



**LICENSING ACT 2003  
NOTICE FOR WEBSITE OF APPLICATION FOR A PREMISES LICENCE**

**NOTICE is hereby given that: Memlings Metro Limited has applied to the Licensing Authority at Milton Keynes Council for a premises licence at**

**At: Memlings, Unit 40, The Agora Shopping Centre, Church Street, Wolverton, Milton Keynes, MK12 5LG**

**The following licensable activity is proposed during the following times:**

**Supply of alcohol (on sales)**

**Sunday to Thursday 10:00 to 00:00**

**Friday to Saturday 10:00 to 01:40**

**Sunday before a Bank Holiday Monday to 01:40; Christmas Eve and New Year's Eve to 02:45**

**Recorded music (indoors)**

**Sunday to Thursday 10:00 to 00:00**

**Friday to Saturday 10:00 to 01:45**

**Sunday before a Bank Holiday Monday to 01:45; Christmas Eve and New Year's Eve to 03:00**

**Late night refreshment (indoors)**

**Sunday to Thursday 23:00 to 00:00**

**Friday to Saturday 23:00 to 01:45**

**Sunday before a Bank Holiday Monday to 01:45; Christmas Eve and New Year's Eve to 03:00**

**Opening hours of the premises**

**Sunday to Thursday 10:00 to 00:00**

**Friday to Saturday 10:00 to 01:45**

**Sunday before a Bank Holiday Monday 01:45; Christmas Eve and New Year's Eve to 03:00**

**Full details of the application can be seen further on in this document.**

**Any person or responsible authority wishing to make representations either against or in support of the application must do so in writing by 4<sup>th</sup> April 2017 to the following address: LICENSING TEAM, MILTON KEYNES COUNCIL, SAXON COURT, SAXON GATE, MILTON KEYNES Tel: 01908 252800 Email: [licensing@milton-keynes.gov.uk](mailto:licensing@milton-keynes.gov.uk)**

**Representations received in response to this application will ordinarily be made available for public inspection, including disclosure to the applicant and any relevant responsible authorities unless agreed otherwise. Representations must relate to one or more of the licensing objectives (namely crime and disorder, public nuisance, public safety, or protection of children from harm.) It is an offence to knowingly or recklessly make a false statement in connection with an application and the maximum fine of £5,000 is liable on summary conviction for the offence.**

**Dated this 13<sup>TH</sup> March 2017**

143084



MILTON KEYNES COUNCIL

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

MILTON KEYNES COUNCIL LICENSING

07 MAR 2017

October 2012

EF 10/3/17

Licensing Team, Milton Keynes Council, Regulatory Unit, Civic Offices,  
1 Saxon Gate East, Milton Keynes, MK9 3EJ

## 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 Memlings Metro 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

Unit 40 Agora Centre  
Church Street  
Wolverton

Post town	Milton Keynes	Postcode	MK12 5LG
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Telephone number at premises (if any)	01908314828
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Non-domestic rateable value of premises	£
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### 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  YES

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)	
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)					

**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>		
I am 18 years old or over				<input type="checkbox"/> 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>					

**(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.**

<b>Name</b>	Memlings Metro Ltd
<b>Address</b>	Unit 40 Agora Church Street Wolverton Milton Keynes MK12 5LG
<b>Registered number (where applicable)</b>	10556888
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b>	private limited company
<b>Telephone number (if any)</b>	07424748175
<b>E-mail address (optional)</b>	

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
2		4

2 :

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

24 february 2017

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

Restaurant and bar

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

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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)



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

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play 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		00:00	<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
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"/>
Day	Start	Finish	<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**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Tue			
Wed			
Thur			<b><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></b> (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"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed					
Thur			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Fri					
Sat					
Sun					
			<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)		



**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>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" 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	10:00	00:00						
Tue	10:00	00:00						
Wed	10:00	00:00				<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur	10:00	00:00						
Fri	10:00	01:45				<b>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</b> (please read guidance note 5)		
Sat	10:00	01:45						
Sun	10:00	00:00						

*Bank holiday Mondays to 01:45 of the Monday morning  
Christmas Eve and New Years Eve to 03:00 of Christmas Day & New Years Day*

**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					
			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Wed					
Thur					
			<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)		
Fri					
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>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 3)		
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)		
Fri					
Sat			<b>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</b> (please read guidance note 5)		
Sun					

<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	<input checked="" 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	23:00	00:00			
Tue	23:00	00:00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Wed	23:00	00:00			
Thur	23:00	00:00	<b>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</b> (please read guidance note 5)		
Fri	23:00	01:45			
Sat	23:00	01:45	<p>Monday bank holidays till 01:45 <i>of the Monday morning</i></p> <p>Christmas evenings and new years evenings till <del>01:45</del> <sup>03:00</sup> in the following morning</p> <p><i>of Christmas Day + New Years Day</i></p>		
Sun	23:00	00:00			

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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	10:00	00:00			
Tue	10:00	00:00			
Wed	10:00	00:00			
Thur	10:00	00:00			
Fri	10:00	01:45			
Sat	10:00	01:45			
Sun	10:00	00:00	<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)		
<p>Monday bank holidays till 01:45 <i>of the Monday morning</i>          New years and Christmas evenings till <del>01:45</del> <i>02:45</i>  <i>of New Years Day Morning &amp; Christmas Day.</i></p>					

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

Name	Ms Sasa N Lama
Address	  
Postcode	_____
Personal li	_____
Issuing licensing authority (if known)	Milton Keynes Council

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

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	10:00	00:00	<p><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)</p> <p>Manday Bank holiday to 01:45 of the Monday</p> <p>Christmas and New Years Eve to 03:00 of Christmas Day &amp; New Years Day</p>
Tue	10:00	00:00	
Wed	10:00	00:00	
Thur	10:00	00:00	
Fri	10:00	01:45	
Sat	10:00	01:45	
Sun	10:00	00:00	

**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)**

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

Musical equipments used for recorded music entertainment will be fitted with a noise pollution limiter device.  
2 door supervisors will be provided to prevent any risk of disorder or disorder for late evenings, the exfiltrations of the music sounds and also any noise made by customers when leaving the premise.  
The premise is fitted with a CCTV system

**c) Public safety**

The premise is fitted with a fire alarm and fire exit doors clearly indicated with a visible sign  
2 door supervisors will be provided to prevent eventual risks of crime and disorder inside the premise and within the surrounding area  
The premise is fitted with a CCTV system

**d) The prevention of public nuisance**

ID verification will be put in place for any one who appears to be under 21  
Alcohol refusal policy will also be applied to any one who appears to be drunk  
visible signs to remind customers to keep quiet when leaving the building will be displayed

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

ID verification policy will be applied to anyone who appears to be aged below 21 before serving alcohol or allowing entry after 23:00

will be paid BY card on telephone number 07857309726

**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.

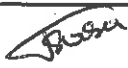
**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**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	
Capacity	

**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	Sasa N Lama 
Date	<del>23 January 2017</del> 06 MARCH 2017
Capacity	Designated Premise Supervisor

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

unit 40 Agora Centre  
Church Street  
Wolverton

Post town	Milton Keynes	Postcode	MK12 6LG
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



