

**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** RADNOR PROPERTIES 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 160-162 RYE LANE, PECKHAM, LONDON SE15 4NB			
<b>Post town</b>	LONDON	<b>Postcode</b>	SE15 4NB

Telephone number at premises (if any)	
Non-domestic rateable value of premises	<b>BAND A AGREED AS NO NNDR VALUE SET</b>

**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/limited liability partnership       please complete section (B)
- ii as a partnership (other than limited liability)       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 (by ticking yes to one box below):

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 <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	<input type="checkbox"/>
<b>Surname</b>					
<b>Date of birth</b>		I am 18 years old or over			
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over		Please tick yes	
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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 RADNOR PROPERTIES LTD

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
01	01	2019

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)  
THE PREMISES IS A NEW RESTAURANT LOCATED ON THE GROUND FLOOR & BASEMENT OF 160/162 RYE LANE.  
THERE WILL BE CUSTOMER SEATING TO THE FRONT OF THE GROUND FLOOR WITH THE BAR TO THE SIDE, KITCHEN, FOOD STORAGE AREA AND TOILETS TO THE REAR. THERE WILL BE ADDITIONAL CUSTOMER SEATING IN THE BASEMENT WITH THE BAR TO THE SIDE, OFFICE, COLD ROOM AND TOILETS TO THE REAR. THERE WILL BE A MAXIMUM OF 136 COVERS ON THE GROUND FLOOR AND A MAXIMUM OF 60 COVERS IN THE BASEMENT.

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all 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)

X

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

X

**In all cases complete boxes K, L and M**

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 4) CD'S ETC		
Mon	23.00	23.30			
Tue	23.00	23.30	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5) NONE		
Wed	23.00	23.30			
Thur	23.00	23.30	<b>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</b> (please read guidance note 6) NONE		
Fri	23.00	00.30			
Sat	23.00	00.30			
Sun	23.00	23.30			

**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)</b>	Indoors	<input checked="" type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 4) <b>PROVISION OF HOT FOOD &amp; DRINK.</b>					
Mon	23.00	23.30						
Tue	23.00	23.30						
Wed	23.00	23.30				<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5) NONE		
Thur	23.00	23.30						
Fri	23.00	00.30						
Sat	23.00	00.30						
Sun	23.00	23.30				<b><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></b> (please read guidance note 6) NONE		

**J**

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption</u> – <u>please tick</u> (please read guidance note 8)	On the premises	X
Day	Start	Finish		Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	11.00	23.30	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5) NONE		
Tue	11.00	23.30			
Wed	11.00	23.30			
Thur	11.00	23.30		<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 6)	
Fri	11.00	00.30		NONE	
Sat	11.00	00.30			
Sun	11.00	23.30			

**State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):**

Name BRENTH DENNIS MCVERNON MCKIE



□□□□

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 9).**  
NONE

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5) NONE
Day	Start	Finish	
Mon	08.00		
		00.00	
Tue	08.00		
		00.00	
Wed	08.00		
		00.00	
Thur	08.00		
		00.00	
Fri	08.00		
		01.00	
Sat	08.00		
		01.00	
Sun	08.00		
		00.00	

**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 6)  
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 10)**

WE WILL OPERATE OUR BUSINESS IN A RESPONSIBLE MANNER AND ACTIVELY PROMOTE THE LICENSING OBJECTIVES AT ALL TIMES.  
160/162 RYE LANE WILL OPERATE AS A BONA FIDE RESTAURANT WHERE THE SALE OF ALCOHOL IS ANCILLARY TO PERSONS TAKING A TABLE MEAL. A TAKE AWAY SERVICE OF FOOD WILL BE PROVIDED.  
THE MAXIMUM NUMBER OF COVERS SHALL BE 136 ON THE GROUND FLOOR AND 60 IN THE BASEMENT. (SEE PLAN).  
CIZ STATEMENT  
WE HAVE CONSULTED THE POLICE AND LBS LICENSING. WE UNDERSTAND THAT AS A BONA FIDE RESTAURANT THE PREMISES IS EXEMPT FROM THE PECKHAM CIZ POLICY AND THE HOURS ARE WITHIN THE HOURS POLICY. IN ANY CASE WE DO NOT BELIEVE THE PREMISES WILL ADD TO NEGATIVE CUMULATIVE IMPACT.

**b) The prevention of crime and disorder**

1) THE BUSINESS WILL OPERATE STRICTLY AS A RESTAURANT PROVIDING FOOD FOR CONSUMPTION ON THE PREMISES OR TO BE TAKEN AWAY. THE SALE AND CONSUMPTION OF ALCOHOL WILL BE STRICTLY LIMITED TO THOSE TAKING A TABLE MEAL AT THE RESTAURANT, SEATED AT A TABLE AND WITH SERVICE STRICTLY BY WAITING STAFF ONLY. CUSTOMERS MAY BE ALLOWED TO TAKE HOME A SEALED PART CONSUMED BOTTLE OF WINE.  
2) NO ALCOHOLIC DRINKS, GLASSES OR GLASS BOTTLES EXCEPT FOR SEALED PART CONSUMED BOTTLES OF WINE MAY BE REMOVED FROM THE PREMISES AT ANY TIME.  
3) CCTV COVERING THE INTERIOR & EXTERIOR OF THE RESTAURANT WILL BE INSTALLED AND SHALL BE KEPT OPERATIONAL AT ALL TIMES THE PREMISES ARE OPEN TO THE PUBLIC. IT SHALL BE CAPABLE OF TAKING A HEAD & SHOULDERS SHOT OF PERSONS ENTERING THE PREMISES, BE CAPABLE OF STORING IMAGES FOR A MINIMUM OF 31 DAYS AND A MEMBER OF STAFF CAPABLE OF DOWNLOADING IMAGES FOR THE POLICE OR AUTHORISED OFFICERS SHALL BE ON DUTY AT ALL TIMES THE PREMISES ARE OPEN.  
4) CHALLENGE 25 SHALL BE OPERATED AS THE PROOF OF AGE POLICY AND ONLY A VALID PASSPORT, PHOTO DRIVING LICENCE, MOD / HM ARMED FORCES PHOTOGRAPHIC IDENTITY CARD OR A PROOF OF AGE CARD WITH THE PASS LOGO OR HOLOGRAM ON IT MAY BE ACCEPTED AS PROOF OF AGE. ALL REFUSALS OF THE SALE OF ALCOHOL SHALL BE RECORDED IN THE INCIDENT BOOK WHICH SHALL BE KEPT AND PRODUCED TO POLICE & AUTHORISED OFFICERS ON REQUEST.  
5) RELEVANT NOTICES WILL BE PROMINENTLY DISPLAYED BY THE ENTRY/EXIT DOOR AND SERVERY AS APPROPRIATE ADVISING CUSTOMERS:  
THAT CCTV & CHALLENGE 25 ARE IN OPERATION;  
ADVISING CUSTOMERS OF THE PROVISIONS OF THE LICENSING ACT REGARDING UNDERAGE & PROXY SALES;  
ASKING CUSTOMERS TO LEAVE QUIETLY AND NOT LOITER OUTSIDE THE RESTAURANT;  
THAT NO DRINKS, GLASSES OR BOTTLES MAY BE TAKEN OUTSIDE THE RESTAURANT AT ANY TIME.  
6) AN INCIDENT BOOK SHALL BE KEPT AT THE PREMISES, AND MADE AVAILABLE TO THE POLICE OR AUTHORISED OFFICERS, WHICH WILL RECORD THE FOLLOWING:  
A) ALL CRIMES REPORTED,  
B) LOST PROPERTY,  
C) ALL EJECTIONS OF CUSTOMERS,  
D) ANY COMPLAINTS RECEIVED,  
E) ANY INCIDENTS OF DISORDER,

- F) ANY SEIZURE OF DRUGS OR OFFENSIVE WEAPONS,
  - G) ANY FAULTS IN AND WORK CARRIED OUT ON THE CCTV SYSTEM,
  - H) ANY REFUSAL IN THE SALE OF ALCOHOL,
  - I) ANY VISIT BY A RELEVANT AUTHORITY OR EMERGENCY SERVICE,
  - J) A CAD NUMBER WHERE POLICE ARE CALLED.
- 7) ALL STAFF WILL BE TRAINED FOR THEIR ROLE ON INDUCTION AND BE GIVEN REFRESHER TRAINING EVERY SIX MONTHS. WRITTEN TRAINING RECORDS WILL BE KEPT FOR EACH STAFF MEMBER AND BE PRODUCED TO POLICE & AUTHORISED OFFICERS ON REQUEST. TRAINING WILL INCLUDE IDENTIFYING PERSONS UNDER 25, MAKING A CHALLENGE, ACCEPTABLE PROOF OF AGE & CHECKING IT, MAKING & RECORDING A REFUSAL, AVOIDING CONFLICT, RESPONSIBLE ALCOHOL RETAILING & SAFEGUARDING CHILDREN.
- 8) NO CHILD OR YOUNG PERSON UNDER 18 MAY BE PERMITTED TO CONSUME ALCOHOL ON THE PREMISES AT ANY TIME.
- 9) A LOCAL CAB OFFICE NUMBER WILL BE DISPLAYED & STAFF WILL CALL A CAB FOR DEPARTING CUSTOMERS ON REQUEST.
- 10) THE MAXIMUM NUMBER OF COVERS SHALL BE 136 ON THE GROUND FLOOR AND 60 IN THE BASEMENT.
- 11) A WRITTEN DISPERSAL POLICY SHALL BE DRAFTED BY THE APPLICANT AND SUBMITTED TO THE LICENSING AUTHORITY.
- 12) NO MORE THAN 10 SMOKERS WILL BE PERMITTED OUTSIDE THE FRONT OF THE RESTAURANT AT ANY TIME AND STAFF WILL MONITOR THE FRONTAGE BY USE OF THE CCTV & PHYSICAL CHECKS. A SUITABLE CONTAINER WILL BE PROVIDED FOR CIGARETTE BUTTS.

**c) Public safety**

A FIRE RISK ASSESSMENT & EMERGENCY PLAN WILL BE PREPARED AND REGULARLY REVIEWED.  
STAFF WILL BE GIVEN APPROPRIATE FIRE SAFETY TRAINING.

**d) The prevention of public nuisance**

- 1) RELEVANT NOTICES WILL BE PROMINENTLY DISPLAYED BY THE ENTRY/EXIT DOOR AND SERVERY AS APPROPRIATE. (SEE BOX B PREVENTION OF CRIME & DISORDER CONDITION 5 FOR FULL DETAILS.)
- 2) THE FRONT OUTSIDE AREA OF THE PREMISES SHALL BE KEPT TIDY AT ALL TIMES AND BE SWEEPED AT CLOSE.
- 3) NO DELIVERIES WILL BE RECEIVED OR RUBBISH INCLUDING BOTTLES OR GLASS REMOVED FROM THE PREMISES BETWEEN 21.00 & 07.00 DAILY.
- 4) AN INCIDENT BOOK SHALL BE KEPT AT THE PREMISES AND MADE AVAILABLE TO THE POLICE OR AUTHORISED OFFICERS.  
(SEE BOX B PREVENTION OF CRIME & DISORDER CONDITION 6 FOR FULL DETAILS.)
- 5) A PHONE NUMBER FOR THE PREMISES SHALL BE MADE AVAILABLE IF REQUIRED UPON REQUEST TO THE POLICE, LICENSING AUTHORITY & OTHER RESPONSIBLE AUTHORITIES AND SHALL BE DISPLAYED IN THE WINDOW TO ENABLE RESIDENTS TO EXPRESS ANY CONCERNS CAUSED BY THE OPERATION OF THE PREMISES. ANY COMPLAINTS AND THE OUTCOME WILL BE RECORDED IN THE INCIDENT BOOK.
- 6) ALL DOORS & WINDOWS SHALL BE KEPT CLOSED EXCEPT FOR ENTRY OR EGRESS DURING MUSICAL OR REGULATED ENTERTAINMENT.

**e) The protection of children from harm**

- 1) RELEVANT NOTICES WILL BE PROMINENTLY DISPLAYED BY THE ENTRY/EXIT DOOR AND SERVERY AS APPROPRIATE. (SEE BOX B PREVENTION OF CRIME & DISORDER CONDITION 5 FOR FULL DETAILS.)
- 2) CHALLENGE 25 SHALL BE OPERATED AS THE PROOF OF AGE POLICY AND ONLY A VALID PASSPORT, PHOTO DRIVING LICENCE, MOD / HM ARMED FORCES PHOTOGRAPHIC IDENTITY CARD OR A PROOF OF AGE CARD WITH THE PASS LOGO OR HOLOGRAM ON IT MAY BE ACCEPTED AS PROOF OF AGE. ALL REFUSALS OF THE SALE OF ALCOHOL SHALL BE RECORDED IN THE INCIDENT BOOK. THE INCIDENT BOOK SHALL BE KEPT AND PRODUCED TO POLICE & AUTHORISED OFFICERS ON REQUEST.
- 3) ALL STAFF WILL BE TRAINED FOR THEIR ROLE ON INDUCTION AND BE GIVEN REFRESHER TRAINING EVERY SIX MONTHS. (SEE BOX B PREVENTION OF CRIME & DISORDER CONDITION 7 FOR FULL DETAILS.)
- 4) NO UNACCOMPANIED CHILDREN UNDER 16 SHALL BE PERMITTED ON THE PREMISES AFTER 21.00.
- 5) NO CHILD OR YOUNG PERSON UNDER 18 MAY BE PERMITTED TO CONSUME ALCOHOL ON THE PREMISES AT ANY TIME.

**Checklist:**

**Please tick to indicate agreement**

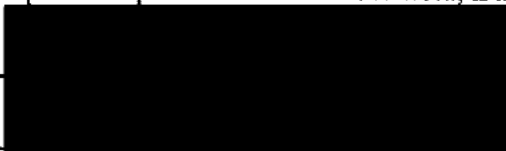
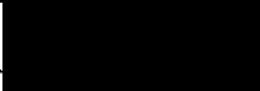
- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. X
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. X
- I understand that I must now advertise my application. X
- I understand that if I do not comply with the above requirements my application will be rejected. X
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15). X

**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

**Part 4 – Signatures** (please read guidance note 11)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li><li>• The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)</li></ul>
Signature	
Date	29/11/18 
Capacity	AUTHORISED LICENSING CONSULTANT

**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 13). **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 14)

