

**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 FND LIMITED
(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 23, SS-59 WIER ROAD WIMBLEDON			
Post town	LONDON	Postcode	SW19 8UG
Telephone number at premises (if any)		02089712100	
Non-domestic rateable value of premises		£100.00 - B.A	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> | please complete section (B) |
| f) a health service body | <input type="checkbox"/> | 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	FND LIMITED
Address	UNIT 23 55-59 WIER ROAD WIMBLEDON, LONDON SW19 8UG
Registered number (where applicable)	COMPANY NUMBER - 07758504
Description of applicant (for example, partnership, company, unincorporated association etc.)	PRIVATE LIMITED COMPANY
Telephone number (if any)	02089712100
E-mail address (optional)	MASRAMAY @ YAHOO.COM

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY

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

DD MM YYYY

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

IT IS A FOOD DELIVERY BUSINESS WITH THE NAME OF BAMBOO BARBOM (CHINESE FOOD) AND MEXICAN FRESH (MEXICAN & BRAZILIAN). WE DELIVER FOOD ON THE ONLINE ORDERS OR TAKING ORDERS ON THE PHONE, PAYABLE BY CARDS. NO CUSTOMER HAS ACCESS TO THE PREMISES. FND LIMITED WANT TO OFFER HER CUSTOMERS ALCOHOL NOW AS WE HAVE DEMAND FROM OUR CUSTOMERS.

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) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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				Outdoors	<input type="checkbox"/>
Start	Finish			Both	<input type="checkbox"/>
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"/>
Day				Outdoors	<input type="checkbox"/>
Start	Finish			Both	<input type="checkbox"/>
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			
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"/>
Day				Outdoors	<input type="checkbox"/>
Start	Finish			Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
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"/>
Day				Outdoors	<input type="checkbox"/>
Start	Finish			Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
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			
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	Please give further details here (please read guidance note 3)					
Mon								
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 type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	12:00	01:00						
Tue	12:00	01:00						
Wed	12:00	01:00				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)		
Thur	12:00	01:00						
Fri	12:00	03:00						
Sat	12:00	03:00						
Sun	12:00	23:00						

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).

NO SUCH ACTIVITY OR ACCESS FOR CHILDREN.
IT IS A COMMERCIAL KITCHEN. USED FOR THE COOKING OF FOOD AND SUPPLY TO CUSTOMERS

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			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)
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

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)

AS HAVE STATED ABOVE, THE PREMISES IS USED AS A KITCHEN FOR THE COOKING, PREPARATION AND STORAGE OF FOOD. ONLY TRAINED STAFF HAS ACCESS TO PREMISES. NO CONSUMPTION OF ALCOHOL AT PREMISES. ONLY PREPARATION OF FOOD AND ITS DELIVERY TO CUSTOMERS.

b) The prevention of crime and disorder

WE HAVE MODERN CCTV SYSTEM INSTALLED INSIDE OF PREMISES AND ON THE ENTRANCE/EXIT. ONLY TRAINED STAFF HAVE ACCESS INSIDE THE PREMISES. NO PUBLIC DEALING DIRECTLY AT PREMISES.

c) Public safety

ALL STAFF IS WELL TRAINED ABOUT HEALTH & SAFETY AND ENVIRONMENTAL HEALTH. NO PUBLIC ACCESS TO THE PREMISES.

d) The prevention of public nuisance

NO PUBLIC ACCESS AT THE PREMISES. ONLY WELL TRAINED STAFF, NO CHANCE OF PUBLIC NUISANCE. AREA IS COMMERCIAL AND NON-RESIDENTIAL.

e) The protection of children from harm

NO ACCESS FOR CHILDREN IN THE KITCHEN OR ON THE PREMISES.

Checklist:

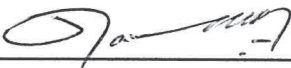
Please tick to indicate agreement

- 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	27. 04. 2015
Capacity	MUHAMMAD A SHAHID - DIRECTOR FND LTD

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)

MUHAMMAD ASLAM SHAHID UNIT 23 55-59 WIER ROAD - WIMBLEDON			
Post town	LONDON	Postcode	SW19 8UG
Telephone number (if any)	07515 438 619		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) MASRAMAY@YAHOO.COM			

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 MUDASSIR ASLAMof
[full name of prospective premises supervisor]

FLAT 7 CANUTE COURT 83-87 KNOLLYS ROAD
[home address of prospective premises supervisor]

LONDON SW16 2JP
.....

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

by FND LTD
[name of applicant]

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

UNIT 23, SE-59 WIER ROAD LONDON
[name and address of premises to which the application relates]

SW19 8UG
.....

and any premises licence to be granted or varied in respect of this application made by

FND LTD
[name of applicant]

concerning the supply of alcohol at FND LTD UNIT 23
[name and address of premises to which application relates]

SE-59 WIER ROAD LONDON SW19 8UG
.....

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 02775
[insert personal licence number, if any]

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

LICENSING SECTION, 2 HERNE HILL ROAD
LONDON SE24 0AU
.....

Signed


Name MUDASSIR ASLAM
[please print]

Dated 27-04-2015
.....

Personal Licence



IDNo 02775

Mudassir Aslam

Flat 7
Canute Court
83 - 87 Knolly's Road London SW16 2JP



Expires: 27/08/2020

**This licence has been issued by
London Borough Of Lambeth**

**Licensing Section
2 Herne Hill Road
London SE24 0AU**

**The holder of this licence is authorised to sell
or supply alcohol or to authorise the sale or
supply of alcohol in accordance with the
Licensing Act 2003**

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: FND LIMITED

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: UNIT 23

55-58 WIER ROAD, WIMBLEDON
SW19 8UG

The application is as follows: THE APPLICANT HAS BEEN
DELIVERING FOOD TO THE CUSTOMERS.

NOW, WANT TO SUPPLY ALCOHOL WITH
THE FOOD TO CUSTOMERS ON THE ORDERS.

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: 27.04.2015

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: FND LTD

Address of Premises: UNIT 23

55-59 WIER ROAD

SW14 8UG

(If no postal address, state a description of the premises which enables the location and extent of the premises to be identified)

Date: 27.04.2015

(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: SUPPLY OF ALCOHOL WITH FOOD
DELIVERED TO THE CUSTOMERS.

(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-THU = 12:00 to 01:00, FRI & SAT- 12:00 to 03:00

SUN- 12:00 to 23:00

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.