home Office acknowledgement letter or proof of postage evidence, or reasonable evidence that the person has an appeal or administrative review pending on an immigration decision, such as an appeal or administrative review reference number.
- Reasonable evidence that a person who is not a national of a European Economic Area state or Switzerland but who is a family member of such a national or who has derivative rights of residence in exercising treaty rights in the UK including:-
 - evidence of the applicant's own identity – such as a passport,
 - evidence of their relationship with the European Economic Area family member – e.g. a marriage certificate, civil partnership certificate or birth certificate, and
 - evidence that the European Economic Area national has a right of permanent residence in the UK or is one of the following if they have been in the UK for more than 3 months:
 - (i) working e.g. employment contract, wage slips, letter from the employer,
 - (ii) self-employed e.g. contracts, invoices, or audited accounts with a bank,
 - (iii) studying e.g. letter from the school, college or university and evidence of sufficient funds; or
 - (iv) self-sufficient e.g. bank statements.

Family members of European Economic Area nationals who are studying or financially independent must also provide evidence that the European Economic Area national and any family members hold comprehensive sickness insurance in the UK. This can include a private medical insurance policy, an EHIC card or an S1, S2 or S3 form.

Original documents must not be sent to licensing authorities. If the document copied is a passport, a copy of the following pages should be provided:-

- (i) any page containing the holder's personal details including nationality;
- (ii) any page containing the holder's photograph;
- (iii) any page containing the holder's signature;
- (iv) any page containing the date of expiry; and
- (v) any page containing information indicating the holder has permission to enter or remain in the UK and is permitted to work.

If the document is not a passport, a copy of the whole document should be provided.

Your right to work will be checked as part of your licensing application and this could involve us checking your immigration status with the Home Office. We may otherwise share information

Consent of individual to being specified as premises supervisor



I [redacted]
[full name of prospective premises supervisor]

of [redacted]

[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

PREMISES LICENCE - SUPPLY OF ALCOHOL
[type of application]

by
MS. FIKRIA SKALI
[name of applicant]

relating to a premises licence [redacted]
[number of existing licence, if any]

for

STATESIDE PUB & GRILL, 294 HAYDOES ROAD, LONDON, SW19 8JZ.
[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. FIRNIA SHAHJ

[name of applicant]

concerning the supply of alcohol at

STATESIDE DINN + DRINK, 294 HAYDOCK ROAD, LONDON, SW19 8JZ.

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

[REDACTED]

[insert personal licence number, if any]

Personal licence issuing authority

[REDACTED]

[insert name of issuing authority, if any]

Signed

[REDACTED]

Name (please print)

[REDACTED]

Date

14/12/2017