

DECISION-MAKER

LICENSING (LICENSING & GAMBLING) SUB COMMITTEE

SUBJECT

HEARING TO CONSIDER AN APPLICATION FOR GRANT OF A PREMISES LICENCE -

Oregano Pizza House, Oregano Pizza House 132 Shirley Road
Southampton SO15 3FD

DATE OF HEARING REPORT OF

25th April 2018 at 18:00hrs

SERVICE DIRECTOR – TRANSACTIONS & UNIVERSAL SERVICES

E-mail

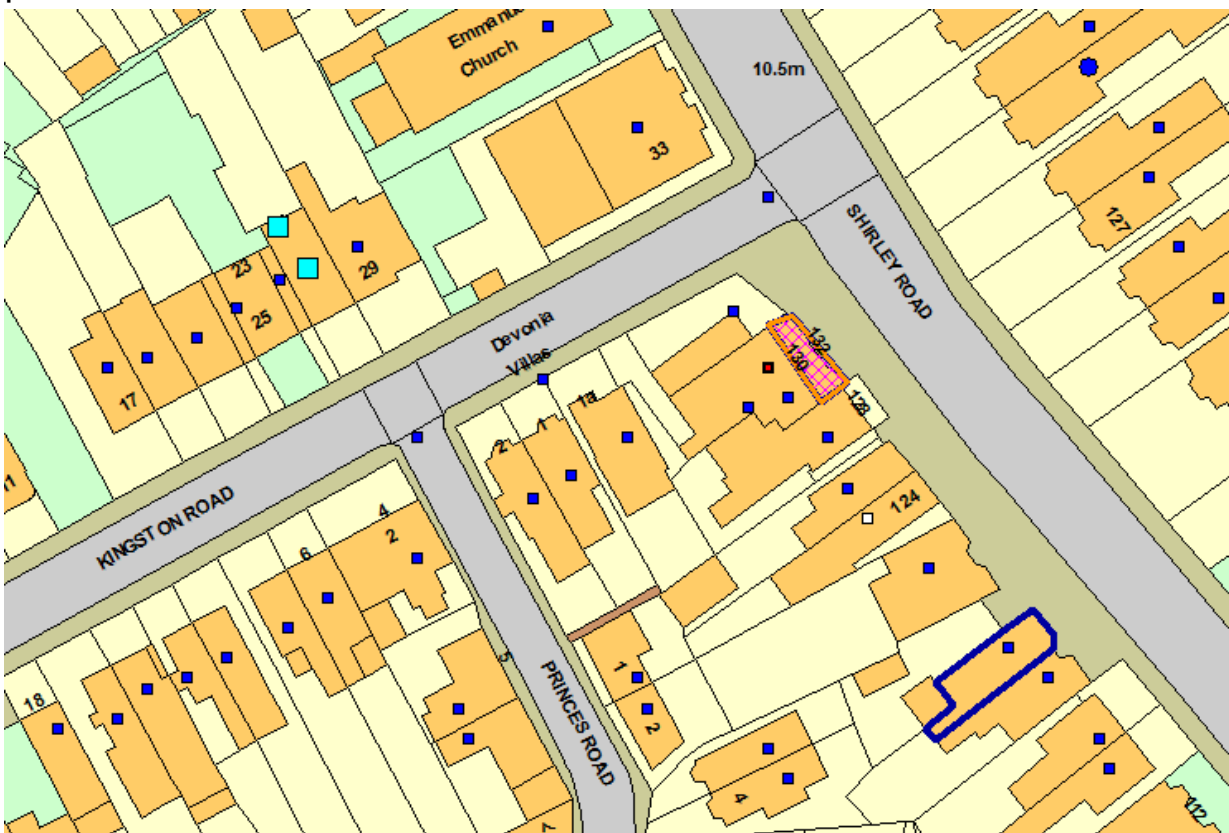
licensing@southampton.gov.uk

Application Date : 28th February 2018

Application Received 1st March 2018

Application Valid 1st March 2018

Reference : **2018/00862/01SPRN**



Representations from Responsible Authorities

| Responsible Authority | Satisfactory? | |
|-------------------------------------|----------------------|-------------------------|
| Safeguarding Children | Y | |
| Fire Service | N | |
| Environmental Health - Licensing | No response | |
| Home Office | No response | |
| Building Control | No Response | |
| Public Health Manager | No Response | |
| Police - Licensing | Y | |
| Trading Standards | Y | |
| <i>Other Representations</i> | | |
| Name | Address | Contributor Type |
| N/A | N/A | N/A |

Legal Implications

1. The legislation specifically restricts the grounds on which the sub-committee may refuse an application for grant of a premises licence, or impose conditions. The legislation provides for a presumption of grant of an application for a premises licence, subject to the determination of the application with a view to promoting the licensing objectives in the overall interests of the local community. In doing so the sub-committee must give appropriate weight to:
 - the steps that are appropriate to promote the licensing objectives;
 - the representations (including supporting information) presented by all the parties;
 - its own statement of licensing policy
 - the Statutory Guidance
2. An application may be refused in part and thereby only permit some of the licensable activities sought.
3. An applicant for grant of a premises licence whose application has been refused, or who is aggrieved by conditions imposed, may appeal against the decision to the Magistrates' Court. Any other person, who made a valid representation, may appeal to the Magistrates' Court against the decision to grant the application or against any conditions imposed.
4. In considering this application the sub-committee will sit in a quasi-judicial capacity and is thus obliged to consider the application in accordance, in particular, with both the Licensing Act 2003 (Hearings) Regulations 2005 (as amended) and the rules of natural justice. The practical effect of this is that the sub-committee must make its decision based on evidence submitted in accordance with the legislation and give adequate reasons for reaching its decision.

5. The sub-committee must also have regard to:

- The Crime and Disorder Act 1998*
 Section 17 of the Crime and Disorder Act 1998 places the sub-committee under a duty to exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent, crime and disorder in its area.
- The Human Rights Act 1998*
 The Act requires UK legislation to be interpreted in a manner consistent with the European Convention on Human Rights. It is unlawful for the sub-committee to act in a way that is incompatible (or fail to act in a way that is compatible) with the rights protected by the Act. Any action undertaken by the sub-committee that could have an effect upon another person's Human Rights must be taken having regard to the principle of proportionality - the need to balance the rights of the individual with the rights of the community as a whole. Any action taken by the sub-committee which affect another's rights must be no more onerous than is necessary in a democratic society. The matters set out in this report must be considered in light of the above obligations.

Copies of the application for grant of a premises licence and the representations to it are annexed to this report.

Summary of application

| | |
|----------------------------------|---------------------------------------|
| Applicant | <i>Ms. Magdalena Szelchauz</i> |
| Agent for licence Holder: | Mr Rajinder Rathore |
| Proposed DPS | <i>Ms. Magdalena Szelchauz</i> |

This is a pizza restaurant which will sell alcohol and provide a takeaway service. The licensable activities they are applying for are as follows:

| | |
|--|--|
| Supply by retail of alcohol (for consumption ON the premises) | Tuesday 14:00 - 23:30 Wednesday 14:00 - 23:30 Thursday 14:00 - 23:30 Friday 14:00 - 23:30 Saturday 14:00 - 23:30 Sunday 14:00 - 23:30 |
| Recorded music | Tuesday 14:00 - 00:00 Wednesday 14:00 - 00:00 Thursday 14:00 - 00:00 Friday 14:00 - 00:00 Saturday 14:00 - 00:00 Sunday 14:00 - 00:00 |
| Provision of late night refreshment | Tuesday 23:00 - 23:30 Wednesday 23:00 - 23:30 Thursday 23:00 - 23:30 Friday 23:00 - 23:30 Saturday 23:00 - 23:30 Sunday 23:00 - 23:30 |

Application form, DPS consent form and plan – 5 - 27

Representation + Action Plan – Fire Authority Objecting – 28 - 37

SOUTHAMPTON AND EASTLEIGH LICENSING PARTNERSHIP

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

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

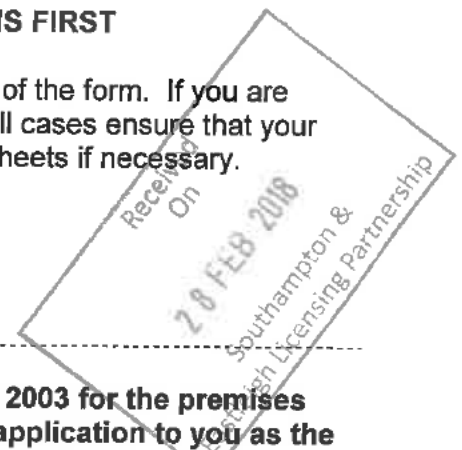
Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/We Magdalena Szelchauz

(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 Oregano Pizza House 132 Shirley Road | | | |
| Post town | Southampton | Postcode | SO15 3FD |

| | |
|---|------------|
| Telephone number at premises (if any) | [REDACTED] |
| Non-domestic rateable value of premises | £7,800.00 |

Part 2 - Applicant details

Please state whether you are applying for a premises licence as appropriate

Please tick as

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input 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 checked="" type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other Title (for example, Rev) | |
| Surname Szelchauz | | | First names Magdalena | | |
| Date of birth over | | [REDACTED] | I am 18 years old or | | <input checked="" type="checkbox"/> Please tick yes |
| Nationality Polish | | | | | |
| Current residential address if different from premises address | | Flat 6 83 Shirley Road | | | |
| Post town | Southampton | | Postcode | SO15 3AN | |
| Daytime contact telephone number | | | [REDACTED] | | |
| 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) | |
| Surname | | | First names | | |
| Date of birth | | I am 18 years old or over | | <input type="checkbox"/> | Please tick yes |
| Nationality | | | | | |
| 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 |
| Address |
| Registered number (where applicable) |
| Description of applicant (for example, partnership, company, unincorporated association etc.) |
| Telephone number (if any) |
| E-mail address (optional) |

Part 3 Operating Schedule

When do you want the premises licence to start?

| | | |
|----|----|------|
| DD | MM | YYYY |
| | | |

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)
 Pizza Restaurant/Takeway which will sell alcohol

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

A

| | | | | | |
|---|-------|--------|---|----------|--------------------------|
| Plays Standard days and timings (please read guidance note 7) | | | <u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 4) | | |
| Mon | | | | | |
| Tue | | | <u>State any seasonal variations for performing plays</u> (please read guidance note 5) | | |
| Wed | | | | | |
| Thur | | | <u>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</u> (please read guidance note 6) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

B

| | | | | | |
|---|--------------|---------------|--|----------|--------------------------|
| Films Standard days and timings (please read guidance note 7) | | | <u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 4) | | |
| Mon | | | | | |
| | | | | | |
| Tue | | | | | |
| | | | | | |
| Wed | | | <u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5) | | |
| | | | | | |
| Thur | | | | | |
| | | | | | |
| Fri | | | | | |
| | | | <u>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</u> (please read guidance note 6) | | |
| Sat | | | | | |
| | | | | | |
| Sun | | | | | |
| | | | | | |

C

| Indoor sporting events Standard days and timings (please read guidance note 7) | | | <u>Please give further details</u> (please read guidance note 4) |
|--|-------|--------|---|
| Day | Start | Finish | |
| Mon | | | |
| | | | |
| Tue | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5) |
| | | | |
| 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 6) |
| | | | |
| Fri | | | |
| | | | |
| Sat | | | |
| | | | |
| Sun | | | |
| | | | |

D

| | | | | | |
|--|--------------|---------------|--|----------|--------------------------|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 7) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5) | | |
| Thur | | | | | |
| Fri | | | <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> (please read guidance note 6) | | |
| Sat | | | | | |
| Sun | | | | | |

E

| | | | | | |
|--|-------|--------|--|----------|--------------------------|
| Live music Standard days and timings (please read guidance note 7) | | | <u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 4) | | |
| Mon | | | | | |
| Tue | | | <u>State any seasonal variations for the performance of live music</u> (please read guidance note 5) | | |
| Wed | | | | | |
| Thur | | | <u>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</u> (please read guidance note 6) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

F

| | | | | | |
|---|--------------|---------------|--|----------|-------------------------------------|
| Recorded music Standard days and timings (please read guidance note 7) | | | <u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | <input checked="" type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 4) | | |
| Mon | | | | | |
| Tue | 14:00 | 00:00 | | | |
| Wed | 14:00 | 00:00 | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) | | |
| Thur | 14:00 | 00:00 | | | |
| Fri | 14:00 | 00:00 | <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> (please read guidance note 6) | | |
| Sat | 14:00 | 00:00 | | | |
| Sun | 14:00 | 00:00 | | | |

G

| Performances of dance Standard days and timings (please read guidance note 7) | | | <u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | <input type="checkbox"/> |
|--|-------|--------|---|----------|--------------------------|
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| | | | | | |
| Tue | | | <u>State any seasonal variations for the performance of dance</u> (please read guidance note 5) | | |
| | | | | | |
| Wed | | | <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> (please read guidance note 6) | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

H

| | | | | | |
|--|-------|--------|--|----------|--------------------------|
| 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 | <u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | <input type="checkbox"/> |
| Mon | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| | | | | | |
| Wed | | | | | |
| Thur | | | <u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5) | | |
| | | | | | |
| Fri | | | | | |
| Sat | | | <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> (please read guidance note 6) | | |
| | | | | | |
| Sun | | | | | |

I

| Late night refreshment Standard days and timings (please read guidance note 7) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3) | Indoors | <input checked="" type="checkbox"/> |
|---|---------------------------|--------|---|----------|-------------------------------------|
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | | | Please give further details here (please read guidance note 4) | | |
| Tue | 23:00 14:00 | 23:30 | | | |
| Wed | 23:00 14:00 | 23:30 | State any seasonal variations for the provision of late night refreshment (please read guidance note 5) | | |
| Thur | 23:00 14:00 | 23:30 | | | |
| Fri | 23:00 14:00 | 23:30 | 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 (please read guidance note 6) | | |
| Sat | 23:00 14:00 | 23:30 | | | |
| Sun | 23:00 14:00 | 23:30 | | | |

J

| | | | | | |
|---|-------|--------|---|------------------|-------------------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 7) | | | Will the supply of alcohol be for consumption – please tick (please read guidance note 8) | On the premises | <input checked="" type="checkbox"/> |
| | | | | Off the premises | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | State any seasonal variations for the supply of alcohol (please read guidance note 5) | | |
| Mon | | | | | |
| Tue | | | | | |
| | 14:00 | 23:30 | | | |
| Wed | | | | | |
| | 14:00 | 23:30 | | | |
| Thur | | | | | |
| | 14:00 | 23:30 | | | |
| Fri | | | | | |
| | 14:00 | 23:30 | | | |
| Sat | | | | | |
| | 14:00 | 23:30 | | | |
| Sun | | | | | |
| | 14:00 | 23:30 | | | |
| | | | 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) | | |

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 Magdalena Szelchauz |
| Date of birth [REDACTED] |
| Address [REDACTED] |
| Postcode [REDACTED] |
| Personal licence number (if known) 2017/03079/02SPEN |
| Issuing licensing authority (if known) Southampton & Eastleigh Licensing Partnership |

□□□□

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).
 None

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 | | | <p><u>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</u> (please read guidance note 6)</p> |
| | | | |
| Tue | | | |
| | 14:00 | 00:00 | |
| Wed | | | |
| | 14:00 | 00:00 | |
| Thur | | | |
| | 14:00 | 00:00 | |
| Fri | | | |
| | 14:00 | 00:00 | |
| Sat | | | |
| | 14:00 | 00:00 | |
| Sun | | | |
| | 14:00 | 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 10)

Generally, full CCTV will be in operation at the premises with cameras located to cover all public areas specifically covering the entrance and exit.
A Refusal Log will be kept at the premise to include all refusals to sell alcohol.
Challenge 25 will be in operation at the premises to avoid sale of alcohol to those under the age of 18.
Staff will be provided with ongoing training to ensure they remain vigilant and competent to promote the four licensing objectives effectively.

b) The prevention of crime and disorder

Please see attached a full set of conditions.

c) Public safety

Please see attached a full set of conditions.

d) The prevention of public nuisance

Please see attached a full set of conditions.

e) The protection of children from harm

Please see attached a full set of conditions.

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.**

| | |
|--------------------|--|
| Declaration | <ul style="list-style-type: none"> • [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). • 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) |
| Signature |  |
| Date | 28/04/2018 |
| Capacity | Authorised Agent - Legal Executive |

For joint applications, signature of 2nd applicant or 2nd 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) Mr Rajinder S Rathore Linder Myers Solicitors 10 Carlton Crescent | | | |
| Post town | Southampton | Postcode | SO15 2EZ |
| Telephone number (if any) | 02380 210361 | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) [REDACTED]@LinderMyers.co.uk | | | |

1) CCTV

The premises shall have sufficient cameras located within the premises to cover all public areas specifically covering the entrance and exit. The system will be able to cope with strobe lighting (where used) and all levels of illumination throughout the premises.

CCTV warning signed to be fitted in public places.

The CCTV system must be operating at all times whilst the premises are open for licensable activity. All equipment shall have a constant and accurate time and date generation.

The recording system will be able to capture a minimum of 4 frames per second and all recorded footage must be securely retained for a minimum of 7 days.

Records must be made on a weekly basis and kept for inspection to show that the system is functioning correctly and that data is being securely retained.

The DPS or premises manager must be able to demonstrate that the CCTV system has measures to prevent recordings being tampered with i.e. password protected.

There shall be sufficient members of trained staff at the premises during operating hours to be able to provide viewable copies immediately to police on request when investigating allegations of offences or criminal activity. Any images recovered must be in a viewable format on a disc. Footage supplies in a digital format on CD or DVD will also have a copy of the CCTV system software enabled on the disc to allow playback.

In the event of technical failure of the CCTV equipment the Premises Licence holder/DPS MUST report the failure to the Hampshire Western Police Licensing Unit within 24 hours.

2) Refusals Book

A written log shall be kept of all refusals including refusals to sell alcohol. The Premises Licence Holder shall ensure that the refusals log is checked, signed and dated on a weekly basis by the manager/manageress.

The refusals log will be kept and maintained at the premises and will be available for inspection immediately upon request by Hampshire Constabulary and any responsible authority.

The record of refusals will be retained for 12 months.

3) Challenge 25

There will be a Challenge 25 policy operating at the premises. Challenge 25 means that the holder of the premises licence shall ensure that every individual, who visually appears to be under 25 years of age and is seeking to purchase or be supplied with alcohol at the premises or from the premises, shall produce identification proving that individual to be 18 years of age or older.

Acceptable identification for the purposes of age verification will include a driving licence, passport or photographic identification bearing the "PASS" logo and the person's date of birth.

If the person seeking alcohol is unable to produce acceptable means of identification, no sale or supply of alcohol will be made to or for that person.

"Challenge 25" posters shall be displayed in prominent positions at the premises.

4) Training

Staff will be trained regarding appropriate precautions to prevent the sale of alcohol to persons under the age of 18, the signs and symptoms of drunk persons and the refusal of sale due to intoxication. Records will be kept of such training which must be signed and dated by the member of staff who had received that training.

All staff will receive refresher training every six months as a minimum and records to be kept of this refresher training which should be signed and dated by the member of staff who received that training.

In addition to their training a written test related to the training given will be conducted before the staff member is permitted to sell or authorise alcohol. The test will consist of a minimum of ten questions of which the pass rate is 80%. Anyone who fails to reach the prescribed pass rate will be retained and re-tested. Anyone not attaining the pass rate will not be permitted to sell or authorise the sale of alcohol until the pass rate is attained. There will be a minimum of two sets of questions to be used in the training which will be rotated upon each subsequent six month training session.

All training records will be made immediately available for inspection by Hampshire Constabulary and any responsible authority upon request. Training records will be kept for a minimum period of two years. Training records will be kept on the licensed premises to which they relate to.

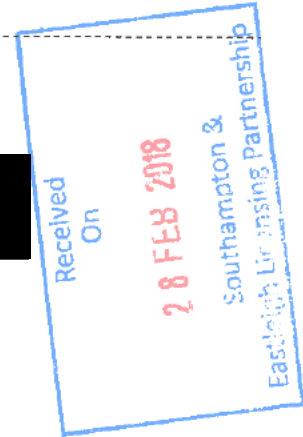
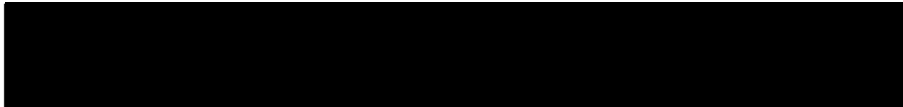
SOUTHAMPTON AND EASTLEIGH LICENSING PARTNERSHIP

Consent of individual to being specified as premises supervisor

I Magdalena Szelchauz

[full name of prospective premises supervisor]

of



[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

Premises Licence

[type of application]

by

Magdalena Szelchauz

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

Oregano Pizza House, 132 Shirley Road, Southampton, SO15 3FD

[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

Magdalena Szelchauz

[name of applicant]

concerning the supply of alcohol at

Oregano Pizza House, 132 Shirley Road, Southampton, SO15 3FD

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

2017/03079/02SPEN

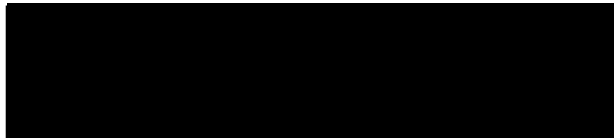
[insert personal licence number, if any]

Personal licence issuing authority

Southampton & Eastleigh Licensing Partnership

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

Signed



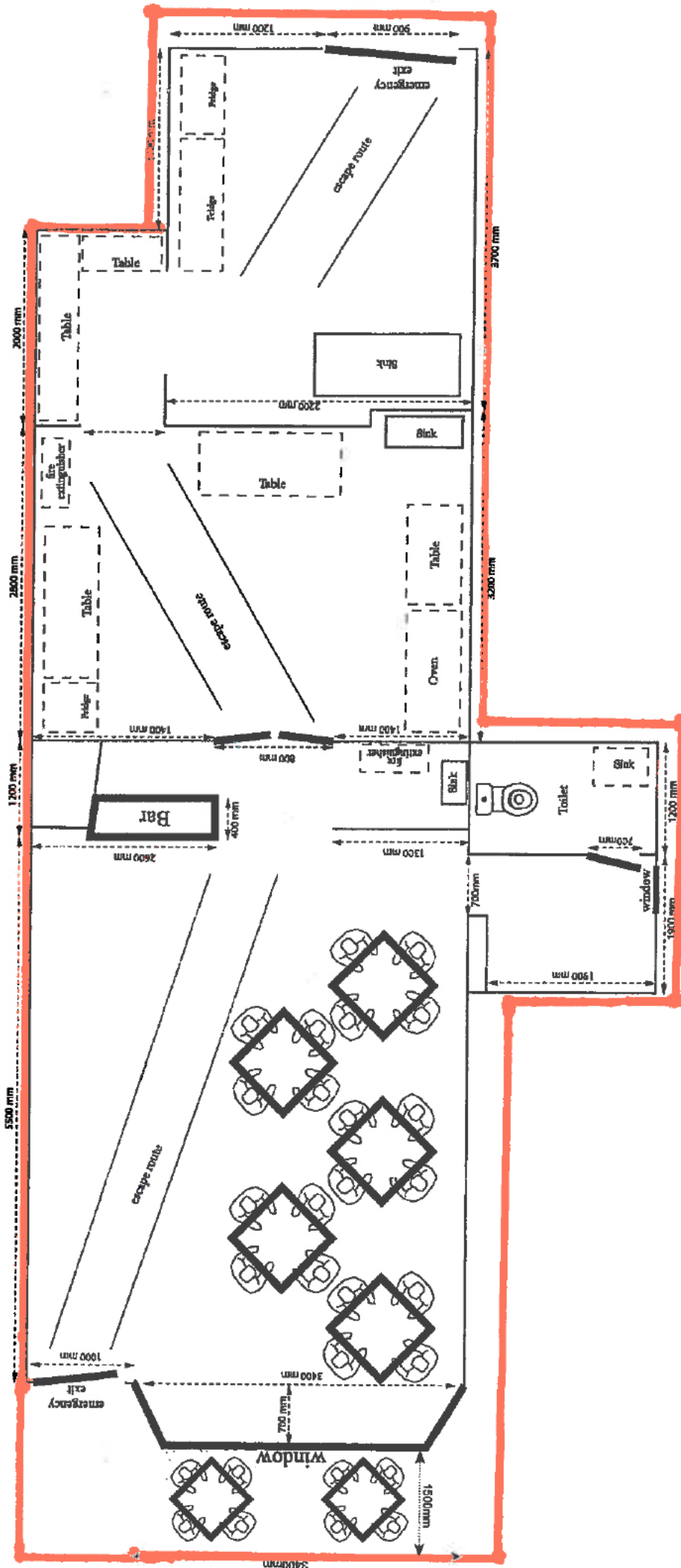
Name (please print)

MAGDALENA SZELCHAUZ

Date

26.02.2018

Premise licensed area



OREGANO PIZZA HOUSE
132 SHIRLEY ROAD S015 3FD



**HAMPSHIRE
FIRE AND
RESCUE
SERVICE**

For the attention of the Licensing Officer
Southampton and Eastleigh Licensing
Partnership
PO Box 1767
Southampton
SO18 9LA

Hampshire Fire and Rescue Service HQ
Business Fire Safety
Leigh Road
Eastleigh
Hampshire
SO50 9SJ

Tel: 02380 62 [REDACTED]

Email: csprotection.admin@hantsfire.gov.uk

Date: 14 March 2018

Enquiries To: Mr Tom Barton

Mobile Tel: [REDACTED]

My Reference: [REDACTED]

Dear Sir/ Madam

Licensing Act 2003

Oregano Pizza House, 132 Shirley Road, Southampton, Hampshire, SO15 3FD

I am in receipt of a copy of the application for the grant of a Premises Licence dated 28 February 2018.

Having examined the information in our files and inspected the premises I would notify you that Hampshire Fire and Rescue Service (The Fire and Rescue Authority) does wish to make representations to the licensing Authority on the grounds of public safety.

Under "The Regulatory Reform (Fire Safety) Order 2005" an Action Plan has been issued.

I refer to an inspection of the above premises on 08 March 2018. At that time, the premises fire safety standards were found to be unacceptable for the licensed use.

Guidance documents covering the standards required in the various classes of premises are available for download or purchase from the communities and local government website at: <https://www.gov.uk/workplace-fire-safety-your-responsibilities/who-is-responsible>

Alternatively, you can refer to our business fire safety pages on our website at: <http://www.hantsfire.gov.uk/forbusiness>



A copy of this letter has been forwarded to [REDACTED]@Lindermysers.co.uk of Linder Myers Solicitors and licensing@southampton.gov.uk for information.

Please quote our reference number on all correspondence.

Yours faithfully

[REDACTED]

For Chief Officer

cc: [REDACTED]@Lindermysers.co.uk - Linder Myers Solicitors

Action Plan

Poole, Leena

From: Tom Barton <[REDACTED]@hantsfire.gov.uk>
Sent: 23 March 2018 10:14
To: Poole, Leena
Cc: [REDACTED]
Subject: [REDACTED] Oregano Pizza House, 132 Shirley Road, Southampton, SO15 3FD
Attachments: CFRA718.docx

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Good Morning Leena,

Please see attached the Fire Safety Matters (3) letter that was sent to the R.P.

As you can see there are a number of Fire Safety Measures that were unacceptable at the time of audit. I will contact the Responsible Person and see how they are getting on with these. Like I said to you on the phone, if I feel that the work they have completed so far is suitable that the risk level within the premises is reduced to an acceptable standard, then I will email yourselves as such withdrawing my objection.

Kind Regards,
Tom

FF Tom Barton

Fire Safety Officer | Southampton Group
Hampshire Fire and Rescue Service, Leigh road, Eastleigh, Hampshire, SO50 9SJ
Office: 02380 62 [REDACTED] | Mobile: [REDACTED]

Email: tom.barton@hantsfire.gov.uk




**HAMPSHIRE
FIRE AND
RESCUE
SERVICE**



Take your FREE home safety check today: www.hantsfire.gov.uk/safeandsound

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From: Poole, Leena [mailto: [REDACTED]@southampton.gov.uk]
Sent: 21 March 2018 16:17
To: CS Protection Admin <csprotection.admin@hantsfire.gov.uk>
Subject: RE: [REDACTED] - Oregano Pizza House, 132 Shirley Road, Southampton, SO15 3FD

Dear Tom,

RE: Your Ref: [REDACTED] - Oregano Pizza House, 132 Shirley Road, Southampton, SO15 3FD

Thank you for your representation which we received today. I was wondering if you could send us a copy of the action plan so that it can be included in our hearing report.

Please be advised, that the hearing is scheduled for Wednesday 25th April 2018. A formal hearing invitation and the report will be sent out in due course.

Kind regards

Leena Poole
Licensing Officer
Southampton and Eastleigh Licensing Partnership
Southampton City Council

phone: 023 8083 3002 [Option 4, Option2]
fax: 023 8083 4061
e-mail: licensing@southampton.gov.uk
web: www.southampton.gov.uk/licensing and licensing.eastleigh.gov.uk
post: Licensing Team - Southampton City Council, Civic Centre, Southampton, SO14 7LY

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For the attention of Magdalena Szelchauz
Oregano Pizza House
132 Shirley Road
Southampton
SO15 3FD

Hampshire Fire and Rescue Service HQ
Business Fire Safety
Leigh Road
Eastleigh
Hampshire
SO50 9SJ

Tel: 02380 62 [REDACTED]

Email: csprotection.admin@hantsfire.gov.uk

Date: 14 March 2018

Enquiries To: Tom Barton

Mobile Tel: [REDACTED]

My Reference: [REDACTED]

Dear Mrs Szelchauz

Letter of Fire Safety Matters

Premises: Oregano Pizza House, 132 Shirley Road, Southampton, SO15 3FD

I visited your premises on 08 March 2018 and evaluated the fire safety provided. I am of the opinion that some people are at risk in case of fire. You have an ongoing duty to ensure the safety of people. The attached schedule sets out what you need to do.

Timescale for Completion

You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking. You should complete the actions and outcomes before the 01 July 2018. I will visit again and will contact you approximately one month before that date to arrange my next visit.

Consequence for Non-compliance

If you do not address the matters in the schedule (or I find that safety provisions have worsened), the authority may serve an enforcement notice on you. An enforcement notice would legally bind you to do the work.

Route to Appeal

You can clarify or challenge what you need to do. You can also comment on my visit. Our website: <http://www.hantsfire.gov.uk/about-us/contact-us/make-a-complaint/>, tells you how.

Undertaking a fire risk assessment will identify the safety measures you have in place and any further measures you might need to take. If additional safety is required in consequence of the assessment, you must provide it.

Alternative Solutions

You might want to use a different solution to meet the outcome(s) stated in the schedule. An alternative approach might enable you to make improvements that better meet your needs. I will be happy to discuss your ideas and suggestions.

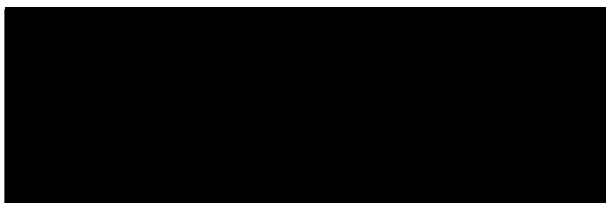
Further Recommendations

I want your business to be successful. The information, provided below, should assist you to improve safety or to enhance business continuity matters within your premises.

I strongly advise you to obtain the HM Government Fire Safety Risk Assessment Guide appropriate to your premises. These guides can be downloaded free of charge at: <http://www.cfoa.org.uk/19512> or can be purchased from bookshops.

It would be a wise investment of your time to consider how a fire may affect your business continuity and plans for growth.

Yours sincerely



Authorised Fire Safety Inspecting Officer
And on behalf of the Hampshire Fire and Rescue Authority

Schedule of Fire Safety Improvements

Notes to this schedule:

The government guidance most suitable to your premises is 'Small and medium Places of Assembly' which can be found at: <http://www.cfoa.org.uk/19512>

Before you make certain changes to the premises, you may have to apply for approval from statutory bodies and/or others having interest in them. If you have doubt about the need for approval, you should ask the relevant body. For example, you may have to apply for approval from a Building Control Body to make material alterations, website: <http://www.legislation.gov.uk/ukxi/2010/2214/regulation/3/made> tells you how.

You might also need to apply for the property owners' permission or for listed building consent, website: <https://www.historicengland.org.uk/advice/planning/consents/lbc/> among others tells you how.

| Item Number 1 | |
|-------------------------|---|
| Outcome | This work is necessary to identify significant risks from within the premises. |
| Suggested Action | <p>You must undertake a fire risk assessment to identify the fire safety measures that you already have in place and to identify any further fire safety measures that you need to implement.</p> <p>If you identify that additional fire safety measure(s) are required in consequence of the fire risk assessment, then you must provide them.</p> <p>You should record:</p> <ol style="list-style-type: none">i. The significant findings of your fire risk assessment (i.e. what you have done and what you will do to ensure the safety of people in case of fire).ii. Any people identified as being especially at risk.iii. The arrangements that you have in place to plan, organise, control, monitor and review the fire safety measures identified within the risk assessment. |
| Reason | Little consideration was given to determining the risks from fire to any persons within the building. As a licensed premise there is a requirement for the Responsible Person to record the information from the assessment of risk; This had not been completed. |

| Item Number 2 | |
|-------------------------|--|
| Outcome | This work is necessary to detect fire and raise an alarm. |
| Suggested Action | <p>Ensure that the Fire Alarm complies with BS 5839-part 1:2013. Ensure that the Manual Call Points comply to BS 5839-part 1:2013</p> <p>The system must be capable of giving a warning to everyone who might be affected. This includes for example, people with hearing impairment or within noisy environments.</p> <p>The system should be installed and commissioned by a competent person and a suitable testing and maintenance regime should be implemented.</p> |
| Reason | The existing system is not suitable because there is no guarantee that it works or that the detection is in a suitable condition. This means that people may not be warned in time to escape safely. There was no guarantee that the Manual Alarm Call Points were in working condition and the R.P did not know if they would alarm if they were pushed. This means that the current system could fail without warning or at the moment it is needed most and that people would be at risk in case of fire. |

| Item Number 3 | |
|-------------------------|--|
| Outcome | This work is necessary to enable nominated employees to safely fight outbreaks of fire. |
| Suggested Action | Ensure that nominated members of staff are given adequate training to implement the use of fire-fighting equipment. |
| Reason | The employees nominated to implement fire-fighting measures have not received adequate training. This means that they might be harmed while tackling a fire. |

| |
|----------------------|
| Item Number 4 |
|----------------------|

| | |
|-------------------------|---|
| Outcome | This work is necessary to make sure that escape routes (corridors, stairs and doors) can be safely used whenever they are needed. |
| Suggested Action | Ensure that escape routes throughout the building are illuminated by emergency lighting that will operate if the local lighting circuit fails. The system should be installed and commissioned by a competent person and a suitable testing and maintenance regime should be implemented. |
| Reason | People throughout all parts of the building, including restaurant, kitchen and rear emergency exit may not be able to find the way out in an emergency because there was insufficient lighting. |

| Item Number 5 | |
|-------------------------|--|
| Outcome | This work is necessary to make sure that escape routes (corridors, stairs and doors) can be safely used whenever they are needed. |
| Suggested Action | Ensure that all doors on exit routes are available and can be easily and immediately opened, without the use of a key, by anyone who might need to use them in an emergency. A solution to this issue could be a single push bar mechanism/Panic Bar or ensuring that the current mechanism is easy to use at all times. |
| Reason | The escape door at the rear of the building was difficult to open because it used a Yale lock with a Night Latch which was particularly stiff. This means that people trying to use the escape doors, during an evacuation, might be trapped in the building. |

| Item Number 6 | |
|-------------------------|---|
| Outcome | This work is necessary to help people understand what to do if fire breaks out. |
| Suggested Action | Establish procedures to be followed in case of fire and nominate people to put those procedures into effect. |
| Reason | There was no evidence of a fire procedure or fire drills. Without these, people may behave in unpredictable ways and can be put at risk. Good procedures will allow everyone to leave safely in case of fire. |
| Item Number 7 | |

| | |
|-------------------------|--|
| Outcome | This work is necessary to help people understand what to do if fire breaks out. |
| Suggested Action | Carry out fire drills; to practice the procedures you have in place for people to follow in case of fire. |
| Reason | People do not understand what to do in case of fire and may behave inappropriately if fire breaks out. When people are familiar with what to do, their safety is more assured. |

| Item Number 8 | |
|-------------------------|---|
| Outcome | This work is necessary to help people understand what to do if fire breaks out. |
| Suggested Action | Provide fire action notices that explain your fire procedure and what you want people to do in case of fire where people will see them. |
| Reason | Without instruction or information, people may respond badly to fire (or not at all), which would put them at risk. There were no visible notices upon entering the restaurant and the only one behind the bar is not in a suitable position. |

| Item Number 9 | |
|-------------------------|--|
| Outcome | This work is necessary to help people understand what to do if fire breaks out. |
| Suggested Action | Provide your employees with instruction and training, so that they know the fire precautions and procedures you have put in place. They must also be familiar with what they need to do in case of fire to ensure that they are safe and can keep other people safe. |
| Reason | Employees were unaware of their responsibilities and of the fire safety measures in the premises, which you have taken to keep them and others safe. |