5. REPORT

Background

- **5.1** An application for a new Premises Licence, by Triangle Community Centre in respect of The Triangle Centre, 91-93 St Ann's Road, London N15 6NU under the Licensing Act 2003.
- 5.2 Details of the application being sought under a new Premises Licence APP1

The Provision of Regulated Entertainment: Live Music, Recorded Music, Provision of Facilities for Making Music, Provision of Facilities for Dancing:

Friday 1800 to 0300 Saturday 1200 to 0300 Sunday 1200 to 2300

The Provision of Late Night Refreshment

Friday 2300 to 0300 Saturday 2300 to 0300

Opening Hours:

 Monday to Thursday
 0800 to 2300

 Friday
 0800 to 0300

 Saturday
 1200 to 0300

 Sunday
 1200 to 2300

5.3 General

5.4 Crime and Disorder

- Hirers sign a contract which states they may forfeit their deposit if unacceptable behaviour occurs.
- Site manager present.
- Panic alarm links direct to Police.

5.5 Public Safety

- As above.
- Risk assessment in place.

5.6 Public Nuisance

- As above.
- We are buying a noise limiter.
- We have reduced our hours on Sunday from 0300 to 2300 voluntarily.

5.7 Child Protection

- Children are required to be off the premises at 2300 hours.
- Parents are personally responsible for their children's wellbeing.

6. RELEVANT REPRESENTATIONS (CONSULTATION)

Responsible authorities:

6.1 Comments of Metropolitan Police

Have made no representation to this application.

6.2 Comments of Enforcement Services:

Environmental Health Officer

Have made representation.

APP 2

6.3 Fire Officer

Have made no representation to this application.

7.0 Interested Parties

Numerous letters of representation have been received against this application. APP 3

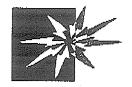
8.0 Financial Comments

As the premises is a bona fide community centre they are exempt from paying the application fee.

9.0 Licensing Officer Comments

The Community Centre is required to apply for a licence under the law as it is hired out as a facility for music and dancing.

APPENDIX 1--APPLICATION



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

Haringey Council

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.

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b) a	a perso	on other tha	n an individual	#						
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11	i, as	a partners	hip			[*****]	pleas	se comp	lete sectio	n (B)
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	plete section (B)
c) a recognised club	plete section (B)
d) a charity	plete section (B)
e) the proprietor of an educational establishment	plete section (B)
f) a health service body please com	plete section (B)
g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales	plete section (B)
ga) a person who is registered under Chapter 2 of please com- Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England	plete section (B)
h) the chief officer of police of a police force in please comp	plete 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 to 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)	Please tick yes the use of
Mr Mrs Miss Ms Other Title (for example, Rev)	
Surname First names	
I am 18 years old or over	ise tick yes
Current postal address if different from premises address	
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)
Sumame	First na	imes
I am 18 years old or over		Please tick yes
Current postal address if different from premises address		
Post Town		Postcode
Daytime contact telephone number		The state of the s
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	TRIANGLE COMMUNITY CONTRE	
Address		
91-	93 ST ANN'S ROAD .	
	N15 6N4	٠.
Registere	ed number (where applicable)	
Descriptio	on of applicant (for example, partnership, company, unincorporated association etc	2.)
Far	JOON BORONGH HARCNIGEY	
Telephone	e number (if any) 020 8502 8782	, , , , , , , , , , , , , , , , , , ,
E-mail add	Idress (optional) sue james@haringry. gov. uk	

Part	t 3 Operating Schedule	
Whe	en do you want the premises licence to start? Day Month Oq oq 2	Year © ()
	want it to end? Day Month Day Month	Year
	se give a general description of the premises (please read guidance note1)	
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one	000 or more people are expected to attend the premises at any time, please state the number expected to attend.	
	at licensable activities do you intend to carry on from the premises?	
	ase see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the nsing Act 2003)	
Prov	vision 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)	
Θ)	live music (if ticking yes, fill in box E)	V
1)	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)	-

Pro	vision of entertainment facilities:	
i)	making music (if ticking yes, fill in box I)	X
j)	dancing (if ticking yes, fill in box J)	X
k)	entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)	
Prov	vision of late night refreshment (if ticking yes, fill in box L)	
<u>Sup</u>	ply of alcohol (if ticking yes, fill in box M)	. <u> </u>
In al	Il cases complete boxes N. O and P.	

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	ard days a s (please i		Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
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Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)		and read	Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors Outdoors	
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Live music Standard days and timings (please read			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	Ø
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Sun	1200	2300	THUSE TIMES		

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Performances of dance Standard days and timings (please read		ind	Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	3	
guidance note 6)				Outdoors		
Day	Start	Finish		Both		
Mon			Please give further details here (please read gu	idance note 3)		
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Wed			State any seasonal variations for the performance of dance (please read guidance note 4)			
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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 entertable providing	ainment you v	vill
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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)			Please give a description of the type of entertain you will be providing	iinment facilii	Y	
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	ا please) ا please)		consumption (Please tick box) (please read guidance note 7)	premises	
	ce note 6		garage rocky	Off the	
		·		premises	
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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

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Hours premises are open to the public Standard days and timings (please read guidance note 6)		blic and read	State any seasonal variations (please read guidance note 4)
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Tue	0840	W230	50
Wed	<u>0 & cao</u>	2360	
trationer harry			Non standard timings. Where you intend the premises to be
Thur	0 800	2-3 60	open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri	08	0300	
Sat	12.00	0300	
Sun	1200	92300	

P Describe the steps you intend a) General – all four licensing	objectives (b,c,d,e) (please read guidance note 9)	
b) The prevention of crime and	disorder	1004644
THERS SIGN A CONTRA OTHER DEPOSIT I'S UNA OSITE MANAGER PRI OPANIC ALARM LINKS		4
c) Public safety		
c) Public safety . As ABOVE . KISK ASSESSMENT	IN PLACE	-

- · WE ARE BLYING A NOISE LIMITER · WE HAVE REDUCED OUR HOURS ON SUNDAY FROM 0300 To 2300 VOLUNTARILY.

e) The protection of children from harm

- CHILDREN ARE REQUERED TO BE OFF PRENDISES AT 1300
- . PARENTS ARE PERSONALLY RESPONSIBLE FOR THEIR CHILDREN'S WELLBEING.

					Please ticl	k yes
		payment of the fee	NA - Co	WILMINNY (ENTRE	遥
		of the premises				,Ž
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