

HARINGEY COUNCIL
LICENSING
RECEIVED

- 1 MAY 2018



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 CLARKE AND PARKER FISHMONGERS LTD
(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			
488 MUSWELL HILL BROADWAY			
Post town	LONDON	Postcode	N10 1BT

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 25,750

Part 2 - Applicant details

- Please state whether you are applying for a premises licence as Please tick as appropriate
- a) an individual or individuals * please complete section (A)
 - b) a person other than an individual *
 - i as a limited company/limited liability partnership please complete section (B)
 - ii as a partnership (other than limited liability) 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 (by ticking yes to one box below):

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

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname		First names		
Date of birth		a 18 years old or over <input checked="" type="checkbox"/> Please tick yes		
Nationality				
Current residential address if different from premises address		X		
Post town			Postcode	
Daytime contact telephone number				
E-mail address (optional)				

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname			First names	
Date of birth			I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes	
Nationality				
Current postal address if different from premises address				
Post town			Postcode	
Daytime contact telephone number				
E-mail address (optional)				

(B) OTHER APPLICANTS

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

Name	CLARKE AND PARKER FISHMONGERS
Address	488 MUSWELL HILL BROADWAY LONDON N10 1BT
Registered number (where applicable)	10233456
Description of applicant (for example, partnership, company, unincorporated association etc.)	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

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)

RETAIL UNIT IN TERRACE OF SHOPS
ALONG THE BROADWAY.
RESIDENTIAL PROPERTIES ABOVE.

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

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

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

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

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

In all cases complete boxes K, L and M

A

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

B

Films Standard days and timings (please read guidance note 7)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5)		
Tue					
			<u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Wed					
Thurs					
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)	
Day	Start	Finish		
Mon				
Tue				<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed				
Thurs			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 6)	
Fri				
Sat				
Sun				

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thurs					
Fri			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat					
Sun					

E

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

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thurs					
Fri			<u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat					
Sun					

G

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

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thurs			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			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 (please read guidance note 6)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thurs					
Fri	23:00	00:00	Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 6)		
Sat	23:00	00:00			
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	12:00	23:00			
Tue	12:00	23:00			
Wed	12:00	23:00			
Thurs	12:00	23:00			
Fri	12:00	00:00			
Sat	12:00	00:00			
Sun	12:00	22:00			
			Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 6)		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	FINNEAS SPITERI
Date of birth	
Address	
Postcode	
Personal licence number (if known)	LN/15451
Issuing licensing authority (if known)	



K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9).

NO ADULT ENTERTAINMENT

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	10	23:30	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 6)
Tue	10	23:30	
Wed	10	23:30	
Thurs	10	23:30	
Fri	10	00:30	
Sat	10	06:30	
Sun	10	22:30	

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

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

STAFF WILL BE TRAINED WITH REGARD TO THEIR RESPONSIBILITIES IN THE RETAIL SALE OF ALCOHOL AND LICENCE CONDITIONS AND THE MEASURES NECESSARY FOR COMPLIANCE WITH THOSE CONDITIONS.

b) The prevention of crime and disorder

A CCTV SYSTEM MUST BE INSTALLED & MAINTAINED IN GOOD WORKING ORDER PROVIDING CLEAR QUALITY IMAGES. THE CCTV SYSTEM MUST COVER ALL AREAS WHERE THE SALE & SUPPLY OF ALCOHOL OCCURS WITHIN THE PREMISES, ALL ENTRANCES AND EXITS & ANY EXTERNAL SURROUNDING AREAS.

c) Public safety

AN ACCIDENT LOG SHALL BE MAINTAINED AND KEPT AT THE PREMISES AND MADE AVAILABLE ON REQUEST TO POLICE & AUTHORISED OFFICERS OF THE LICENSING AUTHORITY, WHICH WILL RECORD THE FOLLOWING:
ALL INJURIES WHICH OCCUR WITHIN THE VENUE. ALL EMISSIONS OF PATRONS. ANY INCIDENTS OF DISORDER. SEIZURES OF DRUGS OR OFFENSIVE WEAPONS. ANY REFUSAL OF THE SALE OF ALCOHOL. THE INCIDENT LOG SHALL BE EXAMINED AND SIGNED ON A REGULAR BASIS BY THE DESIGNATED PREMISES SUPERVISOR.

d) The prevention of public nuisance

ALL EXTERNAL DOORS & WINDOWS SHALL BE KEPT CLOSED AT ANY TIME WHEN REGULATED ENTERTAINMENT IS TAKING PLACE, EXCEPT FOR THE IMMEDIATE ACCESS & EGRESS OF PERSONS. NOTICES SHALL BE PROMINENTLY DISPLAYED AT ALL EXITS REQUESTING PATRONS TO RESPECT THE NEEDS OF LOCAL RESIDENTS AND LEAVE THE AREA QUIETLY. NO DRINKS OR OTHER REFRESHMENTS SHALL BE CONSUMED OUTSIDE THE PREMISES ON THE PAVEMENT AT ANY GIVEN TIME.

e) The protection of children from harm

THE PREMISES SHALL ADOPT 'CHALLENGE 25' AS ITS AGE VERIFICATION POLICY & STAFF SHALL BE TRAINED IN RESPECT OF THIS POLICY. A NOTICE SHALL BE DISPLAYED IN A PROMINENT POSITION AT THE PREMISES TO ADVISE CUSTOMERS THAT CHALLENGE 25 IS IN OPERATION AT THE PREMISES.

LOUIS LAWSON
08.08.90

o FOUR LICENSING OBJECTIVES (EXTRA):

- THE PREVENTION OF CRIME AND DISORDER:

THE CCTV SYSTEM MUST BE OPERATIONAL AT ALL TIMES WHEN LICENSABLE ACTIVITIES ARE TAKING PLACE AT THE PREMISES.

THE CCTV IMAGES MUST BE RETAINED FOR A PERIOD OF 31 DAYS AND MUST BE MADE AVAILABLE TO AN AUTHORIZED OFFICER UPON REQUEST. A SUFFICIENT NUMBER OF STAFF MUST BE TRAINED TO USE THE CCTV SYSTEM AND BE ABLE TO DOWNLOAD IMAGES ON THE REQUEST OF AN AUTHORIZED OFFICER.

THE CCTV RECORDING EQUIPMENT MUST BE KEPT IN A SECURE ENVIRONMENT UNDER THE CONTROL OF THE PREMISES LICENSE HOLDER OR OTHER RESPONSIBLE NAMED INDIVIDUAL.

THE CCTV SYSTEM MUST RECORD IN REAL TIME, MAINTAINED IN A GOOD WORKING ORDER + CHECKED EVERY 3 MONTHS.

- THE PREVENTION OF PUBLIC NUISANCE:

THE REFUSALS FOR THE SALE OF ALCOHOL MUST BE RECORDED IN A REFUSALS BOOK/LOG AND RECORDS KEPT FOR INSPECTION BY A AUTHORIZED OFFICER ON REQUEST.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- I understand that I must now advertise my application.
- I understand that if I do not comply with the above requirements my application will be rejected.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

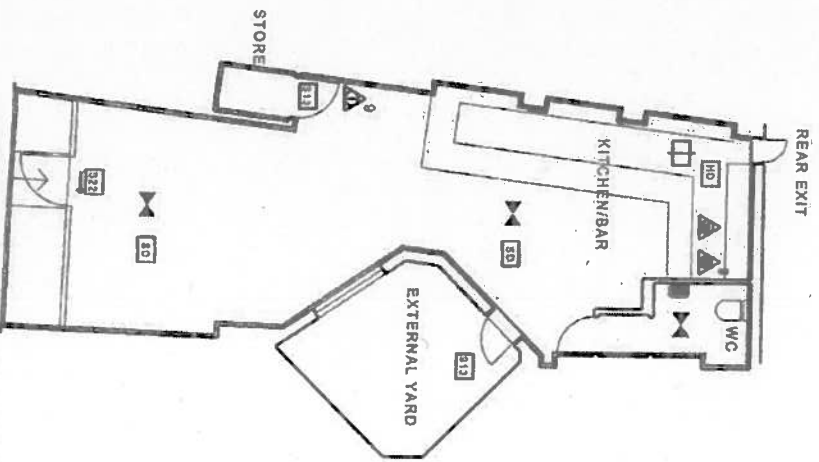
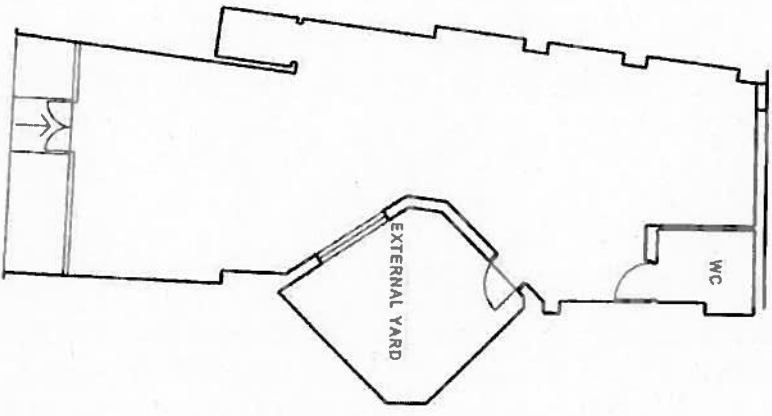
Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). • The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
Signature	<i>Louis C</i>
Date	24.04.18
Capacity	70

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
<i>LOUIS CAWSON</i>			
<i>488 MUSWELL HILL BROADWAY</i>			
Post town	<i>LONDON</i>	Postcode	<i>N10 1BT</i>
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

- 9 9 LITRE WATER EXTINGUISHER
 - 9 9 LITRE FOAM EXTINGUISHER
 - 2 2 KG CARBON DIOXIDE EXTINGUISHER
 - 2 2 KG DRY POWDER
 - ▲ FIRE BLANKET
 - ☐ FIRE CALL POINT (BS 5839)
 - 501 AREA COVERED BY SMOKE DETECTOR (BS 5839)
 - 502 AREA COVERED BY HEAT DETECTOR (BS 5839)
 - 503 AREA COVERED BY EMERGENCY LIGHTING (BS 5286)
 - 504 SIGN: 'FIRE DOOR KEEP SHUT' 5mm LETTERS, BOTH SIDES
 - 505 SIGN: 'FIRE DOOR KEEP LOCKED' 5mm LETTERS
 - 506 SIGN: 'FIRE EXIT WITH PICTOGRAM AND DIRECTION INDICATED' (ALL TO BS 5499)
 - 507 SIGN: 'FIRE EXIT WITH PICTOGRAM AND DIRECTION INDICATED' (ALL TO BS 5499)
- CERTIFICATES OF COMPLIANCE TO BS 5839 FOR FIRE ALARMS AND BS 5286 FOR EMERGENCY LIGHTING TO BE PROVIDED TO THE FIRE AUTHORITY



LICENSABLE ACTIVITIES TAKE PLACE ANYWHERE WITHIN THE RED LINES THE POSITION OF ANY LOOSE FURNITURE SHOWN IS FOR DIAGRAMMATIC PURPOSES ONLY. THE LOCATIONS OF FIRE EQUIPMENT IS SHOWN ON THE DATE HEREOF BUT MAY BE MOVED WITH THE CONSENT OF THE FIRE OFFICER DATE.....



DOUGLAS STEWART
 65 WARBURTON HOUSE, WARBURTON STREET
 LONDON E8 3RS
 mail@douglasstewart.net

CLIENT: MOHAMED AHMED

JOB TITLE: 488 MUSWELL HILL BROADWAY
 LONDON, N10 1BT

DRAWING: EXISTING AND PROPOSED PLANS

JOB NO: 207
 DATE: APRIL 2018

DWG NO.: 01
 SCALE: 1:100 (A3)