

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 GARDSMOL ENTERPRISES LTD - T/A The SAVANNA
(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			
Unit 2 Wimbledon STATION LONDON			
Post town		Postcode	SW19 7NL

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 9,500

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				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					
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	GARDSHOL ENTERPRISES Ltd T/A THE SAVANNA
Address	20-22 BARRY HOUSE WORPLE ROAD WIMBLEDON SW19 4DH
Registered number (where applicable)	5754966
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited Company
Telephone number (if any)	0208 971 9177
E-mail address (optional)	Lisa@thesavanna.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	12	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)

SOUTH AFRICAN Deli, kiosk over the counter.
 Specialising in biltong and other meat products
 including a range of South African wines.
 OFF-licence

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	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for performing plays (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
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			<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)			<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			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)			
Wed						
Thur			<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)			
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	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			<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)			
Thur						
Fri						
Sat						
Sun			<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)			

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	<u>Please give further details here</u> (please read guidance note 3)					
Mon								
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 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	9AM	22:00						
Tue	09:00	22:00						
Wed	09:00	22:00				<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)		
Thur	09:00	22:00						
Fri	09:00	22:00						
Sat	09:00	22:00						
Sun	09:00	22:00						

Caspar Bates

From: Natalie Gates [natalieg@thesavanna.co.uk]
Sent: 14 November 2014 11:04
To: Licensing
Subject: Premises licence application for Gardshol Enterprises Ltd. T/A The Savanna
To whom it may concern

I wish to add further information to my application.

The section or block on the top page of section or block K will need to have the following information:

Designated premises supervisor

Name: Lisa Gardshol

Address: 3 Camelot Close

Wimbledon SW19 7EA

Personal licence number : LN 2005 0884

Personal Licence issuing Authority: London Borough of Merton

Apologies for not adding the information.

I sent the application yesterday recorded delivery so it should be with you today

Kind Regards
Natalie Gates

The Savanna
07900243824

Sent from Samsung Mobile

Caspar Bates

From: Natalie Gates [natalieg@thesavanna.co.uk]
Sent: 14 November 2014 11:12
To: Licensing
Subject: Alcohol application for Gardshol Enterprises ltd T/A The Savanna
To whom it may concern

Please could you add the following information to my application:
Block K needs to state that it is Not Applicable to our application.

Apologies once again for overlooking this.

Kind Regards
Natalie Gates

Sent from Samsung Mobile

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

Name	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	

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).

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	09:00	22:00	
Tue	09:00	22:00	
Wed	09:00	22:00	
Thur	09:00	22:00	
Fri	09:00	22:00	
Sat	09:00	22:00	
Sun	09:00	22:00	

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

a) **GENERAL**

We are located in the station and work closely with police and network rail on a daily bases to prevent crime and disorder, promoting public safety and prevention of public nuisance. We are monitored internally/ externally by CCTV. All our staff are trained on Due Diligence and the selling of alcohol challenge 25 licensing act 2003. We have prompt buttons on all our tills , so whenever an item of alcohol is scanned , the button will pop up asking whether the individual buying the alcohol is over the age of 18. the sale can not go through without you checking the ID first and then pressing the YES button.

b) **THE PREVENTION OF CRIME AND DISORDER**

We would work with police and network rail police closely by reporting any incidents in or near our premises. CCTV cameras both inside and outside will help to control and monitor any disorder. Keeping to the times of selling alcohol all deter any anti social behaviour.

c) **PUBLIC SAFETY**

Staff will be trained up to manage all HSE. They will work with station officers to ensure that customer safety is top priority eg no overcrowding and to avoid accidents. Due Diligence is completed daily as well as food safety checks are checked by the M.D All public areas inside and outside must be kept safe.

d) **THE PREVENTION OF PUBLIC NUISANCE**

As we operate out of a station there is to be no litter, no loud noises, no smoking.

Staff working with Network rail officers and police will prevent /deter from public nuisance. As regular checks are in place, staff are trained to manage difficult situations by reporting the incident and keeping CCTV footage.

e) **THE PROTECTION OF CHILDREN FROM HARM**

Staff are trained using the Challenge 25 Programme. Staff have the refusal register and log all incidents plus report them to police officers together with CCTV footage. Any harmful incident witnessed by staff will be reported together with details of the children affected.

Please see attached notes

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)

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

Checklist:

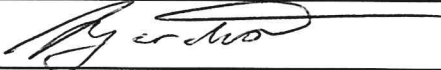
Please tick to indicate agreement

- 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	13/11/2014.
Capacity	Managing 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) The Savanna 20-22 Worples Road Wimbledon			
Post town		Postcode	SW194DH
Telephone number (if any)	0207 971 9177		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) natalieg@thesavanna.co.uk			

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 LISA GARDSMOLof
[full name of prospective premises supervisor]
3 CAMELOT CLOSE, WIMBLEDON, SW19 7EA
[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 PREMISES LICENCE
[type of application]

by GARDSMOL ENTERPRISES Ltd T/A The SAVANNA
[name of applicant]

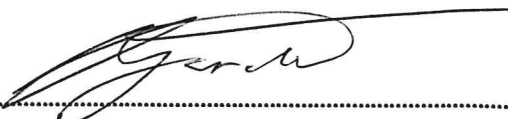
relating to a premises licencefor
[number of existing licence, if any]
Unit 2 WIMBLEDON STATION, LONDON, SW19 7NL
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by
GARDSMOL ENTERPRISES Ltd T/A The SAVANNA
[name of applicant]

concerning the supply of alcohol at Unit 2 Wimbledon Station
[name and address of premises to which application relates]
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 LN 2005 0884

Personal licence issuing authority LONDON BOROUGH OF MERTON
[insert personal licence number, if any]
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed 

Name LISA GARDSMOL
[please print]

Dated 13/11/2014

