

## 5. REPORT

### Background

5.1 An application for a new premise licence, by Mr I Cokysar, under the Licensing Act 2003.

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

#### Supply of Alcohol:

Monday to Sunday 0800 to 2300

#### Opening hours

Monday to Sunday 0800 to 2300

#### General-all four licensing objectives

Please part P of the application form.

5.3 **Crime and Disorder**

5.4 **Public Safety**

5.5 **Public Nuisance**

5.6 **Child Protection**

## 6. RELEVANT REPRESENTATIONS (CONSULTATION)

#### Responsible authorities:

6.1 **Comments of Metropolitan Police**

Have made no representation on this application.

6.2 **Comments of Enforcement Services: - APP 2 Noise Team**

Have made representation on this application.

#### Food Team

Have made no observations.

#### Health and Safety

Have made no representation on this application.

**Trading Standards**

Have no objections to this application.

**6.3 Fire Officer**

Have made no objection to this application.

**6.4 Planning Officer**

Have made comments on this application.

**6.5 Comments of Child Protection Agency or Nominee**

Have made no representation on this application.

**7.0 Interested Parties –APP 3**

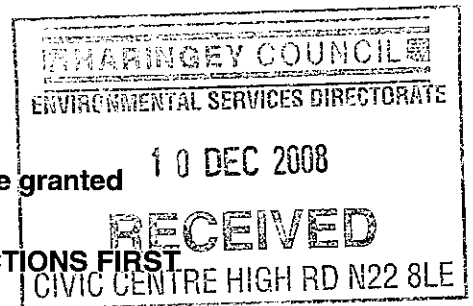
A letter of representation has been received against this application from interested parties.

**8.0 Financial Comments**

The fee which would be applicable for this application was **£100.00**

**APP 1**

**APPLICATION FORM**



**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 Mr Ismail Cokyasar  
*(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**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>			
Corner Food & Wine 40 Seaford Road			
<b>Post town</b>	LONDON	<b>Post code</b>	N15 5DY

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£2950

**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  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)	
<b>Surname</b> Cokyasar			<b>First names</b> Ismail		
<b>I am 18 years old or over</b>				<input checked="" type="checkbox"/> Please tick yes	
<b>Current postal address if different from premises address</b>		274 Highbury New Park Islington			
<b>Post Town</b>	LONDON		<b>Postcode</b>	N5 2LH	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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)	
<b>Surname</b>			<b>First names</b>		
<b>I am 18 years old or over</b>				<input type="checkbox"/> Please tick yes	

<b>Current postal address if different from premises address</b>			
<b>Post Town</b>		<b>Postcode</b>	
<b>Daytime contact telephone number</b>			
<b>E-mail address (optional)</b>			

**(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	9	0	1	2	0
0	0	9			

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)  
We sell all kind of groceries, and wide range of fresh fruits and vegetables. Please refer to the enclosed plan.

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)

**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**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play 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"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Wed					
Thur			<b><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></b> (please read guidance note 5)		
Fri					
Sat					
Sun					



**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films 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"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Thur					
Fri					
Sat			<b><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></b> (please read guidance note 5)		
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			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			
Thur			<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)
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"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<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**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of live music 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"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 4)		
Wed					
Thur			<b><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></b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music 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"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4) n/a		
Wed					
Thur			<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) n/a		
Fri					
Sat					
Sun					

**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 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 the performance of dance</u></b> (please read guidance note 4)		
Wed					
Thur			<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					
Sat					
Sun					

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)			<b><u>Please give a description of the type of entertainment you will be providing</u></b>		
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	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<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					
Sat			<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					

I

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the facilities for making music you will be providing</u></b>		
			<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors
				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)		
Mon					
Tue			<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)		
Wed					
Thur			<b><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></b> (please read guidance note 5)		
Fri					
Sat					
Sun					



**J**

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick</b> (see guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
			<b><u>Please give a description of the facilities for dancing you will be providing</u></b>			
Day	Start	Finish				
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)			
Tue						
Wed			<b><u>State any seasonal variations for providing dancing facilities</u></b> (please read guidance note 4)			
Thur						
Fri			<b><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></b> (please read guidance note 5)			
Sat						
Sun						

**K**

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

**L**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment 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"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3) N/A		
Mon					
Tue			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4) N/A		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

**M**

<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 box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4) N/A		
Mon	08:00	23:00			
Tue	08:00	23:00			
Wed	08:00	23:00			
Thur	08:00	23:00			
Fri	08:00	23:00			
Sat	08:00	23:00			
Sun	08:00	23:00			
			<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) N/A		

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

<b>Name</b> Mr Ismail Cokyasar	
<b>Address</b> 274 Highbury New Park Islington London	
<b>Postcode</b>	N5 2LH
<b>Personal Licence number (if known)</b> NOT KNOWN YET	
<b>Issuing licensing authority (if known)</b> LONDON BOROUGH OF Islington	

**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**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4) N/A
Day	Start	Finish	<b>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</b> (please read guidance note 5) N/A
Mon	08:00	23:00	
Tue	08:00	23:00	
Wed	08:00	23:00	
Thur	08:00	23:00	
Fri	08:00	23:00	
Sat	08:00	23:00	
Sun	08:00	23:00	

**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)

The standard practices listed below will be maintained at all times. All reasonable steps will be taken to ensure that the premises will have a positive impact upon the local environment and its residents at all times.

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

An alarm system that meets a minimum standard of BSEN50131 grade 1 must be installed at the premises. A panic button facility must be provided at the counter.

At least 2 members of staff will be on the shop floor between 22.00 to closing time.

CCTV shall be installed, operated and maintained in agreement with the Police. The system will enable a frontal head and shoulders image of every person entering the premises. The system shall record in real time and operate whilst the premises are open for licensable activities. The recordings shall be kept available for a minimum of 31 days. Recordings shall be made available to an Authorised Officer or a Police Officer (subject to the Data Protection Act 1998) within 24 hours of any request.

Premises shall be well lit both inside and out to deter offenders and support the CCTV (subject to any planning constraints)

Premises to adopt Challenge 21 The National Proof Of Age Standards Scheme

**c) Public safety**

Appropriate fire safety procedures are in place along with appliances including fire extinguishers (Foam, H2O and CO2), fire blankets, internally illuminated fire exit signs, a smoke detector and emergency lighting. All appliances are checked annually and comply with relevant British Standards.

All fire escapes/escape routes will be clearly marked and kept free from obstructions at all times.

**d) The prevention of public nuisance**

Clear and legible notices will be displayed to remind customers to leave quietly.

Trade waste agreement to be maintained at all times.

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

To protect the children from harm we have following steps taken  
 1- the premises are effectively and responsibly managed;  
 2- provision of a sufficient number of people employed or engaged  
 3- appropriate instruction, training and supervision of those employed or engaged  
 4- The licensee and staff will ask persons who appear to be under the age of 18 for photographic ID such as proof of age cards, the Connexions Card and Citizen Card, photographic driving licence or passport, an official identity card issued by HM Forces or by an EU country, bearing the photograph and date of birth of bearer.  
 5- A register of refused sales shall be kept and maintained on the premises

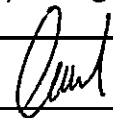
**Please tick yes**

- 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	8 <sup>th</sup> December 2008
Capacity	Authorised Agent

**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)**

Mahir Kilic

NARTS (National Association of Turkish Restaurants, Take-aways and Supermarkets)

90 Green Lanes, Newington Green

**Post town** London

**Post code** N16 9EJ

**Telephone number (if any)** 020 8090 0376

**If you would prefer us to correspond with you by e-mail your e-mail address (optional)**  
info@act2003.com

### 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**

I MR ISMAIL COKYASAR  
[full name of prospective premises supervisor]

of 274 Highbury New Park,  
Islington  
London  
N5 2LH.  
[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

NEW PREMISES LICENCE  
[type of application]

by

MR ISMAIL COKYASAR  
[name of applicant]

relating to a premises licence NOT KNOWN YET  
[number of existing licence, if any]

for 40 Seaford Rd. London N15 5DY.  
[name and address of premises to which the application relates]

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

MR ISMAIL GOKYASAR

[name of applicant]

concerning the supply of alcohol at

40 SEAFORD RD.

LONDON

N15 5D9

[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

NOT KNOWN YET.

[insert personal licence number, if any]

Personal licence issuing authority

L-B of ISLINGTON

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

Signed

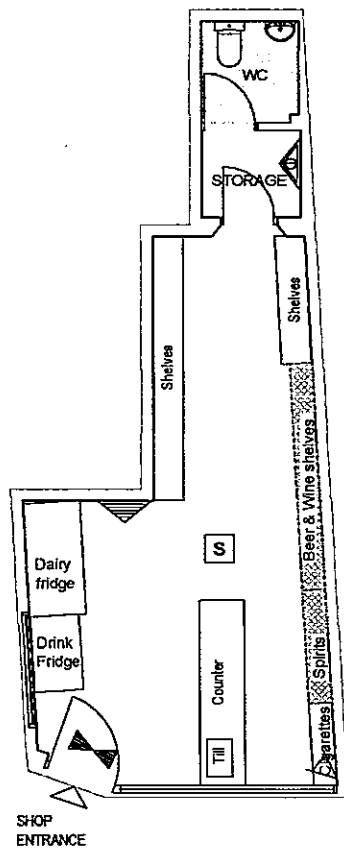


Name (please print)

ISMAIL GOKYASAR

Date

10<sup>th</sup> DEC '08



GROUND FLOOR PLAN

**LEGEND**

- WC
- FRIDGES
- LIQUOR SHELVES
- AMBIT OF LICENSED PREMISES
- SAFETY LIGHTS
- SMOKE DETECTOR
- CCTV
- CARBON DIOXIDE FIRE EXTINGUISHER
- WATER FIRE EXTINGUISHER

CORNER  
FOOD & WINE

40 SEAFORD RD.  
LONDON  
N15 5DY

**PROPOSED  
GROUND FLOOR PLAN**

SCALE : 1/100@A4

DATE : 16/11/08

REF. NO : E161108

**ACT 2003**  
90 Green Lanes LONDON  
N16 9EJ

Tel : 020 7241 3636(4line)

www.act2003.com

**APP 2**

**NOISE REPRESENTATION**



**Haringey** Council

## Licensing Consultation - Internal Memo

To: Licensing Officer

From: Enforcement Response Officer (Noise)

Name of Officer preparing representation: Lamin Tamba  
cc: Team Leader

Our Reference: WK104779

Date: 08th January 2009

Premises: Corner Food and Wine, 40 Seaford Road, London, N15 5DY

Type of application: New Premises Licence

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I would like to confirm that I have considered the above proposal with regard to the prevention of public nuisance on behalf of the Enforcement Response (Noise) Team & would like to make representations to the Application on the following grounds:

### Supporting Information

There is no noise complaint history in relation to this premises however we recommend the following conditions be placed on the licence

#### **Prevention of nuisance from noise/vibration**

#### **Deliveries and collections.**

Due to the close proximity of the premises to dwellings deliveries and collections associated with the premises will be arranged between the hours of 08:00 and 18:30, Mon – Sat, no deliveries and collections on Sundays and bank holidays so as to minimise the disturbance caused to the neighbours.

#### **Plant and machinery**

All plant and machinery is correctly maintained and regularly serviced to ensure that it is operating efficiently and with minimal disturbance to neighbours arising from noise.

There should be no use of external units/equipment at the premises such as air conditioning units, condensers, chillers, or similar noise generating equipment due to the close proximity of dwellings to these premises unless they are placed so as not to cause disturbance to residents

If external units are to be used then a background noise of the area is recommended in accordance with BS4142. A report of the background noise survey as well as the manufacturer's specifications for equipment to be used should be sent to Environmental Health for our perusal.

### **Prevention of nuisance from light**

Illuminated external signage, if applicable, shall be switched off when the premises is closed.

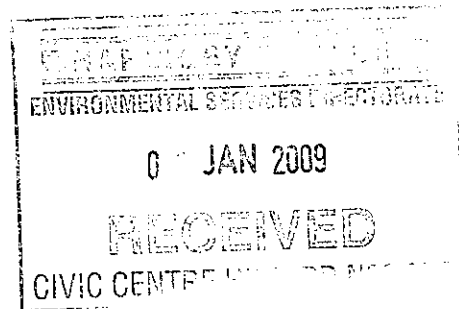
Security lights, if applicable will be positioned to minimise light intrusion to nearby residential premises.

**APP 3**

**INTERESTED PARTIES REPRESENTATION**

Date 5<sup>th</sup> January 2009

The Licensing Team,  
1<sup>st</sup> Floor, Lee Valley Technopark,  
Ashley Road, Tottenham  
London N17 9LN



*To whom it might concern,*

We are writing to make a **representation against License for Corner Food and Wine 40 Seaford Road, Tottenham, London N15 5DY.**

We live next to that shop **38 Seaford Road** and we would not like to have Off License shop as our neighbour. There are many reasons for our disapproval of that shop selling alcohol until 23 o'clock every day Monday- Sunday.

Seaford Road is a quiet, residential road with many families having small children therefore we don't think it is a good idea to sell alcohol in front of our children playgrounds. Secondly, there are a lot of rubbish, leftovers from cigarettes and rotten vegetables on the street around that shop and it happens that all that rubbish end up in our front garden which borders with the corner shop. There are already a lot of broken glasses around which cause hazard to pedestrians. Furthermore, there are no public black litter bins. We recommend council to set additional bins on our street because the leftovers and rubbish attract foxes and diseases can spread easily.

There is no doubt that selling alcohol would lead to antisocial behaviour and public safety. There are already many off licence shops on the main road 200m from Seaford Road therefore we are convinced it is not a necessity to have one on our street. Groups of youth already hide drinking alcohol leaving cans and empty bottles on the pavements. We are worried that off license would just become the gathering place for all that who wish to consume alcohol on the spot because Seaford Road is hidden from main traffic and it can easily become '*socializing place*' for alcohol addicts and drug dealers.

We would like to protect our children from harm, crime and disorder. We would like to keep our street safe and alcohol free for our children to grow up in a friendly and peaceful environment without being exposed to any public nuisance.

We would like you to consider our representation against that license. If you would like to discuss any of the above issues we are willing to cooperate with you. We hope our appeal is successful.

Kind regards,

*Paulina Wittchen*  
*Lukasz Mika*  
**38 Seaford Road**  
**N19 5DY London**  
Tel. 02088002045/ 07906394723