



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 KUGANESAN KALAWATHANI

(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 WIMBLEDON FOOD n WINE 226 MERTON HIGH STREET			
Post town	LONDON	Postcode	SW19 1AU

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£9800

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	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname KALAWATHANI			First names KUGANESAN		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		29 KNELLER ROAD			
Post town	NEW MALDEN		Postcode	KT13 5ND	
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

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

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name
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
3 0	0 3	2 0 1 4

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
SINGLE FRONTED NEWSAGENTS & GENERAL STORE WISHING TO SELL ALCOHOL ALONG WITH THE OTHER PRODUCTS ON OFFER

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	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
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"/>
				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 exhibition of films (please read guidance note 4)		
Wed					
Thur					
			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)		
Fri					
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			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Tue					
			<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)		
Wed					
Thur					
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Thur					
Fri			<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 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				
Thur				
Fri				
Sat				
Sun			State any seasonal variations for the playing of recorded music (please read guidance note 4)	
			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)	

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"/>	
Day	Start	Finish	Both				<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)				
Tue							
Wed			<u>State any seasonal variations for the 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			<u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				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 provision of late night refreshment</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)					
Mon	07:00	23:00						
Tue	07:00	23:00						
Wed	07:00	23:00						
Thur	07:00	23:00						
Fri	07:00	23:00						
Sat	07:00	23:00						
Sun	07:00	23:00						
						<u>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Mon								
Tue								
Wed								
Thur								
Fri								
Sat								
Sun								

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

Name KUGANESAN KALAWATHANI	
Address 29 KNELLER ROAD NEW MALDEN	
Postcode	KT13 5ND
Personal licence number (if known) PA0808	
Issuing licensing authority (if known) ROYAL BOROUGH OF KINGSTON UPON THAMES	

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).
NON

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	07:00	23:00	<p><u>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</u> (please read guidance note 5)</p>
Tue	07:00	23:00	
Wed	07:00	23:00	
Thur	07:00	23:00	
Fri	07:00	23:00	
Sat	07:00	23:00	
Sun	07:00	23:00	

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

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)

ALL STAFF WILL BE TRAINED WITH REGARD TO THE LICENCING ACT 2003, THE SERVICE OF ALCOHOL AND TOBACCO. A RECORD WILL BE KEPT OF ALL ATENTIVE PURCHASES BY UNDER 18'S. WE WILL LIAISE WITH THE LOCAL POLICE LICENCING OFFICER ON A REGULAR BASIS

b) The prevention of crime and disorder

PROMINENT SIGNS ARE DISPLAYED WITH REGARD TO ALCOHOL AND TOBBACO SALES
CCTV CAMERAS ARE INSTALLED AT THE PREMISES
A REFUSAL BOOK IS KEPT AT THE PREMISES

c) Public safety

ALL EMREGENCY LIGHTING WILL BE CHECKED WEEKLY
ENTRANCES , EXITS AND PASSEGEWAYS ARE KEPT CLEAR

d) The prevention of public nuisance

PROMINENT SIGNS WILL BE DISPLAYED REQUESTING CUSTOMERS TO HAVE REGARD FOR LOCAL RESIDENTS WHEN LEAVING THE PREMISES
ADEQUATE BINS ARE AVAILABLE FOR CUSTOMERS TO DISPOSE OF LITTER

e) The protection of children from harm

WE WILL OPERATE A CHALLENGE 25 POLICY

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	26-2-14
Capacity	AGENT FOR THE 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)

PMB LICENSING
 THE DOG AND PARTRIDGE
 136 HIGH STREET

Post town	DUDLEY	Postcode	DY5 3BP
-----------	---------------	----------	----------------

Telephone number (if any)	0800 242 5011/07779351620
---------------------------	---------------------------

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)
 pmblicensing@yahoo.com

Consent of individual to being specified as premises supervisor

KUGANESAN KALAWATHANI

I
[full name of prospective premises supervisor]

of

25 KNELLER ROAD
NEW MALDEN
KT13 5ND



.....
[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

NEW PREMISES LICENSE

.....
[type of application]

by

KUGANESAN KALAWATHANI

.....
[name of applicant]

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

for

**WIMBLEDON FOOD n WINE
226 MERTON HIGH STREET
LONDON
SW17 1AU**

.....
[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

KUGANESAN KALAWATHANI

[name of applicant]

concerning the supply of alcohol at

WIMBLEDON FOOD n WINE

226 MERTON HIGH STREET

LONDON

SW19 1AU

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

PA0808

[insert personal licence number, if any]

Personal licence issuing authority

ROYAL BOROUGH OF KINGSTON UPON THAMES

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

K. Kalawathani

Name (please print)

KUGANESAN KALAWATHANI

Date

11-2-14

RECEIVED
11 FEB 2014
RETURNED

FORM OF AUTHORITY

**APPLICATION FOR A PERSONAL LICENCE
AND/OR PREMISES/ VARIATION LICENCE/
TRANSFER OF LICENCES/T.E.N/APPEAL**

RECEIVED
27 FEB 2014
use

I give consent for:

**PATRICK M BURKE F.B.I.I
OF
PMB LICENCING**

- to act as my agent in connection with any applications made under the Licensing Act 2003 and for authority for all correspondence, licences and permits for the enclosed application to be forwarded to his office.

Signed.....*K. Kalawathani*.....

Print Name... KUGANESAN KALAWATHANI

Date.....*11-2-14*.....

**PMB LICENCING
The Dog and Partridge
136 High Street, Dudley, West Midlands, DY5 3BP
Tel: 0800 2425011
Mobile: 07779 351620**