

Paid *www* 23/10/23 - Auth 094533

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. Your right to work in the UK will be checked as part of your licensing application and this could involve us checking your immigration status with the Home Office. We may otherwise share information with the Home Office. Your licence application will not be determined until you have complied with the below guidance. (See page 14)
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 Samantha Oliver
(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

Name and Postal address of premises or, if none, Ordnance Survey map reference or description			
Oliver's Food 4 Life Ltd 12 Brockley Cross Brockley			
Post town	London	Postcode	SE4 1RE
Telephone number at premises (if any)		<i>www</i>	
Non-domestic rateable value of premises		£11,500	

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/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)
- g.1 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)
- 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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input checked="" type="checkbox"/>	Other Title (for example, Rev)
Surname OLIVER		First names SAMANTHA		
Date of birth 11/11/88	I am 18 years old or over <input checked="" type="checkbox"/>		Please tick yes	
Nationality British				
Current residential address If different from premises address		Winton Winton Winton		
Post town		Postcode	SE10 0	
Daytime contact telephone number		020 7464 1111		
E-mail address (Required)	samoliver@wintonwinton			

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		
Date of birth		I am 18 years old or over		<input type="checkbox"/> Please tick yes	
Nationality					
Current postal address if different from premises address					
Post town		Postcode			
Daytime contact telephone number					
E-mail address (Required)					

(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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (Required)

PART 3 – 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

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

A takeaway shop with access to a basement where you can sit and eat or enjoy events such as open mic, ~~celebrates etc.~~

I will also be offering deliveries of alcohol + food via Uber eats, Deliveroo + Just Eat.
 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)

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

In all cases complete boxes K, L and M

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 5)
Tue			
Wed			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 (please read guidance note 6)
Thur			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)	
Thur			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 (please read guidance note 6)	
Fri				
Sat				
Sun				

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	
Mon			
Tue			Please give further details here (please read guidance note 4)
Wed			
Thur			State any seasonal variations for performing plays (please read guidance note 5)
Fri			
Sat			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 6)
Sun			

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3) Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	
Mon	8pm	00:00	
Tue	8pm	00:00	Please give further details here (please read guidance note 4)
Wed	8pm	00:00	
Thur	8pm	00:00	State any seasonal variations for the exhibition of films (please read guidance note 5) Christmas Eve New Year's Eve Easter Monday 00:00-2AM Jamaican Independence 5-7th August
Fri	11pm	2AM	
Sat	11pm	2AM	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 6)
Sun	6pm	00:00	

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors <input checked="" type="checkbox"/>	
				Outdoors <input type="checkbox"/>	
				Both <input type="checkbox"/>	
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon			State any seasonal variations for the performance of live music (please read guidance note 5) Christmas Eve New years Eve Easter Monday + Sunday 11pm-2am Christmas day Jamaican Independence (5th-7th Aug)		
Tue					
Wed					
Thur					
Fri	11pm	2Am			
Sat	11pm	2Am			
Sun	11pm	12pm			
			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 6)		

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors <input type="checkbox"/>	
				Outdoors <input type="checkbox"/>	
				Both <input type="checkbox"/>	
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	11pm	00:00	State any seasonal variations for the playing of recorded music (please read guidance note 5) Christmas Eve New years Eve Easter Mondays + Sunday 11pm-2am Christmas Day Jamaican Independence 5th-7th August		
Tue	11pm	00:00			
Wed	11pm	00:00			
Thur	11pm	00:00			
Fri	11pm	2am			
Sat	11pm	2am			
Sun	11pm	12pm			
			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 6)		

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)		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 4)			
Tue						
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)			
Thur						
Fri			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 (please read guidance note 6)			
Sat						
Sun						

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing			
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
Mon					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)			
Wed						
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)			
Fri						
Sat			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 (please read guidance note 6)			
Sun						

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	11pm	00:00			
Tue	11pm	00:00			
Wed	11pm	00:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5) <i>New years day Christmas Eve Jamaican Independence 5th - 7th Aug Easter Sunday + Monday</i>		
Thur	23.00	00.00			
Fri	23.00	02.00			
Sat	23.00	02.00	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 6)		
Sun	23.00	00.00			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	12pm	00.00	<i>Christmas Eve Jamaican Independence 5th - 7th Aug Christmas day Easter Sunday New years eve and Monday and good Friday 12pm - 2Am</i>		
Tue	12pm	00.00			
Wed	12pm	00.00			
Thur	12pm	00.00	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 6)		
Fri	12pm	02.00			
Sat	12pm	02.00			
Sun	12pm	00.00			

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	Samantha Oliver
Date of birth	07/08/66
Address	<i>[Handwritten address]</i>
Postcode	<i>[Handwritten postcode]</i>
Personal licence number (if known)	<i>[Handwritten licence number]</i>
Issuing licensing authority (if known)	Greenwich

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).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	9Am	01.00	Christmas Eve Christmas day New years Eve New years day Easter Mon + Sunday Jamaican Independence (Aug 5th-7th) until 02.30
Tue	9Am	01.00	
Wed	9Am	01.00	
Thur	9Am	01.00	
Fri	9Am	02.30	
Sat	9Am	02.30	
Sun	9Am	00.30	
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)			

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)

The delivery of alcohol will not be made to anyone in a public place such as park, bus stop or street corner.

b) The prevention of crime and disorder

All entry points will be covered by CCTV and this will be available upon request from the police.

c) Public safety

An incident logbook will be used to keep the day to day visits from council, police or refusal or faults from CCTV.

d) The prevention of public nuisance

I will display notices asking patrons to leave quietly. Delivery drivers will not leave their engines running whilst waiting.

e) The protection of children from harm

I will implement the Challenge 25 to ensure that no one under age tries to buy alcohol without photographic I.D. Upon delivery I.D will be requested to ensure no underage sales.

Checklist:

Please tick to indicate agreement

- I have provided a daytime telephone number in order to make payment over the phone by debit or credit card.
- 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.
- [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).

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.

Declaration	<ul style="list-style-type: none"> [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). 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)
Signature & Print Name	S. OLLIVER S. OLLIVER
Date	23/10/23
Capacity	Manager

For joint applications, signature of 2nd applicant or 2nd 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 & Print Name	
Date	
Capacity	

Signature & Print Name	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

[Redacted]	
Post town	London
Postcode	S [Redacted]
Telephone number (if any)	[Redacted]
Your e-mail address (Required)	[Redacted]