

## **Application for a premises licence to be granted under the Licensing Act 2003**

Case number 2021/00219/LAPR  
Payment transaction reference 256-36493  
Amount paid £315  
Date submitted 01/04/2021

Are you the applicant or their Agent agent?

### **PREMISES DETAILS**

Premises address

41-43 Parsons Green Lane, London SW6 4HU

If the premises could not be found please enter the address here, or if the premises has no address give a detailed description (including the Ordnance Survey references)

One World

41-43 Parsons Green Lane  
London SW6 4HH

Trading name (if any) Boki/One World

Telephone number at the premises (if any)

Are the premises in the course of construction?

No

Non-domestic rateable value 35650  
if the premises

Will the premises be exclusively or primarily used for the supply of alcohol for consumption on the premises?

No

### **APPLICANT DETAILS**

I am applying as a person other than an individual  
Please confirm if you are applying as a limited company/ limited liability partnership

Applicant name Boki One World Llimited

Address Unit 2 Boxpark  
18 Olympic Way  
Wembley  
HA9 0JT

Registered company number 12679806

Telephone number

Email address tburton@tandtp.com

I confirm that: I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities

### **Alternative details for correspondence**

Contact name (if different from premises user) Mrs Tilly Burton  
Business name Thomas & Thomas Partners LLP  
Correspondence address Thomas & Thomas Partners LLP  
Thomas & Thomas Partners  
38a Monmouth Street  
London  
WC2H 9EP

Daytime/ business telephone number 020 7042 0415

Evening/ home telephone number

Mobile phone number

Email address

### **OPERATING SCHEDULE**

When do you want the premises licence to start?

29/04/2021

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

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

Please give a general description of the premises.

Furniture retail showroom with ancillary coffee shop and bar with external terrace

What licensable activities do you intend to carry on from the premises?

supply of alcohol

### **HOURS OPEN TO THE PUBLIC**

Standard days

#### **Mondays**

Start 09:00

Finish 23:00

#### **Tuesdays**

Start 09:00

Finish 23:00

#### **Wednesdays**

Start 09:00

Finish 23:00

#### **Thursdays**

Start 09:00

Finish 23:00

#### **Fridays**

Start 09:00

Finish 23:00

#### **Saturdays**

Start 09:00

Finish 23:00

**Sundays**

Start 09:00

Finish 23:00

Please state any seasonal variations

Non standard timings. Where you intend to use the premises at different times to those listed above, please list

**SUPPLY OF ALCOHOL**

Please give further details here

Will the supply of alcohol be for consumption on the premises, off the premises or both?

On the premises

Standard days

**Mondays**

Start 09:00

Finish 22:00

**Tuesdays**

Start 09:00

Finish 22:00

**Wednesdays**

Start 09:00

Finish 22:00

**Thursdays**

Start 09:00

Finish 22:00

**Fridays**

Start 09:00

Finish 22:00

**Saturdays**

Start 09:00

Finish 22:00

**Sundays**

Start 09:00

Finish 22:00

Please state any seasonal variations

Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed above, please list.

**Details of the individual whom you wish to specify on the licence as the designated premises supervisor**

Full name Mr Kim Mahony Hargreaves

Date of birth 

Home address of prospective designated premises supervisor

Personal licence number (if known)

Issuing authority (if known)

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

n/a

Describe the steps you intend to take to promote the licensing objectives

a) General- all four licensing objectives (b,c,d and e)

Please see attached schedule addressing the licensing objectives and policy.

b) The prevention of crime and disorder

Please see attached schedule addressing the licensing objectives and policy.

c) Public safety

Please see attached schedule addressing the licensing objectives and policy.

d) The prevention of public nuisance

Please see attached schedule addressing the licensing objectives and policy.

e) The protection of children from harm

Please see attached schedule addressing the licensing objectives and policy.

## **DECLARATIONS**

I have enclosed a plan of the premises

Yes

I have enclosed the consent form completed by the individual I wish to be designated premises supervisor

Yes

I understand I must now advertise my application

Yes

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.

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.

I have the consent of any individuals or third parties listed in this form to provide their personal details and I am authorised to submit this application on behalf of all applicants.

I have read the privacy policy and agree for my details to be used by the council to contact me about this application and any changes to this service that may affect me.

I agree to the above

Yes I agree to the above declaration

Full name	Thomas & Thomas Partners
Capacity	Applicant's Solicitors
Date	01/04/2021