

LONDON BOROUGH OF MERTON  
Merton Civic Centre, London Road, Morden, Surrey, SM4 5DX



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 VIOLETTA SEMYONOVA  
*[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	
1 COMMONSIDE EAST MITCHAM SUTTON	
Post town <u>SURREY</u>	Post code <u>CR4 2QA</u>

Telephone number of premises (if any)

Non-domestic rateable value of premises £ 8500 - 00

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick ✓ yes

- 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  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  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  Mrs  Miss  Ms  Other title (for example, Rev)

Surname

First names

SEMYONOVA	VIOLETTA
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Please tick ✓ yes

I am 18 years old or over

Current postal address if different from premises address

Post Town	Post code
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Daytime Contact telephone number

07816589526

E-mail address (optional)

**SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)**

Mr     Mr     Miss     Ms     Other title  
(for example, Rev)

Surname	First names
<input type="text"/>	<input type="text"/>

I am 18 years old or over

Please tick  yes

Current postal  
address if different  
from premises  
address

Post Town

Post code

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 case of a partnership or other joint nature (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

ASAP

When do you want the premises licence to start?

Day	Month	Year

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day	Month	Year

If 5,000 or more people are expected to attend the premises at the same time, please state the number expected to attend

N/A
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Please give a general description of the premises (please read guidance note 1)

" SMAK " IS A DELICATESSEN SHOP SPECIALISED IN POLISH PRODUCTS. THE GROUND FLOOR IS USED FOR RETAIL AND FOR STORAGE. THERE IS A TOILET & KITCHEN AREA FOR STAFF USE.

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)

Please tick ✓ yes

**Provision of regulated entertainment:**

- 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 entertainments (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) performance 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 entertainment facilities:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (j) or (k) (if ticking yes, fill in box K)


**Provision of late night refreshment** (if ticking yes, fill in box L)

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**Supply of alcohol** (if ticking yes, fill in box M)

✓
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IN ALL CASES COMPLETE BOXES N, O AND P



**A**

<b>Plays</b> 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	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Wed			<u>Non standard timings. Where you intend to use the premises for the performance of a play at different times from those listed in the column on the left, please list</u> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

**B**

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

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<u>Please give further details here</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				
				<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times from those listed in the column on the left, please list.</u> (please read guidance note 5)
Thur				
Fri				
Sat				
Sun				

**D**

<b>Boxing or wrestling entertainments</b> 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)	
Day	Start	Finish	Indoors	
			Outdoors	
			Both	
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue			<u>State any seasonal variations for boxing and wrestling entertainment</u> (please read guidance note 4)	
Wed				
			<u>Non standard timings. Where you intend to use the premises for the boxing or wrestling entertainment at different times from those listed in the column on the left, please list</u> (please read guidance note 5)	
Thur				
Fri				
Sat				
Sun				

**E**

<b>Live Music</b> Standard days and timings (please read guidance note 6)			Will the performance live music take place indoors or outdoors or both - please tick [✓] (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
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 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 from those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

**F**

<b>Recorded music</b> 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	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for playing recorded music</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times from those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					



## G

<b>Performances of dance</b> 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)	
Day	Start	Finish	Indoors	
Mon			Outdoors	
Tue			Both	
Wed			<u>Please give further details here</u> (please read guidance note 3)	
Thur			<u>State any seasonal variations for performance of dance</u> (please read guidance note 4)	
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times from those listed in the column on the left, please list</u> (please read guidance note 5)	
Sat				
Sun				

## H

<b>Anything of a similar description to that falling within (e), (f) or (g). Standard days and timings (please read guidance note 6)</b>			<u>Please give a description of the type of entertainment that you will be providing</u>	
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both - please tick [✓] (please read guidance note 2)	
Mon			Indoors	
			Outdoors	
Tue			Both	
Wed			<u>Please give further details here</u> (please read guidance note 3)	
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 entertainment of similar description to that falling within (e), (f) or (g) at different times from those listed in the column on the left, please list</u> (please read guidance note 5)	
Sun				

I

Provision of facilities for making music. Standard days and timings (please read guidance note 6)			Please give a description of the type of facilities for making music that you will be providing		
Day	Start	Finish	Will the facilities for making music be indoors or outdoors or both - please tick [✓] (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Mon			<u>Please five further details here</u> (please read guidance note 3)		
Tue			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)		
Wed			<u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times from those listed in the column on the left, please list</u> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both - please tick [✓] (please read guidance note 2)		
Day	Start	Finish		Indoors	
				Outdoors	
				Both	
Mon			<u>Please five further details here</u> (please read guidance note 3)		
Tue			<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)		
Wed			<u>Non standard timings. Where you intend to use the premises for provision of facilities for dancing at different times from those listed in the column on the left, please list</u> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within I or J. Standard days and timings (please read guidance note 6)</b>			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility take place indoors or outdoors or both - please tick [✓] (please read guidance note 2)</u>	Indoors	
				Outdoors	
				Both	
Mon			<u>Please give further details here (please read guidance note 3)</u>		
Tue			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within J or K (please read guidance note 4)</u>		
Wed			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within J or K at different times to those listed in the column on the left, please list (please read guidance note 5)</u>		
Thur					
Fri					
Sat					
Sun					

**L**

<b>Late night refreshment.</b> Standard days and timings (please read guidance note 6)			Will the provisions 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	<u>Please give further details here</u> . (please read guidance note 3)		
Mon			<p><u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)</p> <p><u>Non standard timings. Where you intend to use the premises for the provision of facilities of late night refreshment at different times from those listed in the column on the left, please list</u> (please read guidance note 5)</p>		
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box ✓) (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	09:00	23:00	<p><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)</p>		
Tue	09:00	23:00			
Wed	09:00	23:00			
Thur	09:00	23:00			
Fri	09:00	23:00			
Sat	09:00	23:00			
Sun	10:00	23:00			



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

Name VIOLETTA SEMYONOVA	
Address 15 Poplar Road, SUTTON, SURREY	
Postcode SM3 9JX	
Personal Licence number (if known)	5870 / 11 / 00222 / LAPERS
Issuing Licensing authority (if known)	LONDON BOROUGH OF SUTTON

N

Please highlight any adult entertainment services, activities or 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)

N/A

O

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<u>State any seasonal variation</u> (please read guidance note 4)
Day	Start	Finish	
Mon	09:00	23:00	<u>Non standard timings. Where you intend to use 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)
Tue	09:00	23:00	
Wed	09:00	23:00	
Thur	09:00	23:00	
Fri	09:00	23:00	
Sat	09:00	23:00	
Sun	10:00	23:00	



## P

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

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

DIGITAL CCTV SYSTEM IS TO BE INSTALLED AND MAINTAINED, IMAGES KEPT FOR A PERIOD OF 31 DAYS. THE SYSTEM TO COVER BOTH INSIDE & OUTSIDE THE PREMISES. A "CHALLENGE 25" SCHEME WILL BE OPERATED AT THE PREMISES AT ALL TIMES. ALL CHECKOUT / SERVING STAFF WILL CHECK PROOF OF AGE DOCUMENTS OF ALL PERSONS WHO APPEAR TO BE UNDER 25 YEARS OLD BY EXAMINING EITHER A PASSPORT, PHOTOGRAPHIC DRIVING LICENSE, A PASS APPROVED PROOF OF AGE CARD OR OTHER APPROPRIATE CARD WITH A PHOTO & HOLOGRAPHIC MARK.

### b) The prevention of crime and disorder

THE PREMISES LICENSE HOLDER WILL OPERATE & MAINTAIN AN UP-TO-DATE REGISTER OF REFUSALS OF SALE OF ALCOHOL, INDICATING THE DATE, TIME AND REASON FOR REFUSAL AS WELL AS SUFFICIENT DETAILS TO ENABLE THE SALES PERSON TO BE IDENTIFIED. THE REGISTER TO BE KEPT ON THE LICENSED PREMISES & WILL BE MADE AVAILABLE FOR INSPECTION BY AUTHORISED OFFICES & POLICE OFFICES ON REQUEST. ALL INCLUSIVE OR OTHER IRRESPONSIBLE DRINKS PROMOTIONS WILL NOT BE ALLOWED.

### c) Public safety

THE PREMISES COMPLY WITH ALL REQUISITE HEALTH & SAFETY LEGISLATION. REGULAR HEALTH AND SAFETY RISK ASSESSMENTS TO BE CARRIED OUT REGULARLY. ALL MEMBERS OF COUNTER STAFF TO BE TRAINED REGARDING THE SALE OF ALCOHOL, AND THE REQUIREMENTS OF THE LICENSING ACT 2003.

### d) The prevention of public nuisance

ALL WINDOWS AND DOORS WILL BE KEPT CLOSED AS REQUIRED TO PREVENT TRANSMISSION OF NOISE. CUSTOMERS WILL BE ASKED TO LEAVE THE PREMISES QUIETLY AND WITH DUE CONSIDERATION OF OUR NEIGHBOURS. WE WOULD HAVE NO HESITATION IN BANNING PEOPLE WHO VISIT THE STORE AND REGULARLY LEAVE THE PREMISES IN A NOISY FASHION. NO <sup>alcohol</sup> PRODUCTS WILL BE DISPLAYED FOR SALE WITHIN THREE METRES OF THE ENTRANCE / EXIT OF THE STORE. SPIRITS TO BE LOCATED BEHIND THE COUNTER.

### e) The protection of children from harm

ALCOHOL WILL NOT BE ~~sell~~ SOLD TO ANYONE UNDER THE AGE OF 18 UNDER ANY CIRCUMSTANCES AT ANY TIME. IF THERE IS ANY DOUBTS ABOUT THE PERSON'S AGE, THEY WILL BE ASKED TO PROVIDE ACCEPTABLE IDENTIFICATION THAT PROVES THE AGE. WE OPERATE A STRICT PROOF OF AGE POLICY AS APPROVED BY THE POLICE.

Please tick ✓ Yes

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent you 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 the 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 CONVICTION TO A FINE UP TO 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 5 - 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 ..... 01/05/14

Capacity ..... Business Owner

For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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 address for correspondence associated with this application (please read guidance note 13)	
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you by email, your email address (optional)	

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 VIOLETTA SEMYONOVA of  
[full name of prospective premises supervisor]  
15 Poplar Road, Sutton, Surrey  
[home address of prospective premises supervisor]  
SM3 9JX

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

by VIOLETTA SEMYONOVA  
[name of applicant]

relating to a premises licence 1 Commonside East, Mitcham, Surrey  
[number of existing licence, if any]  
[name and address of premises to which the application relates]  
CR4 2QA

and any premises licence to be granted or varied in respect of this application made by  
VIOLETTA SEMYONOVA  
[name of applicant]  
concerning the supply of alcohol at 1 Commonside East  
[name and address of premises to which application relates]  
Mitcham, Surrey CR4 2QA

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 5870/11/00222/LAPERS  
[insert personal licence number, if any]  
Personal licence issuing authority London Borough of Sutton  
[insert name and address and telephone number of personal licence issuing authority, if any]

L.B. Sutton Licensing Section, Civic Offices,  
St. Nicholas Way, Sutton, Surrey SM1 2EA

Signed 

Name VIOLETTA SEMYONOVA  
[please print]

Dated 01/05/14