

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 CHRISTINE ADEOSUN
(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			
CHRISTINE HOUSE LONDON ROAD RAINHAM			
Post town	KENT	Postcode	ME8 8PT

Telephone number at premises (if any)	07843 273591
Non-domestic rateable value of premises	£

Part 2 - Applicant details

Please state whether you are applying for a premises licence as **Please tick as appropriate**

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input checked="" type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability) | <input type="checkbox"/> | please complete section (B) |
| iii as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> | please complete section (B) |

M r	Mr s	Mi ss	M s	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					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

(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	SOLID ROCK HOLDING LTD
Address	45 STRAITH NAIKW STREET LONDON SE1 5BN
Registered number (where applicable)	11797995
Description of applicant (for example, partnership, company, unincorporated association etc.)	LTD COMPANY .
Telephone number (if any)	07843273591
E-mail address (optional)	info@ekofoodmarket.com .

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
01 07 2021

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)
EVENTS VENUE FOR WEDDINGS &
OTHER SOCIAL EVENTS - LARGE
BUILDING WITH SEPERATE HALLS
& KITCHENS INCLUDING PARKING.
NOT LOCATED BY ANY RESIDENTIAL AREAS.

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 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)

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 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	8AM	21.00			
Tue	8AM	21.00	State any seasonal variations for performing plays (please read guidance note 5)		
Wed	8AM	21.00			
Thur	8AM	21.00	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)		
Fri	8AM	21.00			
Sat	8AM	21.00			
Sun	8AM	21.00			

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	Please give further details here (please read guidance note 4)		
Mon	08.00	24.00			
Tue	08.00	24.00	State any seasonal variations for the exhibition of films (please read guidance note 5)		
Wed	08.00	24.00			
Thur	08.00	24.00	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)		
Fri	08.00	24.00			
Sat	08.00	24.00			
Sun	08.00	24.00			

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			
Mon	0800	0300	Please give further details here (please read guidance note 4) <i>NOISE REDUCTIONS AS EVENING PROGRESSES .</i>		
Tue	0800	0300			
Wed	0800	0300	State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	0800	0300			
Fri	0800	0300	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)		
Sat	0800	0300			
Sun	0800	0300			

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	0800	0300	Please give further details here (please read guidance note 4) SOME MUSIC PLAYED OUTSIDE DUE TO AN EVENT TAKING PLACE I.E WEDDING BUT THIS WILL BE QUIET + MORE BACKGROUND	Both	<input checked="" type="checkbox"/>
Tue	0800	0300			
Wed	0800	0300	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	0800	0300			
Fri	0800	0300	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)		
Sat	0800	0300			
Sun	0800	0300			

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon	0900	0300			
Tue	0900	0300			
			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Wed	0900	0300			
Thur	0900	0300			
			<u>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</u> (please read guidance note 6)		
Fri	0900	0500			
Sat	0900	0300			
Sun	0900	0300			

I

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	<u>Please give further details here</u> (please read guidance note 4)		
Mon	2100	0300			
Tue	2100	0500	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Wed	2100	0300			
Thur	2100	0300	<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> (please read guidance note 6)		
Fri	2100	0500			
Sat	2100	0300			
Sun	2100	0300			

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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) 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)		
Mon	0800	0300			
Tue	0800	0300			
Wed	0800	0300			
Thur	0800	0300			
Fri	0800	0300			
Sat	0800	0300			
Sun	0800	0300			

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 CHRISTINE ADEOSON	
Date of birth 04/06/1968	
Address 45 STRAITHNAIRN STREET LONDON	
Postcode	SE1 5BN
Personal licence number (if known)	
Issuing licensing authority (if known) SWALE BOROUGH COUNCIL	

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).

ALL ADULT ENTERTAINMENT "IF REQUESTED"
NO CHILDREN TO BE PERMITTED ON THE
PREMISES AT SUCH TIMES.

MOREOVER IN GENERAL - ALL STAFF SHOULD
BE ADEQUATELY TRAINED IN THE SAFE
GUARDING OF CHILDREN AND BE
COMPLIANT IN ALL ASPECTS OF LEGISLATIONS

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	08:00	3AM	SPRING + SUMMER COULD BE MORE POPULAR DUE TO WEDDINGS BEING BOOKED AT THIS TIME
Tue	08:00	3AM	
Wed	08:00	3AM	
Thur	08:00	3AM	
Fri	08:00	3AM	
Sat	08:00	3AM	
Sun	08:00	3AM	

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).

BANK HOLIDAYS 8AM - 3AM.

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)

ALL STAFF TO BE FULLY INDUCTED & TRAINED IN
OUR POLICIES + PROCEDURES.

INCL: HEALTH & SAFETY - STAFF + PUBLIC WELFARE.

b) The prevention of crime and disorder

CCTV - RECORDABLE - NOTICES ON PROPERTY.
S.I. A LICENCED DOOR SUPERVISORS INCL FEMALES
• INCLUDING RADIOS - HINI TABARDS
• NO GLASS BOTTLES TO BE TAKEN OUTSIDE
• HIGHLY INTOXICATED PERSONS TO BE
EJECTED FROM THE PREMISES.

c) Public safety

FREQUENT FIRE SAFETY CHECKS CARRIED OUT
ALL FIRE ESCAPE ROUTES HIGHLIGHTED PRIOR
TO EVENT.
ADEQUATE PROVISIONS IN PLACE FOR DISABLED
PERSONS TO MOVE FREELY
NO SMOKING POLICY'S - PUBLIC NOTICES DISPLAYED

d) The prevention of public nuisance

DOORS AND WINDOWS TO BE CLOSED WHEN
REGULATED ENTERTAINMENT IS TAKING PLACE
(AIR CONDITIONED PREMISES)
NOISE MANAGEMENT PLAN TO BE DEVISED
REDUCTION IN MUSIC THROUGH TO FINAL HOURS
BINS TO BE EMPTIED FREQUENTLY
RESPAL OF BOTTLES TO BE DONE BEFORE 11PM.

e) The protection of children from harm

ALCOHOL NOT AVAILABLE FOR CHILDREN. I.D PERMIT
"PROOF OF AGE POLICY".
NO PERSONS UNDER 18 TO ENTER PREMISES "IF"
THERE IS ADULT ENTERTAINMENT.
CHILDREN MUST BE ACCOMPANIED BY AN ADULT
AT ALL TIMES.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- 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 checking service (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, 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)
Signature	
Date	14.06.21
Capacity	OWNER.