

Licensing Act 2003 Sub-Committee on 20TH June 2006

Report title: Application for a Premises Licence for OFF LICENCE, 3 TURNPIKE LANE, LONDON, N8 0EB

Report of: The Lead Officer Licensing

Ward(s) affected **HARRINGAY**

1. Purpose

To consider an application by AHMAD ELHAM to provide a licensable activity in the Supply of alcohol

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

Telephone: 020 8489 5103

3. Executive summary

For consideration by Sub Committee under Licensing Act 2003 for a New Premises licence

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: 3 TURNPIKE LANE, N8

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

5. REPORT

Background

5.1 Application by **AHMAD ELHAM**, for a New Premises Licence in respect of **3 TURPIKE LANE, N8** under the Licensing Act 2003.

5.2 Details of new Premises Licence application

Opening Hours for Public

Monday to Sunday 08.00 to 23.00

Supply of alcohol

Monday to Sunday 08.00 to 23.00

OPERATING SCHEDULE

General

Maintain the 4 main objectives, being aware of our responsibility to our neighbourhood and customer's responsibility.

5.3 Crime and Disorder

Refusal to serve customers who are drunk or customers buying on their behalf. Appropriate numbers of staff will be employed

5.4 Public Safety

Continue to abide by current Health & Safety and Fire Regulations

5.5 Public Nuisance

Will follow Licensing objectives to maintain well being within the community, for residents and customers.

5.6 Child Protection

No sale of alcohol to under 18's I.D must be produced
No sale to people who may buy on their behalf.

6.0 RELEVANT REPRESENTATIONS (CONSULTATION)
Responsible authorities:

6.1 Comments of Metropolitan Police

The Police have no objections to this application.

6.2 Comments of Enforcement Services:

Noise team have not commented on this application.

Food Team

Have no objections to this application

Health and Safety

Have not commented on this application.

Trading Standards

Have no objections to this application

6.3 Fire Officer

The Fire Officer has made a representation against this application. App 2

6.4 Planning Officer

Planning has no objection to this application.

6.5. Comments of Child Protection Agency or Nominee

No comments to make on this application.

7.0 Interested Parties

3 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**

APPENDIX 1

APPLICATION FORM

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

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 3 TURNPIKE LANE | |
| Post town LONDON | Postcode N8 0EB |
| Telephone number at premises(if any) | |
| Non-domestic rateable value of premises | £ 5443-63 |

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 First names

I am 18 years old or over Please tick yes Date of birth

| Day | Month | Year |
|-----|-------|------|
| 02 | 05 | 1978 |

Current postal address if different from premises address
 60 GOULDING COURT
 WEST POINT APARTMENTS
 CLARENDON ROAD
 Post town Postcode

Daytime contact telephone number

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

Current postal address if different from premises address
NON APPLICABLE

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 <i>NON APPLICABLE</i> |
| 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 |
|-----|-------|------|
| | | |

AS SOON AS POSSIBLE

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)

I PURCHASED A MEDIUM SIZED SHOP THAT USED TO BE A LAUNDRET. I WOULD LIKE THE PREMISES TO BE USED AS AN OFF LICENCE, AND GROCERARY.

CONSUMPTION OF ALCOHOL WOULD BE OFF SITE.

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 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) |
|--|-------|--------|---|
| Day | Start | Finish | |
| Standard days and timings (please read guidance note 6) | | | Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 3) |
| | | | |
| Tue | | | <i>NON APPLICABLE</i> |
| | | | |
| Wed | | | State any seasonal variations for performing plays (please read guidance note 4) |
| | | | |
| Thur | | | |
| | | | |
| Fri | | | 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) |
| | | | |
| 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) |
|--|-------|--------|--|
| Day | Start | Finish | |
| Standard days and timings (please read guidance note 6) | | | Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 3) |
| | | | |
| Tue | | | <i>NON APPLICABLE</i> |
| | | | |
| Wed | | | State any seasonal variations for the exhibition of films (please read guidance note 4) |
| | | | |
| Thur | | | |
| | | | |
| Fri | | | 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) |
| | | | |
| Sat | | | |
| | | | |
| Sun | | | |
| | | | |

C

| | | | |
|--|-------|--------|---|
| Indoor sporting events | | | Please give further details here (please read guidance note 3) |
| Standard days and timings (please read guidance note 6) | | | |
| Day | Start | Finish | |
| Mon | | | |
| | | | |
| Tue | | | State any seasonal variations for indoor sporting events (please read guidance note 4) |
| | | | |
| Wed | | | |
| | | | 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) |
| Thur | | | |
| | | | |
| Fri | | | |
| | | | |
| Sat | | | |
| Sun | | | |

NON APPLICABLE

D

| | | | |
|--|-------|--------|--|
| Boxing or wrestling entertainments | | | Will the boxing or wrestling entertainment 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 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 boxing or wrestling entertainment (please read guidance note 4) |
| | | | |
| Wed | | | |
| | | | Non-standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times from those listed in the column on the left, please list (please read guidance note 5) |
| Thur | | | |
| | | | |
| Fri | | | |
| Sat | | | |
| Sun | | | |

NON APPLICABLE

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) |
|--|-------|--------|--|
| Day | Start | Finish | |
| Standard days and timings (please read guidance note 6) | | | Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 3) |
| | | | |
| Tue | | | |
| | | | |
| Wed | | | State any seasonal variations for the performance of live music (please read guidance note 4) |
| | | | |
| Thur | | | <i>NON APPLICABLE</i> |
| | | | |
| Fri | | | 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) |
| | | | |
| 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) |
|--|-------|--------|--|
| Day | Start | Finish | |
| Standard days and timings (please read guidance note 6) | | | Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 3) |
| | | | |
| Tue | | | <i>NON APPLICABLE</i> |
| | | | |
| Wed | | | State any seasonal variations for the playing of recorded music (please read guidance note 4) |
| | | | |
| Thur | | | |
| | | | |
| Fri | | | 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) |
| | | | |
| 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) |
| 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 | | | |
| | | | |
| Wed | | | State any seasonal variations for the performance of dance (please read guidance note 4) |
| | | | |
| Thur | | | <i>NON APPLICABLE</i> |
| | | | |
| 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 | Will this entertainment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2) |
| Mon | | | Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> |
| | | | Please give further details here (please read guidance note 3) |
| Tue | | | |
| | | | <i>NON APPLICABLE</i> |
| 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 | | | 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) |
| | | | |
| Sat | | | |
| | | | |
| 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) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> | |
| Day | Start | Finish | Please give further details here (please read guidance note 3) | |
| Mon | | | | |
| Tue | | | | |
| Wed | | | | State any seasonal variations for the provision of facilities for making music (please read guidance note 4) |
| Thur | | | | |
| Fri | | | | 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) |
| Sat | | | | |
| Sun | | | | |

NON APPLICABLE

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) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> | |
| Day | Start | Finish | Please give further details here (please read guidance note 3) | |
| Mon | | | | |
| Tue | | | | |
| Wed | | | | State any seasonal variations for providing dancing facilities (please read guidance note 4) |
| Thur | | | | |
| Fri | | | | 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) |
| Sat | | | | |
| Sun | | | | |

NON APPLICABLE

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 | | | |
| | | | |
| Thur | | | <p style="text-align: center;"><i>NON APPLICABLE</i></p> |
| | | | |
| Fri | | | |
| | | | 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) |
| 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 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 late night refreshment (please read guidance note 4) |
| | | | |
| Wed | | | NON APPLICABLE |
| Thur | | | |
| Fri | | | 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 | | | |
| Sun | | | |
| | | | |

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 checked="" type="checkbox"/> Both <input type="checkbox"/> |
| Mon | 8:00 | 23:00 | State any seasonal variations for the supply of alcohol (please read guidance note 4) |
| Tue | 8:00 | 23:00 | |
| Wed | 8:00 | 23:00 | |
| Thur | 8:00 | 23:00 | 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) |
| Fri | 8:00 | 23:00 | |
| Sat | 8:00 | 23:00 | |
| Sun | 8:00 | 23:00 | |

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

Name AHMAD KHALID ELHAM
 Address 60 GOULDING COURT, WEST POINT APARTMENTS
 Postcode N8 0DB
 Personal Licence number (if known) 96346
 Issuing licensing authority (if known) ISLINGTON COUNCIL

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)

NO ENTERTAINMENT WOULD OCCUR AT THE PREMISES
 CONSUMPTION OF ALCOHOL WOULD BE OFF
 PREMISES. NO SALE OF ALCOHOL TO UNDER
 18'S NO GAMING MACHINES OR FILMS AT
 THE PREMISES.

O

Hours premises are open to the public

Standard days and timings
 (please read guidance note 6)

| Day | Start | Finish |
|------|-------|--------|
| Mon | 8:00 | 23:00 |
| Tue | 8:00 | 23:00 |
| Wed | 8:00 | 23:00 |
| Thur | 8:00 | 23:00 |
| Fri | 8:00 | 23:00 |
| Sat | 8:00 | 23:00 |
| Sun | 8:00 | 23:00 |

State any seasonal variations (please read guidance note 4)

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)

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)

MAINTAIN THE 4 MAIN OBJECTIVES BEING AWARE OF OUR RESPONSIBILITIES TO OUR NEIGHBOURHOOD AND CUSTOMERS. RESPONSIBILITY IS IMPORTANT AS IS.

b) The prevention of crime and disorder

NO ALCOHOL SOLD TO UNDER 18'S - REQUEST I.D IF NECESSARY.
REFUSAL TO SERVE CUSTOMERS WHO ARE DRUNK OR PEOPLE BUYING ON THEIR BEHALF.
APPROPRIATE NUMBER OF STAFF WORKING.

c) Public safety

CONTINUE TO ABIDE BY CURRENT HEALTH SAFETY FIRE SAFETY REGULATIONS.

d) The prevention of public nuisance

FOLLOW LICENSING OBJECTIVES TO MAINTAIN WELL BEING WITHIN THE COMMUNITY FOR OUR RESIDENTS AND CUSTOMERS. UNDERSTAND THAT WE HAVE A RESPONSIBILITY WITHIN OUR COMMUNITY

e) The protection of children from harm

NO SALE OF ALCOHOL TO UNDER 18'S.
REQUEST I.D.
NO SALE TO PEOPLE WHO MAY BUY ON THEIR BEHALF.

CHECKLIST:

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

Signature 

Date 07/04/06

Capacity OWNER

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) | |
| 60 GOULDING COURT WEST POINT APARTMENTS CLARENDON ROAD | |
| Post town LONDON | Postcode N8 0DB |
| 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.

Consent of individual to being specified as premises supervisor

Reference number:

I [full name of prospective premises supervisor]

AHMAD KHALID ELHAM

of [home address of prospective premises supervisor]

60 GOULDING COURT
WEST POINT APARTMENTS
CLARENDON ROAD. N8 0DB
LONDON

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

[type of application]

OFF LICENCE

by

[name of applicant]

AHMAD KHALID ELHAM

relating to a premises licence

[number of existing licence, if any]

for

[name and address of premises to which the application relates]

3 TURNPIKE LANE
N8 0EB

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

[name of applicant]

CONTINUED

concerning the supply of alcohol at

[name and address of premises to which application relates]


3 TURNPIKE LANE
N8 OEB

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 96346
[insert personal licence number, if any]

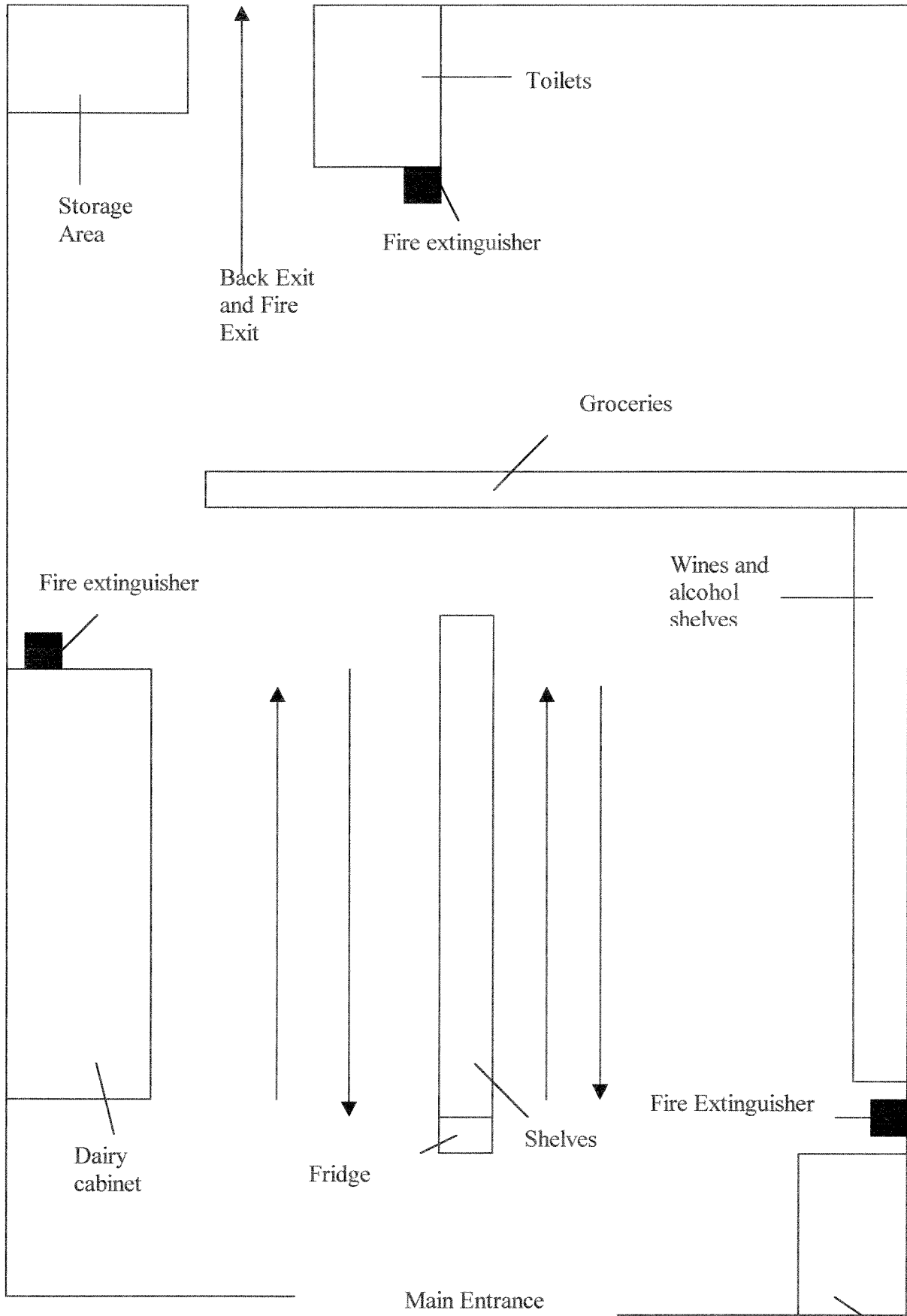
Personal licence issuing authority ISLINGTON COUNCIL
[insert name and address and telephone number of personal licence issuing authority, if any]

PUBLIC PROTECTION
LICENSING TEAM
159 UPPER STREET, LONDON
N1 1RE
020 7527 3803/3031
licensing@islington.gov.uk.

Signed 

Name (please print) AHMAD KHALD EIHAM

Date 07/04/06



Polish Food Centre
 3 Turnpike Lane
 London N8

Counter and Cigarettes

APPENDIX 2

FIRE OFFICERS REPRESENTATION

FIRE AND COMMUNITY SAFETY DIRECTORATE

Roy Bishop Deputy Commissioner

Date
13 April 2006

Our Ref.
FS/31/015362/LH

Your Ref.

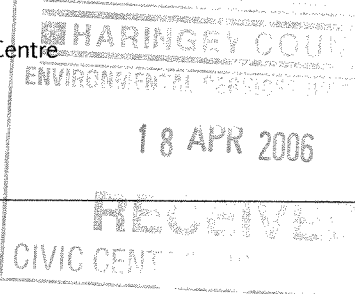
Addressee
Ms D Barrett
Lead Licensing Officer
Haringey Council
2nd Floor, Civic Centre
High Road
Wood Green
London
N22 8LE

Please reply to
Tony Cadman
Inspecting Officer

Direct Telephone
020 8803 7530

Direct Fax
020 8807 7196

Direct E-mail
haringeygroup@london-fire.gov.uk



Dear Madam,

LICENSING ACT 2003

Premises: 3 Turnpike Lane, London, N8 0EB

With reference to the application dated 7 April 2006, as shown on plan, un-numbered, the application has been examined and **the Fire Authority want to make a representation** to the Licensing Authority in relation to this application.

The applicant has been informed that the Fire Authority will be making a representation to the Licensing Authority.

The items that are of concern to this authority are detailed on the attached schedule.

Please advise me, at your earliest convenience, of the date and time of the Licensing Committee Hearing.

Should these matters be resolved to the satisfaction of this Authority at least 2 days prior to the Licensing Committee Hearing the representation will be withdrawn.

Any queries regarding this letter should be addressed to the person named at the top of the letter. If you are dissatisfied in any way with the response given, please ask to speak to the Team Leader quoting our reference.

Yours faithfully,

A handwritten signature in black ink, appearing to be 'O. O. O.', written over the typed name 'for Assistant Commissioner'.

for Assistant Commissioner

Data Protection Act 1998: The information you have given on this form will be processed by London Fire Emergency Planning Authority for the purpose of **fire and emergency planning and control**. We will keep your details secure and will not disclose them to other organisations or third parties (except contractors or suppliers working on our behalf) without your permission unless we are legally required to do so.

For more information about how we use your personal information, see our notification entry (Z7122455) www.informationcommissioner.gov.uk or visit: www.london-fire.gov.uk

FIRE AND COMMUNITY SAFETY DIRECTORATE

Roy Bishop Deputy Commissioner

3 Turnpike Lane, London, N8 0EB

Our Ref.
FS/31/015362/LH

Your Ref.

SCHEDULE

Sheet 1 of 1

Schedule referred to in the letter reference FS/31/015362/LH under the Licensing Act 2003, issued by the London Fire and Emergency Planning Authority on 13 April 2006.

Where appropriate, a plan may form part of this Schedule to illustrate the steps which, in the opinion of the fire authority, need to be taken in order to promote the public safety objective.

NOTE : Notwithstanding any consultation undertaken by the fire authority, **before** you make any alterations to the workplace, **you** must apply for local authority building control department approval (and/or the approval of any other bodies having a statutory interest in the premises) if their permission is required for those alterations to be made.

| Licensing Objective not adequately addressed | Location and detail of matters which are considered to put people at risk in the event of a fire emergency | Steps considered necessary to promote the public safety licensing objective |
|---|---|---|
| Public Safety | Throughout premises | <ol style="list-style-type: none">1. Fire extinguishers to be provided appropriate for the risk and placed on wall brackets in a visible suitable position.2. Rear of shop exit not to be labelled as a fire exit.3. Entrance door to failsafe to open in the event of power failure or an emergency. |

Data Protection Act 1998: The information you have given on this form will be processed by London Fire Emergency Planning Authority for the purpose of **fire and emergency planning and control**. We will keep your details secure and will not disclose them to other organisations or third parties (except contractors or suppliers working on our behalf) without your permission unless we are legally required to do so.

For more information about how we use your personal information, see our notification entry (Z7122455) www.informationcommissioner.gov.uk or visit: www.london-fire.gov.uk

APPENDIX 3

RESIDENTS REPRESENTATION

Haringey Council
Environmental Services
Licensing Team

Anna Westgren
Liza Rotter
5A Turnpike Lane
N8 0EP

Dear Sir/Madam,

I am writing to express our concerns about the proposed alcohol license for 3 Turnpike Lane, N8.

My flatmates and I live next door to these premises, and we are worried about the level of noise and disturbances that this license is likely to cause.

We all work in the city and have to leave for work early in the mornings, and thus need a decent night's sleep, which would be disturbed if this late license is granted.

Another worry is the possibility of increased crime levels in the area, which would obviously affect everybody living close by.

We would greatly appreciate it, if you would take our views into account when reviewing this licensing request.

Kind regards,



Anna Westgren



Liza Rotter

H. Raza.
3A Turnpike Lane,
London.
N8 0EP

Haringey Council
Licensing – Enforcement Team

Dear Sir/ Madam,

Re: New Alcohol licence for the premises at 3 Turnpike Lane, London. N8 0EE (dry cleaners equipped with machinery)

In a notice in the local newspaper, it stated that the above mentioned application for alcohol license was being granted – is this already the case?

Turnpike Lane has a very high density of residential flats on top of and behind shops. The extremely long opening hours of 8am – 11pm, will result in a negative effect on the area.

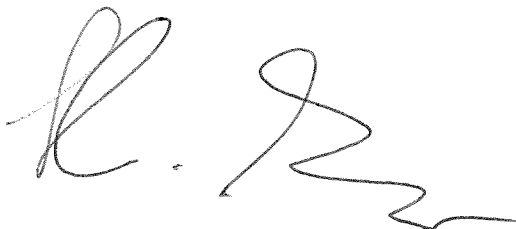
My bedroom is less than 10 metres away from this shop above it, and my flat mates live directly above it with a newborn baby – the late openings will result in noise until at least midnight, and ensure our daily lives becomes intolerable.

The long opening hours, specifically the late nights and weekends will result in noisy drunken gangs of youths (as is already the case – gangs of youths already congregate on the corner across the road) hanging around the shop – the public safety will be put at risk, crime and disorder – the drunken customers waiting outside to purchase their next batch will think nothing of harassing people for change (this already happens outside the off license across the road) and getting violent.

I would appeal for this license not to be given at all, on these grounds – imagine if someone opened a shop selling alcohol directly below your bedroom, and you will see the negative impact in terms of noise and crime we know that will arise.

If this is already the case, that the license has been processed (as is suspected), then we ask that the shop closes at 6pm, and restricted hours Saturday and Sunday – otherwise this will turn into a noisy hellhole from which people will be too scared to venture out – for fear of drunken customers hurling abuse, and maybe worse.

Yours Sincerely,



Mrs Mrudula K Shah
7 Turnpike Lane
London
N8 OEP

19 May 2006

Mr Brett Dunn
Haringey Council
Environmental Services
Licensing Strategy Officer
London

Re: New Alcohol License for premises, 3 Turnpike Lane N8 0EE (DRY CLEANER equipped with machinery)

Dear Mr Brett

In a notice in the local weekly newspapers, we were informed about the above mentioned application for alcohol license at the premises of No. 3, Turnpike Lane, N8 0EE.

Turnpike Lane has a very high density of residential flats on top of and behind the shops, with opening hours of 8 am to 11pm it will - if granted – have a very negative impact on our daily life. Our bedrooms both to Turnpike Lane and the rear are within 10 metres from No.3 Turnpike Lane. Late opening every night, all week means that our nightly sleep will be disturbed until midnight and it will be a misery to our daily life.

Weekends will be disturbed as well, which means no peaceful time during weekends at all will be possible.

With a shop with alcohol license open until late night, it will mean more crime and disorder leading to public safety being at risk. The shop and its customers will be a public nuisance (for adults and children) living close to the premises.

To give us some sort of a quiet family life, we would prefer that license is only given if the shop closes at 6 pm and possibly restricted opening hours at weekends.

Yours sincerely

M. K. SHAH.

Mrs M K Shah