



**Sutton**  
**Application for a premises licence**  
**Licensing Act 2003**

For help contact  
[licensing@sutton.gov.uk](mailto:licensing@sutton.gov.uk)  
Telephone: +44020 8770 5000

\* required information

**Section 1 of 21**

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

☐ Yes

☒ No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

**Applicant Details**

\* First name

Ardjan

\* Family name

Selamaj

\* E-mail

ardi.selamaj@icloud.com

Main telephone number

Include country code.

Other telephone number

☒ Indicate here if you would prefer not to be contacted by telephone

Are you:

☒ Applying as a business or organisation, including as a sole trader

☐ Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

**Applicant Business**

Is your business registered in the UK with Companies House?

☒ Yes

☐ No

Note: completing the Applicant Business section is optional in this form.

Registration number

16423695

Business name

The Greek Table Ltd

If your business is registered, use its registered name.

VAT number

-

Put "none" if you are not registered for VAT.

Legal status

Private Limited Company

Continued from previous page...

Your position in the business

Home country

The country where the headquarters of your business is located.

**Registered Address**

Address registered with Companies House.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

**Section 2 of 21**

**PREMISES DETAILS**

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

**Premises Address**

Are you able to provide a postal address, OS map reference or description of the premises?

☒ Address    ☐ OS map reference    ☐ Description

**Postal Address Of Premises**

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

**Further Details**

Telephone number

Non-domestic rateable value of premises (£)

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**APPLICATION DETAILS**

In what capacity are you applying for the premises licence?

- ☐ An individual or individuals
- ☒ A limited company / limited liability partnership
- ☐ A partnership (other than limited liability)
- ☐ An unincorporated association
- ☐ Other (for example a statutory corporation)
- ☐ A recognised club
- ☐ A charity
- ☐ The proprietor of an educational establishment
- ☐ A health service body
- ☐ A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- ☐ A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- ☐ The chief officer of police of a police force in England and Wales

**Confirm The Following**

- ☒ I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- ☐ I am making the application pursuant to a statutory function
- ☐ I am making the application pursuant to a function discharged by virtue of His Majesty's prerogative

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**NON INDIVIDUAL APPLICANTS**

Provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), give the name and address of each party concerned.

**Non Individual Applicant's Name**

Name

The Greek Table Ltd

**Details**

Registered number (where applicable)

16423695

Description of applicant (for example partnership, company, unincorporated association etc)

Continued from previous page...

**Address**

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

**Contact Details**

E-mail

Telephone number

Other telephone number

\* Date of birth

\* Nationality

Documents that demonstrate entitlement to work in the UK

Add another applicant

**Section 5 of 21**

**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

Provide a general description of 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.

*Continued from previous page...*

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

**Section 6 of 21**

**PROVISION OF PLAYS**

See guidance on regulated entertainment

Will you be providing plays?

☐ Yes

☒ No

**Section 7 of 21**

**PROVISION OF FILMS**

See guidance on regulated entertainment

Will you be providing films?

☐ Yes

☒ No

**Section 8 of 21**

**PROVISION OF INDOOR SPORTING EVENTS**

See guidance on regulated entertainment

Will you be providing indoor sporting events?

☐ Yes

☒ No

**Section 9 of 21**

**PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS**

See guidance on regulated entertainment

Will you be providing boxing or wrestling entertainments?

☐ Yes

☒ No

**Section 10 of 21**

**PROVISION OF LIVE MUSIC**

See guidance on regulated entertainment

Will you be providing live music?

☐ Yes

☒ No

**Section 11 of 21**

**PROVISION OF RECORDED MUSIC**

See guidance on regulated entertainment

Will you be providing recorded music?

☒ Yes

☐ No

**Standard Days And Timings**

Continued from previous page...

MONDAY

Start 11:00

End 00:00

Start

End

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.

TUESDAY

Start 11:00

End 00:00

Start

End

WEDNESDAY

Start 11:00

End 00:00

Start

End

THURSDAY

Start 11:00

End 00:00

Start

End

FRIDAY

Start 11:00

End 00:00

Start

End

SATURDAY

Start 11:00

End 00:00

Start

End

SUNDAY

Start 11:00

End 00:00

Start

End

Will the playing of recorded music take place indoors or outdoors or both?

☒ Indoors

☐ Outdoors

☐ Both

Where taking place in a building or other  
structure tick as appropriate. Indoors may  
include a tent.

State 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.

State any seasonal variations for playing recorded music

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Continued from previous page...

Non-standard timings. Where the premises will be used for the playing of recorded music at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

**Section 12 of 21**

**PROVISION OF PERFORMANCES OF DANCE**

See guidance on regulated entertainment

Will you be providing performances of dance?

☐ Yes

☐ No

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**PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE**

See guidance on regulated entertainment

Will you be providing anything similar to live music, recorded music or performances of dance?

☐ Yes

☐ No

**Section 14 of 21**

**LATE NIGHT REFRESHMENT**

Will you be providing late night refreshment?

☒ Yes

☐ No

**Standard Days And Timings**

**MONDAY**

Start 23:00

End 00:00

Start

End

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.

**TUESDAY**

Start 23:00

End 00:00

Start

End

**WEDNESDAY**

Start 23:00

End 00:00

Start

End

**THURSDAY**

Start 23:00

End 00:00

Start

End

Continued from previous page...

**FRIDAY**

Start

End

Start

End

**SATURDAY**

Start

End

Start

End

**SUNDAY**

Start

End

Start

End

Will the provision of late night refreshment take place indoors or outdoors or both?

☒ Indoors

☐ Outdoors

☐ Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

State 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.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the supply of late night refreshments at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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**SUPPLY OF ALCOHOL**

Will you be selling or supplying alcohol?

☒ Yes

☐ No



Continued from previous page...

### Standard Days And Timings

#### MONDAY

Start 11:00

End 00:00

Start

End

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.

#### TUESDAY

Start 11:00

End 00:00

Start

End

#### WEDNESDAY

Start 11:00

End 00:00

Start

End

#### THURSDAY

Start 11:00

End 00:00

Start

End

#### FRIDAY

Start 11:00

End 00:00

Start

End

#### SATURDAY

Start 11:00

End 00:00

Start

End

#### SUNDAY

Start 11:00

End 00:00

Start

End

Will the sale of alcohol be for consumption:

- ☐ On the premises    ☐ Off the premises    ☒ Both

If the sale of alcohol is for consumption on  
the premises select on, if the sale of alcohol  
is for consumption away from the premises  
select off. If the sale of alcohol is for  
consumption on the premises and away  
from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

None

Continued from previous page...

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

No

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

**Name**

First name

Family name

Date of birth

**Enter the contact's address**

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Personal Licence number  
(if known)

Issuing licensing authority  
(if known)

**PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT**

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

☒ Electronically, by the proposed designated premises supervisor

☒ As an attachment to this application

Reference number for consent  
form (if known)

Continued from previous page...

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

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 etc gambling machines etc.

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start 06:00

End 00:00

Start

End

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.

TUESDAY

Start 06:00

End 00:00

Start

End

WEDNESDAY

Start 06:00

End 00:00

Start

End

THURSDAY

Start 06:00

End 00:00

Start

End

FRIDAY

Start 06:00

End 00:00

Start

End

SATURDAY

Start 06:00

End 00:00

Start

End

SUNDAY

Start 06:00

End 00:00

Start

End

State any seasonal variations

*Continued from previous page...*

For example (but not exclusively) where the activity will occur on additional days during the summer months.

None

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

None

#### Section 18 of 21

#### LICENSING OBJECTIVES

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

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

List here steps you will take to promote all four licensing objectives together.

THE GENERAL STYLE OF THE BUSINESS OPERATION AND NECESSARY STEPS WILL BE TAKEN TO PROMOTE THE LICENSING OBJECTIVES AS SET OUT IN THE LICENSING ACT 2003.

CCTV RECORDING ON THE PREMISES WILL BE KEPT FOR A MINIMUM OF 30 DAYS.

b) The prevention of crime and disorder

THE VOLUME OF ANY NOISE WILL BE CONTROLLED TO PREVENT ANY PUBLIC DISTURBANCES.

c) Public safety

THE PREMISES WILL BE CHECKED TO ENSURE THERE ARE NO SAFETY RISKS AND PRECAUTIONS ARE IN PLACE. APPROPRIATE TRAINING ABOUT EMERGENCY AND SAFETY PRECAUTIONS AND PROCEDURES. ELECTRICAL AND GAS SYSTEMS INSPECTED REGULARLY. ADEQUATE FIRST AID EQUIPMENT AND MATERIALS AVAILABLE ON THE PREMISES AND FIRE SAFETY MEASURES.

d) The prevention of public nuisance

TO MINIMISE ANY POSSIBLE LITTERING FACILITIES FOR DISPOSING AND COLLECTING LITTER WILL BE AVAILABLE AND MAINTAINED.

e) The protection of children from harm

PROOF OF AGE POLICY WILL BE ENFORCED.  
CHALLENGE 25 POLICY WILL BE EMPLOYED, ANYONE WHO APPEARS TO BE LESS THAN 25 WILL BE ASKED FOR ID AND EACH CHALLENGED WILL BE RECORDED IN A BOOK FOR RECORDS.

Continued from previous page...

**Address**

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

**DECLARATION**

[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).

**You must check the box for this declaration**

☒ Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

**A full name must be entered**

\* Full name

**A capacity must be entered**

\* Capacity

Date (dd/mm/yyyy)

Add another signatory

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/sutton/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

Valeza Kryeziu BA Interior Design	<div> <div>CCTV Camera</div> <div>Fire Extinguisher</div> </div> <div> <div>Fire Blanket</div> <div>Emergency Exit</div> </div>	The Greek Table 39 North Street Carshalton SM5 2HG	Premises Licencing Plan Ground Floor 1 : 50 01/08/2025 A3
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