



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 Smart Mark International Lazer Engraving 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			
Station KIOSK Main Booking Hall Wimbledon Station (B.R) Wimbledon London			
Post town	Wimbledon	Postcode	SW19 7NL

Telephone number at premises (if any)	07890540998
Non-domestic rateable value of premises	£ 9,700

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 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					
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	Smart Mark International Lazer Engraving Ltd
Address	T1A Station KIOSK Main Booking Hall Wimbledon Station (BR) Wimbledon, London SW19 7NL
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	Ltd company "Smile"
Telephone number (if any)	07890540998
E-mail address (optional)	desai.kunjala@hotmail.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	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)

Retail outlet on a station (Wimber station) a small corner plot where Alcohol would be sold to consume off the premises.

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
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			<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)
Thur			
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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<u>Please give further details here</u> (please read guidance note 3)	
Thur			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)	
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 5)	
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"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon			State any seasonal variations for the performance of live music (please read guidance note 4)			
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						
			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)			

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			State any seasonal variations for the playing of recorded music (please read guidance note 4)			
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						
			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"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)			
			<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)			

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"/>
Mon					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			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri			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)		
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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	7.00am	22.00pm	State any seasonal variations for the supply of alcohol (please read guidance note 4) NONE		
Tue	7.00	22.00			
Wed	7.00	22.00			
Thur	7.00	22.00	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)		
Fri	7.00	22.00	NONE		
Sat	7.00	22.00			
Sun	7.00	22.00			

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

Name	Mrs Kunjal Desai
Address	88/90 The Street Tongham Farnham Surrey
Postcode	GU10 1AA
Personal licence number (if known)	074
Issuing licensing authority (if known)	Mole valley District Council

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	7.00	22.00	
Tue	7.00	22.00	
Wed	7.00	22.00	
Thur	7.00	22.00	
Fri	7.00	22.00	
Sat	7.00	22.00	
Sun	7.00	22.00	
			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)

Please See attached sheet.
Thank you

b) The prevention of crime and disorder

"

c) Public safety

l)

d) The prevention of public nuisance

"

e) The protection of children from harm

"

GENERAL - ALL FOUR LICENSING OBJECTIVES

1. CCTV with recording facilities in place at site.
2. Appropriate staff training to be satisfactorily completed and recorded.
3. Training records can be made available for inspection upon reasonable request by a relevant officer of a Responsible Authority.
4. Appropriate training manual, refusals book, Challenge 25 and Pass accredited proof of age or photo identification initiative to be operated by all staff.

THE PREVENTION OF CRIME AND DISORDER

1. CCTV with recording facilities in place at site.
2. Spirits located behind the counter, appropriate staff training to be satisfactorily completed and recorded.
3. Training records can be made available for inspection upon reasonable request by a relevant officer of a Responsible Authority.
4. Off sales only. No consumption of alcohol on premises.

PUBLIC SAFETY

1. CCTV with recording facilities in place at site.
2. Training records can be made available for inspection upon reasonable request by a relevant officer of a Responsible Authority.

THE PREVENTION OF PUBLIC NUISANCE

1. Appropriate staff training to be satisfactorily completed and recorded.
2. Training records can be made available for inspection upon reasonable request by a relevant officer of a Responsible Authority.

THE PROTECTION OF CHILDREN FROM HARM

1. Appropriate staff training to be satisfactorily completed and recorded.
2. Training records can be made available for inspection upon reasonable request by a relevant officer of a Responsible Authority.
3. Refusals book, spirits located behind the counter, Challenge 25 and Pass accredited proof of age or photo identification initiative to be operated by all staff.

The public notice would be found displayed on the middle pillar of the kiosk.

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	17/4/14
Capacity	Manager

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)			
Mrs Kunjal Desai			
88/90 The Street			
Tonham,			
Post town	Farnham	Postcode	GU10 1AA
Telephone number (if any)	07890540998		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
desaikunjal@hotmail.co.uk			

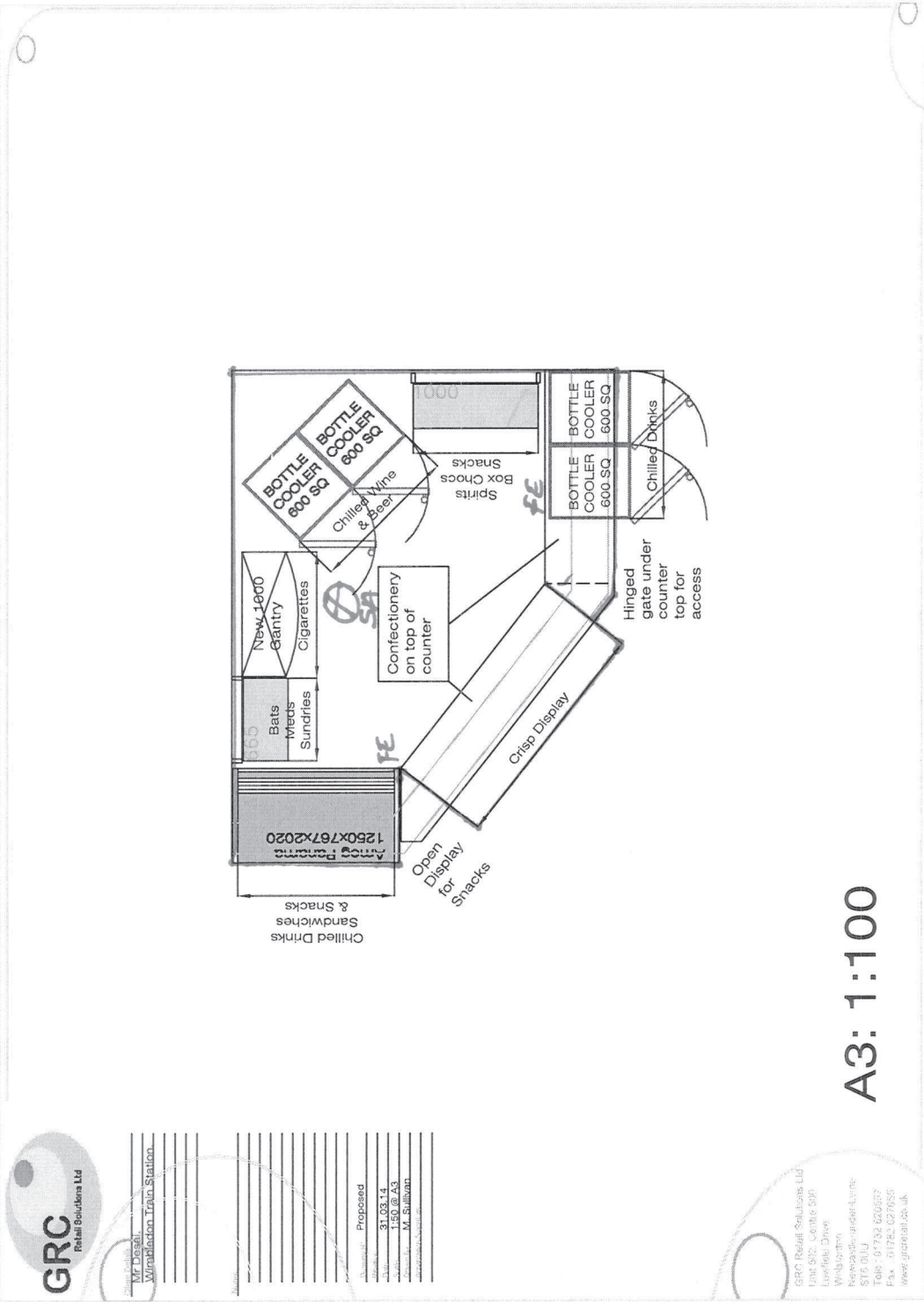
Client Details:
MR Desail
 Wirreclinton Train Station

Contract No	31.03.14
Quoted On	14.03.14
Accepted On	14.03.14
Contract Value	£18,000.00

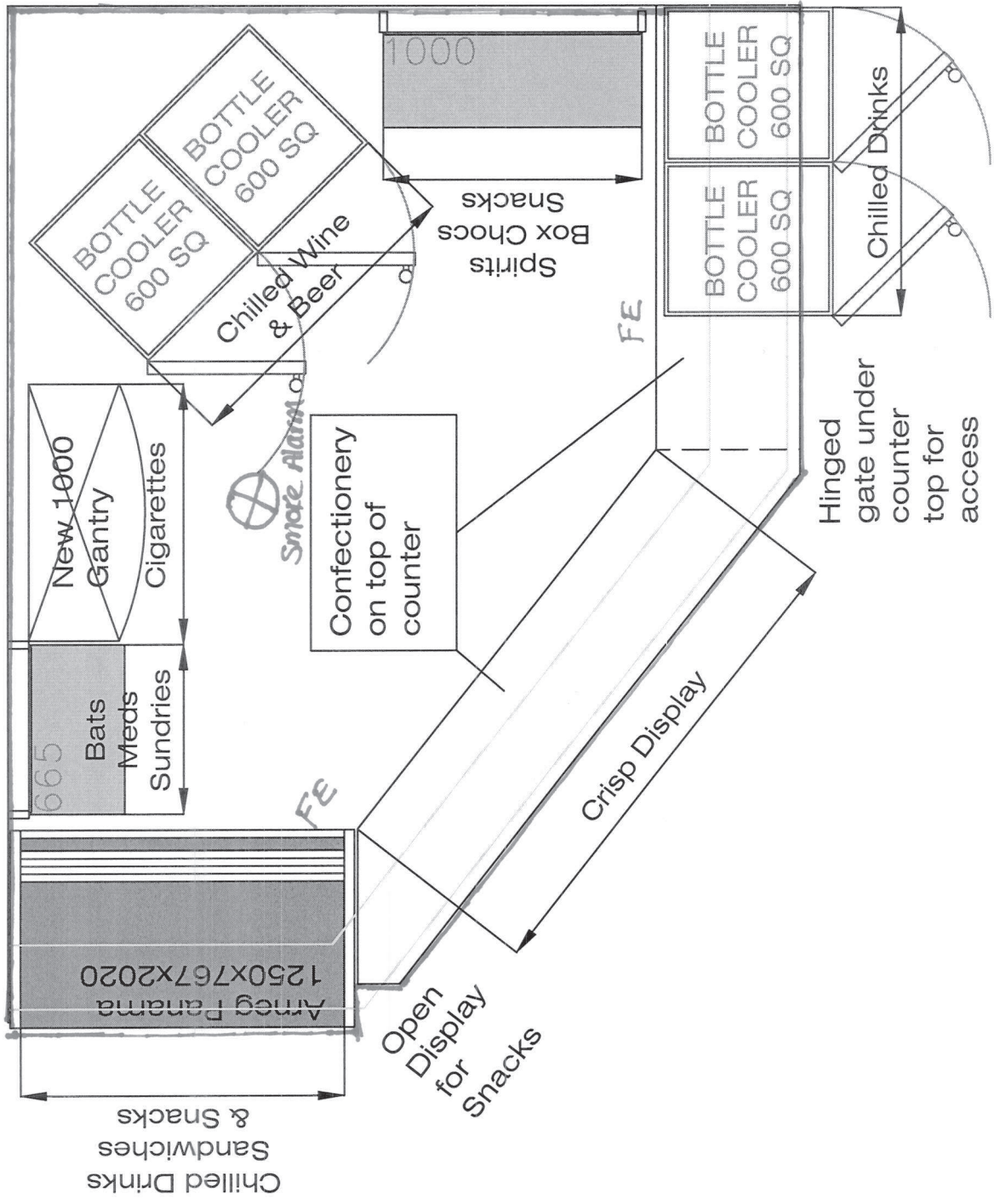
Product: **Proposed**
 Area: **31.03.14**
 Unit: **14.03.14**
 Description: **£18,000.00**

GRC Retail Solutions Ltd
 Unit 10, The Centre
 Wirreclinton
 Wirreclinton
 Newcastle-under-Lyme
 ST15 5LL
 Tel: 01782 820557
 Fax: 01782 827655
 www.grc-retail.co.uk

FE = Fire Extinguisher
 SA = Smoke Alarm



A3: 1:100



FE = Fire Extinguisher
 ⊕ = fire Alarm

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 Kunjal Desai of
[full name of prospective premises supervisor]
88/90 The Street, Tongham, Farnham
[home address of prospective premises supervisor]
Surrey GU10 1AA

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

by Smart Mark International Lazer Engraving LTD
[name of applicant]

relating to a premises licence Station Kiosk, Main Booking Hall, Wimbledon
[number of existing licence, if any]
[name and address of premises to which the application relates]

Station (B.R), Wimbledon, London, SW19 7NL

and any premises licence to be granted or varied in respect of this application made by
Smart Mark International Lazer Engraving LTD
[name of applicant]

concerning the supply of alcohol at Station Kiosk
[name and address of premises to which application relates]
Main Booking Hall, Wimbledon Station, (B.R)
Wimbledon, London, SW19 7NL

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 074
[insert personal licence number, if any]

Personal licence issuing authority Mole valley District Council
[insert name and address and telephone number of personal licence Issuing authority, if any]

Pippbrook, Borking, Surrey RH4 1SJ

Signed 

Name Kunjal Desai
[please print]

Dated 17/4/14

Just for your
Information

Notice given to Wimbledon
Guardian Newspaper.

NEWSPAPER ADVERTISEMENT



**Notice of Application to apply for a Premises Licence made under the
Licensing Act 2003**

Please take notice that I / we

Name of Applicant: Smart Mark International Lazer Engraving Ltd

Have made application to the London Borough Of Merton to apply for a Premises
Licence in respect of:

Full name postal address of the premises: Station Kiosk

Main Booking Hall, Wimbledon station (BR)

Wimbledon, London, SW19 7NL

The application is as follows: For the retail sell of Alcohol to be

Consumed off the premises, during the hrs

Mon - Sun 7.00am - 22.00pm.

A register of all applications made with the London Borough Of Merton is maintained
by:

LICENSING SECTION, LONDON BOROUGH OF MERTON, 14TH FLOOR, CIVIC
CENTRE, LONDON ROAD, MORDEN, SURREY, SM4 5DX

A record of this application may be inspected by appointment at Merton Civic Centre.
Please email licensing@merton.gov.uk or telephone 020 8545 3969.

It is open to any interested party to make representations about the likely effect of the
application on the promotion of the licensing objectives. Representations must be made
in writing to the Licensing Section at the office or email address above and be received
by the Merton's Licensing Section within a period of 28 days starting the day after the
date shown below.

*Note: It is an offence to knowingly or recklessly to make a false statement in connection
with an application. A person guilty of such offence is liable on summary conviction to a
fine not exceeding £5,000.*

Date application given to the Council: 17/4/14

Notice displayed
on blue paper

Just for your information



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: Smart Mark International Lazer
Address of Premises: Engraving Ltd

Station kiosk, Main Booking Hall, Wimbledon
Station (B.R), Wimbledon, London, SW19 7NL
(If no postal address, state a description of the premises which enables the location and extent of the premises to be identified)

Date: 17th April 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: Premises License for Sale of Alcohol.

(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:
Mon-Sun 7.00am - 22.00pm

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.