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.

apply descri releva	(Insert notes of the contract	ere Limited name(s) of applicant) remises licence under section Part 1 below (the premises) sing authority in accordance nises details	and I/we are i	nakin	g this applica	ition to you as the
	al addre Iaypole	ss of premises or, if none, ord	nance survey r	nap re	ference or des	cription
Post	town	Chigwell	إرتت		Postcode	IG7 6DE
Non Part 2	-domest	ic rateable value of premises	£N/A			
a)		hether you are applying for a dividual or individuals *	premises licen	ce as		ck as appropriate
b)		on other than an individual *			prease comp	nete section (A)
		s a limited company/limited I partnership	iability		please comp	olete section (B)
	ii a	is a partnership (other than lin	nited		please comp	olete section (B)
		is an unincorporated association	on or		please comp	olete section (B)
	iv other (for example a statutory corporation)		corporation)		please comp	olete section (B)
c)	a reco	gnised club			please comp	olete section (B)
d)	d) a charity				please comp	olete section (B)

e)	the pr	oprieto	r of a	n education	nal establis	hment		please com	plete section (B)
f)	a health service body							please com	plete section (B)
g)	a person who is registered under Part 2 of the Dease complete section (B) Care Standards Act 2000 (c14) in respect of an independent hospital in Wales						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						В)			
h)		ief officend and			a police for	ce in		please com	plete section (В)
* If yo	ou are a elow):	applying	g as a	person de	scribed in (a) or (b) p	lease	confirm (by t	icking yes to o	one
premi	ises for	licensal	ble ac	tivities; or	•	iness which	ch inv	olves the use	of the	\boxtimes
ı am r	statut	ory fund	ction		nt to a sue of Her N	∕lajesty's ¡	orerog	gative		
(A) IN	DIVID	UAL A	PPLI	CANTS (fill in as ap	plicable)				
								Tital (C		
Мг		Mrs		Miss		Ms 🔲		er Title (for nple, Rev)		_
Mr Surna	ame	Mrs		Miss		Ms 🗍 First na	exar			
Surna	ame of birtl				n 18 years	First na	exar		yes	
Surna Date						First na	exar	mple, Rev)	yes	
Surna Date (Natio	of birtl nality nt resid	ential	irom			First na	exar	mple, Rev)	yes	
Surna Date (Natio	of birtl nality nt resid ss if dif ses add	ential	rom			First na	exar	mple, Rev)	yes	
Date (Natio Currer address premisser)	of birtl nality nt resid ss if dif ses add	ential ferent fi			n 18 years	First na	exar	Please tick	yes	
Date of Natio	of birtl nality nt resid ss if dif ses add own me con	ential ferent fi ress		I an	n 18 years	First na	exar	Please tick	yes	
Date of Natio Currer address premis Post to Daytin E-mai (optio) Where checking	of birtl nality nt resid ss if dif ses add own me con il addr nal) e applic ing serv	ential ferent firess	epho demo	I an	n 18 years	First na	exar	Please tick Postcode	ne right to wo	rk see

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr Mrs	Miss M		Other Title (for example, Rev)	
Surname		First nam	ies	
Date of birth	I am 18 yea	rs old or o	ver Plea	se tick yes
Nationality				
Where applicable (if den checking service), the 9-note 15 for information)				
Current residential address if different from premises address				
Post town	**		Postcode	
Daytime contact teleph	one number			
E-mail address (optional)				
(B) OTHER APPLICAN Please provide name and give any registered numb body corporate), please g Name La Saliere Limited	registered address of a per. In the case of a pa	rtnership (or other joint ve	enture (other than a
Address Coopers Close, Chigw	vell, Essex			
Registered number (when 12706634	re applicable)			

Description of applicant (for example, partnership, company, unincluded Company	corporated association etc.)
Telephone number (if any)	
E-mail address (optional)	
Part 3 Operating Schedule	
When do you want the premises licence to start?	DD MM YYYY 1 0 0 8 2 0 2 0
If you wish the licence to be valid only for a limited period, when do you want it to end?	DD MM YYYY
If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.	N/A
What licensable activities do you intend to carry on from the premise	es?
(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)	П

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)	
Pro	ovision of late night refreshment (if ticking yes, fill in box I)	
Sur	pply of alcohol (if ticking yes, fill in box J)	

In all cases complete boxes K, L and M

Supply of alcohol Standard days and timings (please read			Will the supply of alcohol be for consumption — please tick (please read guidance note 8) On the premises	1	
	ice note 7			Off the premises	\boxtimes
Day	Start	Finish		Both	
Mon	09:00	17:00	State any seasonal variations for the supply of read guidance note 5)	alcohol (pleas	e
Tue	09:00	17:00			
Wed	09:00	17:00			
Thur	09:00	17:00	Non standard timings. Where you intend to us for the supply of alcohol at different times to the column on the left, please list (please read guida	ose listed in t	
Fri	09:00	17:00	Although the online store will be open for purchas day, alcohol will only be dispatched once per day hours	ses 24 hours of	
Sat	09:00	17:00			
Sun	09:00	17:00			ı

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 Terr	y Walter Barnard	
Date of bir	th Control of the Con	
Address Postal Addr	ress:	
Postcode		
Personal lie 6010	cence number (if known)	
	nsing authority (if known) rough of Southwark	

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).

N/A

L

o the pub and days are s (please	olic nd read	State any seasonal variations (please read guidance note 5)
Start	Finish	
09:00	17:00	
09:00	17:00	
09:00	17:00	Non standard timings. Where you intend the premises to be
09:00	17:00	open to the public at different times from those listed in the column on the left, please list (please read guidance note 6) Although the online store will be open for purchases 24 hours of the
09:00	17:00	day, alcohol will only be dispatched once per day during normal hours
09:00	17:00	
09:00	17:00	
	0 the put rd days a s (please rce note 7 Start 09:00 09:00 09:00 09:00	09:00 17:00 09:00 17:00 09:00 17:00 09:00 17:00 09:00 17:00 09:00 17:00

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)
Aside from the points below being implemented, regular review of the four licensing objective will be had to ensure that they are maintained as our top priority.
b) The prevention of crime and disorder
Being online, we will ensure business hours are adhered to and limit how much any one customer can purchase at a time in an attempt to minimise any potentially harmful drunkenness. In addition, deliveries from the premises address will only be dispatched once per day to minimise disruption to local areas.
c) Public safety
Being online, we will ensure business hours are adhered to and limit how much any one customer can purchase at a time in an attempt to minimise any potentially harmful drunkenness. In addition, deliveries from the premises address will only be dispatched once per day to minimise disruption to local areas.
d) The prevention of public nuisance
Being online, we will ensure business hours are adhered to and limit how much any one customer can purchase at a time in an attempt to minimise any potentially harmful drunkenness. In addition, deliveries from the premises address will only be dispatched once per day to minimise disruption to local areas.
e) The protection of children from harm
We will have an over-18 declaration on our website and ensure customers verify their age at the point of purchase and delivery. Training will also be provided to new employees to ensure that they understand this importance.

Checklist:

Please tick to indicate agreement

I have made or enclosed payment of the fee.	M
I have enclosed the plan of the premises.	\boxtimes
I have sent copies of this application and the plan to responsible authorities and others where applicable.	\boxtimes
I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	\boxtimes
I understand that I must now advertise my application.	\boxtimes
I understand that if I do not comply with the above requirements my application will be rejected.	\boxtimes
[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 or my share code issued by the Home Office online right to work checking service (please read note 15).	\boxtimes
	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 or my share code issued by the Home Office online right to work

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	• [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

Date 02/07/2020 Capacity N/A For joint applications, signature of 2 nd applicant or 2 nd 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) Post town Postcode Telephone number (if any) If you would prefer us to correspond with you by e-mail, your e-mail address (optional)		her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Capacity N/A For joint applications, signature of 2 nd applicant or 2 nd 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) Post town Post town Telephone number (if any)	Signature	
For joint applications, signature of 2 nd applicant or 2 nd 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) Post town Postcode Telephone number (if any)	Date	02/07/2020
Example 2	Capacity	N/A
Capacity Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) Post town Postcode Telephone number (if any)	authorised age	ent (please read guidance note 13). If signing on behalf of the applicant, please
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) Post town Postcode Telephone number (if any)	Signature	
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) Post town Postcode Telephone number (if any)	Date	
Post town Postcode Telephone number (if any)	Capacity	
Telephone number (if any)		
	Telephone nu	mber (if any)

Consent of individual to being specified as premises supervisor

[full name of prospective pren	mses supervisory
of	
	_
[home address of prospective premis	ses supervisor]
hereby confirm that I give my	consent to be specified as the designated premis
supervisor in relation to the ap	plication for
Premises License Application	1
[type of application]	
by	
Jordan Walker——	
[name of applicant]	***************************************
[пате от аррисалт]	
relating to a premises licence	
rotating to a promised months	[number of existing licence, if any]
for	
	-

by	ce to be granted or varied in respect of this application made
Jordan Walker——	
[name of applicant]	
concerning the supply o	of alcohol at
	-
Iname and address of premi	ses to which application relates]
intend to apply for or obelow.	entitled to work in the United Kingdom and am applying for, currently hold a personal licence, details of which I set out
Personal licence number	er
6010	
[insert personal licence numb	per, if any]
Personal licence issuing	
London Borough of Sc	•
[insert name and address and	d telephone number of personal licence Issuing authority, if any]
Signed	
Name (please print)	Terry Walter Barnard———
(produce prints)	Terry Walter Damaid
Date	02/07/2020





First Floor Plant

3 Smoke Detector

Title	Address	Scale	Date	Drawn by	
	11 Maypole Drive Chigwell	1:100@A4	03/08/20	JW	
Floor Plans		Job Number	Drawing Number	Revision	
	Essex	2362	04	-	
					J.

Announcements - Public Notices

Notice of Application for a New Premises Licence under the Licensing Act 2003

Licensing Act 2003

Notice is spiren this day tith August 2020 that La Salere Limited, 11 Mayoole Orhe, Chigwell has applied to the Licensing office of Epping Forest District Council for a Premises Licence in respect of Le Salere Limited, 11 Mayople Dirive, Chigwell, Application for a new premises scence for the sale of alcohol fasile of alcohol finale of the sale of alcohol via our online business are only. The premises will be used as storage for the alcohol before being delivered to the customer. The register of licensed premises is maintained at the Licensing Office of Epping Forest Extra Council School Computer Council Counci

Did you know our local website attracts more than...

218k+
unique browsers
every month.*

*Source: Omniture Q3 2018

Guardian

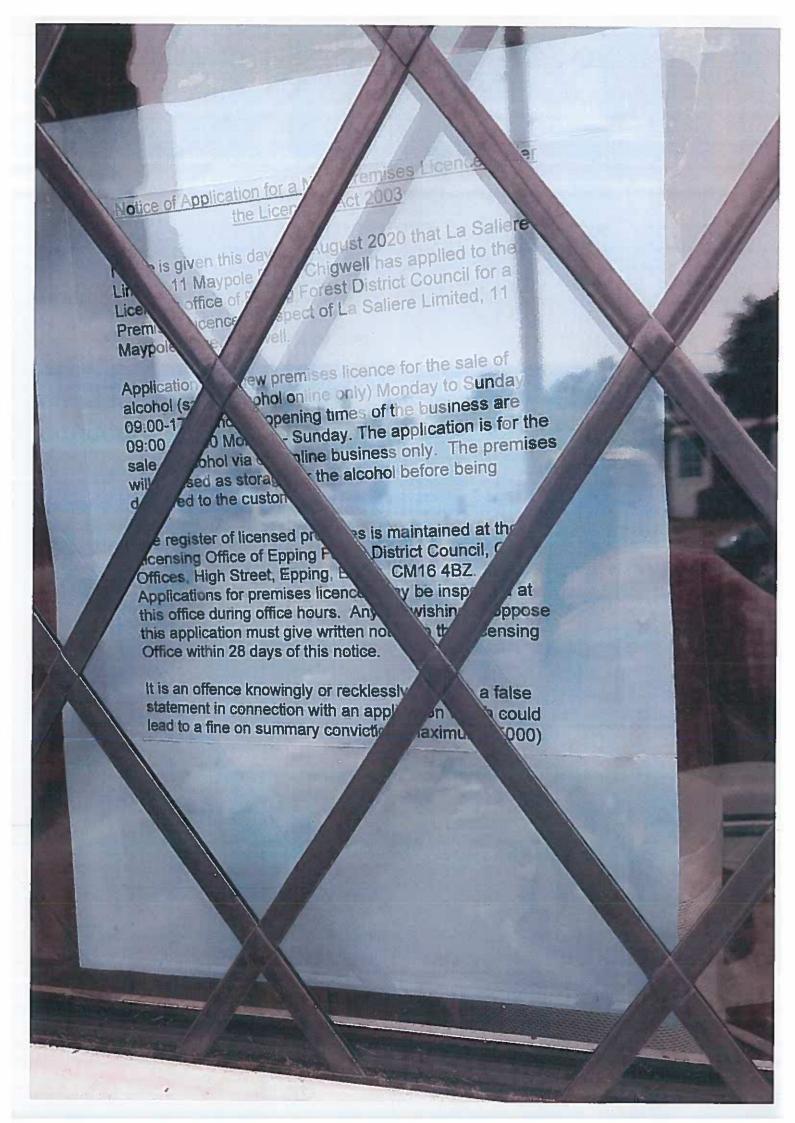
To discuss your requirements:

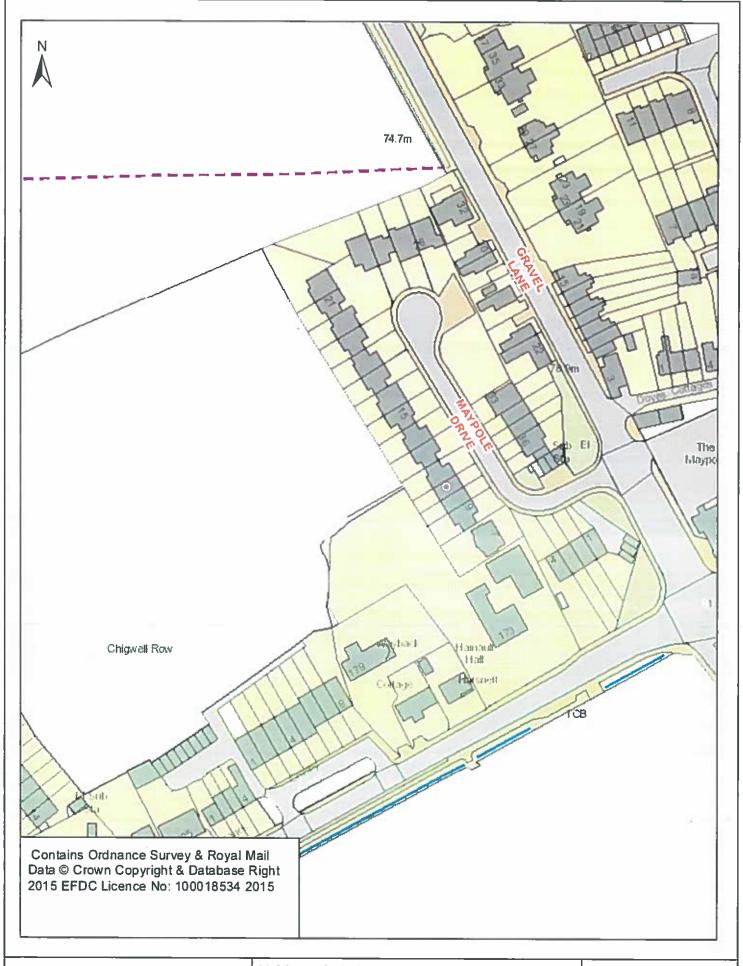
020 8884 7420

saleseast@localiq.co.uk eppingforestguardian.co.uk

guardian-series.co.uk

LOCALiQ localiq.co.uk







11 Maypole Drive, Chigwell

Date: 06/08/2020

Scale: 1:1,250

Name: arcgis

Maypole Drive

Chigwell Row

Essex



The Licensing Team

Epping Forest District Council

Civic Offices

High Street

Epping

Essex CM16 4BZ

Dear sirs/mesdames,

Re: Register of Licence applications received

Applicant name: La Saliere Limited

Address of premises: 11 Maypole Drive, Chigwell, Essex IG7 6DE

WE, the undersigned residents of Maypole Drive, wish to object to the grant of the above licence.

The premises are a dwelling house in a terrace of four houses situated near the top of a residential cul-de-sac. It is not an end of terrace property, and the garage belonging to this property is in a separate block.

There are Restrictive Covenants on the properties in Maypole Drive which can be seen on the Land Registry records – one of which is that no trade or business of any kind other than that of a Doctor, Solicitor or duly registered Dentist shall be carried on upon any part of the said land without the Vendors previous consent in writing first obtained.

Our objections are as follows;

The prevention of crime and disorder

The application states that the premises are to be used as a storage facility to cater for the online sale of alcoholic beverages. It is not clear what the business plan is, but the application also states that the premises will be open to the public Monday to Sunday 09:00 – 17:00. If this means that people can visit the property to buy alcohol, we are concerned that this may lead to people consuming alcohol in Maypole Drive, with a risk of street disorder. We are also concerned that the storage of large quantities of alcohol may attract thieves and burglars, and there are already concerns about crime in Chigwell Row.

Public Safety

We are concerned about the fire risk of the storage of large quantities of highly flammable alcohol in a terraced house. There are families with young children living nearby.

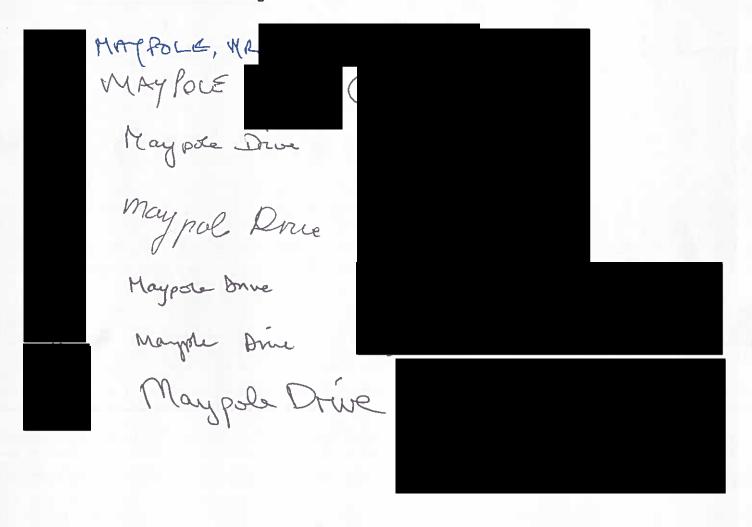
The prevention of public nuisance

We are concerned about the potential number of vehicles coming into Maypole Drive from members of the public attending a residential cul-de-sac for the purchase of alcohol. This may cause considerable nuisance and obstruction of the road as there are already difficulties with cars forced to park half up on the pavements, considerably narrowing access.

Protection of children from harm

The premises will be open to the public 7 days per week. There are young children in the immediate vicinity, who play in the street. They would be put at risk by added traffic and may also be exposed to harm if persons attending to purchase alcohol choose to consume it in the street.

We have also contacted Cllr Pranov Bhanot with our concerns and have asked him to speak for us at the sub-committee meeting.





23rd August 2020

Epping Forest District Council Licensing Unit Civic Offices High Street Epping Essex CM16 4BZ

Dear Sirs

Re: Proposed Premises Licence 11 Maypole Drive, Chigwell, IG7 6DE

I am writing with regard to the above application. The Applicant says he will only be storing wine at the premises for distribution by post. However, although this might be his initial intention, I am concerned that once a Licence is granted it will give him carte blanche.

Maypole Drive is a residential cul-de-sac with very limited parking and is totally unsuitable for licensed premises.

The prevention of public nuisance

My concern is that once word gets around, customers will be calling to collect their orders. I find it very worrying that the proposed Licence states "Hours premises will be open to the public Monday to Sunday 09.00 - 17.00".

I feel this is totally unacceptable.

Yours faithfully



Jennifer M Berry

Handan Ibrahim

From:

Jordan Walker

Sent:

12 August 2020 10:15

To:

Licensing Epping and Brentwood

Cc:

Licensing

Subject:

Re: Premises Licence Application - 11 Maypole Drive

CAUTION: This Message originated outside of Epping Forest District Council. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Good morning Peter,

I agree to the additional measures stipulated below being added.

Many thanks,

Jordan Walker

From: Licensing Epping and Brentwood < licensing.epping.and.brentwood@essex.police.uk >

Sent: 12 August 2020 09:23

To:

Good morning,

I am contacting you regarding your application for a premises licence; with a view to agreeing some additional measures toy promote the licensing objectives, that would then be attached to any premises licence if granted. Please consider the below and by return email advise whether you are happy to agree to them being added or not.

Off-sales are not permitted to persons on or in the immediate vicinity of the premises: sales of alcohol for consumption off the premises may only be made to persons at another location to whom alcohol will be delivered by the licence holder or his agent.

Where alcohol is to be delivered to a customer; proof of age consistent with the mandatory condition will be required before the delivery is completed.

Order payments will only be taken by credit/debit card via web sales (or telephone) (no payment will be accepted at the door).

Kind regards,

Peter



Peter Jones (7706) MIOL MBII

Licensing Officer – Epping Forest & Harlow

2 01279625405 (Ext: 313604) \$\circ\$07870909762

Loughton Police Station, 158 High Road, Loughton, IG104BE

Handan Ibrahim

From:

Licensing Epping and Brentwood

licensing.epping.and.brentwood@essex.police.uk>

Sent:

12 August 2020 09:24

To:

Licensing

Cc: Subject:

Premises Licence Application - 11 Maypole Drive

CAUTION: This Message originated outside of Epping Forest District Council. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Good morning,

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Kind regards,

Peter



Peter Jones (7706) MIOL MBII

Licensing Officer – Epping Forest & Harlow

© 01279625405 (Ext: 313604) **6**07870909762

Loughton Police Station, 158 High Road, Loughton, IG104BE

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