



[Insert name and address of relevant licensing authority and its reference number (optional)]

**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.

We DEJA-VU SANDWICH BAR CAFÉ LTD

*(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 DÉJÀ VU, 6/8 QUEENS STREET, HAVERHILL, SUFFOLK. CB9 9EF			
Post town	HAVERHILL	Postcode	CB9 9EF

Telephone number at premises (if any)	01440 707171
Non-domestic rateable value of premises	£17,250 BAND B

**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  please complete section (B)
- ii. as a partnership  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:

Please tick yes

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 <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over			Please tick yes		
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					

<b>E-mail address (optional)</b>	
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**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)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal 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 DEJA-VU SANDWICH BAR CAFÉ LTD
Address 8 QUEEN STREET, HAVERHILL, SUFFOLK, CB9 9EF
Registered number (where applicable) 04627541
Description of applicant (for example, partnership, company, unincorporated association etc.) COMPANY
Telephone number (if any) 01440 707171
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
24	08	2015

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY
1	1	1

Please give a general description of the premises (please read guidance note 1)  
 DÉJÀ VU IS LOCATED IN AN ENLARGED PREMISES CONSISTING OF TWO JOINED TOGETHER GROUND FLOOR RETAIL UNITS AT 6/8 QUEEN STREET. THE BUSINESS IS LOCATED IN A ROW OF TERRACED SHOPS WITH FLATS OR OFFICES ABOVE. THE PREMISES ABOVE DÉJÀ VU ARE USED AS OFFICES BY THE BUSINESS OWNER.

THE PREMISES CONSISTS OF A CUSTOMER SEATING & DINING AREA (CURRENTLY 40 COVERS) TO THE FRONT WITH A SERVERY, FOOD PREPARATION AREA, KITCHEN AND CUSTOMER TOILETS TO THE REAR. THERE IS A SEATING AREA IMMEDIATELY OUTSIDE THE FRONT ON THE TERRACE OF THE PREMISES AND A FURTHER OUTSIDE SEATING AREA GRANTED A HIGHWAYS LICENCE BY THE COUNCIL FROM 10.00 TO 16.00 DAILY ON THE ROAD OUTSIDE THE FRONT OF THE PREMISES. (THE OUTSIDE AREAS CURRENTLY COMPRISE 24 COVERS).

DÉJÀ VU WILL OPERATE AS A CAFÉ BAR WITH A FULL CAFÉ SERVICE THROUGHOUT THE DAY UNTIL 17.00 & A LIMITED FOOD OFFER FROM 17.00 TO 22.30. ALCOHOL WILL BE AVAILABLE FROM 10.00 DAILY BUT THE EARLIER OPENING HOURS ARE SOUGHT TO ALLOW FOR THE BREAKFAST TRADE. CAFÉ BAR CONDITIONS ARE OFFERED WHEREBY ALCOHOL MAY ONLY BE SERVED TO CUSTOMERS SEATED AT A TABLE WITH ALL SERVICE BY WAITING STAFF ONLY.

THE FULL MENU WILL BE AVAILABLE UNTIL 17.00 & FROM 17.00 UNTIL 22.30 SHARING PLATTERS WILL BE AVAILABLE FOR CUSTOMERS. (DÉJÀ VU INTEND TO ONLY SELL A LIMITED RANGE OF ALCOHOL IE. BOTTLED / CANNED BEER, LAGER AND CIDER AND A SMALL RANGE OF WINES & SPIRITS. THEY DO NOT INTEND TO SELL DRAFT BEER OR ALCOPOPS, OR HIGH STRENGTH BEER, CIDER OR LAGER ABOVE 6.5% ABV.) OFF SALES WILL ONLY BE SUPPLIES IN SEALED CONTAINERS.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any 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)

X

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
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 5)		
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Wed					
Thur			<b>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</b> (please read guidance note 5)		
Fri					
Sat					
Sun					



C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			<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 5)
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon				<b><u>Please give further details here</u></b> (please read guidance note 3)	
Tue					
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
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 5)		
Sat					
Sun					

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue						
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)			
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 5)			
Sat						
Sun						

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)		
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 5)		
Sat					
Sun					

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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></b> (please read guidance note 5)		
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 6)			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 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
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 4)		
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 5)		
Sun					

**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	
					Outdoors	<input type="checkbox"/>
					Both	
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)			
Mon						
Tue						
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)			
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 5)			
Sat						
Sun						

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	X			
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4) NONE					
Mon	10.00	23.00						
Tue	10.00	23.00						
Wed	10.00	23.00						
Thur	10.00	23.00						
Fri	10.00	23.00						
Sat	10.00	23.00						
Sun	10.00	23.00						
						<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 5) NONE		

**State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:**

Name CHARALAMBOS ZACHARIOU	
Address WORLINGTON HALL HOUSE, MILDENHALL ROAD, WORLINGTON, BURY ST EDMUNDS, SUFFOLK. IP28 8RY	
Postcode	IP28 8RY
Personal licence number (if known) PA05052	
Issuing licensing authority (if known) WEST SUFFOLK FOR ST EDMUNDSBURY BC	



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 8).**  
**NONE**

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4) NONE
Day	Start	Finish	<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 5) NONE
Mon	07.00	23.30	
Tue	07.00	23.30	
Wed	07.00	23.30	
Thur	07.00	23.30	
Fri	07.00	23.30	
Sat	07.00	23.30	
Sun	07.00	23.30	

**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)**

WE WILL OPERATE OUR BUSINESS IN A RESPONSIBLE MANNER AND ACTIVELY PROMOTE THE LICENSING OBJECTIVES AT ALL TIMES.

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

- 1) THE PREMISES WILL OPERATE STRICTLY AS A CAFÉ BAR. (A FOOD OFFER WILL BE AVAILABLE THROUGHOUT THE MAJORITY OF THE PERMITTED HOURS.)
- 2) ALCOHOL MAY ONLY BE SOLD TO CUSTOMERS SEATED AT A TABLE WITH ALL ORDERS FOR AND SERVICE OF ALCOHOL BY WAITING STAFF ONLY. THIS CONDITION APPLIES BOTH WITHIN THE PREMISES AND THE OUTSIDE SEATING AREAS.
- 3) NO ORDERS FOR ALCOHOL MAY BE TAKEN AT THE COUNTER / SERVERY AND NO VERTICAL CONSUMPTION OF ALCOHOL WILL BE PERMITTED WITHIN THE PREMISES OR OUTSIDE SEATING AREAS.
- 4) NO OPEN CONTAINERS OF ALCOHOL WILL BE SUPPLIED FOR CONSUMPTION OFF THE PREMISES OR OUTSIDE SEATING AREAS.
- 5) THE OUTSIDE SEATING AREA LOCATED ON THE PUBLIC HIGHWAY & LICENSED UNDER THE HIGHWAYS LICENCE MAY ONLY BE USED WITHIN THE PERMITTED HOURS APPROVED UNDER THE HIGHWAYS LICENCE. CUSTOMERS SHALL BE REQUESTED TO LEAVE THIS AREA 10 MINUTES BEFORE THE PERMITTED HIGHWAYS LICENCE HOURS END AND THE AREA SHALL BE CLEARED OF FURNITURE BY THE END OF THOSE HOURS.
- 6) THE OUTSIDE TERRACE AREA TO THE IMMEDIATE FRONT OF THE CAFÉ SHALL CLOSE AT 21.00, FURNITURE SHALL BE REMOVED AND CUSTOMERS ASKED TO GO INSIDE THE PREMISES AT THAT TIME.
- 7) NOTICES EXPLAINING THE REQUIREMENTS OF CONDITIONS 1) TO 5) WILL BE DISPLAYED ON THE OUTSIDE AREAS, BY THE ENTRY DOOR AND AT THE POINT OF SALE.
- 8) NO DRAFT BEER, LAGERS OR CIDER, ALCOPOPS (OR SIMILAR) WILL BE SOLD.
- 9) NO BEERS, LAGERS OR CIDERS ABOVE 6.5% ABV WILL BE SOLD.
- 10) A CCTV SYSTEM COVERING THE INTERIOR & EXTERIOR OF THE SHOP INCLUDING THE OUTSIDE SEATING AREAS WILL BE INSTALLED AND SHALL BE KEPT OPERATIONAL AT ALL TIMES THE PREMISES ARE OPEN TO THE PUBLIC. IT SHALL BE CAPABLE OF TAKING / RECORDING EVIDENTIAL QUALITY IMAGES IN ANY LIGHT, OF TAKING A HEAD & SHOULDERS SHOT OF ALL PERSONS ENTERING THE PREMISES AND BE CAPABLE OF STORING IMAGES FOR A MINIMUM OF 31 DAYS.
- 11) AT LEAST ONE MEMBER OF STAFF TRAINED TO OPERATE THE CCTV SYSTEM & DOWNLOAD IMAGES SHALL BE ON DUTY AT ALL TIMES THE PREMISES ARE OPEN TO THE PUBLIC. HARD COPIES OF DOWNLOADED IMAGES SHALL BE PROVIDED TO THE POLICE AS SOON AS POSSIBLE AND IN ANY CASE WITHIN 24 HOURS OF THE REQUEST.
- 12) NOTICES ADVISING CUSTOMERS THAT CCTV AND CHALLENGE 25 ARE IN OPERATION SHALL BE PROMINENTLY DISPLAYED BY THE ENTRY DOOR, SERVERY AND ON THE OUTSIDE SEATING AREAS.
- 13) ALL FRONT OF HOUSE STAFF SHALL BE TRAINED TO OPERATE THE CCTV SYSTEM AND TO DOWNLOAD IMAGES FOR THE POLICE OR AUTHORISED COUNCIL OFFICERS ON REQUEST AND DETAILS OF THE TRAINING RECORDED IN WRITING.
- 14) ALL STAFF WILL RECEIVE APPROPRIATE TRAINING FOR THEIR ROLE AND IN THE LICENSING ACT ON INDUCTION & AND REFRESHER TRAINING EVERY SIX MONTHS. WRITTEN TRAINING RECORDS WILL BE KEPT FOR ALL STAFF. (SEE SECTION E FOR

FURTHER DETAILS).

15) STAFF WILL ENSURE ALL USED BOTTLES, GLASSES, CROCKERY & CUTLERY ARE REGULARLY REMOVED FROM THE OUTSIDE TABLES.

16) AN INCIDENT BOOK SHALL BE KEPT AT THE PREMISES, AND MADE AVAILABLE TO THE POLICE OR AUTHORISED COUNCIL OFFICERS, WHICH WILL RECORD THE FOLLOWING:

- A) ALL CRIMES REPORTED,
- B) LOST PROPERTY,
- C) ALL EJECTIONS OF CUSTOMERS,
- D) ANY COMPLAINTS RECEIVED,
- E) ANY INCIDENTS OF DISORDER,
- F) ANY SEIZURE OF DRUGS OR OFFENSIVE WEARONS,
- G) ANY FAULTS IN THE CCTV,
- H) ANY REFUSAL IN THE SALE OF ALCOHOL.
- I) ANY VISIT BY A RELEVANT AUTHORITY OR EMERGENCY SERVICE

**c) Public safety**

A FIRE RISK ASSESSMENT & EMERGENCY PLAN WILL BE PREPARED AND REGULARLY REVIEWED. ALL STAFF WILL RECEIVE APPROPRIATE FIRE SAFETY TRAINING AND DETAILS WILL BE RECORDED IN THE TRAINING RECORDS.

**d) The prevention of public nuisance**

- 1) A NOTICE SHALL BE PROMINENTLY DISPLAYED AT THE EXIT DOOR ADVISING CUSTOMERS TO RESPECT RESIDENTS & LEAVE QUIETLY, NOT TO LOITER OUTSIDE THE RESTAURANT & TO DISPOSE OF RUBBISH AND CIGARETTE BUTTS RESPONSIBLY.
- 2) NOTICES WILL BE DISPLAYED BY THE EXIT DOOR AND ON THE OUTSIDE SEATING AREAS ADVISING CUSTOMERS THAT NO OPEN CONTAINERS OF ALCOHOL OR GLASS CONTAINERS MAY BE REMOVED FROM THE PREMISES OR OUTSIDE SEATING AREAS AT ANY TIME.
- 3) THE SHOP FRONT & OUTSIDE AREAS OF THE PREMISES SHALL BE KEPT TIDY AT ALL TIMES AND BE SWEEPED AT CLOSE.
- 4) NO DELIVERIES WILL BE RECEIVED OR RUBBISH INCLUDING BOTTLES OR GLASS REMOVED FROM THE PREMISES BETWEEN 21.00 & 07.00.
- 5) ALL DOORS AND WINDOWS SHALL BE CLOSED WHEN MUSIC IS PLAYED WITHIN THE PREMISES.
- 6) NO MUSIC WILL BE PLAYED OUTSIDE THE PREMISES.
- 7) A PHONE NUMBER FOR LOCAL RESIDENTS OR BUSINESSES TO CONTACT WITH ANY CONCERNS OR COMPLAINTS SHALL BE DISPLAYED AT THE PREMISES OR PROVIDED TO THEM ON REQUEST. ANY COMPLAINTS AND THE OUTCOME WILL BE RECORDED IN THE INCIDENT BOOK.

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

- 1) THE CHALLENGE 25 PROOF OF AGE POLICY WILL BE OPERATED AND ONLY A PHOTOGRAPHIC DRIVING LICENCE, A VALID PASSPORT, HM FORCES PHOTOGRAPHIC IDENTITY DOCUMENTS OR PROOF OF AGE CARDS WITH THE BEARER'S PHOTOGRAPH & THE PASS LOGO / HOLOGRAM ON IT WILL BE ACCEPTED AS PROOF OF AGE. A WRITTEN REFUSALS RECORD WILL BE KEPT AS PART OF THE INCIDENT BOOK AND MADE AVAILABLE TO POLICE OR AUTHORISED COUNCIL OFFICERS ON REQUEST.
- 2) NOTICES WILL BE PROMINENTLY DISPLAYED AT THE ENTRY DOORS, ON THE OUTSIDE TERRACE / SEATING AREAS AND AT THE POINT OF SALE STATING THAT CCTV & CHALLENGE 25 ARE IN OPERATION AND ALSO STATING THE PROVISIONS OF THE LICENSING ACT REGARDING UNDERAGE AND PROXY SALES.
- 3) ALL STAFF WILL BE TRAINED FOR THEIR ROLE AND IN THE PROVISIONS OF THE LICENSING ACT ON INDUCTION AND AT REGULAR INTERVALS OF SIX MONTHS THEREAFTER. TRAINING WILL INCLUDE IDENTIFYING PERSONS UNDER 25, MAKING A CHALLENGE, ACCEPTABLE PROOF OF AGE, MAKING AND RECORDING A REFUSAL AVOIDING CONFLICT AND RESPONSIBLE ALCOHOL RETAILING, WRITTEN TRAINING RECORDS WILL BE KEPT AND MADE AVAILABLE TO POLICE OR COUNCIL OFFICERS ON REQUEST.
- 4) A TILL PROMPT WILL BE DISPLAYED BY THE TILL TO REMIND STAFF TO CHECK PROOF OF AGE WHERE APPROPRIATE (UNLESS AN EPOS TILL SYSTEM IS IN USE).
- 5) NO UNACCOMPANIED CHILDREN UNDER 16 WILL BE ALLOWED ON THE PREMISES AFTER 20.00.
- 6) STAFF WILL MONITOR THE OUTSIDE SEATING AREAS AT ALL TIMES THEY ARE IN USE BOTH PHYSICALLY AND BY USE OF THE CCTV TO ENSURE PERSONS UNDER 18 DO NOT CONSUME ALCOHOL.

**Checklist:**

**Please tick to indicate agreement**

- 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

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**Part 4 – Signatures (please read guidance note 10)**

**Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 11).  
If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	21/7/2015

Capacity	AUTHORISED LICENSING CONSULTANTS
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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 12). 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 13) GT LICENSING CONSULTANTS, 55 CODENHAM GREEN, BASILDON, ESSEX. SS16 5DT			
Post town	<b>BASILDON</b>	Postcode	<b>SS16 5DT</b>
Telephone number (if any)			
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. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.

**Consent of individual to being specified as premises supervisor**

MR CHARALAMBOS ZACHARIOU

.....  
*[full name of prospective premises supervisor]*

of

WORLINGTON HALL HOUSE,  
MILDENHALL ROAD,  
WORLINGTON,  
BURY ST EDMUNDS,  
SUFFOLK,  
IP28 8RY

.....  
*[home address of prospective premises supervisor]*

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

A NEW PREMISES LICENCE

.....  
*[type of application]*

by

DEJA VU SANDWICH BAR CAFÉ LTD

.....  
*[name of applicant]*

relating to a premises licence

PA05090

.....  
*[number of existing licence, if any]*

for

DÉJÀ VU,  
6/8 QUEENS STREET,  
HAVERHILL,  
SUFFOLK,  
CB9 9EF

.....  
*[name and address of premises to which the application relates]*

and any premises licence to be granted or varied in respect of this application made by

DEJA VU SANDWICH BAR CAFÉ LTD

-----  
*[name of applicant]*

concerning the supply of alcohol at

DÉJÀ VU,  
6 / 8 QUEENS STREET,  
HAVERHILL,  
SUFFOLK.  
CB9 9EF

-----  
*[name and address of premises to which application relates]*

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

PA05052

-----  
*[insert personal licence number, if any]*

Personal licence issuing authority

ST EDMUNDSBURY BOROUGH COUNCIL

-----  
*[insert name and address and telephone number of personal licence issuing authority, if any]*

Signed

Name (please print)

-----  
MR CHARALAMBOS ZACHARIOU  
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Date

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5/5/2015  
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