

5. REPORT

Background

5.1 An application for a new Premises Licence, by Abdul Alchawa in respect of 441 Green Lanes, London N4 1HA under the Licensing Act 2003.

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

The Provision of Late Night Refreshment:

Sunday to Wednesday	2300 to 0300 hours
Thursday to Saturday	2300 to 0500 hours

Opening Hours:

Sunday to Wednesday	0900 to 0300 hours
Thursday to Saturday	0900 to 0500 hours

General-all four licensing objectives

Full CCTV system will be in operation, with cameras outside shop front as well as inside. Recordings will be kept checked.

'Sam's Chicken' restaurant chain operate staff training programmes relative to appropriate legislation.

5.3 Crime and Disorder

The management operate 'Incident' and 'Refusal' logs.

Owner/Manager to take advice from and work closely with local police.

No alcohol will be sold or consumed on the premises.

Number of customers to be limited to 15 at one time.

5.4 Public Safety

'Sam's Chicken' operate hands training for staff relative to customer (and staff) accidents, with appropriate risk assessments.

First aid kit available.

Fire alarm system and fire extinguishers throughout.

5.5 Public Nuisance

Staff to ensure door is closed after 10pm at night.

No music will be played on the premises (nor TV)

Staff to operate regular 'litter patrols'.

Shop front will incorporate quiet electric shutter.

Staff will remind customers to leave quietly after 10pm and respect local residents. Notices to this effect to be displayed.

We will install an approved extract system to rear.

5.6 Child Protection

Staff will not encourage unaccompanied under 18's.

'Sam's Chicken' restaurants encourage families.

6. RELEVANT REPRESENTATIONS (CONSULTATION)

Responsible authorities:

6.1 Comments of Metropolitan Police

Have no objections to this application.

6.2 Comments of Enforcement Services:

Noise Team

Have made representation. **APP 2**

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

Have no objections to this application

7.0 Interested Parties

14 letters of representation have been received against this application.

APP 3**8.0 Financial Comments**

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

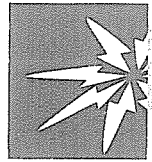
9.0 Licensing Officers Comments

The Committee is guided to the conditions offered at part P of the application and are asked to consider if the conditions offered are clear and enforceable.

APPENDIX 1

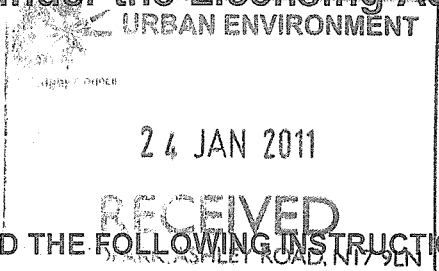
APPLICATION FORM

E190
AG985750



Haringey

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



(1)

Reference number:

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

(2) I/We ARE LUTON HALL FOOD LIMITED

apply for a premises licence under section 17 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	
441 GREEN LANES HARINGEY LONDON	
Post town	Postcode N4, 1HA.

Telephone number at premises(if any) 07919-524848

Non-domestic rateable value of premises £

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)

(1) Insert name and address of relevant licensing authority and its reference number (optional)
(2) Insert name(s) of applicant

- 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:

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or Please tick yes
- 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 Mrs Miss Ms Other title (for example, Rev)

Surname

ALCHANA.

First names

ABDUL

I am 18 years old or over Please tick yes

Date of birth

Day	Month	Year
<i>24</i>	<i>11</i>	<i>1977</i>

Current postal address if different from premises address

*26 THE RIDINGS
Luton Beds*

Post town

Postcode *LU3 1BY*

Daytime contact telephone number

07919 524846.

E-mail address (optional)

—

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr

Mrs

Miss

Ms

Other title
(for example, Rev)

Surname

First names

I am 18 years old or over Please tick yes

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 licences to start?

Day	Month	Year
30	03	2011

If you wish the licence to be valid only for a limited period, when do you want it to end?

N/A -

Day	Month	Year

Please give a general description of the premises (please read guidance note 1)

FAST FOOD, EAT IN AND TAKE AWAY.

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

N/A.

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

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 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 for:

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

B

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

C

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

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)		
Day	Start	Finish	Indoors	Outdoors	Both
Mon			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

E

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

F

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

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 <input checked="" type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	
Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for the performance of dance entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

H

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

Provision of facilities for making music			Please give a description of the facilities for making music you will be providing
Standard days and timings (please read guidance note 6)			Will the facilities for making music be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for provision of facilities for making music at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

J

Provision of facilities for dancing			Please give a description of the facilities for dancing you will be providing
Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for providing dancing facilities (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times from those listed in the column of the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

K

Provision of facilities for entertainment of a similar description to that falling within I or J			Please give a description of the type of entertainment facility you will be providing
Standard days and timings (please read guidance note 6)			Will the entertainment facility be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)
Wed			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 from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

L

Late night refreshment			Will the provision of late night refreshment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon	9am	3am	Please give further details here (please read guidance note 3)
Tue	9am	3am	+
Wed	9am	3am	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)
Thur	9am	3am	+
Fri	9am	5am	Non-standard timings. Where you intend to use the premises for the provision of late night refreshment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat	9am	3am	
Sun	9am	3am	
			<i>This is due to demand of food at the later times.</i>

M

Supply of alcohol			Will the sale of alcohol be for consumption - please tick box <input checked="" type="checkbox"/> (please read guidance note 7)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	On the premises <input type="checkbox"/> Off the premises <input type="checkbox"/> Both <input type="checkbox"/>
Mon			State any seasonal variations for the supply of alcohol (please read guidance note 4)
Tue			
Wed			Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

✓ 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)

- FULL CCTV SYSTEM WILL BE IN OPERATION, WITH CAMERAS OUTSIDE SHOP FRONT AS WELL AS INSIDE. RECORDINGS WILL BE KEPT CHECKED.
- 'SAM'S CHICKEN' RESTAURANT CHAIN OPERATE STAFF TRAINING PROGRAMMES. RELATIVE TO APPROPRIATE LEGISLATION

b) The prevention of crime and disorder

- THE MANAGEMENT OPERATE 'INCIDENT' AND 'REFUSAL' LOGS.
- OWNER/MANAGER TO TAKE ADVICE FROM AND WORK CLOSELY WITH LOCAL POLICE.
- NO ALCOHOL WILL BE SOLD OR CONSUMED ON THE PREMISES
- NUMBER OF CUSTOMERS TO BE LIMITED TO IS AT ONE TIME.

c) Public safety

- 'SAM'S CHICKEN' OPERATE HANDS TRAINING FOR STAFF RELATIVE TO CUSTOMER (AND STAFF) ACCIDENTS, WITH APPROPRIATE RISK ASSESSMENTS.
- FIRST AID KIT AVAILABLE
- FIRE ALARM SYSTEM AND FIRE EXTINGUISHERS THROUGHOUT.

d) The prevention of public nuisance

- STAFF TO ENSURE DOOR CLOSED AFTER 10PM AT NIGHT.
- NO MUSIC WILL BE PLAYED ON THE PREMISES (NOR TV).
- STAFF TO OPERATE REGULAR 'LITTER PATROLS'
- SHOP FRONT WILL INCORPORATE QUIET ELECTRIC SHUTTER.
- STAFF WILL REMIND CUSTOMERS TO LEAVE QUIETLY AFTER 10P.M. AND RESPECT LOCAL RESIDENTS. NOTICES TO THIS EFFECT TO BE DISPLAYED.
- WE WILL INSTALL AN APPROVED EXTRACT SYSTEM TO REAR.

e) The protection of children from harm

- STAFF WILL NOT ENCOURAGE UNACCOMPANIED UNDER 18'S.
- 'SAM'S CHICKEN' RESTAURANTS ENCOURAGE FAMILIES.

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

Name *ABDUL ALCHAWA.*
 Address *441 GREEN LANE*
HARINGEY
 Postcode *N4, 1HA.*
 Personal Licence number (if known)
 Issuing licensing authority (if known)

N

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

N/A.

O

Hours premises are open to the public
 Standard days and timings
 (please read guidance note 6)

Day	Start	Finish
Mon	9 AM	3 AM
Tue	9 AM	3 AM
Wed	9 AM	3 AM
Thur	9 AM	5 AM
Fri	9 AM	5 AM
Sat	9 AM	5 AM
Sun	9 AM	3 AM

State any seasonal variations (please read guidance note 4)

premises currently is empty.

Non-standard timings. Where you intend to use the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)

CHECKLIST:

Please tick ✓

- 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. (Please read guidance note 11)
If signing on behalf of the applicant please state in what capacity.

Signature



Date 24-01-2011

Capacity DIRECTOR

For joint applications signature of 2nd applicant, 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)

Post town

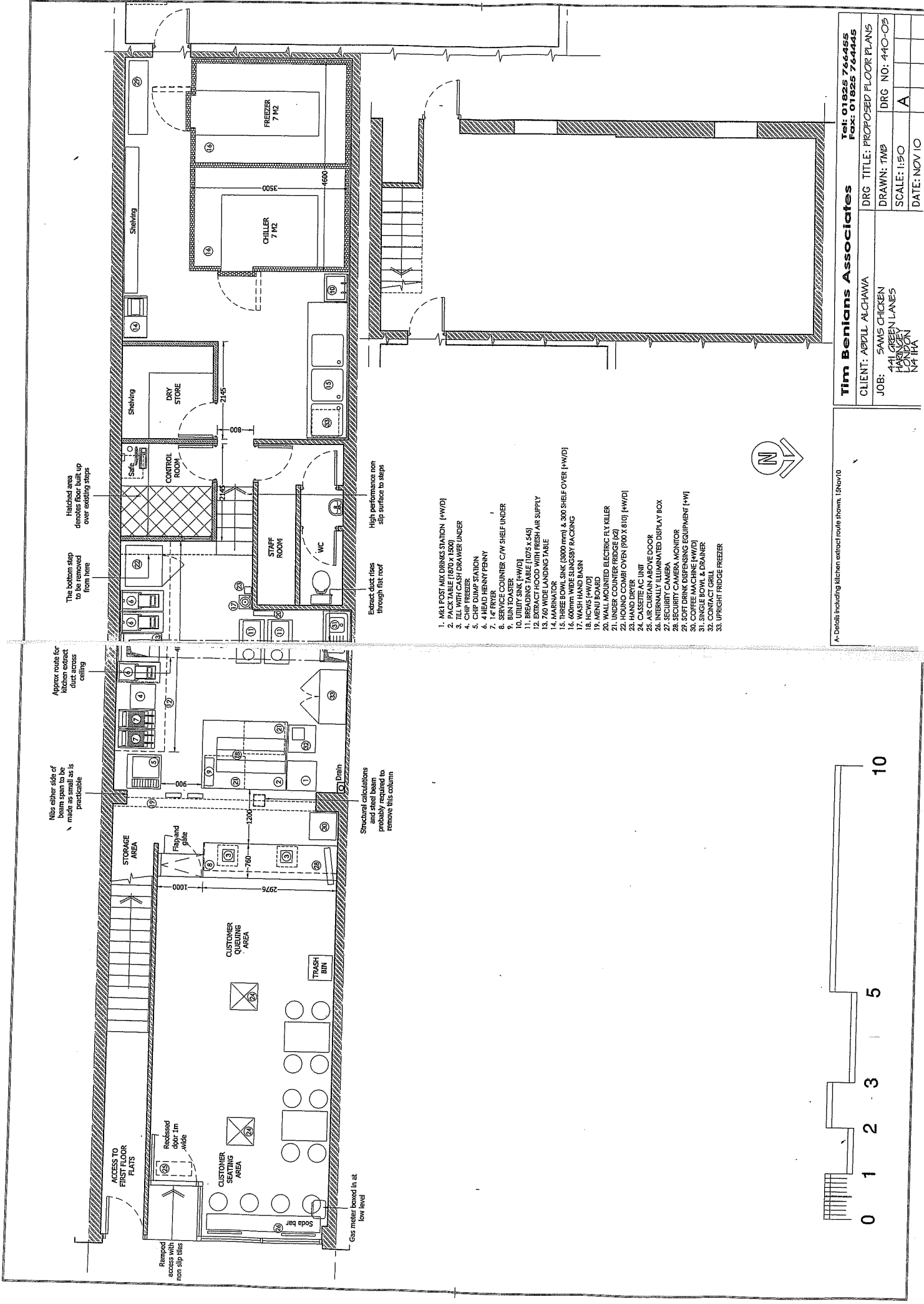
Postcode

Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
 2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
 3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
 4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
 5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
 6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
 7. If you wish people to be able to consume alcohol on the premises please tick 'on the premises', if you wish people to be able to purchase alcohol to consume away from the premises please tick 'off the premises'. 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.
 14. The information you have provided will be held by the Council on computerised and manual files. The data may also be disclosed to other departments within the Council or other organisations, but only in order to ensure compliance with relevant legislation or to detect and prevent fraud or a crime.
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1. M41 FOOT MILK DRINKS STATION (H/W/D)
2. PACK TABLE (1820 X 1800)
3. TILL WITH CASH DRAWER UNDER
4. CHIP FREEZER
5. CHIP DUMP STATION
6. 4 HEAD BUNNY PENNY
7. BUN TOASTER
8. FRYER COUNTER C/W SHELF UNDER
9. BUN TOASTER
10. UTILITY SINK (H/W/D)
11. BREADING TABLE (1075 X 545)
12. EXTRACT HOOD WITH FRESH AIR SUPPLY
13. 760 WIDE LANDING TABLE
14. MARINATOR
15. 300mm WIDE SINK
16. WASH HAND BASIN
17. WASH HAND BASIN
18. HCWS (H/W/D)
19. MENU BOARD
20. WALL MOUNTED ELECTRIC FLY KILLER
21. UNDER COUNTER FRIDGE (K2)
22. HOJND COMBI OVEN (900 X 810) (H/W/D)
23. DRYER
24. COFFEE UNIT
25. AIR CURTAIN ABOVE DOOR
26. INTERNALLY ILLUMINATED DISPLAY BOX
27. SECURITY CAMERA
28. SECURITY CAMERA MONITOR
29. SOFT DRINK DISPENSING EQUIPMENT (H/W)
30. COFFEE MACHINE (H/W/D)
31. SINGLE BOWL & DRAINER
32. SINK
33. UPRIGHT FRIDGE FREEZER

Tim Benians Associates
 Tel: 01825 766455
 Fax: 01825 764445

CLIENT: APDILL ALCHAWA
 JOB: SAMS CHICKEN
 144 GREEN LANE
 LONDON
 N4 1HA

DRG TITLE: PROPOSED FLOOR PLANS
 DRAWN: TMB
 SCALE: 1:50
 DRG NO: 440-03
 DATE: NOV 10

A- Details including kitchen extract routes shown. 18Nov10

