

5. REPORT

Background

5.1 An application for a new Premises Licence, by Paola Andrea Gianelli & Rose Marie Fernandez in respect of El Mezon, 189-191 Broad Lane, Tottenham, London N15 4QT under the Licensing Act 2003.

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

The Provision of Regulated Entertainment: Live Music, Recorded Music:

Monday to Thursday	0800 to 0100
Friday & Saturday	0800 to 0300
Sunday	0800 to 2300

Bank Holidays	Until 0400
Colombian Independence Day (20 th July)	1200 to 0300
Halloween (31 st October)	1200 to 0300

The Provision of Late Night Refreshment

Monday to Thursday	2300 to 0100
Friday & Saturday	2300 to 0300
Bank Holidays	Until 0400
Colombian Independence Day (20 th July)	Until 0300
Halloween (31 st October)	Until 0300

Supply of alcohol:

Monday to Thursday	1200 to 0100
Friday & Saturday	1200 to 0300
Sunday	1200 to 2300

Bank Holidays	Until 0400
Colombian Independence Day (20 th July)	1200 to 0300
Halloween (31 st October)	1200 to 0300

Opening Hours:

Monday to Thursday	0800 to 0100
Friday & Saturday	0800 to 0300
Sunday	0800 to 2300

Bank Holidays	Until 0400
Colombian Independence Day (20 th July)	1200 to 0300
Halloween (31 st October)	1200 to 0300

5.3 General

I will endeavour to take every step necessary to promote with decency and duty each and every step necessary to fulfil my responsibilities as required by

law herewith and consider it a privilege to be given the opportunity to trade fairly.

5.4 Crime and Disorder

In every way that I can.

5.5 Public Safety

To be guided by the Health and Safety guidelines and regulations.

5.6 Public Nuisance

As a responsible person and a citizen I will do all in my power to run and operate my business in a very decent and acceptably honourable manner and hopefully always set a good example of high standards at all times.

5.7 Child Protection

I am a juror as well as a parent. You can be safely assured of my full commitment to discharge this responsibility with vigour and intrepidity so help me God, for the good of all the people of this country and community.

6. RELEVANT REPRESENTATIONS (CONSULTATION)

Responsible authorities:

6.1 Comments of Metropolitan Police

Made representation against the application which is now withdrawn.

APP 2

6.2 Comments of Enforcement Services:

Environmental Health Officer

Have made representation. **APP 3**

6.3 Fire Officer

Have made comments on the application which are now withdrawn. **APP 4**

7.0 Interested Parties

Numerous letters of representation have been received against this application. **APP 5**

8.0 Financial Comments

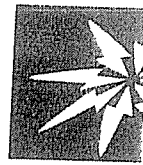
The fee which would be applicable for this application was **£190.00**.

9.0 Licensing Officer Comments

The applicant has submitted a response to the representations received and this is appended at **APP 6**. The Panel's attention is drawn to the conditions offered by the applicant in the operating schedule and are asked if they consider the proposed conditions adequate.

APPENDIX 1--APPLICATION

£190. -
A & W 2622
15/9/11



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

Haringey

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 PAOLA ANDREA GIANELLI
(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			
189-191 BROAD LANE.			
SOUTH TOTTENHAM			
LONDON			
N15 4QT			
Post town	LONDON	Post code	N15 4QT
Telephone number at premises (if any)	0208 8850763.		
Non-domestic rateable value of premises	£ 7.200		

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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input checked="" type="checkbox"/>	Other Title (for example, Rev)
Surname GIANELLI		First names PAOLA ANDREA		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes
Current postal address if different from premises address		FLAT 71 WENTWORTH COURT 4 GATLIFF ROAD		
Post Town	SW1W 8BA	Postcode	LONDON	
Daytime contact telephone number		07878357833		
E-mail address (optional)		PAOLA_GIANELLI@HOTMAIL.COM		

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input checked="" type="checkbox"/>	Other Title (for example, Rev)
Surname FERNANDEZ		First names ROSE MARIE		
I am 18 years old or over				<input type="checkbox"/> Please tick yes
Current postal address if different from premises address		78 GEORGE LANSBURY HOUSE		
Post Town	LONDON	Postcode	N22 5PE	
Daytime contact telephone number		07932239898-07951533274		
E-mail address (optional)	ROCI0F@HOTMAIL.CO.UK			

(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?

Day Month Year

0	2	0	4	2	0	1	1
---	---	---	---	---	---	---	---

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 note 1)

TO FUNCTION AND OPERATE AS A RESTAURANT WITH LICENCES FOR THE USUAL SERVICES, i.e. SALE OF FOOD AND BEVERAGES TO INCLUDE ALCOHOL, SUCH AS BEER, WINE AND SPIRITS.

(B) REGULATED ENTERTAINMENT WITHIN THE PREMISES, AS APPROVED BY HEALTH AND SAFETY RULES AND REGULATIONS FOR SAID PREMISES

(C) LATE NIGHT REFRESHMENT DURING CONCESSION HOURS OF OPERATION AS APPROVED WITH LICENCES.

(D) PROVISIONS TO SERVE PRIVATE FUNCTIONS AND PARTIES.

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

N/A

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)

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 <u>indoors or outdoors or both</u> – please tick (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 performing plays</u> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films 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					
Thur					
Fri					
Sat					
			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
			<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 5)		

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"/>
			N/A		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			<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)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	8:00am	1:00am	<p>Please give further details here (please read guidance note 3)</p> <p>This will be subject to the times that the Council gives us a licence to operate and than only during normal opening times here.</p>	Both	<input type="checkbox"/>
Tue	8:00am	1:00am			
Wed	8:00am	1:00am		<p>State any seasonal variations for the performance of live music (please read guidance note 4)</p> <p>Please note that because of the small space of the restaurant area, it will not be possible to have any more than two to three musicians if and when needed.</p>	
Thur	8:00am	1:00am			
Fri	8:00am	3:00am		<p>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 (please read guidance note 5)</p> <p>First and foremost, this is a small restaurant serving a very small community and with a specific clientele of customers from the Afro-American and Caribb cuisines etc. I will not be pursuing any kind of large live performances at all.</p>	
Sat	8:00am	3:00am			
Sun	8:00am	11:00pm			

Note: For all (8) BRITISH - UK Bank Holidays we wish to apply for appropriate licences permission to open and operate UNTIL ~~6:00~~ 4 AM ... OR AT LEAST UNTIL 4 AM.

- (2) INDEPENDENCE DAY / COLOMBIA
20th JULY 12 NOON TO 0300
- (3) HALLOWEEN PARTIES
31st OCTOBER 12 NOON TO 0300

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors <input checked="" type="checkbox"/>
Day	Start	Finish	RECORDED MUSIC WILL ONLY BE PLAYED BY CD-DVD FORMAT AND FROM ONLY ONE A REASONABLY NO WHISTLE-WITHIN.	Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Mon	8:am	1:am	Please give further details here (please read guidance note 3)	
Tue	8:am	1:am	Hi-Fi - Music from DIFFERENT LATIN-AMERICAN DIASPORAS MAY BE PLAYED ON ORDINARY HI-FI EQUIPMENT WITHIN THE RESTAURANT FOR DINNERS.	
Wed	8:am	1:am	State any seasonal variations for the playing of recorded music (please read guidance note 4) AS STATED ABOVE. DEPENDING ON THE CHOICE OF RECORDED MUSIC SUITABLE FOR ANY SPECIAL FUNCTION WE MAY ENTER FOR.	
Thur	8:am	1:am		
Fri	8:am	3:am	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) AGAIN AS MENTION BEFORE; THERE WILL BE NO TIMES THAT THIS CAN OCCUR EXCEPT WITHIN THE PRESCRIBED AND AGREED HOURS OF OPERATIONS GIVEN BY THE COUNCIL	
Sat	8:am	3:am		
Sun	8:00	11:pm		

1 FOR ALL 8 BRITISH UK. BANK
HOLIDAYS WE WISH TO APPLY
FOR APPROPRIATE LICENCE PERMISSION
TO OPEN AND OPERATE UNTIL. 4AM.

2 INDEPENDENCE DAY / COLOMBIA.
20th July. 12 NOON - 03:00.

3 HALLOWEEN PARTIES.
31st OCTOBER 12:00 - 03:00.

G

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

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u> N/A		
Day	Start	Finish	<u>Will this entertainment take place 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 entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
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 5)		
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> <p style="text-align: center;">N/A</p>	
			<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) <p style="text-align: center;">N/A</p>	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4) <p style="text-align: center;">N/A</p>	
			<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) <p style="text-align: center;">N/A</p>	
Sun				

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			<u>Will the facilities for dancing be indoors or outdoors or both – please tick</u> (see guidance note 2)		Indoors	<input type="checkbox"/>
			N/A		Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give a description of the facilities for dancing you will be providing</u>			
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> N/A		
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			X		
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			
Mon	Noon	1 AM	Please give further details here (please read guidance note 3)		
	"	"			
Tue	"	"			
	"	"			
Wed	"	"	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
	"	"			
Thur	"	"			
	"	"			
Fri	Noon	3 AM	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) SAME AS FOR REGULARS CENTRAL TOWNMANT.		
	"	"			
Sat	"	"			
	"	"			
Sun	"	11 AM			

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) SRA PROVIDES REFERENCE PLANS	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) N/A		
Mon	Noon	1 AM			
	"	"			
Tue	"	"			
	"	"			
Wed	"	"			
	"	"	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)		
Thur	"	"			
	"	"	Same AS FOR REGULAR ENTRANCE MINIMUM		
Fri	Noon	3 AM			
	"	"			
Sat	Noon	3 AM			
	"	"			
Sun	Noon	11 PM			

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

Name	ROSE MARIE FERNANDEZ
Address	78 GEORGE LAWSBURY HOUSE N 22 SPE
Postcode	N 22 SPE
Personal Licence number (if known)	APPLICATION IN PROCESS
Issuing licensing authority (if known)	APPLICATION IN PROCESS

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)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	<p style="text-align: center;">NONIZ = N/A</p> <hr/> <p>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)</p> <p style="text-align: center;">NONIZ</p> <p style="font-size: 2em;">SAME AS FOR REGULAR OPENING HOURS.</p>
Mon	8 AM	1 AM	
	"	"	
Tue	"	"	
	"	"	
Wed	"	"	
	"	"	
Thur	"	"	
	"	"	
Fri	8 AM	3 AM	
	"	"	
Sat	"	"	
	"	"	
Sun	8 AM	11 PM	

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)

I WILL ENDEAVOUR TO TAKE EVERY STEP NECESSARY TO PROMOTE WITH DUE CARE AND DUTY EACH AND EVERY STEP NECESSARY TO FULFIL MY RESPONSIBILITIES AS REQUIRED BY LAW HEREWITH AND CONSIDER IT A PRIORITY TO BE GIVEN THE OPPORTUNITY TO TRADE FAIRLY.

b) The prevention of crime and disorder

IN EVERY WAY THAT I CAN.

c) Public safety

TO BE GUIDED BY THE HEALTH AND SAFETY GUIDELINES AND REGULATIONS.

d) The prevention of public nuisance

AS A RESPONSIBLE PERSON AND A CITIZEN I WILL DO ALL IN MY POWER TO RUN AND OPERATE MY BUSINESS IN A VERY DECENT AND ACCEPTABLY HONOURABLE MANNER AND HOPEFULLY ALWAYS SET A GOOD EXAMPLE OF HIGH STANDARDS AT ALL TIMES.

e) The protection of children from harm

I AM A JURIOR AS WELL AS A PARENT YOU CAN BE SAFELY ASSURED OF MY FULL COMMITMENT TO DISCHARGE THIS RESPONSIBILITY WITH VIGOUR AND INTEGRITY SO HELP ME GOD FOR THE GOOD OF ALL THE PEOPLE OF THIS COUNTRY AND COMMUNITY.


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

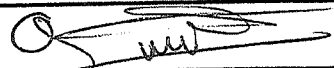
IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

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.

Signature	
Date	14 April 2011
Capacity	Applicant.

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	14-04-2011
Capacity	

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.

Consent of individual to being specified as premises supervisor



Haringey

Reference number:

I [full name of prospective premises supervisor]
PAOLA ANDREA GIANELLI

of [home address of prospective premises supervisor]
**FLAT 71 WENTWORTH
COURT 4 GATLIF ROAD
SW1W 8BA**

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

[type of application]
Premises Licence Under The Licensing Act 2003. (For a RESTAURANT SELLING FOOD AND BEVERAGES WITH ALCOHOL, WINES, SPIRITS)

by [name of applicant]
PAOLA ANDREA GIANELLI

relating to a premises licence

[number of existing licence, if any]

for [name and address of premises to which the application relates]
**EL MEZON,
189-191 BROAD LANE
SOUTH TOTTENHAM
LONDON
N15 4QT**

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

[name of applicant]
AS ABOVE.

concerning the supply of alcohol at

[name and address of premises to which application relates]

EL MEZON
1801-191 BROAD LANE
SOUTH TOTTENHAM
LONDON
N15 4QT

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

09107

[insert personal licence number, if any]

Personal licence issuing authority

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

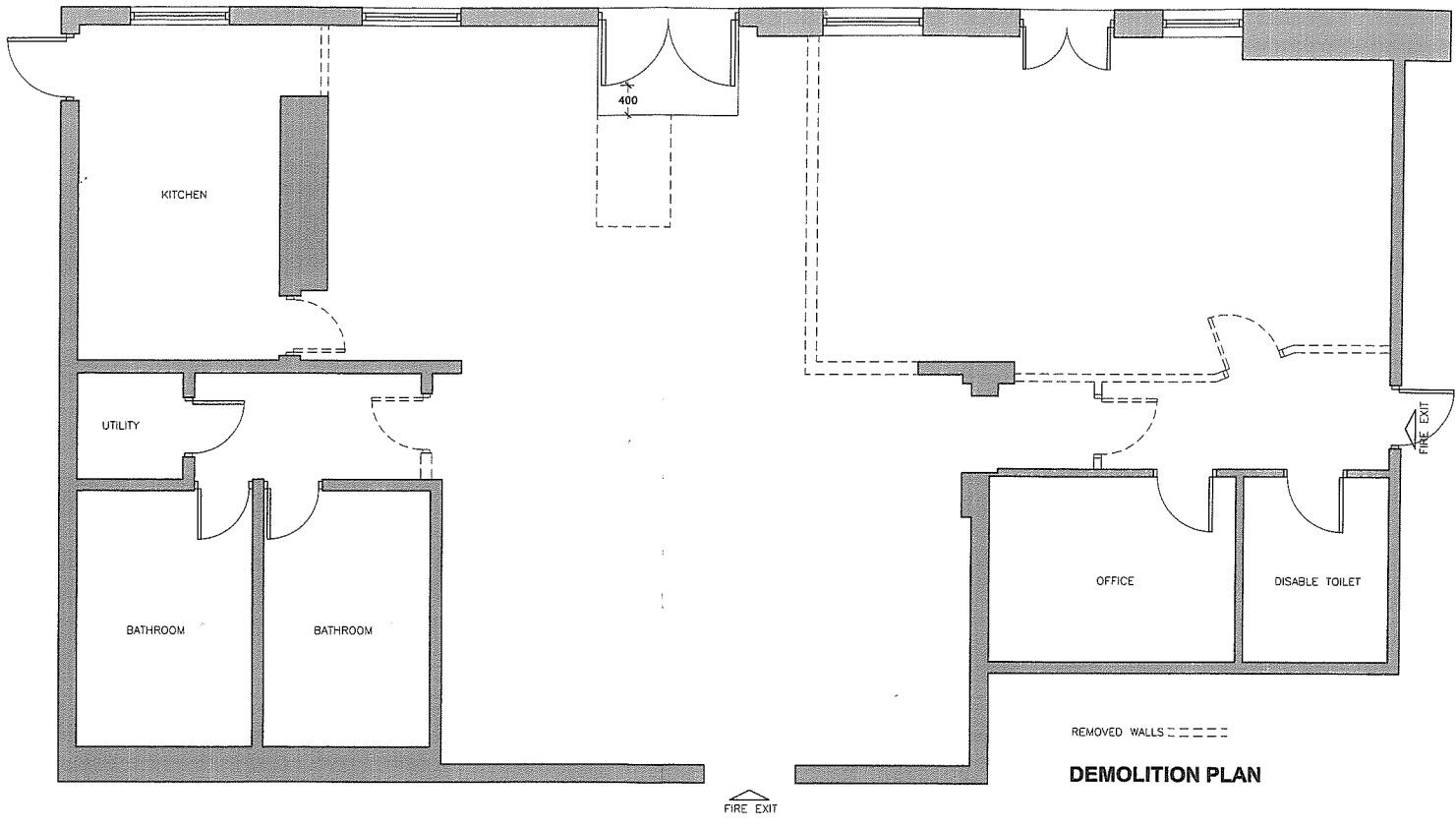
Signed



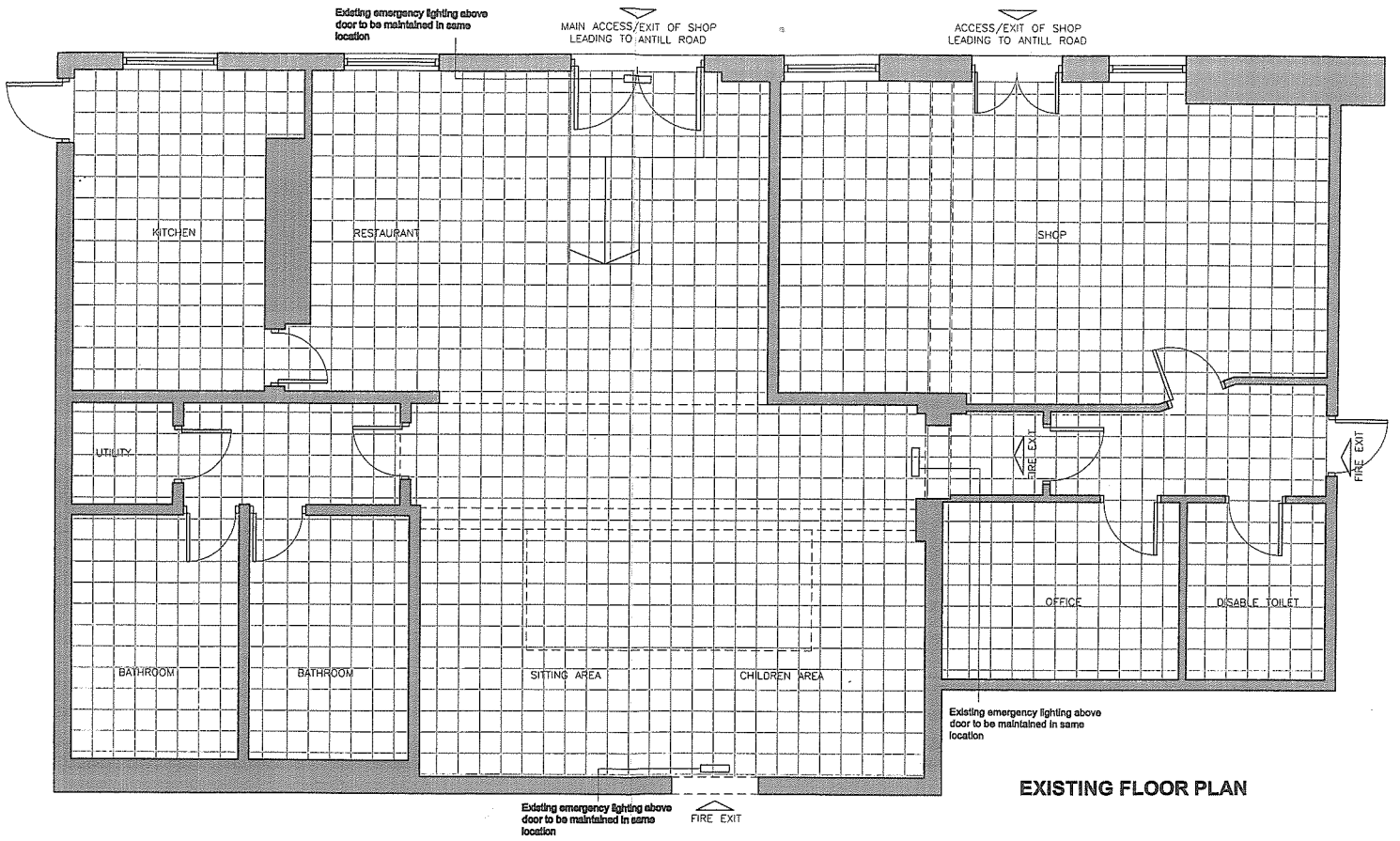
PAOLA ANDREA GIANELLI

Name (please print)

Date



DEMOLITION PLAN



EXISTING FLOOR PLAN

SPECIFICATIONS

GENERAL

All workmanship and materials, Service installations and demolition to comply with the latest relevant Building Regulations, British Standards, Code of Practice and IEE Regulations. All dimensions and levels must be checked and verified prior to any ordering manufacture or construction. Any discrepancies to be brought to the attention of the Designer.

All relevant testing ie Water, Gas, Electrical wiring, etc to be carried out to the satisfaction of the Building Control Officer with all relevant certificates submitted for approval.

Contractor to ensure that NO part of foundation or other elements of the building works encroach in the land of the neighboring property.

All material used to be in accordance with specification on these drawings and any compliance notes. Any material change to be brought to the attention of the Designer/Client and his approval obtained accordingly.

All finishes, fittings, electrics and heating to owners requirements (These will be instructed under separate schedule by the client).

Demolition is to be carried out to and in accordance with bs, health and safety executive guidance and any other relevant statutory undertaking or regulations.

Demolition is to be undertaken in a manner which avoids excessive noise and nuisance.

All walls to be removed shown in dotted lines

NOTES:

It was confirmed on site by the contractor that not any of the walls to be removed are load bearing walls, therefore there is not need for structural work.

All existing emergency lighting above access/exit doors to be maintained in same location in accordance with BS 5266

All exit doors should have simple fastenings.

There is not any alteration being made to kitchen and bathroom area, therefore all mechanical extraction remains the same.

Please note that there is not any alteration to any access/exit doors, they will remain where they are.

Existing access ramp to be moved from left side of entrance to the right keeping the same width and inclination (please refer to plans and sections for dimension and new position of ramp).

All switches and outlets to be in accordance with 4.30 and 4.36 respectively of Approved document B.

revisions

05 - 07 - 2010

3. Contractor to supply and fix fully glazed skylight above existing roof opening.
4. Light track, cable tray and lights position on lighting zone 3 have been changed, please refer to plan for new location.
5. Wall next to toilets access in not longer going to be removed.

16 - 08 - 2010

6. Please refer to notes.

ALL MEASUREMENTS TO BE CHECKED ON SITE.
ANY QUERIES SHOULD BE DISCUSSED WITH DESIGNER.
ANY QUERIES REGARDING STRUCTURAL MATTER SHOULD BE DISCUSSED WITH STRUCTURAL ENGINEER.
ALWAYS REFER TO ALL PLANS AND SECTION FOR PROPOSED WORK IF IN DOUBT REFER TO DESIGNER

APPENDIX 2—COMMENTS OF
METROPOLITAN POLICE, NOW
WITHDRAWN



Your reference:

Our reference: 85/2011

Date: 20 April, 2011

Metropolitan Police Service

Ms D.BARRETT
ENVIRONMENTAL CONTROL SERVICES
TECHNO PARK
ASHLEY ROAD
TOTTENHAM N.17

Licensing
Quicksilver Patrol Base
Western Road
Wood Green
N22 6UH

Tel: 0203 276 0150

Dear Ms. Barrett

Re:- Application for a Premises Licence:-

El Mezon, 189 - 191 Broad Lane, Tottenham N.15

With reference to the above application Police have considered the application and wish to make the following representations.

1.This is under the Protection of Children from Harm objective.

I recommend that the following form of verification of a persons proof of age is:-

- . A valid passport
- . A photo driving licence issued in a European Union Country
- . A proof of age standard card system
- . A citizen card, supported by the home office.

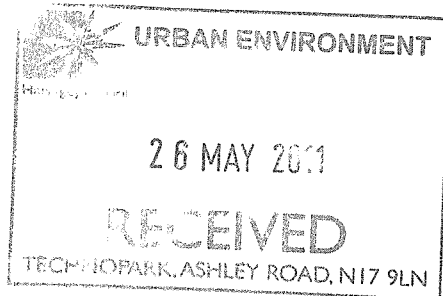
2. This is under the Crime and Disorder objective.

A digital C.C.T.V. to be installed by a NACOSS accredited company. The images to be retained for 30 days and made available to Police upon request. A member of staff to be trained in downloading the C.C.T.V. images

I have noticed that the application for alcohol sales and premises opening times are the same one of these will have to be amended. I have attempted to contact the applicant to discuss this problem but I have been unable to do so.

Ms D.BARRETT
ENVIRONMENTAL CONTROL SERVICES
TECHNO PARK
ASHLEY ROAD
TOTTENHAM N17

EL MEZON
189 – 191 BROAD LANE
TOTTENHAM N15
PAOLA ANDREA GIANELLI



REFERENCE: 85/2011

DATE: 17/05/11

(APPLICATION FOR A PREMISES LICENCE)

WITH THE REFERENCE TO THE ABOVE APPLICATION I PAOLA ANDREA GIANELLI THE PERSONAL LICENCE HOLDER, I AM AGREEING WITH THE FOLLOWING REQUIREMENTS:

1. PROOF OF AGE:

A VALID PASSPORT
A PHOTO DRIVING LICENCE
A PROOF OF AGE STANDARD CARD SYSTEM
A CITIZEN CARD.

2. THE TIME OF SELLING ALCOHOL IS BEEN REDUCE TO HALF HOUR BEFORE WE CLOSE THE PREMISE.

3. WE ALREADY OPERATING A DIGITAL C.C.T.V SYSTEM WHICH CONSISTE IN 17 CAMERAS, 3 OF THEM LOCATE IT OUT SIDE THE BULDING COVERING THE ENTRANCES, And THE REST OF THE CAMERAS ARE INSIDE OF THE SHOPPING CENTRE.

IF YOU NEED ANY MORE INFORMATION OR REQUIEREMENTS PLEASE DO NOT HESITATE TO CONTACT ME.

YOURS SINCERELY

PAOLA ANDREA GIANELLI
PERSONAL LICENCE HOLDER



Your
reference:

Our reference: 85/2011

Date: 26 May, 2011

Metropolitan Police Service

Ms D.BARRETT
Licensing
Techno Park
Ashley Road
Tottenham N.17

Licensing
Quicksilver Patrol Base
Western Road
Wood Green
N.22 6UH

Tel: 0203 – 276 - 0150

Dear Ms. Barrett

Re:- Application for a Premises Licence:-

El Mezon, 189 - 191 Broad Lane, Tottenham N15

With reference to the above application and our letter of representation dated the 20th April 2011.

I have received correspondence dated 26th May 2011 from the applicant agreeing to my representation.

I therefore wish to withdraw my representation.

If you require further information please do not hesitate to contact me on the above telephone number.

Yours Sincerely

Diane Blumsom
Licensing
Quicksilver Patrol Base

c.c Paola Gianelli