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 Taste of Europe Supermarket Ltd

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 Gabriela;s Cafe B 48-50 Napier Roa Gillingham Kent ME7 4HD		y map reference or descr	ription	
Post town	Gillingham		Postcode	ME7 4HD
Telephone numb	per at premises (if any)			_
Non-domestic ra	iteable value of premises	£ 22500		

Part 2 - Applicant details

Please : a)		nether you are applying for a premises licence as dividual or individuals *	Please tick as appropriate please complete section (A)
b)	a pei	son other than an individual *	
	i	as a limited company/limited liability partners	nip 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 rec	ognised club	please complete section (B)
d)	a cha	arity	please complete section (B)
e)	the p	proprietor of an educational establishment	please complete section (B)
f)	a hea	alth 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) 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	predse comprete section (s)
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	g yes to one box below):
I am car	rying on or proposing to carry on a business which involves the use of th	e premises for licensable

activities; \boldsymbol{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)

(A) INDIVIDUAL APP	LICAN IS (TIII IN	as applicable)				
					Other Title (for example, Rev)	
				First na	mes	
Surname						
Date of birth		l am	18 years old or	over		
Nationality						
Current residential different from pren						
Post town					Postcode	
Daytime contact te	lephone numb	er				
E-mail address (optional)						
					online right to work check te 15 for information)	ing service), the 9-

				Other Title (fo	or example, Rev)	
Surname			First name	28		
Date of birth	I am 18 years old or	over				
Nationality						
Where applicable (if demonstr digit 'share code' provided to t						9-
Current residential address if different from premises address						
Post town					Postcode	
Daytime contact telephone no	umber					
E-mail address (optional)			_			
(B) OTHER APPLICANTS						
Please provide name and regist in the case of a partnership or c each party concerned.	• •					
Name Taste of Europe Supermarket I	Ltd					
Address UNIT 5 BOWES INDUSTRIAL CE WROTHAM ROAD GRAVESEND Kent DA13 OQB	ENTRE					

Registered number (where applicable)

12734984

	cription of applicant (for example, partnership, company, uninco ited company	rporated associa	ation etc.)	
Tele	phone number (if any)			
E-m	ail address (optional)			
Part 3	Operating Schedule			
When	do you want the premises licence to start?		03/12/2021	
If yo endî	u wish the licence to be valid only for a limited period, when do	you want it to		
Its a	se give a general description of the premises (please read guidar Restaurant and a Cafe. We have tables and chairs for ou lities		and also toilet	
	000 or more people are expected to attend the premises at any cet the number expected to attend.	one time, please		
	licensable activities do you intend to carry on from the premises e see sections 1 and 14 and Schedules 1 and 2 to the Licensing A			
Prov	ision of regulated entertainment (please read guidance note 2)	that apply a)	1	Please tick all ox 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)			

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

 $\underline{\textbf{Supply of alcohol}} \text{ (if ticking yes, fill in box J)}$

X

In all cases complete boxes K, L and M

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(please r	days and ti		Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
7)				Outdoors	
Day	Start	Finish		Both	
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for performing plays (please rea	ad guidance note 5	5)
Thur					
Fri			Non standard timings. Where you intend to use the premise of plays at different times to those listed in the column on the (please read guidance note 6)		ince
Sat					
Sun					

В

Films	Will the exhibition of films take place indoors or outdoors		
Standard days and timings	or both – please tick (please read guidance note 3)	Indoors	

			1		
(please re	ead guidanc	e note		Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read guidance note 4)		
Tue			-		
Wed			State any seasonal variations for the exhibition of films (pleases) 5)	se read guidance n	ote
			· -		
Thur					
Fri			Non standard timings. Where you intend to use the premises films at different times to those listed in the column on the le		
Sat			read guidance note 6)		
Sat					
			-		
Sun			-		
	orting ever days and ti		<u>Please give further details</u> (please read guidance note 4)		
(please re	ead guidanc				
7)					
Day	Start	Finish			
Mon					
Tue			State any seasonal variations for indoor sporting events (pleas	co road guidanco n	oto

5)

Wed

e ase list (please
e

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)		timings	Will the boxing or wrestling entertainment 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 boxing or wrestling entertaguidance note 5)	inment (please read	d
Thur					
Fri			Non standard timings. Where you intend to use the premise wrestling entertainment at different times to those listed in please list (please read guidance note 6)		left,
Sat					

Sun				
<u> </u>				
Live musi	c days and tir	nings	Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
	ead guidance	_		Outdoors
Day	Start	Finish		Both
Mon			<u>Please give further details here</u> (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for the performance of live mus guidance note 5)	sic (please read
Thur				
Fri			Non standard timings. Where you intend to use the premises of live music at different times to those listed in the column of (please read guidance note 6)	-
Sat				
Sun				
Recorded music Standard days and timings (please read guidance note			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
7)	-			Outdoors
Day	Start	Finish		Both
Mon			<u>Please give further details here</u> (please read guidance note 4)	

	r	 ,
Tue		
Wed		State any seasonal variations for the playing of recorded music (please read
		 guidance note 5)
Thur		
Fri		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
		<u>list</u> (please read guidance note 6)
Sat		
Juc		
Sun		
Sun		

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
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 (note 5)	please read guidance
Thur				
Fri				

Sat			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				
Sun			(please read guidance note 6)				
1							
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		Indoors			
Mon			Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Outdoors			
				Both			
Tue			Please give further details here (please read guidance note 4)				
Wed							
Thur			State any seasonal variations for entertainment of a similar defalling within (e), (f) or (g) (please read guidance note 5)	escription to that			
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		mings	Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors			
7)	saa galaane	e note	(please read guidance note 5)	Outdoors			
				Both			
Day	Start	Finish	Please give further details here (please read guidance note 4)	1			
Mon							
Tue							
Wed			State any seasonal variations for the provision of late night refreshment (please				
			read guidance note 5)				
Thur							
Fri			Non standard timings. Where you intend to use the premise late night refreshment at different times, to those listed in the	•			
			please list (please read guidance note 6)	e coldinii on the i	<u> </u>		
Sat							
Sun							
Supply of Standard	f alcohol days and ti	mings	Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises			
(please re	ead guidanc	e note		Off the			

premises

Χ

Both

7)

Day

Start

Finish

Mon	10:00	22:30	State any seasonal variations for the supply of alcohol (please read guidance
			note 5)
Tue	10:00	22:30	
Wed	10:00	22:30	
Thur	10:00	22:30	
			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	10:00	22:30	
Sat	10:00	22:30	
Sun	10:00	22:30	

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. John Paul Canilho Panayi					
Date of birth					
Address					
Postcode					
Personal licence number (if known)					
Issuing licensing authority (if known) Medway Council					

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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).

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	07:00	23:00	
Tue	07:00	23:00	
Wed	07:00	23:00	Non standard timings. Where you intend the premises to be open to the public at
Thur	07:00	23:00	different times from those listed in the column on the left, please list (please read guidance note 6)
Fri	07:00	23:00	-
Sat	07:00	23:00	
Sun	08:00	23:00	

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)

CCTV with 31 days data be Installed Staff Training regarding the 4x License Objectives, Under 25 Challenge, No Proof, No Sale, Respect our neighbours when you leave the premises or smoking, signage will be displayed. Staff Training Records. Drunk and Violent Costumers will not be served. We will have a Fire and Health and Safety Risk Assessment. No vertical Drinking, table service only. Beers, cider and Ales on Sale will not exceed 6% ABV. Refusal Book.

CCTV with 31 days data will be installed. The business will always have a staff member on duty that is familiar with the CCTV operation. Staff will be trained to do not serve drunk or violent costumers. No Irresponsible Promotions of Alcohol drinks No vertical Drinking, table service only. Beers and cider on Sale will not exceed 6%ABV .CCTV signage will be displayed, reminding customers that CCTV is in operation. The premises shall operate a zero-tolerance policy to the supply and use of drugs

c) Public safety

Drunk and Violent Costumers will not be served. CCTV with 31 Days Data will be Installed. We will have a Fire and Health and Safety Risk Assessment. No Irresponsible promotions of alcohol drinks. Alcohol will be stored in a cool dry place and away of any heat source. We will participate in Pub Watch Meetings or with other similar associations. We welcome recommendations given by the Authorities and the Police.

d) The prevention of public nuisance

Deliveries and rubbish bin collections done by our suppliers will take place within the recommended times by the Local Authorities. Staff member to clean any rubbish or littering in front of our premises in a regular basis, respect our neighbours when you leave the premises or smoking, signage will be displayed. Service at the tables outside will finish at 21:30 and Tables and Chairs will be removed at 22:00 everyday

e) The protection of children from harm

Our Business will have a Under 25 Challenge Policy. Our staff will be trained regarding the 4 x License Objectives. Staff training will recorded. No Proof, No Sale. Posters will go up. Refusal Book. Refresher Training every 6x Months to all staff members. For all orders taken over the phone or via the internet, customers should be informed of Challenge 25 and the requirement to have ID ready for inspection should the need arise before receipt of alcoholic beverages.

Checklist:

Please tick to indicate agreement

- X I have made or enclosed payment of the fee.
- **X** I have enclosed the plan of the premises.
- **X** I have sent copies of this application and the plan to responsible authorities and others where applicable.
- **X** I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- **X** I understand that I must now advertise my application.
- **X** I understand that if I do not comply with the above requirements my application will be rejected. **X** [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.

	 [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).
Declaration	 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	Manuel Rocha
Date	2021-11-04
Capacity	Agent

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	Mr. John Paul Canilho Panayi
Date	04/11/2021
Capacity	Applicant

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

70 Beaufort Court

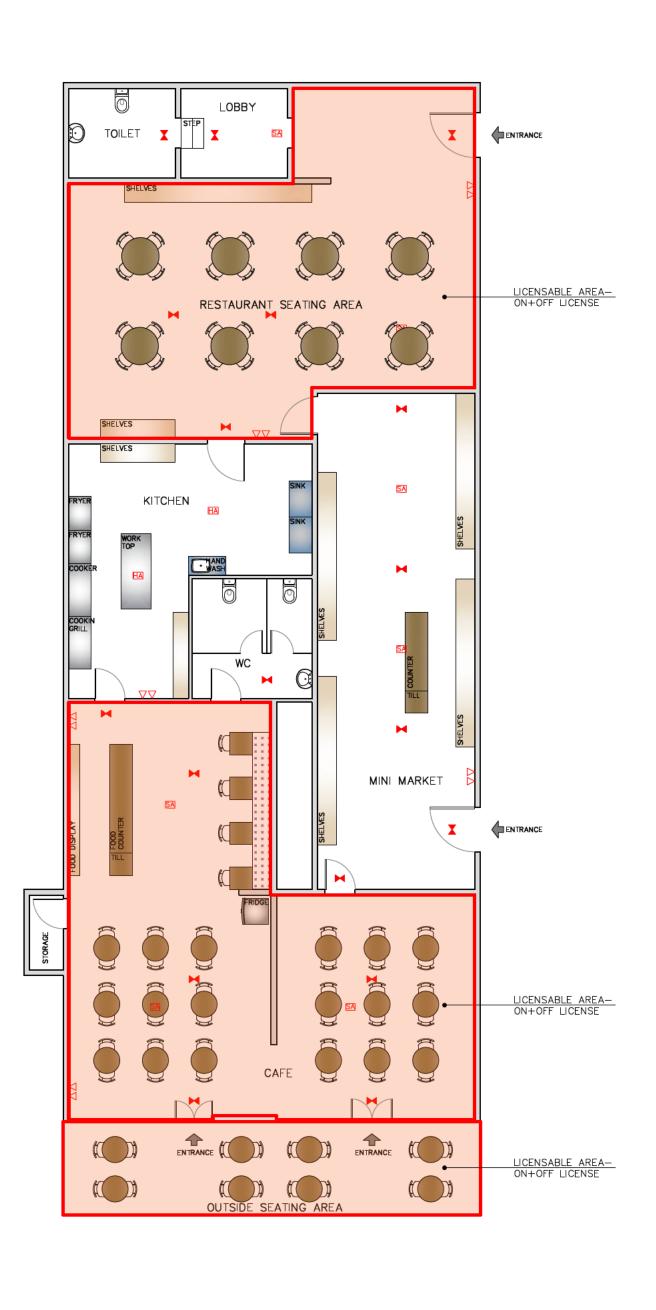
Unit 35 Battersea Business Centre - 99-109 Lavender Hill

London

Greater London

SW115QL

Post town			Postcode	
Telephone number (if any)		02084040297		
If you would pre	fer us to correspond with you by	r e-mail, your e-mail address (op	tional)	



LICENSABLE AREA M SMOKE ALARM

HA HEAT ALARM △ FIRE EXTINGUESHER M EMERGENCY LIGHT

CAFE, BAR AND RESTAURANT

ALCOHOL LICENSE - ON+OFF LICENSE

JOSE MANUEL ROCHA UNIT 35 — BATTERSEA BUSINESS CENTRE 99—109 LAVENDER HILL LONDON SW11 5QL

TEL: +44 (0) 7868-697778 / E-MAIL:

APPLICANT:

GABRIELA'S CAFE BAR RESTAURANT

48-52 NAPIER ROAD GILLINGMAM ME7 4HD

SCALE: A3_1/100

DATE:

26-OCTOBER-2021