

Appendix 1 – Application and Accompanying Information

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.

When complete, please return this form by email to: licensing@haringey.gov.uk.

You may wish to keep a copy of the completed form for your records.

I/We Yirda Turbi Rosario

(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 Rincon de Yirda 487 Seven Sisters Road			
Post town	London	Postcode	N15 6EP
Telephone number at premises (if any)		020 8809 6677	
Non-domestic rateable value of premises		£10,500.00	

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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input checked="" type="checkbox"/>	Other Title (for example, Rev)	
Surname Turbi Rosario			First names Yirda		
Date of birth [REDACTED]		I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes			
Nationality [REDACTED]					
Current residential address if different from premises address		[REDACTED]			
Post town	London			Postcode	N15 6EP
Daytime contact telephone number			[REDACTED]		
E-mail address (optional)		[REDACTED]			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					
N/A					

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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		
Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality				
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)				
Current residential 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)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
3	00	9 2 02 1

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)

Small Family friendly Local shop on Seven Sisters Road
Providing Latin Caribbean Food Dine-In. Takeaway. Delivery
Maximum Occupancy not exceeding 30 including Staff
This limit currently reduced due to the Pandemic.

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

25

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)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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

<input type="checkbox"/>

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

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (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			
Thur			
Fri			<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)
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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
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 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"/>
Day	Start	Finish			Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur					
Fri			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 6)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish			Both <input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur					
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 indoors or outdoors or both – please tick (please read guidance note 3)		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 4)		
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
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 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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	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 4)		
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 5)		
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 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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	23:00	01:00	<u>Please give further details here</u> (please read guidance note 4)		
Tue	23:00	01:00			
Wed	23:00	01:00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur	23:00	01:00			
Fri	23:00	01:00	<u>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</u> (please read guidance note 6)		
Sat	23:00	01:00			
Sun	23:00	01:00			

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 checked="" 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	11:00	23:30			
Tue	11:00	23:30			
Wed	11:00	23:30			
Thur	11:00	23:30			
			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 6)		
Fri					
	11:00	00:30			
Sat					
	11:00	00:30			
Sun	11:00	23:30			

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	Yirida Turbi Rosario
Date of birth	██████████
Address	████████████████████ ████████████████████ ████████████████████
Postcode	██████████
Personal licence number (if known)	██████████
Issuing licensing authority (if known)	LB ENFIELD

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).

N/A

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	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)
Mon	10:00	01:00	
Tue	10:00	01:00	
Wed	10:00	01:00	
Thur	10:00	01:00	
Fri	10:00	01:00	
Sat	10:00	01:00	
Sun	10:00	01:00	

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)

The Premises Licence Holder as Business Owner will ensure that every staff member will be fully prepared and trained to carry out their duties in regard to Licensing Responsibilities and Food Safety..

b) The prevention of crime and disorder

There will be zero tolerance of any antisocial or criminal activity caused by patrons within or near the premises. CCTV surveillance will be in use for the benefit of all including outside surveillance..

Patrons would always be attended to in a friendly and welcoming manner . But would be dealt with tactfully in the event of a breach.
Smoking is not allowed on the premises.

c) Public safety

The premises services and installations and its interior building fabric will be regularly inspected and maintained in order to provide a safe environment for all In the interests Of Health and Safety, particularly Fire Protection, Lighting and Ventilation „its Fire/smoke alarm system, emergency lighting and cctv.

d) The prevention of public nuisance



If any music would be provided during opening hours it must be reduced to a minimum audible level after 23:00 hrs and in any case not to be audible outside of the premises or discernible to near residential neighbours.
The cooking extract system is to be maintained in good state able to prevent odour escaping into the interior or causing any nuisance to adjoining neighbours.
Patrons to be verbally reminded to exit quietly when leaving the premises in the later hours





e) The protection of children from harm

Underage drinking is not permitted and a challenge 25 rule would be adopted. The venue is a family friendly destination and small children may be permitted in the company of responsible adult relatives or guardian. They would generally be expected not to remain or arrive after 20:00

Checklist:

Please tick to indicate agreement

- 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. 

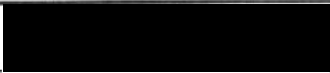
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. 
- I understand that I must now advertise my application. 
- I understand that if I do not comply with the above requirements my application will be rejected. 
- [Applicable to all 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 or my share code issued by the Home Office online right to work checking service (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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	 GLEN LAKE
Date	01/09/2021
Capacity	APPLICANT'S AGENT

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)

GLEN LAKE

[REDACTED]

Post town	[REDACTED]	Postcode	[REDACTED]
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
[REDACTED]			

When complete, please return this form to licensing@haringey.gov.uk.

Consent of individual to being specified as premises supervisor

I, YIRDA TURBI ROSARIO



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

New Premises Licence

By

YIRDA TURBI ROSARIO

[name of applicant]

N/A

relating to a premises licence

[number of existing licence, if any]

RINCON DE YIRDA
487 SEVEN SISTERS ROAD
London N15 6EP

*[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

YIRDA TURBI ROSARIO

concerning the supply of alcohol at

RINCON DE YIRDA
487 SEVEN SISTERS ROAD
LONDON N15 6EP..

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

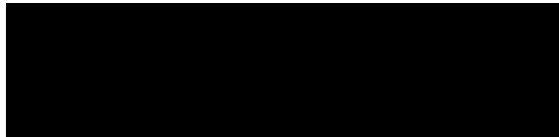
[insert personal licence number, if any]

Personal licence issuing authority

LB ENFIELD

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

Signed

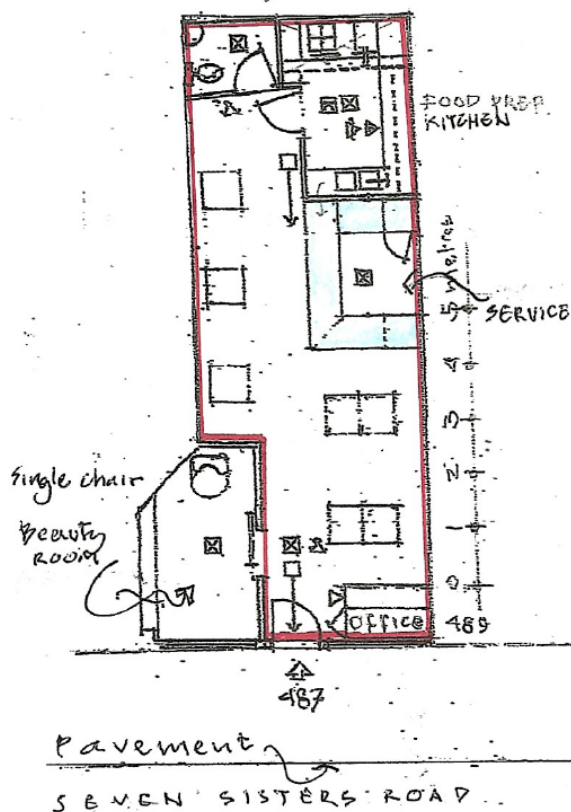


Name (please print)

YIRDA TURBI ROSARIO

Date

26-8-2021



FIRE PROTECTION, MEANS OF ESCAPE AND EQUIPEMENT

Fire fighting equipment to comply with the requirements of BS 5306
All signage to comply with the signs and signals regulations and meet the requirement of BS 5499

- ☐ S22 NOTICE
- ☒ ESCAPE (Emergency) LIGHTING
- ☒ FIRE EXIT →
- ☒ HEAT DETECTOR
- ☒ SMOKE DETECTOR
- ☒ FIRE ALARM CALL POINT
- ☒ FIRE ALARM CONTROL PANEL
- ☒ WATER FIRE EXTINGUISHER
Maintained yearly
- ☒ CO2 FIRE EXTINGUISHER
Maintained yearly
- ☒ FOAM FIRE EXTINGUISHER
Maintained yearly
- ☒ FIRE BLANKET
- PE PUSH BAR
- FD FIRE DOORS FD 30/S

ALL FR CONSTRUCTION TO BE NOT LESS THAN 30 MIN FR LININGS AND SURFACE FINISHES OF WALLS AND CEILINGS TO HAVE CLASS 0 FLAME SPREAD RATING

- ☒ CCTV
Actual position to be determined on site

RINCON de YIRDA RESTAURANT

487 SEVEN SISTERS ROAD

London N15 6EP

LICENSING PLAN

Scale 1:100 Date MAY 2021

© GlenLake [REDACTED]

[REDACTED]