

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 fluriches ventures limited

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 9 Brewhouse Yard Gravesend Kent DA12 2EJ			
Post town	Gravesend	Postcode	DA12 2EJ
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 5700	

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) X
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; **X** 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)

		Other Title (for example, Rev)	
Surname		First names	
Date of birth		I am 18 years old or over	
Nationality			
Current residential address if different from premises address			
Post town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			
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)			

SECOND INDIVIDUAL APPLICANT (if applicable)

		Other Title (for example, Rev)		
Surname		First names		
Date of birth		I am 18 years old or over		
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 fluriches ventures limited
Address 1A OAK ROAD GRAVESEND Kent DA12 5LG
Registered number (where applicable) 04246623

Description of applicant (for example, partnership, company, unincorporated association etc.)
Limited company

Telephone number (if any)

E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

08/05/2022

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 (please read guidance note 1)

THE PREMISES IS A RESTUARNT WITH A BAR, THE PROPERTY IS AN OPEN PLAN TYPE AND AS YOU WALK IN THROUGH THE MAIN ENTRANCE, THE ORDERING COUNTER DOUBLES UP AS THE BAR AND ITS OPPOSITE THE FRONT DOOR. THE KITCHEN IS BEHIND THE ORDERING COUNTER. MOST OF THE CLIENTEL ARE OF THE AFRO CARRIBEAN DEMOGRAPHY. THE DINING HAS A SITTING CAPACITY OF 30. IT WILL ALSO BE USED FOR OCCASIONAL PRIVATE HIRE AND/OR EVENTS.

THE DISPLAY ALCOHOL WILL BE KEPT BEHIND THE BAR COUNTER ONLY ACCESSIBLE TO THE STAFF. FULL DETAILS OF THE LAYOUT IS ATTACHED

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)

Please
tick all

Provision of regulated entertainment (please read guidance note 2)

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) **X**

f) recorded music (if ticking yes, fill in box F) **X** g) performances of dance (if ticking yes, fill in box G)

anything of a similar description to that falling within (e), (f) or (g) h)
(if ticking yes, fill in box H)

Provision of late night refreshment (if ticking yes, fill in box I) **X**

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

In all cases complete boxes K, L and M

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	
				Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
Thur					
Fri			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)		
Sat					
Sun					

B

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

C

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

Wed			
Thur			<p><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> (please read guidance note 6)</p>
Fri			
Sat			
Sun			

D

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

Sat			
Sun			

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	X
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	14:00	01:30			
Fri	14:00	01:30	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	14:00	01:30			
Sun	14:00	01:30			

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	X
				Outdoors	
				Both	
Day	Start	Finish			
Mon	11:00	02:00	Please give further details here (please read guidance note 4)		
Tue	11:00	02:00			
Wed	11:00	02:00	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	11:00	02:00			

Fri	11:00	02:00	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	11:00	02:00	
Sun	11:00	02:00	

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	
					Outdoors	
Day	Start	Finish			Both	
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			
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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	
Mon				Outdoors	
				Both	
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					

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	X
		Outdoors	

				Both	
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	11:00 -----	02:00 -----			
Tue	11:00 -----	02:00 -----			
Wed	11:00 -----	02:00 -----	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur	11:00 -----	02:00 -----			
Fri	11:00 -----	02:00 -----			
Sat	11:00 -----	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	11:00 -----	02:00 -----			

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	X
Day	Start	Finish			Off the premises	
Mon	11:00 -----	02:00 -----	State any seasonal variations for the supply of alcohol (please read guidance note 5)			
Tue	11:00 -----	02:00 -----				
Wed	11:00 -----	02:00 -----				
Thur	11:00 -----	02:00 -----	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	11:00 -----	02:00 -----				
Sat	11:00 -----	02:00 -----				

Sun	11:00	02:00
	-----	-----

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 Mr. ADEKUNLE ADEPARUSI		
Date of birth		
Address		
Postcode		
Personal licence number (if known)		
Issuing licensing authority (if known)		

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	11:00	02:00	
	-----	-----	
Tue	11:00	02:00	

Wed	11:00	02:00	
Thur	11:00	02:00	<p>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 <u>list</u> (please read guidance note 6)</p>
Fri	11:00	02:00	
Sat	11:00	02:00	
Sun	11:00	02:00	

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)

As the Licensee, the business will ensure that all times when the premises are for any licensable activity, there are sufficient competent staff on duty at the premises for the purpose of fulfilling the terms and conditions of the license and for preventing crime and disorder. We'll, as the license holder, shall ensure that all staff undertake required training in their responsibilities in relation to the sale of alcohol, particularly with regard to drunkenness and underage persons. Records will be kept of all staff training and refresher training.

b) The prevention of crime and disorder

Any incidents of a criminal nature that may occur on the premises will be reported to the Police instantly. Comprehensive CCTV system conforms to the following points: Cameras fitted to observe the entrance and exit doors both from the inside and outside. Cameras on the entrances to capture full frame shots of the heads and shoulders of all people entering the premises ensuring easy identification. Cameras viewing till areas to capture frames a minimum of 50% of the screen. Cameras overlooking floor areas to be wide angled to give an overview of the premises. Be able to visually confirming the nature of the crime committed. Provide a linked record of the date, time and place of any image. Provide good quality images –colour during opening times. Operate under existing light levels within and outside the premises. The recording device is located in a secure locked office. Has a monitor to review images and recorded picture quality. Be regularly maintained to ensure continuous quality of image capture retention. Have clear displayed posters and signs in the customer area to advise that CCTV is in operation. Digital images to be kept for minimum of 31 days. Police will have access to images at any reasonable time. The CCTV equipment has suitable export method, e.g. CD/DVD writer so that the police can make an evidential copy of the data they require should they need to. This data will be in original file format, to ensure that no image quality is lost when making the copy, if this format is nonstandard (i.e. manufacturer proprietary) then we will ensure and supply the replay software to ensure that the video on the CD can be replayed by the police on a standard computer. Copies to be easily available to Police on request.

c) Public safety

Appropriate fire safety procedures are in place including fire extinguishers (foam, H2O and CO2), fire blanket, internally illuminated fire exit signs, numerous regularly inspected smoke detectors and emergency lighting (see enclosed plan for

details of locations). All appliances are inspected annually. All emergency exits will be kept free from obstruction at all times. Free drinkable water to be provided to customers should they require it.

d) The prevention of public nuisance

All customers will be asked to leave the premises quietly and clear and legible notices will be displayed to remind customers to exit quietly and with respect and regards for the neighbours.

e) The protection of children from harm

The licensee and ALL staff will ask customers who appear under the age of 25 for photographic ID as proof of age: Citizen Card, photographic driving license or passport, an official identity card issued by HM Forces or by an EU country, bearing the photograph and date of birth of bearer. All staff will be trained for underage sales prevention regularly and a register of refused sales to be kept and maintained on the premises.

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	fluriches ventures limited
Date	2022-03-28
Capacity	Applicant

nd nd

For joint applications, signature of 2 applicant or 2 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)			

DETAILED SPECIFICATIONS, MATERIALS, EXTRACTING SYSTEM TO BE SUPPLIED BY RELEVANT CONTRACTORS AND NEAREST COMPANY.

SELF-CONTAINED BUNKER ALARMS TO BE INSTALLED AND WIRING PROVIDED WITH BATTERY BACKUP. BATTERIES TO BE MAINTAINED IN ACCORDANCE WITH DESIGN PART 1.

HEAT DETECTOR TO BS 5829

THE ALARM CALL POINT TO BS 5839 TO BE INSTALLED IN ACCORDANCE WITH THE STRUCTURE AND FIRE ALARM CALL POINTS ARE TO BE INSTALLED IN ACCORDANCE WITH DESIGN PART 1.

ANY EXISTING STEEL BEAMS TO BE PROTECTED WITH AN APPROPRIATE SYSTEM OR BE SHELTERED TO ACHIEVE EQUAL OR BETTER.

NOTE:

WORK TO BE PROVIDED (ILLUMINATED) BY TOP DOWN LIGHTING WITH LIGHT DETAILING AND LIGHTING THE NEAREST EXIT BATTERY BACKUP EMERGENCY LIGHT TO BS 5286.

ACCESSIBLE TOILET

GRAB BARS: THE COLOUR OF THE GRAB BARS AND WALL GRAB SWITCH TO CONTRAST WITH THE SURROUNDING WALLS.

TURNS: SINGLE-TURNING CIRCLE CHAIRS OF 180MM FOR SUPPORTING MANOEUVREING SHAFT FOR A WHEELCHAIR.

FLUSH TOILETS LOCATED ON OPEN SIDE OF THE DISTRICT NOT ON THE WALL SIDE.

THE SET WORK TO BE SUPPLIED BY CONTRACTOR FOR WET WALL TANKS

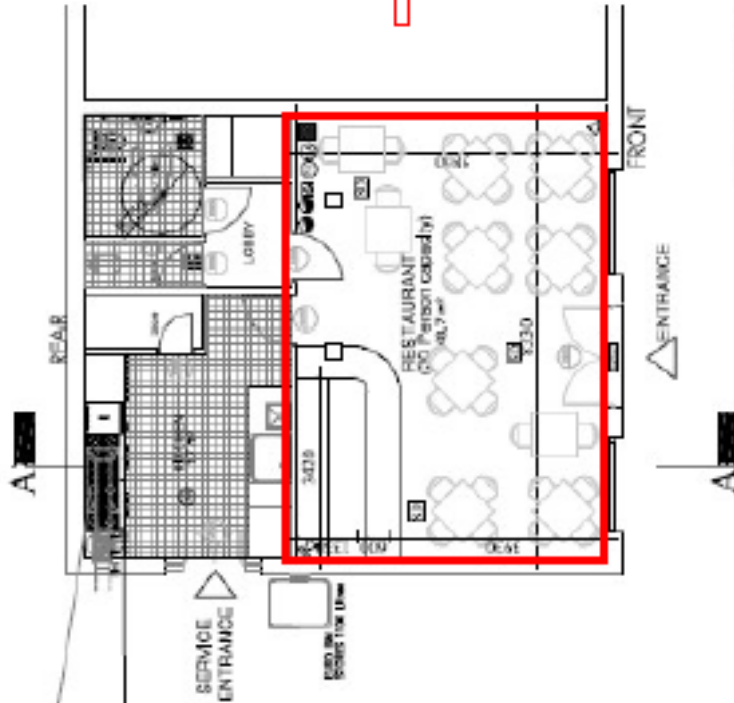
TYPE PERMANENT SPLIT CAPACITOR, REGULATED ENCLOSURE, SPEED: 4 POLY APPROX 14000rpm/h

SEMI SEA EXTRACTION KILN FOR EXHAUSTING AND EXHAUSTING AT LEAST 100MM ABOVE FINEST WINDOW HEAD.

DOUBLE SEAL DOUBLE ACCESS COVER (2000 X 1000) AND FRAME TO MATCH AT PETER SAVAGE OR EQUAL.

LEGEND	
	SMOKE DETECTOR
	FIRE ALARMS
	EMERGENCY LIGHT
	HEAT DETECTOR
	EXTRACT FAN
	ENTRY PHONE
	FIRE ALARM BREAK GLASS

LEGEND	
	FIRE EXIT
	FIRE EXTINGUISHER(CO2)
	FIRE EXTINGUISHER(FOAM)
	FIRE BLANKET
	BATTERY BACKUP EMERGENCY LIGHT
	SWIRE ALARM CALL POINT
	CCTV CAMERA



SCALE BAR 1:100



PROPOSED GROUND FLOOR PLAN

9 BREWHOUSE YARD, GRAVESEND DA12 2EJ