

WK/201400334

~~WK/201313492~~

~~WK/201313759~~

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 CP&S(SOLUTIONS LTD)

(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			
98 THE BROADWAY			
Post town	WIMBLEDON	Postcode	SW19 1RH

Telephone number at premises (if any)	NONE
Non-domestic rateable value of premises	£ 37250,00

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)

RECEIVED
19 MAR 2014
RETURNED

RECEIVED
27 MAR 2014
RETURNED

RECEIVED
14 APR 2014

- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
- statutory function or
- a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input 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		N/A			
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)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address		N/A			
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	CP&S(SOLUTIONS)LTD
Address	58 THORPE RD NORWICH NR1 1RY
Registered number (where applicable)	8809607
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
03	06	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 an empty premises, situated opposite Wimbledon theatre we are intending to start a high end top quality fish and chip shop. We are applying for a licence to allow us to sell wine and beers as an ancillary to food only. Only
Please see enclosed letter

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) NO	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) N/A		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4) N/A		
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) N/A		
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) NO	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) N/A		
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4) N/A		
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) N/A		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3) N/A
Day	Start	Finish	State any seasonal variations for indoor sporting events (please read guidance note 4) N/A 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 (please read guidance note 5) N/A
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2) NO	Indoors	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) N/A State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4) N/A 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 (please read guidance note 5) N/A	Outdoors	<input type="checkbox"/>
Mon				Both	<input type="checkbox"/>
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			NO	Both	<input type="checkbox"/>
Tue				Please give further details here (please read guidance note 3)	
Wed				N/A	
Thur				State any seasonal variations for the performance of live music (please read guidance note 4)	
Fri				N/A	
Sat				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)	
Sun				N/A	

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	1200	00.00	Recorded background music	Both	<input type="checkbox"/>
Tue	1200	00.00		Please give further details here (please read guidance note 3)	
Wed	1200	00.00		N/A	
Thur	1200	00.00		State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Fri	1200	00.00		NONE	
Sat	1200	00.00		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)	
Sun	1200	00.00		NONE	

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) NO	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon			Please give further details here (please read guidance note 3) N/A		
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4) N/A		
Thur					
Fri			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) N/A		
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 NONE		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
			Both <input type="checkbox"/>		
Tue			Please give further details here (please read guidance note 3) N/A		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4) N/A		
Fri					
Sat			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) N/A		
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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	2300	00.00	Please give further details here (please read guidance note 3) Sale of food in and out. Sale of alcohol as an ancillary to food in the restaurant only.	Both	<input checked="" type="checkbox"/>
Tue	2300	00.00			
Wed	2300	00.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4) NONE		
Thur	2300	00.00			
Fri	2300	00.00	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) NONE		
Sat	2300	00.00			
Sun	2300	00.00			

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 checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	1200	00.00	State any seasonal variations for the supply of alcohol (please read guidance note 4) NONE	Both	<input type="checkbox"/>
Tue	1200	00.00			
Wed	1200	00.00			
Thur	1200	00.00	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 5) NONE		
Fri	1200	00.00			
Sat	1200	00.00			
Sun	1200	00.00			

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

Name SAMUEL GRANTAM	
Address 71 GROSSNER COURT MORDEN	
Postcode	SM4 5HQ
Personal licence number (if known)	06-009580-1
Issuing licensing authority (if known)	KENSINGTON CHELSEA

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

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	NONE
Mon	11.00	00.30	
Tue	11.00	00.30	
Wed	11.00	00.30	
Thur	11.00	00.30	
Fri	11.00	00.30	
Sat	11.00	00.30	
Sun	11.00	00.30	
			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)
			NONE

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)

This premises is a food led establishment, as such alcohol sales are ancillary to the service of food. The granting of a licence will therefore not add to the cumulative impact in the area. Sale of alcohol will be restricted to persons purchasing a meal. Alcohol will be an ancillary to food and for consumption on the premises.

b) The prevention of crime and disorder

Sufficient staff shall be employed to keep queing down to a minimum.
Alcohol will only be served to those taking a table meal.
No alcohol sale will be permitted off the premises.
CCTV with 31 days storage.
Up to date incident book will be kept.

c) Public safety

A full fire risk assement will be carried out in respect of the premises.

d) The prevention of public nuisance

Signs requesting customers to leave quietly shall be displayed.
Doors and windows will be closed from 2100.
Staff will conduct a litter patrol in the immidiate vacinity of the restaurant

e) The protection of children from harm

Proof of age scheme will be implied.
Unaccompanied children will not be allowe to enter 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.

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	11 - MARCH - 2014
Capacity	DIRECTOR.

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)

STEVE SOTIRIOU
1 WONERSH WAY

Post town	SUTTON	Postcode	SM2 7LX
Telephone number (if any)	07971192752		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
info@teekath.co.uk			

Cousins Fish and Chip shop
Liquor License application
Applicant-CP&S(SOLUTIONS)LTD

We are hoping to provide a high end top quality Fish and Chip shop, take-away/eat in restaurant.

After studying the town centre, there is not one fish and chip shop, which is the most traditional English meal.

Offered in the Wimbledon town centre are numerous, burger, steak, chicken, Indian, Chinese, Mexican, Thai but not the good old traditional English Fish and Chips.

We are aware that the premises are situated in Wimbledon town centre which is a cumulative impact area.

We are applying for a premises license which can allow us to sell Wine and Beer with food only. We feel that our operation will not add to the cumulative impact already being experienced.

The alcohol we wish to sell is purely to compliment the food and will not be sold without; we are also not interested in selling spirits and shots which is the main cause for people getting drunk and misbehaving.

The name on the sign will be Cousins Fish Shop, clearly stating we will be selling fish, there will be no mention of bar or drink on the sign, on the sign there will be, Eat in or Take-Away again stating clearly our service will be food. Take-Away being the most traditionally way to buy and eat fish and chips at home, with the option to enjoy and eat on the premises, in perfect surroundings.

Staff will conduct a litter patrol in the immediate vicinity of the restaurant.

There will be no bar where you can go to and buy and drink alcohol. There will also be no alcohol on display you will only be able to order when sitting dining, from a menu.

We are happy to have it as a condition on our licence that we can only sell wine and beer, and only when ordering food in the restaurant and not take-away.

Traditionally there is very little if any trouble from Fish and Chip shop restaurants, our main aim is to sell good quality fish, fried or grilled and have a small wine list of 4 to 6 different wines and a choice of 2 different bottle beers, this is a limited offer which goes to show our main intention is to sell food with the alcohol being a subsidiary.

We feel that our business will definitely not add to the problems with drinking in the Wimbledon Town centre

