



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 MRS. KOHILA NIRANJANE SASITHARAN
 (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			
PRINCE FOODS 415 B LONDON ROAD MITCHAM SURREY			
Post town		Postcode	CR4 4BJ
Telephone number at premises (if any)	078 7528 3526		
Non-domestic rateable value of premises	£ 7,700/00		

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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname SASITHARAN			First names KOHILA NIRANJANE		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		9 CRESCENT GROVE MITCHAM SURREY			
Post town				Postcode	CR4 4BL
Daytime contact telephone number			078 7528 3526		
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
01	04	2014

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 415B LONDON ROAD, MITCHAM CR4 4BJ WITH ALL FACILITIES FOR CONDUCTING LICENSABLE ACTIVITY OF SALE OF ALCOHOL TO BE CONSUMED OFF THE PREMISES. SINGLE DOOR FRONT ENTRANCE AND THE 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)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day				Outdoors	<input type="checkbox"/>
Start	Finish			Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			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 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"/>
Day				Outdoors	<input type="checkbox"/>
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 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)			<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	Please give further details here (please read guidance note 3)					
Mon								
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	Please give further details here (please read guidance note 3)					
Mon								
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)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day				Outdoors	<input type="checkbox"/>
Start				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the performance of dance (please read guidance note 4)		
Wed					
Thur			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 (please read guidance note 5)		
Fri					
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			Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Start				Outdoors	<input type="checkbox"/>
Finish			Both		
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Wed					
Thur			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 (please read guidance note 5)		
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			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
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	0800hrs	2300hrs			
Tue	0800hrs	2300hrs	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)		
Wed	0800hrs	2300hrs			
Thur	0800hrs	2300hrs			
Fri	0800hrs	2300hrs			
Sat	0800hrs	2300hrs			
Sun	1000hrs	2300hrs			

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

Name	MR. AMALATHAS SASITHARAN
Address	9 CRESCENT GROVE MITCHAM SURREY
Postcode	CR4 4BL
Personal licence number (if known)	LN2011 2403
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).

NONE EXCEPT FOR THE SALE OF ALCOHOL TO BE CONSUMED OFF 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)
Mon	0600hrs	2300hrs	
Tue	0600hrs	2300hrs	
Wed	0600hrs	2300hrs	
Thur	0600hrs	2300hrs	
Fri	0600hrs	2300hrs	
Sat	0600hrs	2300hrs	
Sun	0800hrs	2300hrs	

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)

TRAINING OF ALL STAFF ON THE PREMISES TO ENSURE THAT THEY UNDERSTAND AND ADHERE TO THE LAW RELATING TO THE SALE OF ALCOHOL. AND ALSO, REFRESHER TRAINING WILL BE GIVEN ON A REGULAR BASIS AND TRAINING RECORDS WILL BE KEPT AND MADE AVAILABLE TO POLICE OR COUNCIL OFFICIALS IF REQUESTED.

b) The prevention of crime and disorder

CCTV SYSTEM HAS BEEN INSTALLED THAT MEETS THE STANDARD REQUIRED BY THE POLICE AND MAINTAINED AND FULLY OPERATIONAL AT ALL TIMES. RECORDINGS WILL BE KEPT IN ACCORDANCE WITH THE GUIDELINES FOR A MINIMUM OF 31 DAYS AND WILL BE MADE AVAILABLE TO ALL RELEVANT AUTHORITIES ON REQUEST. ALARM SYSTEM HAS BEEN INSTALLED AND ELECTRICALLY OPERATED STEEL SHUTTERS HAVE BEEN FIXED TO SECURE THE FRONT.

c) Public safety

ALL STAFF WILL BE TRAINED TO DEAL WITH ANY OUTBREAK OF FIRE AT THE PREMISES. FIRE EXTINGUISHERS WILL BE IN PLACE AND REGULARLY SERVICED IN ACCORDANCE WITH FIRE AUTHORITY GUIDELINES TO COMPLY WITH ANY REQUIREMENTS OF THE FIRE AUTHORITY. SMOKE DETECTORS AND FIRE ALARM SYSTEM WILL BE INSTALLED. DPS WILL TAKE EVERY STEPS TO MAINTAIN PUBLIC SAFETY.

d) The prevention of public nuisance

THE DESIGNATED PREMISES SUPERVISOR WILL MAKE SURE THAT THE AREA IN AND OUT OF THE PREMISES IS KEPT CLEAN AND TIDY AND THAT ALL REFUSE ARE DISPOSED OF ACCORDING TO LOCAL REFUSE COLLECTING SYSTEM IN PLACE. AND ALSO, ALL STAFF WILL ADHERE THAT THEY WILL NOT SERVE ALCOHOL TO ANYONE WHO IS DRUNK OR UNDER 18. THE DPS WILL CLOSELY MONITOR IN AND OUT OF THE PREMISES TO MAINTAIN A SAFE AREA.

e) The protection of children from harm

THE DESIGNATED PREMISES SUPERVISOR AND ALL STAFF WILL TAKE EVERY STEP IN PROTECTING CHILDREN FROM HARM, PRINCIPALLY EMPHASISING ON A PHOTO ID, PROOF OF AGE SCHEME AND APPLICATION OF CHALLENGE 25, MAINTAINING REFUSAL BOOK RECORDED WITH INCIDENTS WHERE ALCOHOL AND OTHER AGE RELATED PRODUCTS ARE REFUSED. THE REFUSAL BOOK WILL BE MADE AVAILABLE TO POLICE AND COUNCIL AUTHORITIES ON REQUEST. THE DPS WILL TAKE APPROPRIATE STEPS TO ELIMINATE ANY ATTEMPTS OF PROXY PURCHASE AND WILL STRICTLY IMPLEMENT THE REQUIREMENT OF "NO PROOF OF AGE - NO SALES".

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.

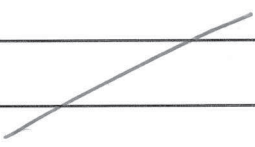
IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

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	03/03/2014
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)			

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 MR. AMALATHAS SASITHARAN of
[full name of prospective premises supervisor]
9 CRESCENT GROVE
[home address of prospective premises supervisor]
MITCHAM
SURREY CR4 4BL

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

by MRS. KOHILA NIRANJANE SASITHARAN
[name of applicant]

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

PRINCE FOODS
[name and address of premises to which the application relates]

415 B LONDON ROAD
MITCHAM SURREY CR4 4BJ

and any premises licence to be granted or varied in respect of this application made by

MRS. KOHILA NIRANJANE SASITHARAN
[name of applicant]

concerning the supply of alcohol at PRINCE FOODS
[name and address of premises to which application relates]

415 B LONDON ROAD
MITCHAM

SURREY CR4 4BJ

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 LN20112403
[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]

CIVIC CENTRE
LONDON ROAD, MORDEN SM4 5DX

Signed A. Sasithan

Name MR. AMALATHAS SASITHARAN
[please print]

Dated 03/03/2014

The following table shows the results of the experiment. The first column is the number of trials, the second column is the number of correct responses, and the third column is the percentage of correct responses.

Number of Trials	Number of Correct Responses	Percentage of Correct Responses
10	7	70%
20	14	70%
30	21	70%
40	28	70%
50	35	70%
60	42	70%
70	49	70%
80	56	70%
90	63	70%
100	70	70%

As can be seen from the table, the percentage of correct responses is constant at 70% for all numbers of trials. This suggests that the subject is performing at a level of 70% accuracy.

LICENSING ACT 2003
PUBLIC NOTICE OF APPLICATION FOR
PREMISES LICENCE

(Please state type of application – Premises Licence / Night Refreshment Licence / Club Premises Certificate)

APPLICATION HAS TODAY BEEN MADE TO THE COUNCIL FOR THE ABOVE LICENCE BY:

Name of Applicant or Club: MRS. KOHILA NIRANJANE SASITHARAN

Address of Premises:

415B LONDON ROAD

MITCHAM

SURREY CR4 4BJ

(If no postal address, state a description of the premises which enables the location and extent of the premises to be identified)

Date: 04 / 03 / 2014

(This notice must be displayed the day after the application was submitted to the Council for a period of 28 consecutive days on or near the premises in a position where it can easily be read by the public.)

For: RETAIL SALE OF ALCOHOL FOR

CONSUMPTION OFF THE PREMISES

(Please state type of licensable activity / ies – e.g. the sale by retail of alcohol / supply of alcohol by or on behalf of a club to a member of the club / provision of regulated entertainment / provision of late night refreshment).

Proposed hours of Operation:

MONDAY TO SATURDAY : 0800hrs To 2300hrs

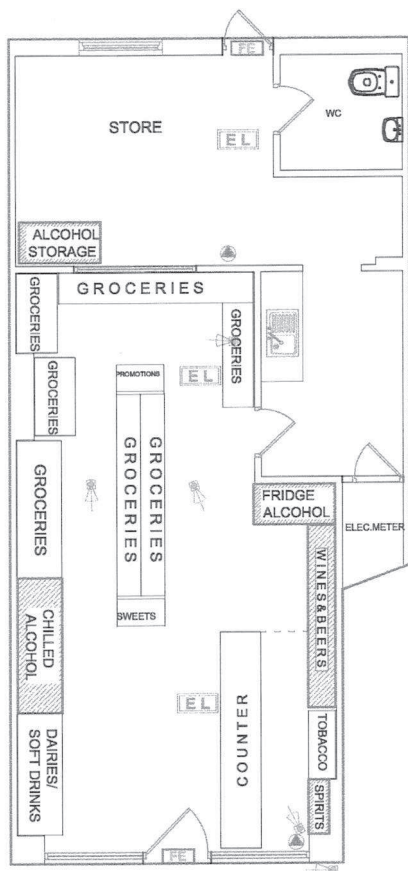
SUNDAY : 1000hrs To 2300hrs

REPRESENTATIONS SHOULD BE MADE IN WRITING WITHIN 28 DAYS OF THE ABOVE DATE TO:

Licensing Section, London Borough of Merton, 14th Floor, Civic Centre, London Road, Morden, Surrey, SM4 5DX or by email to licensing@merton.gov.uk

Persons wishing to inspect the licensing register may do so, by appointment, at the above address between the hours of 09:00 - 17:00 Monday to Thursday and 09:00 - 16:30 Friday.

It is an offence to knowingly or recklessly make a false statement in connection with an application which carries a maximum fine of £5000.



EXISTING SHOP FLOOR LAYOUT

Key Notes

1. This shop to have external metal shutter with heavy duty professional locks.
2. 24Hour recording with octv 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

NAME : Prince Foods,

ADDRESS : 415 B London Road. Mitcham, Surrey CR4 4BJ



Tel : 079 036 85211 Web : www.arccidesigns.com
 Fax: 020 6316 9756 Email: admin@arccidesigns.com

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 • Do not use this drawing for construction/land registry purposes.

DATE : 10.02.2014

Drwn By : st

Drg No : AD/14/LON415B/OL00

SCALE : 1:100

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