

## APPENDIX A

082743



Leicester  
City Council

**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** SOUTH SOUTHWEST LIMITED

*(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  
**95 QUEENS ROAD**

<b>Post town</b>	LEICESTER	<b>Postcode</b>	LE2 1TT
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Telephone number at premises (if any)	[REDACTED]
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Non-domestic rateable value of premises	£25,000
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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 *           | <input type="checkbox"/> | please complete section (A) |
| b) | a person other than an individual *      |                          |                             |
|    | i. as a limited company                  | X                        | please complete section (B) |
|    | ii. as a partnership                     | <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)  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) PHILIP
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

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

I am making the application pursuant to a statutory function or   
 a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr <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)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

**(B) OTHER APPLICANTS**

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

Name SOUTH SOUTHWEST LIMITED
Address 
Registered number (where applicable) 08549557
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY
Telephone number (if any) 
E-mail address (optional) 

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
06	06	2016

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)  
 THE PREMISES IS SITUATED ON QUEENS ROAD ON THE CORNER OF MONTAGUE ROAD. IT IS 3 STOREY BUILDING BUILT IN A VICTORIAN STYLE. A COFFEE SHOP / CAFÉ IN THE DAYTIME DOWNSTAIRS SERVING FINE WINES AND STONEBAKED FOOD. BAR LOUNGE AND RESTAURANT UPSTAIRS. AN OFFICE/PRIVATE AREA EXISTS ON THE TOP FLOOR. ACCESSED VIA AN INTERNAL SPIRAL STAIR CASE

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

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

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

**Provision of late night refreshment** (if ticking yes, fill in box I)

X

**Supply of alcohol** (if ticking yes, fill in box J)

X

**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						
Wed					<b>State any seasonal variations for performing plays</b> (please read guidance note 4)	
Thur						
Fri					<b>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</b> (please read guidance note 5)	
Sat						
Sun						

**B**

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

**E**

Live music 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 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) WE MAY WISH TO OFFER INSIDE LIVE ENTERTAINMENT IN THE FORM OF JAZZ / ACOUSTIC ETC. SUBJECT TO GUIDELINES ON NOISE LEVELS.		
Mon	09:00	MIDNIGHT			
Tue	09:00	MIDNIGHT			
Wed	09:00	MIDNIGHT			
Thur	09:00	MIDNIGHT			
Fri	09:00	MIDNIGHT	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Sat	09:00	MIDNIGHT			
Sun	09:00	MIDNIGHT	<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)		

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	X
Day	Start	Finish		Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>	
Mon	09:00	MIDNIGHT	<b><u>Please give further details here</u></b> (please read guidance note 3) RECORDED MUSIC IN THE FORM OF CD'S AND MP3 FILES ETC. WILL BE PLAYED INDOORS THROUGHOUT SERVICE.		
Tue	09:00	MIDNIGHT			
Wed	09:00	MIDNIGHT	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)		
Thur	09:00	MIDNIGHT			
Fri	09:00	MIDNIGHT	<b><u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sat	09:00	MIDNIGHT			
Sun	09:00	MIDNIGHT			

**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 checked="" 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) WE MAY WISH TO USE THE PREMISES FOR THE PERFORMANCE OF DANCE AT THE TIMES SHOWN TO THE LEFT. THIS WILL APPLY TO PERFORMANCES OR PRIVATE USE		
Mon	09:00	MIDNIGHT			
Tue	09:00	MIDNIGHT	<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Wed	09:00	MIDNIGHT			
Thur	09:00	MIDNIGHT	<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	09:00	MIDNIGHT			
Sat	09:00	MIDNIGHT			
Sun	09:00	MIDNIGHT			

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 COMIC ENTERTAINMENT ANY OTHER LOCAL EVENTS RELATING TO ARTS / FESTIVALS FILM MAKING ,DESIGN, EXHIBITION ETC.		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	X
Mon	09:00	MIDNIGHT		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	09:00	MIDNIGHT	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed	09:00	MIDNIGHT			
Thur	09:00	MIDNIGHT	<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri	09:00	MIDNIGHT			
Sat	09:00	MIDNIGHT	<b><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sun	09:00	MIDNIGHT			

1

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	X
Day	Start	Finish			
Mon	09:00	MIDNIGHT	<b>Please give further details here</b> (please read guidance note 3) AS A FOOD-LED OPERATION, A FULL MENU WILL BE AVAILABLE THROUGHOUT THE DAY AND NIGHT		
Tue	09:00	MIDNIGHT			
Wed	09:00	MIDNIGHT	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur	09:00	MIDNIGHT			
Fri	09:00	MIDNIGHT	<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)		
Sat	09:00	MIDNIGHT			
Sun	09:00	MIDNIGHT			

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	X			
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)					
Mon	09:00	MIDNIGHT						
Tue	09:00	MIDNIGHT						
Wed	09:00	MIDNIGHT						
Thur	09:00	MIDNIGHT				<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)		
Fri	09:00	MIDNIGHT						
Sat	09:00	MIDNIGHT						
Sun	09:00	MIDNIGHT						

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

Name PHILIP LUTHLEN	
Address 80 LANSDOWNE ROAD LEICESTER	
Postcode	LE2 8AQ
Personal licence number (if known) LEIPRS0234	
Issuing licensing authority (if known) LEICESTER CITY 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).

L

**Hours premises are open to the public**  
Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	00:00	MIDNIGHT
Tue	00:00	MIDNIGHT
Wed	00:00	MIDNIGHT
Thur	00:00	MIDNIGHT
Fri	00:00	MIDNIGHT
Sat	00:00	MIDNIGHT
Sun	00:00	MIDNIGHT

State any seasonal variations (please read guidance note 4)

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 (please read guidance note 5)



**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)**

EDUCATION OF STAFF IN BEST LICENSING PRACTICE. PARTICULAR FOCUS ON HEALTH AND SAFETY, UNDER AGE DRINKING, IDENTIFICATION OF POTENTIAL DRUG USE AND PREVENTION. LIAISE WITH LOCAL POLICING/FIRE SERVICES FOR TRAINING ON BEST PRACTICE. PUTTING CUSTOMER SAFETY AND FOOD HYGIENE FIRST. PROMOTE RESPONSIBLE CONSUMPTION OF ALCOHOL FOCUSING ON PROMOTING FOOD. NO GAMBLING POLICY.

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

TO PROVIDE EXTERNAL AND INTERNAL CCTV THROUGHOUT INCLUDING PUBLIC ENTRANCE TO WASHROOMS. A STRONG ANTI DRUG POLICY. NO CUSTOMERS WILL BE SERVED IF THEY APPEAR TO BE DRUNK. TO DEVELOP A STRONG RELATIONSHIP WITH LOCAL POLICE UNITS IN THE AREA. NOT TO HOLD IRRESPONSIBLE DRINKS PROMOTIONS. TO PARTICIPATE WHERE POSSIBLE IN PUB WATCH SCHEMES AND TO INFORM RELEVANT AUTHORITIES OF ANTISOCIAL BEHAVIOUR. LIAISE WITH THE LOCAL CRIME PREVENTION OFFICER TO PROMOTE AND BUILD GOOD RELATIONS WITH LOCAL POLICE UNITS. PROMOTE FOOD WITH ALCOHOL CONSUMPTION.

**c) Public safety**

TO PROVIDE EXTERNAL AND INTERNAL CCTV THROUGHOUT INCLUDING ENTRANCES TO PUBLIC COMMUNAL AREAS OF WASHROOMS. DOOR SECURITY FOR PRIVATE FUNCTIONS WITH SIA REGISTERED STAFF, OFFER WELL LIT AREAS AROUND THE RESTAURANT EXITS. FREEPHONE TO LOCAL TAXI FIRMS TO PREVENT CUSTOMERS WALKING HOME ALONE AND LOITERING OUTSIDE AFTER HOURS. TO LIAISE WITH COUNCIL TO ENSURE CLEAR WALKWAYS.

**d) The prevention of public nuisance**

ENCOURAGE CUSTOMERS TO LEAVE QUIETLY, ENCOURAGE RESPONSIBLE CONSUMPTION OF ALCOHOL WITH MEALS. CCTV INSTALLED THROUGHOUT, DOOR SUPERVISION, SUPPLY OF NUMBERS FOR LOCAL TAXI FIRMS. TO ENCOURAGE A STRONG POLICY ON NOT SERVING INDIVIDUALS WHO APPEAR TO BE DRUNK. NOT TO EMPTY BINS LATE AT NIGHT AND TO CLOSE WINDOWS AFTER 10PM

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

CHILDREN WILL NOT BE PERMITTED TO ENTER THE PREMISES WITH BEING ACCOMPANIED BY AN ADULT AT ANY TIME AND CHILDREN WILL NOT BE PERMITTED TO BE ON THE PREMISES FULL STOP BETWEEN 21:00 AND 09:00 HRS. ALL CUSTOMERS WHO APPEAR TO BE UNDER THE AGE OF 21 WILL BE ASKED TO PROVIDE IDENTIFICATION UPON ENTRY. STRONG ANTI DRUGS ENFORCEMENT POLICY. ENCOURAGING A DAYTIME FAMILY ATMOSPHERE IN A LIGHT OPEN ENVIRONMENT.

**Checklist:**

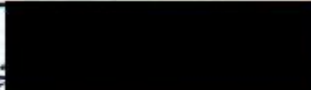
**Please tick to indicate agreement**

- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. X
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. X
- I understand that I must now advertise my application. X
- I understand that if I do not comply with the above requirements my application will be rejected. X

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

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

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

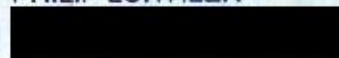
Signature	PHILIP LUTHLEN 
Date	25 <sup>TH</sup> APRIL 2016
Capacity	DIRECTOR AND PERSONAL LICENSE HOLDER

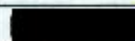
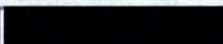
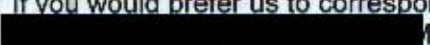
**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent** (please read guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

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

PHILIP LUTHLEN



Post town	<b>LEICESTER</b>	Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
			

## Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



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

**PHILIP LUTHLEN**

I

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

of

.....  
[REDACTED]

.....  
*[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 LICENSE**

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

by

**SOUTH SOUTHWEST LIMITED**

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

relating to a premises licence

**TBC**

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

for

**95 QUEENS ROAD  
LEICESTER  
LE2 1TT**

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

FORM 18

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

SOUTH SOUTHWEST LIMITED

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

concerning the supply of alcohol at

95 QUEENS ROAD  
LEICESTER  
LE2 1TT

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

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

Personal licence number

LEIPRS0234

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

Personal licence issuing authority

LEICESTER CITY COUNCIL

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

Signed

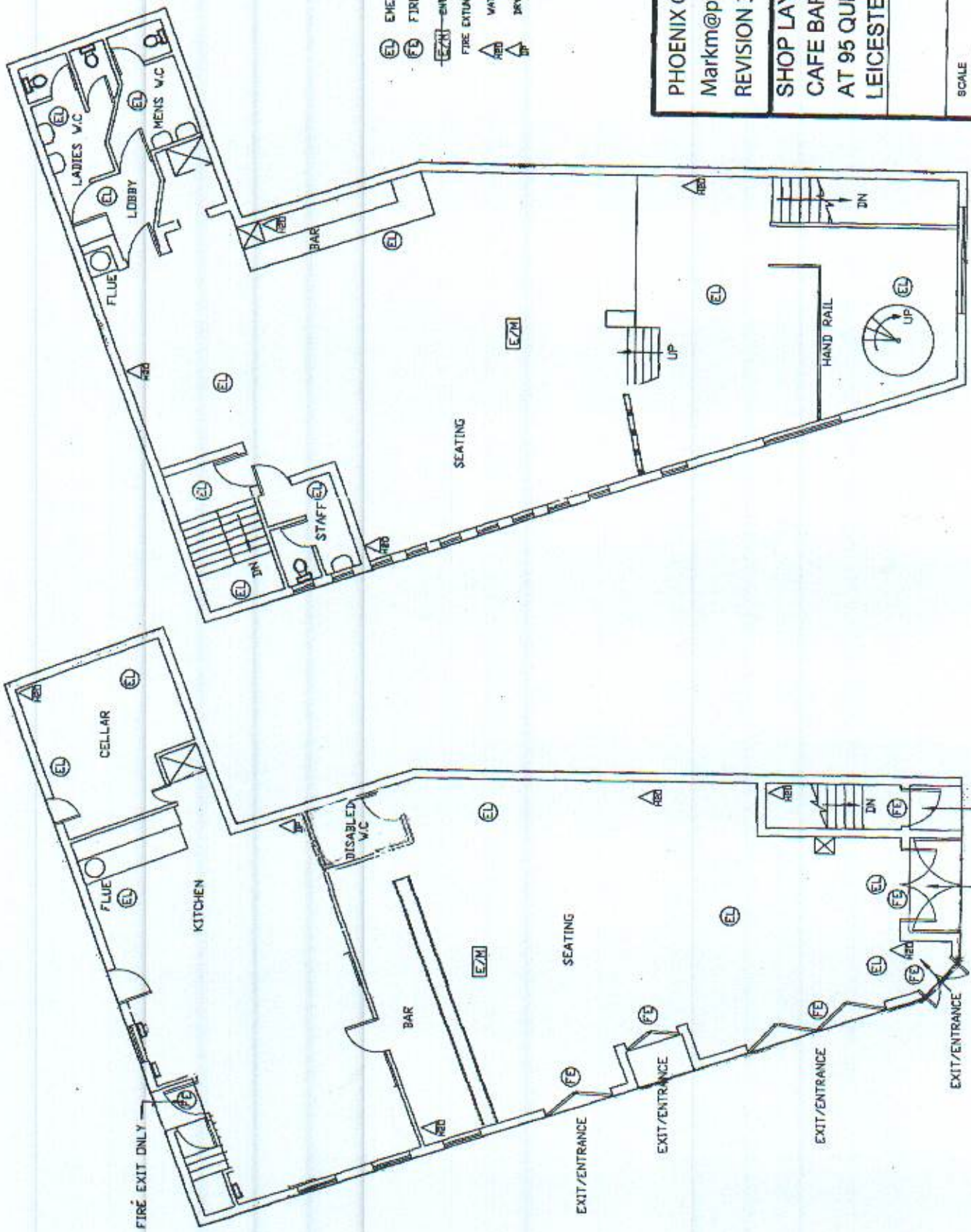


Name (please print)

PHILIP LUTHLEN

Date

20/04/2016



- (EL) EMERGENCY LIGHT BS 5266/88 Pt 1
- (FE) FIRE EXIT DOOR
- (EZH) ENTERTAINMENT MACHINE
- (A) FIRE EXTINGUISHERS
- (W) WATER
- (DP) DRY POWDER

PHOENIX COLOUR LTD  
 Markm@phoenix-colour.com  
 REVISION 3.1

SHOP LAYOUT OF  
 CAFE BAR  
 AT 95 QUEENS ROAD  
 LEICESTER

SCALE  
 1:100

DATE  
 31/03/16

DRAWING NO.  
 05/08/146

SS

F.F LAYOUT

G.F LAYOUT