

5. REPORT

Background

5.1 An application for a Premises Licence, by Duran Kumcur in respect of Bar Baran, 1st Floor, 143-145 Philip Lane, Tottenham, London N1 4HQ under the Licensing Act 2003.

5.2 Details of the application being sought under the Premises Licence APP1

Supply of Alcohol
Monday to Sunday 1100 to 0130

Provision of Late Night Refreshment
Monday to Sunday 2300 to 0130

Opening hours
Monday to Sunday 1100 to 0200

General-all four licensing objectives

A digital CCTV system will be installed and maintained on the premises in accordance with any requirements requested by the Police. The CCTV system will be recording at all times when the premises are open and the recordings shall be made available to the Police and Council on request.

5.3 Crime and Disorder

The CCTV recordings shall be kept for 31 days and made available to the Police and Council on request.

5.4 Public Safety

Fire Safety equipment will be installed and maintained. We will comply with any request made by the Fire Officer.

5.5 Public Nuisance

Sings will be displayed at the exit reminding customers to leave quietly and respect the neighbours. All doors will remain closed after 2200 hours.

5.6 Child Protection

All staff will be trained that alcohol will only be sold to persons who can produce photographic identification where there is any doubt that they are over the age of 18.

Challenge 21 will be in operation.

A refusal book will be maintained and available for inspection by the police or council.

6. RELEVANT REPRESENTATIONS (CONSULTATION)

Responsible authorities:

6.1 Comments of Metropolitan Police

Have no objections to this application.

6.2 Comments of Enforcement Services:

Noise Team

Have made representation to this application. **APP2**

Food Team

Have no objections to this application.

Health and Safety

Have no objections to this application

Trading Standards

Have no objections to this application

Building Control

Have made comments on this application. **APP 3**

6.3 Fire Officer

Have no objections to this application

6.4 Planning Officer

Have no objections to this application.

6.5 Comments of Child Protection Agency or Nominee

No representation made on this matter

7.0 Interested Parties

No letters of representation have been received against this application.

8.0 Financial Comments

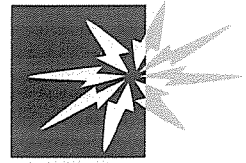
The fee which would be applicable for this application was **£190.00.**

APPENDIX 1--APPLICATION

*19070PAY.

W182916

Ac 985767



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

Haringey Council

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 DURAN KUMCUK (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			
1ST FLOOR 143-145 PHILIP LANE N15 4HQ			
Post town		Post code	

Telephone number at premises (if any)	07749984532
Non-domestic rateable value of premises	£ 33,000

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as Please tick yes

- 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
- 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname KUMCEK			First names DURAN		
I am 18 years old or over			<input checked="" type="checkbox"/> Please tick yes		
Current postal address if different from premises address		7 GROUNDEN LION COURT 6 THE CONCOURSE EDMONTON · N9 0TY			
Post Town			Postcode		
Daytime contact telephone number					
E-mail address (optional)					

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year	

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

Day		Month		Year	

Please give a general description of the premises (please read guidance note1)

SOCIAL CLUB ABOVE A SUPERMARKET

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 yes

- 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)

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

Provision of entertainment facilities:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K)

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

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

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon				Please give further details here (please read guidance note 3)	
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
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 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
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 5)		
Sat					
Sun					

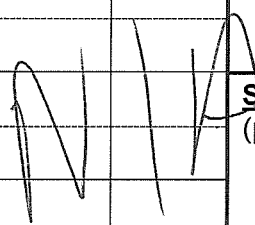
E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Mon					
Tue					
Wed	N/A		<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

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	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed				State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>	
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)	
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) <u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4) <u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p><u>Please give a description of the type of entertainment you will be providing</u></p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur					
Fri			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p>		
Sat			<p><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 5)</p>		
Sun					

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)	Indoors <input type="checkbox"/>	
				Outdoors <input type="checkbox"/>	
				Both <input type="checkbox"/>	
			<u>Please give a description of the facilities for dancing you will be providing</u>		
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

K

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Wed					
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun					

L

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	23.00	1.30			
Tue	23.00	1.30	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Wed	23.00	1.30			
Thur	23.00	1.30	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 5)		
Fri	23.00	1.30			
Sat	23.00	1.30			
Sun	23.00	1.30			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises <input checked="" type="checkbox"/>
				Off the premises <input type="checkbox"/>
Day	Start	Finish		Both <input type="checkbox"/>
Mon	11.00	01.30	State any seasonal variations for the supply of alcohol (please read guidance note 4)	
Tue	11.00	01.30		
Wed	11.00	01.30		
Thur	11.00	01.30	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 5)	
Fri	11.00	01.30		
Sat	11.00	01.30		
Sun	11.00	01.30		

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

Name	MR. DERAN KUMAR
Address	7 GOLDEN HORN COURT. 6 THE CONCOURSE EDMONTON.
Postcode	N9 074
Personal Licence number (if known)	LN/200900254.
Issuing licensing authority (if known)	ENFELD COUNCIL.

N

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)

N/A

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon	11.00 ^{AM}	02.00 ^{AM}	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)
Tue	11.00	02.00 ^{AM}	
Wed	11.00	02.00 ^{AM}	
Thur	11.00	02.00 ^{AM}	
Fri	11.00	02.00 ^{AM}	
Sat	11.00	02.00 ^{AM}	
Sun	11.00	02.00 ^{AM}	

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

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

A DIGITAL CLOSED CIRCUIT T.V. SYSTEM WILL BE INSTALLED AND MAINTAINED ON THE PREMISES IN ACCORDANCE WITH ANY REQUIREMENTS REQUESTED BY THE POLICE. THE CCTV SYSTEM WILL BE RECORDING AT ALL TIMES WHEN THE PREMISES ARE OPEN AND THE RECORDINGS SHALL BE MADE AVAILABLE TO POLICE AND COUNCIL ON REQUEST.

b) The prevention of crime and disorder

CCTV RECORDINGS WILL BE KEPT FOR 31 DAYS MADE AVAILABLE TO THE POLICE & COUNCIL ON REQUEST.

c) Public safety

FIRE SAFETY EQUIPMENT WILL BE INSTALLED AND MAINTAINED. WE WILL COMPLY WITH ANY REQUEST MADE BY THE FIRE OFFICER.

d) The prevention of public nuisance

SIGNS WILL BE DISPLAYED AT EXITS REMINDING CUSTOMERS TO LEAVE QUIETLY AND RESPECT THE NEIGHBOURS. ALL DOORS WILL REMAIN CLOSED AFTER 2200 HRS.

e) The protection of children from harm

ALL STAFF WILL BE TRAINED THAT ALCOHOL WILL ONLY BE SOLD TO PERSONS WHO CAN PRODUCE PHOTOGRAPHIC I.D, WHERE THERE IS ANY DOUBT THAT THEY ARE OVER OF 18. CHALLENGE 21 WILL BE IN OPERATION. A REFUSAL BOOK WILL BE MAINTAINED & AVAILABLE FOR INSPECTION BY THE POLICE OR THE COUNCIL.


Please tick yes

- 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 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 CONVICTION TO A FINE UP TO 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.**

X	Signature	
X	Date	27.01.2011
X	Capacity	DPS

For joint applications signature of 2nd applicant or 2nd 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	27.01.2011
Capacity	DPS

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
Post town		Post code	
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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

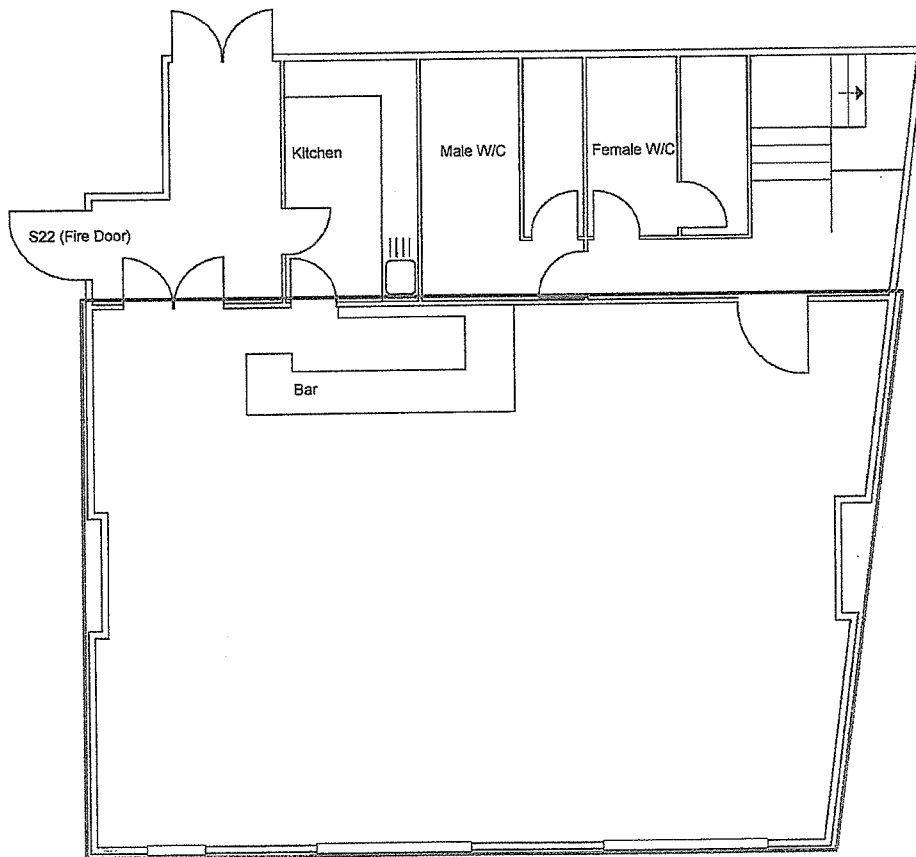
Premises:
143 - 145 Phillip Lane
Tottenham
London, N15 4HQ

Application:
Alcohol Licence

Drawing:
First Floor

Scale:
1:100

Date:
June 2009



Imperial Plans
Imperial Court
High Road, Whetstone
London, N20 0QW
020 8446 3514 / 07932 872 851

