

## 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 Gardshol Enterprises Limited

*(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			
Savanna Unit 5 Guildford Station			
Post town	Guildford	Postcode	GU1 4UT

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 31750

### Part 2 - Applicant details

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

a)	an individual or individuals *		please complete section (A)
b)	a person other than an individual *		
	i as a limited company/limited liability partnership	X	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)
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		please complete section (B)
h)	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	Mrs	Miss	Ms	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over		Please tick yes	
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	

<b>Daytime contact telephone number</b>	
<b>E-mail address (optional)</b>	
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)	

**Second individual applicant** (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b> or over		I am 18 years old		Please tick yes	
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service: (please see note 15 for information)					

**(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	Gardshol Enterprises Limited
Address	Unit 78 55-59 Weir Road
Registered number (where applicable)	05754966
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited Company
Telephone number (if any)	0208 947 5473                      Alternative contact - [REDACTED]
E-mail address (optional)	accounts@thesavanna.co.uk

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
2	0	032025

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 delicatessen specialising in high quality South African produce selling fresh and dried meats, imported groceries and a small selection of expensive beers/ciders and boutique South African wines and spirits

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
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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)	

<b><u>Provision of late night refreshment</u></b> (if ticking yes, fill in box I)	
<b><u>Supply of alcohol</u></b> (if ticking yes, fill in box J)	X

**In all cases complete boxes K, L and M**

**A**

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

**B**

Films Standard days and timings (please read guidance note 7)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon				<b><u>Please give further details here</u></b> (please read guidance note 4)	
Tue					
Wed			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 5)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 6)		
Sat					
Sun					

**C**

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



**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors		
Day	Start	Finish		Outdoors		
Mon				<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue						
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)			
Thur						
Fri			<b><u>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</u></b> (please read guidance note 6)			
Sat						
Sun						

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon				<b><u>Please give further details here</u></b> (please read guidance note 4)	Both
Tue					
Wed			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 6)		
Sat					
Sun					

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon				<b>Please give further details here</b> (please read guidance note 4)	
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> 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	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)		
Fri					
Sat			<b><u>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</u></b> (please read guidance note 6)		
Sun					

I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon				<b><u>Please give further details here</u></b> (please read guidance note 4)	
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Thur					
Fri			<b><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></b> (please read guidance note 6)		
Sat					
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	
				Off the premises	X
				Both	
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Mon	0700	2100			
Tue	0700	2100			
Wed	0700	2100			
Thur	0700	2100			
			<b>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</b> (please read guidance note 6)		
Fri	0700	2100			
Sat	0700	2100			
Sun	0700	2100			

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):

<b>Name</b> [REDACTED]	
<b>Date of birth</b>	
<b>Address</b> [REDACTED] [REDACTED]	
<b>Postcode</b>	[REDACTED]
<b>Personal licence number (if known)</b> [REDACTED]	

Issuing licensing authority (if known)  
London Borough of Merton

**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).

N/A

**L**

<p><b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)</p>			<p><b>State any seasonal variations</b> (please read guidance note 5)</p>
Day	Start	Finish	
Mon	0700	2100	<p><b>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</b> (please read guidance note 6)</p>
Tue	0700	2100	
Wed	0700	2100	
Thur	0700	2100	
Fri	0700	2100	
Sat	0700	2100	
Sun	0700	2100	



## **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)

See Annex A

**b) The prevention of crime and disorder**

See Annex A

**c) Public safety**

See Annex A

**d) The prevention of public nuisance**

See Annex A

**e) The protection of children from harm**

See Annex A
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**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.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [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</li> </ul>
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	<p>will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</p> <ul style="list-style-type: none"> <li>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)</li> </ul>
Signature	██████████
Date	9 <sup>th</sup> February 2024
Capacity	Licensing Agent

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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	

<p>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)</p> <p>██████████ ██████████</p>			
Post town	██████████	Postcode	██████████
Telephone number (if any)	██████████		
<p>If you would prefer us to correspond with you by e-mail, your e-mail address (optional) petersparham@icloud.com</p>			

## **Application for a Premises Licence to be granted the Licensing Act 2003**

### **Annex A**

With regard to the Licensing objectives the following conditions are offered

1. A digital CCTV system will be operated and maintained within the venue, covering internal areas and the outside seating area.
2. The CCTV system will be in operation at all times the premises are open for licensable activities. The system will have of storing up to 31 days of footage. Footage will be available upon reasonable request from an Authorised officer.
3. Whilst the CCTV system is in operation there will be someone on duty capable of operating and downloading images.
4. Substantial food and non-intoxicating beverages will be available in all parts of the premises where alcohol is sold or supplied for consumption in the premises.
5. All sales of alcohol for consumption off the premises shall be sold in sealed containers, except that to be consumed at the seating outside the premises. Consumption outside the premises will cease at 2230.
6. Notices shall be positioned at the exits to the building requesting customers to leave in a quiet manner.
7. A proof of age scheme, such as Challenge 25, shall be operated at the premises.
8. An incident log shall be kept at the premises, and made available on request to an authorised officer of the Council or the Police, this will record the following:-
  - a) All crimes reported to the venue.
  - b) All ejections of patrons.
  - c) Any complaints received.
  - d) Any incidents of disorder.
  - e) Seizures of drugs or offensive weapons.
  - f) Any faults in the CCTV system.
  - g) Any refusal of sale of alcohol.
  - h) Any visit by relevant authority or emergency service.
7. All members of staff will be given regular training to include each of the four licensing objectives and related responsibilities.

