

PREM 1998

RECEIVED

Lambeth

Lambeth
Application for a premises licence
Licensing Act 2003

For help contact
licensing@lambeth.gov.uk
Telephone: 020 7926 6108

* required information

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You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Yes No

Applicant Details

* First name

ANISUR

* Family name

RAHMAN

* E-mail

[Redacted]

Main telephone number

Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

Applying as a business or organisation, including as a sole trader
 Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

Is your business registered in the UK with Companies House?

Yes No

Note: completing the Applicant Business section is optional in this form.

Is your business registered outside the UK?

Yes No

Business name

ZA INVEST LTD

If your business is registered, use its registered name.

VAT number

-

Put "none" if you are not registered for VAT.

Legal status

Please select... PRIVATE LTD COMPANY

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Your position in the business

Home country

The country where the headquarters of your business is located.

Business Address

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

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PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

Address OS map reference Description

Postal Address Of Premises

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Further Details

Telephone number

Non-domestic rateable value of premises (£)

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APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales
- Other (for example a statutory corporation)

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INDIVIDUAL APPLICANT DETAILS

Applicant Name

Is the name the same as (or similar to) the details given in section one?

- Yes
- No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

First name

ANISUR

Family name

RAHMAN

Is the applicant 18 years of age or older?

- Yes
- No

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Applicant Postal Address

Is the address the same as (or similar to) the address given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Yes

No

Building number or name

Street

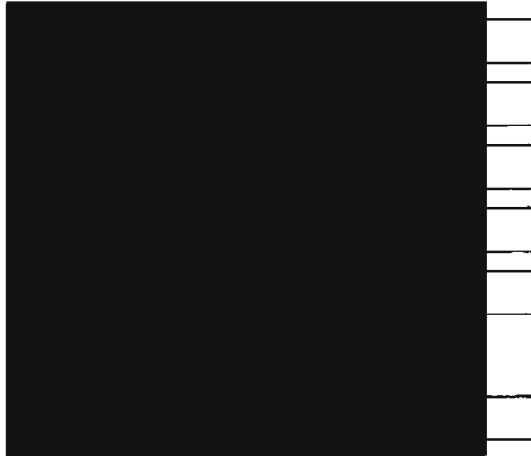
District

City or town

County or administrative area

Postcode

Country



Applicant Contact Details

Are the contact details the same as (or similar to) those given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Yes

No

E-mail

Telephone number

Other telephone number

Add another applicant

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OPERATING SCHEDULE

When do you want the premises licence to start?

/ /
dd mm yyyy

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

/ /
dd mm yyyy

Provide a general description of the premises

For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.

THE PREMISES IS A GROUND FLOOR RESTAURANT. COMPRISING 1 BAR SERVING COUNTER, OPEN PLAN KITCHEN, DINING AREA, STORE ROOM AND TOILET FACILITIES.

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

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PROVISION OF PLAYS

Will you be providing plays?

Yes

No

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PROVISION OF FILMS

Will you be providing films?

Yes

No

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PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

Yes

No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

Yes

No

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PROVISION OF LIVE MUSIC

Will you be providing live music?

Yes

No

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PROVISION OF RECORDED MUSIC

Will you be providing recorded music? AS PER OPENING HOURS

Yes

No

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PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

Yes

No

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PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

Will you be providing anything similar to live music, recorded music or performances of dance?

Yes

No

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

Yes

No

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol? **AS PER OPENING HOURS**

Yes

No

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

**PERSONAL LICENSE
NUMBER 830145**

Electronically, by the proposed designated premises supervisor

As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc.

N/A

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start

End

Start

End

TUESDAY

Start

End

Start

End

Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

Continued from previous page...

WEDNESDAY

Start End
Start End

THURSDAY

Start End
Start End

FRIDAY

Start End
Start End

SATURDAY

Start End
Start End

SUNDAY

Start End
Start End

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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LICENSING OBJECTIVES

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

a) General – all four licensing objectives (b,c,d,e)

List here steps you will take to promote all four licensing objectives together.

ALL STAFF ENGAGED IN THE SALE OF ALCOHOL WILL BE TRAINED IN RESPECT OF THEIR LEGAL AND SOCIAL RESPONSIBILITY. THEY WILL BE TRAINED IN THE CONTENTS OF THE LICENSE. A RECORD OF STAFF TRAINING WILL BE KEPT AT THE PREMISES FOR INSPECTION UPON REQUEST.

Continued from previous page...

b) The prevention of crime and disorder

SUBSTANTIAL FOOD AND NON-INTOXICATING BEVERAGES INCLUDING DRINKING WATER SHALL BE AVAILABLE THROUGHOUT LICENSED AREAS DURING THE WHOLE OF PERMITTED HOURS. INTOXICATING BEVERAGES SHALL ONLY BE SUPPLIED BY WAITER/WAITRESS SERVICE.

c) Public safety

STAFF SHALL BE TRAINED IN RESPECT OF THE FIRE RISK ASSESSMENT AND THE HEALTH AND SAFETY RISK ASSESSMENT. ALL FINDINGS FROM THESE POLICIES SHALL BE PROPERLY IMPLEMENTED AT THE PREMISES. FIRST AID FACILITIES SHALL BE MAINTAINED AT THE PREMISES.

d) The prevention of public nuisance

THE LICENSEE WILL ENSURE NO MUSIC, AMPLIFIED SOUND WILL BE GENERATED WITHIN THE PREMISES TO GIVE RISE TO NUISANCE WITH NEIGHBOURS. ADDITIONALLY IN RESPECT TO NOISE OR VIBRATION ASSOCIATED WITH THE OPERATION OF PLANT, THE LICENSEE WILL ENSURE NO STEEL ROOM COOKING SHALL GIVE RISE TO NUISANCE. LICENSEE WILL DISPLAY CLEAR EXIT SIGNS, REQUESTING PATRONS TO RESPECT NEIGHBOURS AND LEAVE QUIETLY.

e) The protection of children from harm

THE PREMISES SHALL OPERATE CHALLENGE 25 AS ITS AGE VERIFICATION POLICY AND STAFF SHALL BE TRAINED. ONLY ACCEPTABLE FORM OF ID SHALL BE: PHOTO DRIVING LICENSE, PASSPORT, PHOTO ID CARD BEARING THE PASS LOGO IN HOLOGRAM FORMAT, MILITARY ID OR PHOTO ID FROM MEMBER COUNTRIES OF EUROPEAN ECONOMIC AREA. A NOTICE SHALL BE DISPLAYED ADVISING CUSTOMERS THAT CHALLENGE 25 IS IN OPERATION.

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

Please enter the total fee amount payable in the red box at the end of this section.

Application fees are determined by the non-domestic rateable value of the licensed premises. You can find out the current rateable value of your premises using the Valuation Office Agency's search engine at <http://www.2010.voa.gov.uk/rli/>

Band | Rateable Value | Application fee amount

===== A | Not rated, or up to £4,300 | £100.00 B |
From £4,301 to £33,000 | £190.00 C | From £33,001 to £87,000 | £315.00 D | From £87,001 to £125,000 | £450.00 # E | £125,000 or greater | £635.00 #

Premises in bands D or E used primarily for the consumption of alcohol on the premises are subject to fee multipliers, requiring fees of £900.00 or £1,905.00 respectively.

Premises undergoing construction or redevelopment are treated as if they were in Band C for fee purposes.

Premises Licences for large capacity events will require payment of an additional fee, based upon the number of people permitted to attend the event at any time. The additional fee must be added to the relevant fee in the above table:

Licensed capacity | Additional fee amount ===== 5,000 to 9,999 | £1,000.00

10,000 to 14,999 | £2,000.00 15,000 to 19,999 | £4,000.00 20,000 to 29,999 | £8,000.00 30,000 to 39,999 | £16,000.00 Please contact us for larger capacities.

Certain community premises, including church halls, chapel halls, village halls, community centres and schools and colleges, which are only licensed for entertainment and NOT alcohol or late night refreshment, may be exempt from licensing application and annual fees. Please contact us to discuss whether your premises will fall within this exemption.

* Fee amount (£)

£190.00

ATTACHMENTS

Continued from previous page...

AUTHORITY POSTAL ADDRESS

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

DECLARATION

- * I understand that I must now advertise my application, and that if I do not comply with this requirement my application will be rejected.
- * I/we understand 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.

*

PLEASE NOTE: The applicant is now required to advertise this application, by displaying a statutory notice at or near the premises (which must remain visible and legible from outside the premises at all times, for the next 28 days), and by arranging for the publication of a notice in a local newspaper (for one issue within the next 10 working days). Templates for these notices are available from the licensing authority.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

* Capacity

Date (dd/mm/yyyy)

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/lambeth/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

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