

New Premises Licence

Premises Details

Premises Address *

10A THE POLYGON LONDON LAMBETH SW4 0JG

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 28000

Applicant Details

I/We 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.

Please state whether you are applying for a premises licence as:

a person other than an individual -as a limited company/
limited liability partnership

Applicant Details

If you are applying as a person described in one of the above please confirm: *

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

Other Applicant (Non Individual)

Name *	Drop Clapham Limited
Registered Address *	157 Drury Lane
Town/City *	London
County	
Postcode *	WC2B 5QF
Registered Number (where applicable)	13435557
Description of applicant (for example partnership, company, unincorporated association, etc) *	private limited company
Telephone Number	
Email *	

Operating Schedule

When do you want the premises licence to start? *	27/08/2021
If you wish the licence to be valid only for a limited period, when do you want it to end?	
Please give a general description of the premises. *	Wine merchant with on & off sales of alcohol until 9.30pm. Licensable activities will be provided on the ground floor and in a small external area shown on the plan.
If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.	

Operating Schedule

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 read guidance note 2) *

Plays

Films

Indoor Sporting Events

Boxing or Wrestling

Live Music

Recorded Music

Performances of Dance

Anything of a similar description falling under Music or Dance

Provision of late night refreshment

Supply of Alcohol

Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 7)*
Please enter times in 24hr format (HH:MM)

Day *

Every Day

09:00

21:30

Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) *

Both

State any seasonal variations for the supply of alcohol. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the supply of alcohol at different times from the Standard days and times listed? (please read guidance note 6)

From the end of permitted hours on New Years' Eve to the start of permitted hours on New Years' Day

Designated Premises Supervisor

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)

Title *	Mr
First name *	William George
Surname *	Palmer
Street address *	<div style="background-color: black; width: 40px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>
Town/City *	London
County	
Postcode *	<div style="background-color: black; width: 40px; height: 15px;"></div>
Personal Licence Number (if known)	07-01293-LAPER
Issuing Licensing Authority (if known)	Bristol, City of

Adult Entertainment

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).

-

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Every Day

09:00

22:00

Opening Hours

State any seasonal variations. (please read guidance note 5)

Please state any Non-standard timings, where you intend the premises to be open to the public at different times from the Standard days and times listed? (please read guidance note 6)

From the end of permitted hours on New Years' Eve to the start of permitted hours on New Years' Day

Licensing Objectives

Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

a) General - all four licensing objectives (b, c, d and e) (please read guidance note 10)

Please see attached schedule of conditions addressing the licensing objectives and Policy

b) The prevention of crime and disorder

Please see attached schedule of conditions addressing the licensing objectives and Policy

c) Public safety

Please see attached schedule of conditions addressing the licensing objectives and Policy

d) The prevention of public nuisance

Please see attached schedule of conditions addressing the licensing objectives and Policy

e) The protection of children from harm

Please see attached schedule of conditions addressing the licensing objectives and Policy

Declarations

Declaration Type *

Sole Applicant - Individual or Other

Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand 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 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.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 12). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.



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).

Full Name *

Thomas & Thomas Partners LLP

Date *

30/07/2021

Capacity *

Applicant's Solicitor



Declaration made

Do you wish to provide alternative correspondence details? *

Yes

Alternative Correspondence

Please provide Contact Name and postal address for correspondence associated with this application.

Title	Mrs
First name	Tilly
Surname	Burton
Street address *	Thomas & Thomas Partners LLP
	38a Monmouth Street
Town/City *	London
County	
Postcode *	WC2H 9EP
Telephone Number	
Email *	

Email confirmation

On submission an email confirmation will be sent using the details below

Forename	Tilly
Surname /Company Name	Burton
Email *	
Telephone	

Do not scale this drawing. Figured dimensions are to be used in preference to small scale drawings. All dimensions are to be checked on site before any work proceeds. Any errors or omissions are to be reported to the designer, if in doubt: ask.

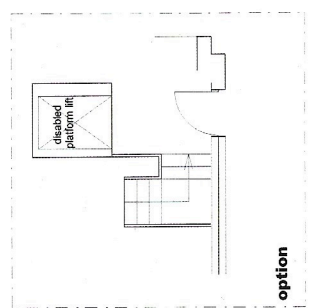
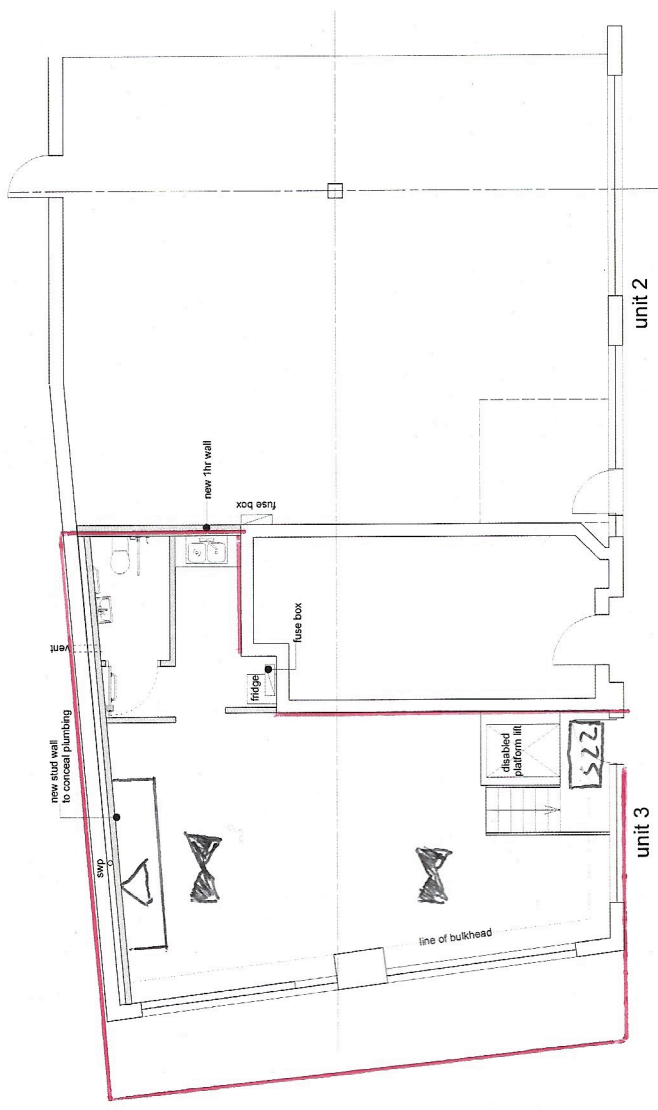
The contractor is to provide full sized setting out drawings based on information contained in this drawing for the designer's approval prior to commencing manufacture. This drawing is to be read in conjunction with all the relevant consultants and/or specialist drawings or documents and any discrepancies or variations are to be notified to the designer before the affected work commences.

extent of demised premises and area for licensable activities

Emergency Lighting

Emergency exit

Fire extinguisher



revision: a
 minor changes
 date: 13.09.06
 vc

scale: 1:100 @ A3
 drawn by: vc
 checked by: vc
 number: POLY-100-03: a

Project: The Polygon Unit 3
 Title: proposed ground floor plan

date: 16.05.2006

scale: 1:100 @ A3
 drawn by: vc
 checked by: vc
 number: POLY-100-03: a

FLOOR PLAN IS DIAGRAMMATIC ONLY
 DO NOT SCALE OFF THIS DRAWING