

**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 ELYS (WIMBLEDON) P.L.C.  
*(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			
16 ST GEORGES ROAD WIMBLEDON			
Post town	LONDON	Postcode	SW19 4DP

Telephone number at premises (if any)	0208 946 9191
Non-domestic rateable value of premises	£ 570,000

**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  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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>			I am 18 years old or over <input type="checkbox"/> 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>					

**SECOND INDIVIDUAL APPLICANT** (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		

<b>Date of birth</b>		I am 18 years old or over <input type="checkbox"/> 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>			

**(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	ELYS (WIMBLEDON) P.L.C.
Address	16 ST GEORGES ROAD WIMBLEDON LONDON SW19 4DP
Registered number (where applicable)	00266265
Description of applicant (for example, partnership, company, unincorporated association etc.)	Company
Telephone number (if any)	0208 946 9191
E-mail address (optional)	maurasyed@moreystores.co.uk

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

Elys is a department store with 4 retail floors, a cafe Nero coffee shop on first floor and Elys restaurant operated by Messarella LTD on the 3rd floor.

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)

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)

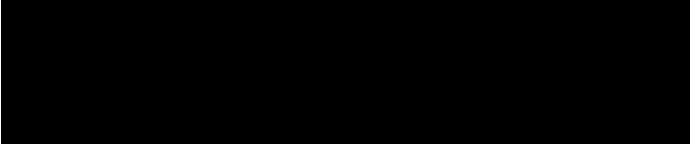
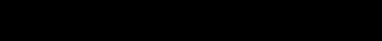



**In all cases complete boxes K, L and M**

**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	<input checked="" type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Mon	08.00	21.00			
Tue	08.00	21.00			
Wed	08.00	21.00			
Thur	08.00	21.00			
Fri	08.00	21.00			
Sat	08.00	21.00			
Sun	11.00	17.00			
			<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)		

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	MILENA STAIANO-HUMPHRIES.
Date of birth	
Address	
Postcode	
Personal licence number (if known)	
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

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	21.00	<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)
Tue	08.00	21.00	
Wed	08.00	21.00	
Thur	08.00	21.00	
Fri	08.00	21.00	
Sat	08.00	21.00	
Sun	11.00	17.00	

**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 9)**

Training of all staff to meet all four licensing objectives paying particular attention to not selling alcohol to underage - clear "Challenge 25", plus till system to remind staff to "Challenge 25". CCTV use in all Retail Areas, very good coverage of all floors. Quality Training Records and Logs, including alcohol training in induction to take place prior to the selling of such products; the lawful selling of age restricted products and refusing the sale of alcohol to a person who is drunk. Also an annual retrain to all staff. Security tagging, security patrol and monitoring area/tagging. Staff availability in area, alcohol gifts only displayed/sold from top floor - no hot-spot or dual siting of product throughout store.

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

Security staff on site during all trading hours. CCTV use in all Retail Areas. Staff will be well trained to not sell alcohol to drunk, intoxicated or disorderly customers. Radio Link system in place to communicate throughout store and town centre. The sale of alcohol is restricted to allow only items that reasonably fall within the following descriptions; seasonal gift sets, mulled wine, Christmas/ winter ale, seasonal combination such as wine & flowers, craft beers, speciality spirits & liqueurs, sparkling wine. Lockable storage area. Tagging of all items for sale over £5.00, tagging monitor set up and reviewed daily by security. Area to be manned throughout trading times.

**c) Public safety**

Security staff on site during all trading hours.  
CCTV use in all Retail Areas and specifically 3 cameras on the 3rd floor gift section where the alcohol products will be sold. Goods will be sold at the farthest point from the entrance doors to avoid theft.  
Lighting to external areas and CCTV externally.  
Additional fire extinguishers placed near fire exit 3 floor gift section.  
Log Book recording any incident or declined sales. Refusal log at the till point.  
General Maintenance of store will be maintained in good order at all times.

**d) The prevention of public nuisance**

In store banning system.  
Radio Link to Police and other retail stores.  
Customers will not be admitted out with opening hours.  
All perimeter doors are monitored to prevent drunk, intoxicated or disorderly customers from entering.  
Access control system in place.

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

Suitable and sufficient signage advertising the "Challenge 25" policy will be displayed in prominent locations in the area licenced for the sale of alcohol. The premises will operate a "Challenge 25" policy whereby any person attempting to buy alcohol who appears to be under 25 will be asked for photographic ID to prove their age. Implement Challenge 25 scheme for all alcohol sales.  
Keep robust training records of alcohol training - including ID requirements, age establishment.  
Log book of incident declined sales.



**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 (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 will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li> <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, if appropriate (please see note 15)</li> </ul>
Signature	[REDACTED]
Date	24/6/2019.
Capacity	Company SECRETARY

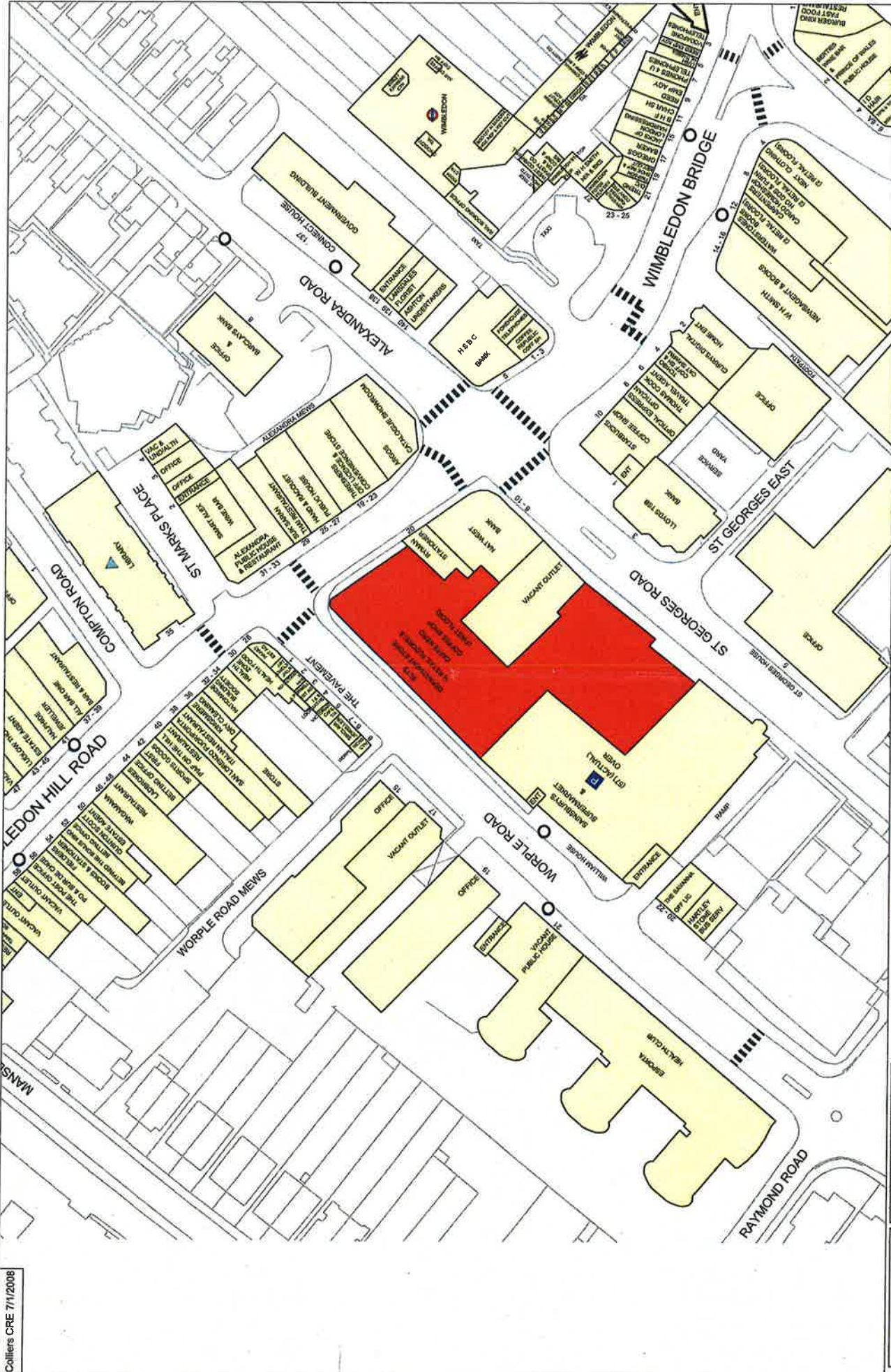
**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Maurya Syed Morleys Stores Limited 16 St Georges Road			
Post town	LONDON	Postcode	SW9 4DJ
Telephone number (if any)	0208 739 0505		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

**Notes for Guidance**

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. In terms of specific regulated entertainments please note that:



45 metres



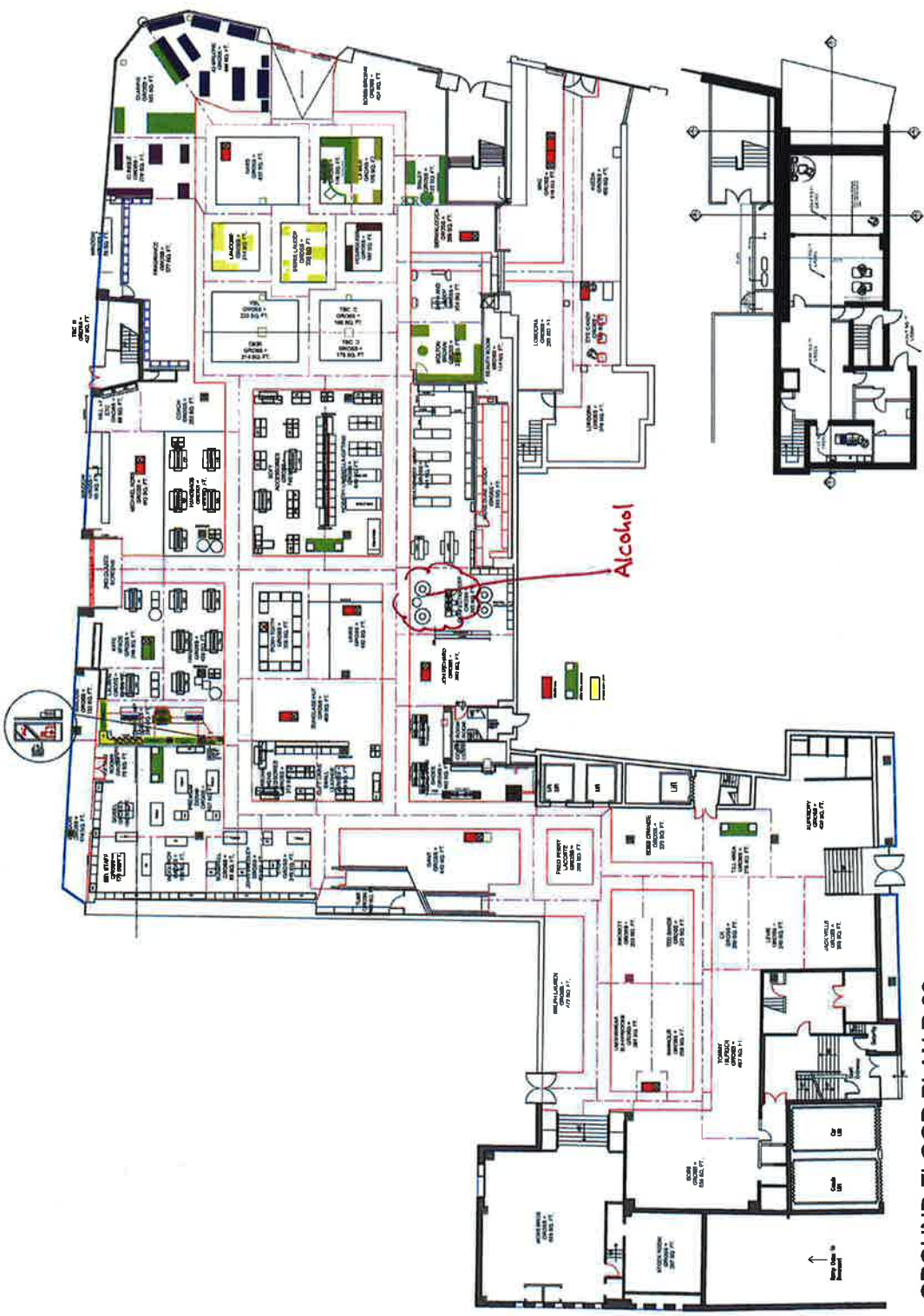
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**EMPLOYERS  
REQUIREMENT**

DATE	NO.	DESCRIPTION
11/15/18	01	ISSUED FOR PERMITS
11/15/18	02	REVISED PER COMMENTS
11/15/18	03	REVISED PER COMMENTS
11/15/18	04	REVISED PER COMMENTS
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11/15/18	100	REVISED PER COMMENTS



**GROUND FLOOR PLAN R 29**

**dms**  
design management solutions  
10000 15th Avenue, Suite 1000, Denver, CO 80202  
Tel: 303.733.8229  
Fax: 303.733.8229  
www.dmsolutions.com



THE CONTRACTOR SHALL CONSIDER ALL NECESSARY AND RELATIVE TO THE WORK AND SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL AUTHORITIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL AUTHORITIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL AUTHORITIES.

# EMPLOYERS REQUIREMENT



Site Location	ELY
Client	WIMBLEDON
Project No	ELY-MM-002-S R16
Project Name	SECOND FLOOR FLOOR PLAN FIXTURE LAYOUT AS BUILT
Scale	1:100
Date	20/01/2018

**dms**  
 design management solutions  
 Design Management Solutions Limited  
 50 Highgate Road, Highgate, London, N5 2LU  
 Tel: 020 8820 9999  
 Email: info@designmanagementsolutions.co.uk

SECOND FLOOR



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