

Licensing Act 2003 Sub-Committee on 12th January 2010

Report title: Application for a new Premises Licence at TROCADERO, 12 ST LOYS ROAD, TOTTENHAM, LONDON N17

Report of: The Lead Officer Licensing

Ward(s) affected BRUCE GROVE

1. Purpose

To consider an application by Eva Zack to allow Provision of Regulated Entertainment, Supply of Alcohol and Provision of Late Night refreshment at the premises.

2. Recommendations

- 2.1 (a) Grant the application as asked
(b) Modify the conditions of the licence, by altering or omitting or adding to them
(c) Reject the whole or part of the application

The Committee is asked to note that it may not modify the conditions or reject the whole or part of the application unless it is necessary to promote the licensing objectives.

Report authorised by: Robin Payne.....


Assistant Director Enforcement Services

Contact Officer: Ms Daliah Barrett -Williams

Telephone: 020 8489 8232

3. Executive summary

For consideration by Sub Committee under Licensing Act 2003 for a Premises licence with variation to the existing conditions

4. Access to information:

Local Government (Access to Information) Act 1985
Background Papers

The following Background Papers are used in the preparation of this Report:

File: TROCADERO

The Background Papers are located at Enforcement Service, Civic Centre, High Road Wood Green N22

5. REPORT

Background

5.1 An application for a new Premises Licence, by Mr Eva Zack in respect of Trocadero, 12 St Loys Road, Tottenham, London N17 under the Licensing Act 2003.

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

Provision of Regulated Entertainment: Recorded Music

Monday to Sunday 1200 to 0200

Provision of Late Night Refreshment:

Monday to Sunday 2300 to 0200

Supply of Alcohol (for consumption both on and off the premises):

Monday to Sunday 1200 to 0200

Opening Hours

Monday to Sunday 1200 to 0230

General-all four licensing objectives

We will operate our café in a responsible way and promote the licensing objectives at all times. Alcohol will only be sold to persons taking a meal in the café at a table provided by the café. Off sales will be limited to consumption at the tables outside the café.

5.3 Crime and Disorder

Staff will not serve alcohol to any person appearing to be intoxicated or underage. The café will operate Challenge 21. Contact will be maintained with the Police Safer Neighbourhood Team. Alcohol will only be sold to persons taking a meal in the café with service by waiter/waitress and sales to persons with a take away meal.

CCTV will be installed and will operate during opening hours. This will be a digital system capable of taking a head and shoulders shot of persons entering the premises and be capable of storing images for 31 days and of producing an image to the police or authorised officers on request. All staff will be trained in their role. Records will be kept and training reviewed regularly.

5.4 Public Safety

A fire risk assessment will be undertaken and an emergency plan will be prepared.

All staff will be trained in the procedures to be followed in the event of fire. Emergency procedures will be periodically reviewed.

5.5 Public Nuisance

Staff will discourage groups of people from lingering outside the café. The café frontage will be kept tidy. A notice will be clearly displayed by the front door asking customers to respect local residents and to leave quietly.

5.6 Child Protection

We will operate strictly in accordance with the Challenge 21 policy. All staff will be trained to operate in accordance with Challenge 21 policy. All staff will be trained to operate in accordance with Challenge 21 and to request acceptable proof of age from any person appearing to be under 21 (i.e. a valid passport or a current photographic driving licence).

All refusals of service on age grounds will be recorded in an appropriate record which will be retained for a year and made available for inspection by police or authorised officers of the council.

All staff will receive appropriate training regarding the prevention of underage sales. All alcohol will be stored in clear view of or behind the counter. All spare stock will be kept in a securely locked area.

6. RELEVANT REPRESENTATIONS (CONSULTATION)

Responsible authorities:

6.1 Comments of Metropolitan Police

The Police have made representation against this application.
APP 2

6.2 Comments of Enforcement Services:

Noise Team

Have made representation against this application.
APP 3

Food Team

Have no objections to this application.

Health and Safety

Have no objections to this application

Trading Standards

Have no objections to this application

6.3 Fire Officer

Have no objections to this application

6.4 Planning Officer

Have no objections to this application

6.5 Comments of Child Protection Agency or Nominee

No representation made on this matter

7.0 Interested Parties

Letters of representation have been received against this application.
App 4

8.0 Financial Comments

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

Appendix 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 EVA ZACK

(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

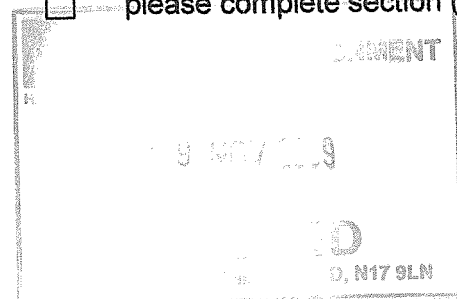
Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description TROCADERO 12 ST LOYS ROAD, LONDON N17 6UA			
Post town	LONDON	Post code	N17 6UA
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£2850	

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)	
Surname ZACK			First names EVA		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		45 PALACE ROAD, LONDON N11 2PU			
Post Town	LONDON			Postcode	N11 2PU
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	

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

(B) OTHER APPLICANTS

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

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

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year		
1	7	1	2	2	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 note 1)
GROUND FLOOR CAFÉ PREMISES.PROVIDING SIT DOWN SERVICE AND TAKE AWAY SERVICE.

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

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

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)	
Day	Start	Finish		
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)	
Tue				
Wed				
Thur				<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5)
Fri				
Sat				
Sun				

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
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 boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

E

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

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	12.00		<u>Please give further details here</u> (please read guidance note 3) CD'S ETC		
		02.00			
Tue	12.00				
		02.00			
Wed	12.00		<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4) NONE		
		02.00			
Thur	12.00				
		02.00			
Fri	12.00		<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 5) NONE		
		02.00			
Sat	12.00				
		02.00			
Sun	12.00				
		02.00			

G

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

H

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

1

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

K

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

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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) SIT DOWN SERVICE +_ TAKE AWAY SERVICE		
Mon	23.00	02.00			
Tue	23.00	02.00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) NONE		
Wed	23.00	02.00			
Thur	23.00	02.00	<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 5) NONE		
Fri	23.00	02.00			
Sat	23.00	02.00			
Sun	23.00	02.00			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) NONE					
Mon	12.00	02.00						
Tue	12.00	02.00						
Wed	12.00	02.00						
Thur	12.00	02.00				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 5) NONE		
Fri	12.00	02.00						
Sat	12.00	02.00						
Sun	12.00	02.00						

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

Name MR EVA ZACK	
Address 45 PALACE STREET, LONDON N11 2PU	
Postcode	N11 2PU
Personal Licence number (if known) LN – 000007034	
Issuing licensing authority (if known) LONDON BOROUGH OF HACKNEY <i>Hackney</i>	

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)

NONE

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)	
Day	Start	Finish	NONE	
Mon	12.00			
		02.30		
Tue	12.00			
		02.30		
Wed	12.00			
		02.30		
Thur	12.00			<u>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</u> (please read guidance note 5) NONE
		02.30		
Fri	12.00			
		02.30		
Sat	12.00			
		02.30		
Sun	12.00			
		02.30		

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)

WE WILL OPERATE OUR CAFÉ IN A RESPONSIBLE WAY AND PROMOTE THE LICENSING OBJECTIVES AT ALL TIMES. ALCOHOL WILL ONLY BE SOLD TO PERSONS TAKING A MEAL IN THE CAFÉ. AT A TABLE PROVIDED BY THE CAFE. OFF SALES WILL BE LIMITED TO CONSUMPTION AT THE TABLES OUTSIDE THE CAFÉ.

b) The prevention of crime and disorder

STAFF WILL NOT SERVE ALCOHOL TO ANY PERSON APPEARING TO BE INTOXICATED OR UNDERAGE. THE CAFE WILL OPERATE CHALLENGE 21. CONTACT WILL BE MAINTAINED WITH THE POLICE SAFER NEIGHBOURHOOD TEAM. ALCOHOL WILL ONLY BE SOLD TO PERSONS TAKING A MEAL IN THE CAFE WITH SERVICE BY WAITER / WAITRESS AND SALES TO PERSONS WITH A TAKE AWAY MEAL. CCTV WILL BE INSTALLED AND OPERATE DURING OPENING HOURS. IT WILL BE DIGITAL, CAPABLE OF TAKING A HEAD AND SHOULDERS SHOT OF PERSONS ENTERING THE PREMISES, BE CAPABLE OF STORING IMAGES FOR 31 DAYS AND OF PRODUCING AN IMAGE TO THE POLICE OR AUTHORISED OFFICERS ON REQUEST. ALL STAFF WILL BE TRAINED IN THEIR ROLE. RECORDS WILL BE KEPT AND TRAINING REGULARLY REVIEWED.

c) Public safety

A FIRE RISK ASSESSMENT WILL BE UNDERTAKEN AND AN EMERGENCY PLAN WILL BE PREPARED. ALL STAFF WILL BE TRAINED IN THE PROCEDURES TO BE FOLLOWED IN THE EVENT OF FIRE. EMERGENCY PROCEDURES WILL BE PERIODICALLY REVIEWED.

d) The prevention of public nuisance

STAFF WILL DISCOURAGE GROUPS OF PEOPLE FROM LINGERING OUT SIDE THE CAFE. THE CAFÉ FRONTAGE WILL BE KEPT TIDY... A NOTICE WILL BE CLEARLY DISPLAYED BY THE FRONT DOOR ASKING CUSTOMERS TO RESPECT LOCAL RESIDENTS AND TO LEAVE QUIETLY.

e) The protection of children from harm

WE WILL OPERATE STRICTLY IN ACCORDANCE WITH THE CHALLENGE 21 POLICY. ALL STAFF WILL BE TRAINED TO OPERATE IN ACCORDANCE WITH CHALLENGE 21 AND TO REQUEST ACCEPTABLE PROOF OF AGE FROM ANY PERSON APPEARING TO BE UNDER 21 (I.E. A VALID PASSPORT OR A CURRENT PHOTOGRAPHIC DRIVING LICENCE .)

ALL REFUSALS OF SERVICE ON AGE GROUNDS WILL BE RECORDED IN AN APPROPRIATE RECORD WHICH WILL BE RETAINED FOR A YEAR AND MADE AVAILABLE FOR INSPECTION BY POLICE OR AUTHORISED OFFICERS OF THE COUNCIL.

ALL STAFF WILL RECEIVE APPROPRIATE TRAINING REGARDING THE PREVENTION OF UNDERAGE SALES.

ALL ALCOHOL WILL BE STORED IN CLEAR VIEW OF OR BEHIND THE COUNTER. ALL SPARE STOCK WILL BE KEPT IN A SECURELY LOCKED AREA.

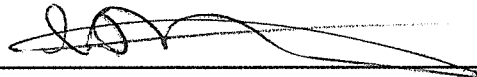
Please tick yes

- 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	18 /11/09
Capacity	LICENSING CONSULTANT

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	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

G & T LICENSING CONSULTANTS,
 THE FIRST AND LAST PH,
 57 / 58 EAST CLIFF,
 DOVER,
 KENT.
 CT16 1LS

Post town	DOVER	Post code	CT16 1LS
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Telephone number (if any)	07919 025058
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If you would prefer us to correspond with you by e-mail your e-mail address (optional)
 gtlicensingconsultants@googlemail.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

MR EVA ZACK

I
[full name of prospective premises supervisor]

of

45 PALACE ROAD,
LONDON N11 2PU

.....
[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

A NEW PREMISES LICENCE

.....
[type of application]

by

MR EVA ZACK

.....
[name of applicant]

relating to a premises licence

.....
[number of existing licence, if any]

for

12 ST LOYS ROAD,
LONDON N17 6UA

.....
[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 EVA ZACK

[name of applicant]

concerning the supply of alcohol at

12 ST LOYS ROAD,
LONDON N17 6UA

[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

LN - 000007034

[insert personal licence number, if any]

Personal licence issuing authority

LONDON BOROUGH OF HARINGEY

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

Signed

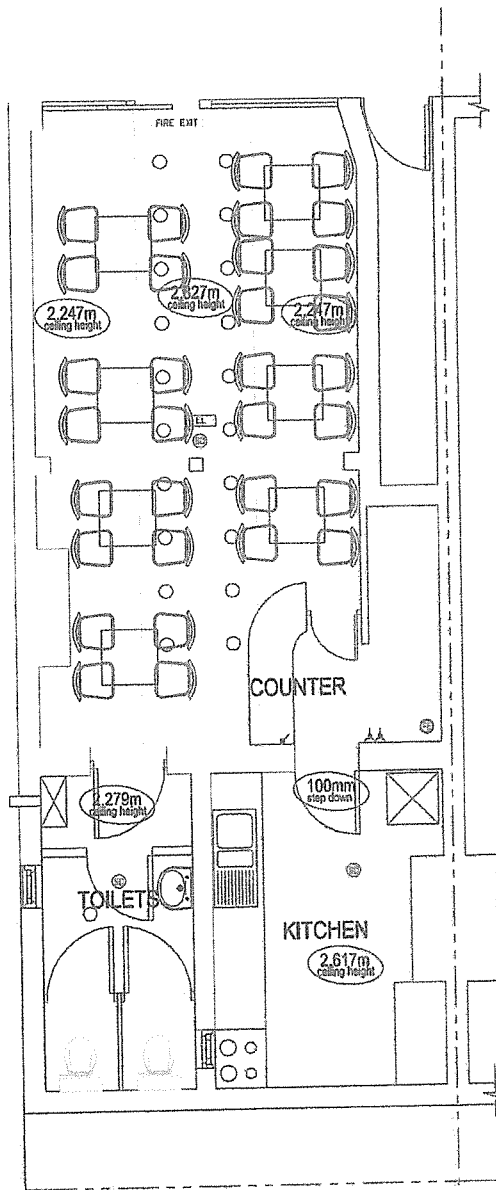
X 

Name (please print)

EVA ZACK

Date

16 17/09



The plan shows-

- (a) the extent of the boundary of the building and any external and internal walls of the building and the perimeter of the premises
- (b) the location of points of access to and egress from the premises;
- (c) the location of escape routes from the premises;
- (d) fixed structures (including furniture) or similar objects temporarily in a fixed location (but not furniture) which may impact on the ability of individuals on the premises to use exits or escape routes without impediment;
- (e) the location of the steps
- (f) the location of public convenience
- (g) the location and type of any fire safety and any other safety equipment

Key

- ⚡ Light Switch
- ⌋ Switched Socket Outlet


Fire Extinguishers

- FOAM (F) = Foam fire extinguisher
- CO2 (C) = Fire blanket
- (S) = Smoke detector
- (B) = Break Glass
- FIRE EXIT = Fire Exit
- (E) = Illuminated exit light

○ = lighting

☐ = Table and chairs

LICENCE PLAN 1:100

 LICENCE ACT PLANS AT- 12 SAINT LOYS ROAD TOTTENHAM N17 6UA		<h1 style="font-size: 4em; margin: 0;">DSB</h1>	
DSB PROPERTY DESIGNS LTD 45 OBAN ROAD SOUTHEND ON SEA ESSEX			Rev
Southend: 01702 302 389	Chelmsford: 01245 206591	Colchester: 01206 580495	
Scale: 1:100	Date: JULY 2009	Drwg No: 2009/07/01/12SLR	