

Licensing Act 2003 Sub-Committee on 25th July 2006

Report title: Application for a Premises Licence For SIRWAN FOOD CENTRE, 5-11 GREEN LANES, PALMERS GREEN, LONDON, N13 4TT

Report of: The Lead Officer Licensing

Ward(s) affected Wood Green

1. Purpose

To consider an application by TAYLAN CAVUS 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

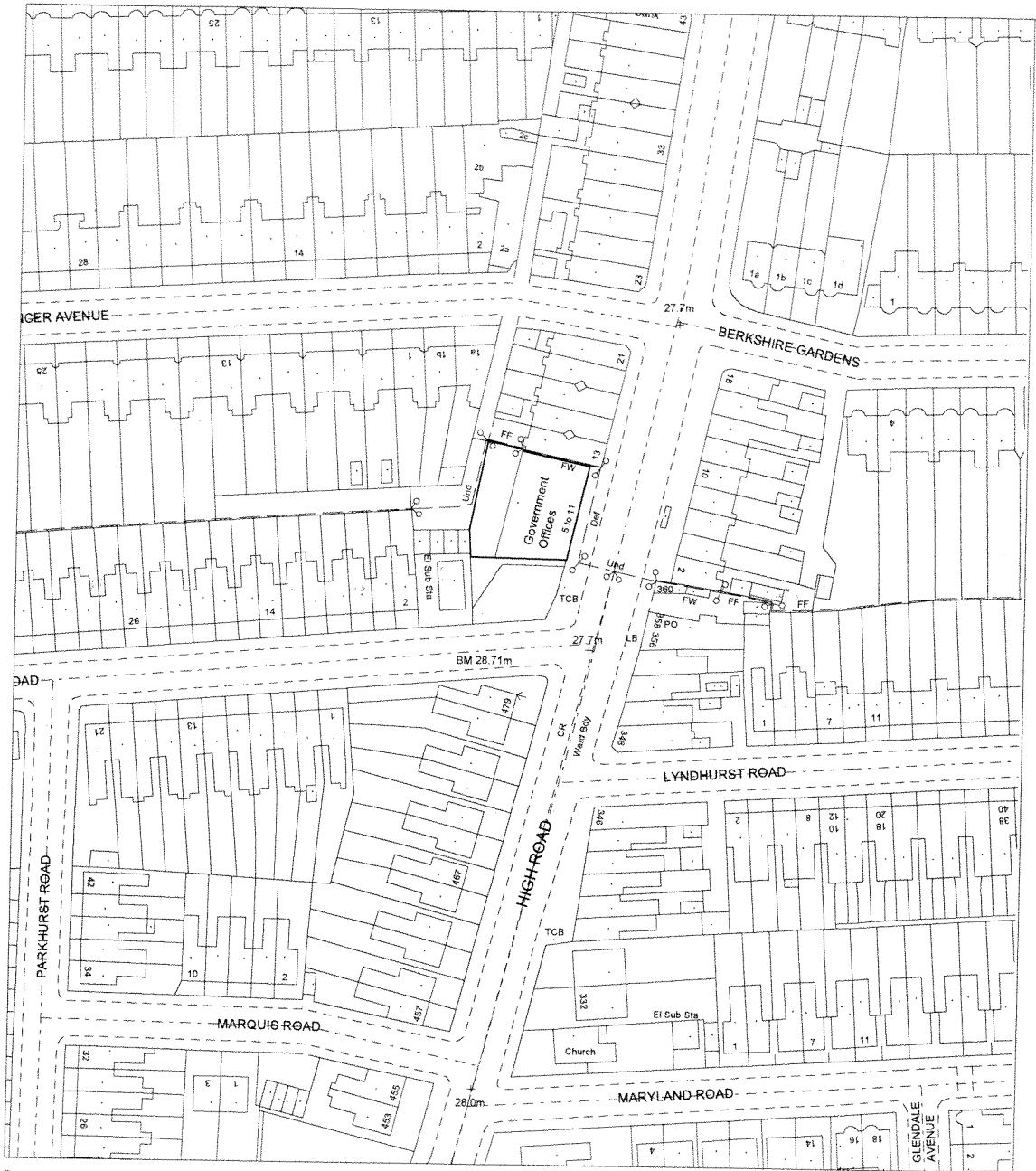
For consideration by Sub Committee under Licensing Act 2003 for a New Premises licence

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: SIRWAN FOOD CENTRE, 5-11 GREEN LANES, N13 4TT

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



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Site plan

Sirwan Food Centre, 5-11 Green Lanes N13

HARINGEY COUNCIL

**Directorate of
Environmental
Services**

Robin Payne
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Enforcement Service
639 High Road
London N17 8BD
Tel 020 8489 0000
Fax 020 8489 5525

| | | |
|--|----------|------------|
| | Drawn by | DW |
| | Scale | 1:1250 |
| | Date | 17/07/2006 |

5. REPORT

Background

5.1 Application by **SIRWAN FOOD CENTRE**, for a New Premises Licence in respect of **5-11 GREEN LANES, N13** under the Licensing Act 2003.

5.2 Details of new Premises Licence application

Opening Hours for Public

Sunday to Saturday 24 hours

Supply of alcohol

Sunday to Saturday 24.00 hours

OPERATING SCHEDULE

General

On the premises we make sure that all the floors are clean and not slippery for the safety of our customers and staff. We will record of HACCP and also our staff will get training about the principles of HACCP

5.2 Crime and Disorder

A CCTV system will be installed operated and maintained at the premises. This system will monitor the front door, till, all alcohol display areas and the pavement outside the premises.

The CCTV will monitor activity 24 hours 7 days a week.

5.3 Public Safety

We will carry out a Risk Assessment at our premise. All staff will be trained according to Risk Assessment. We will have fire extinguishers on the premises at necessary points.

5.4 Public Nuisance

In case of a trouble on the premises there is a panic button situated under the till and connected to a central monitoring station that can call the police straight away.

5.5 Child Protection

We are going to operate the current Local authority or similar 'Proof of Age' scheme and display the relevant signs and literature. The staff who directly serve tobacco and alcohol will be trained about basic licensing laws.

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 no comments 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

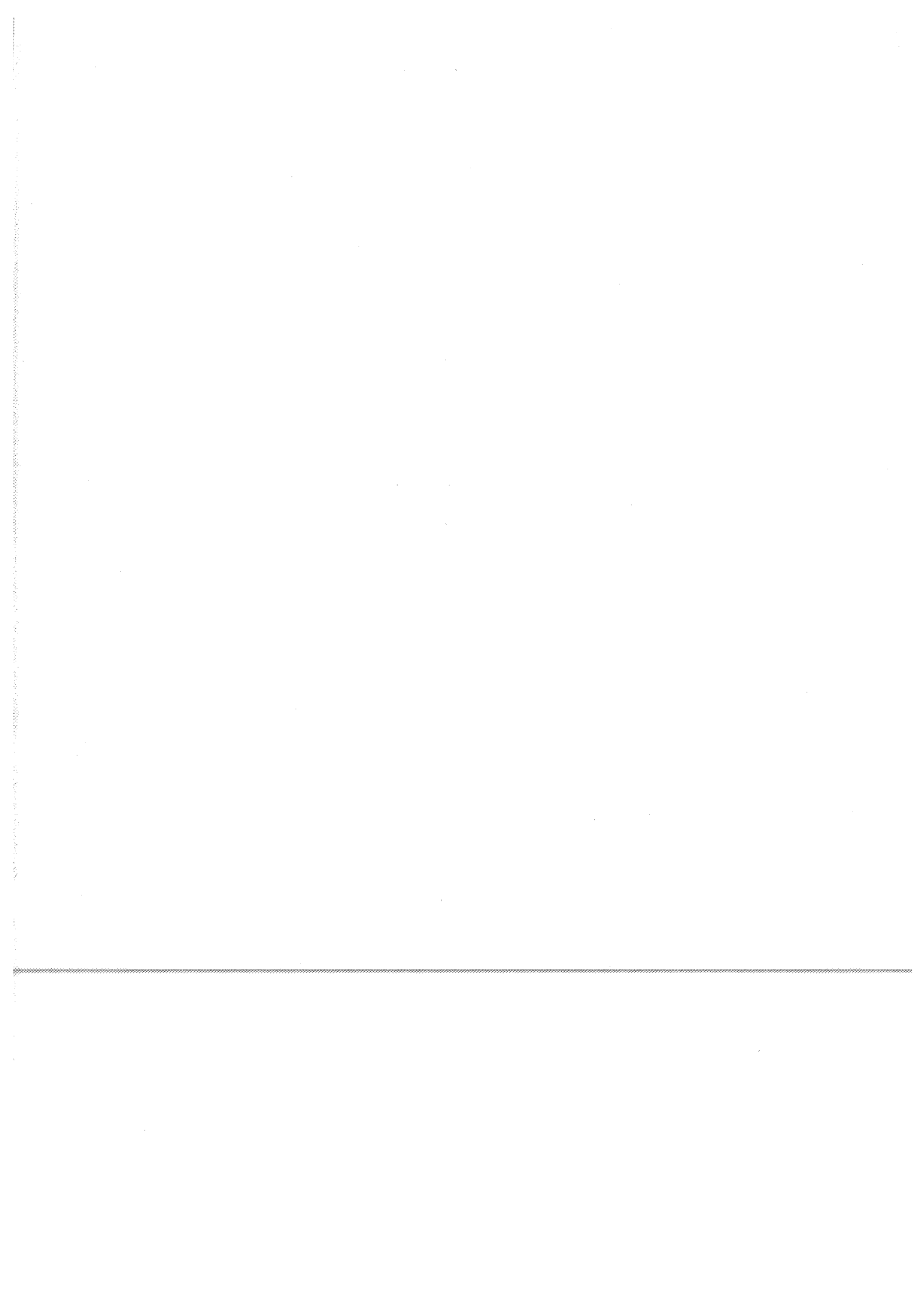
No comments to make on this application.

7.0 Interested Parties

No letters of representation have been received against this application.

8.0 Financial Comments

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



APP 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

FOO110015812
ctiq f 315,00

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 5-11 GREEN LANES SILWAN FOOD CENTRE PALMERS GREEN | |
| Post town LONDON | Postcode N13 4TT |

Telephone number at premises(if any)

0208 803 6688

Non-domestic rateable value of premises

£ 46,500

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 |
|-----|-------|---------|
| 1 | 7 | 07 1979 |

Current postal address if different from premises address
 11 MAPLE AVENUE
 CHINGFORD

Post town LONDON Postcode E4 8RR

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 |
|----------------------|----------------------|----------------------|
| <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)

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

Part 3 - Operating Schedule

When do you want the premises licences to start?

| Day | Month | Year |
|-----|-------|------|
| 26 | 06 | 2006 |

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)

THE PREMISES IS GOING TO TRADE UNDER THE NAME OF SIRWAN FOOD CENTRE AS A SUPERMARKET AND GROCERY SHOP. THE SIZE OF THE PREMISES 300M² HAS A RECTANGULAR SHAPE. THE SHOP SITUATED ON A MAIN ROAD ALOS, GREEN LANES, AT THE BORDER'S OF ENFIELD COUNCIL AND HARINGEY COUNCIL. THERE ARE OTHER SHOPS NEXT, OPPOSITE TO OUR SHOP. THE NEAREST SCHOOL IS NEARLY 600 YARDS AWAY FROM OUR SHOP SITUATED ON TOTENHALL ROAD X113.

IN THE SHOP WE WILL HAVE TWO CASH POINT AND THE DISPLAY FOR ALCOHOL & CIGARETTES ARE GOING TO BE BEHIND THE CASH POINTS. THERE ARE SMOKE DETECTORS, FIRE EXTINGUISHERS AND FIRE EXIT SIGNS ON THE PREMISES THAT IS SHOWN ON THE PLAN ATTACHED TO THE APPLICATION FORM.

THE SALE OF ALCOHOL FROM OUR PREMISES IS TO BE CONSUMED OFF THE PREMISES.

THE UPPER LEVELS ABOVE THE SHOP IS BEING OCCUPIED AS OFFICES.

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

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 | | | 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 | | | |
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| Sat | | | |
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| Sun | | | |
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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 | | | 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 | | | |
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| Sun | | | |
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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 | | | State any seasonal variations for indoor sporting events (please read guidance note 4) |
| | | | |
| Tue | | | |
| | | | |
| 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 | | | |
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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 <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 | | | |
| | | | |
| Thur | | | |
| | | | |
| Fri | | | 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) |
| | | | |
| Sat | | | |
| | | | |
| Sun | | | |
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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) |
|--|-------|--------|--|
| 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 | | | Please give further details here (please read guidance note 3) |
| | | | |
| Wed | | | State any seasonal variations for the performance of live music (please read guidance note 4) |
| | | | |
| Thur | | | State any seasonal variations for the performance of live music (please read guidance note 4) |
| | | | |
| 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 | | | 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) |
| | | | |

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) |
|--|-------|--------|--|
| 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 | | | Please give further details here (please read guidance note 3) |
| | | | |
| Wed | | | State any seasonal variations for the playing of recorded music (please read guidance note 4) |
| | | | |
| Thur | | | State any seasonal variations for the playing of recorded music (please read guidance note 4) |
| | | | |
| 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 | | | 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) |
| | | | |

G

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|--|--------------|---------------|---|
| 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 | | | |
| | | | |
| 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 | | | |
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H

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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 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 | | | |
| | | | |
| Wed | | | |
| | | | State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4) |
| Thur | | | |
| 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 | | | |
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| Sat | | | |
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| Sun | | | |
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J

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|--|--------------|---------------|--|
| 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 | | | |
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| Fri | | | |
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K

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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 entertainment facility you will be providing |
| | | | Will the entertainment facility 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) 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) 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) |
| Mon | | | |
| | | | |
| Tue | | | |
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| Wed | | | |
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| Thur | | | |
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L

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|---|-------|--------|--|
| 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 <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 provision of late night refreshment (please read guidance note 4) |
| 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 Standard days and timings (please read guidance note 6) | | | Will the sale of alcohol be for consumption - please tick box <input checked="" type="checkbox"/> (please read guidance note 7) |
| Day | Start | Finish | On the premises <input type="checkbox"/> Off the premises <input checked="" type="checkbox"/> Both <input type="checkbox"/> |
| Mon | 00.00 | 23.59 | State any seasonal variations for the supply of alcohol (please read guidance note 4) |
| Tue | 00.00 | 23.59 | |
| Wed | 00.00 | 23.59 | 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 | 00.00 | 23.59 | |
| Fri | 00.00 | 23.59 | |
| Sat | 00.00 | 23.59 | |
| Sun | 00.00 | 23.59 | |

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

Name TAYLAN CANUS

Address 11 MARLE AVENUE
CHINGFOLD LONDON

Postcode E4 3R

Personal Licence number (if known) 201X0411MA13

Issuing licensing authority (if known) LONDON BOROUGH OF WALTHAM FOREST

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 | 00.00 | 23.59 |
| Tue | 00.00 | 23.59 |
| Wed | 00.00 | 23.59 |
| Thur | 00.00 | 23.59 |
| Fri | 00.00 | 23.59 |
| Sat | 00.00 | 23.59 |
| | 00.00 | 23.59 |
| Sun | 00.00 | 01.00 |
| | 00.00 | 23.59 |

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)

ON THE PREMISES WE MAKE SURE THAT ALL THE FLOORS ARE CLEAN BUT SLIPPERY FOR THE SAFETY OF OUR CUSTOMERS AND STAFFS. WE WILL KEEP RECORD OF HACCP AND ALSO OUR STAFF WILL GET A TRAINING ABOUT THE PRINCIPLES OF HACCP.

b) The prevention of crime and disorder

A CCTV SYSTEM WILL BE INSTALLED, OPERATED AND MAINTAINED AT THE PREMISES. THIS SYSTEM WILL MONITOR THE FRONT DOOR, TILL, ALL ALCOHOL DISPLAY AREAS AND THE PAVEMENT OUTSIDE THE PREMISES. THERE IS GOING TO BE A RED CARE ALARM SYSTEM INSTALLED TO THE PREMISES AND WILL BE MONITORED 24/7.

c) Public safety

WE WILL HAVE RISK ASSESSMENT AT OUR PREMISES. ALL STAFF SHOULD BE TRAINED ACCORDING TO RISK ASSESSMENT, WE WILL HAVE FIRE EXTINGUISHERS ON THE PREMISES AT NECESSARY PLACES.

d) The prevention of public nuisance

IN CASE OF A TROUBLE ON THE PREMISES THERE IS A PANIC BUTTON SITUATED UNDER THE TILL AND CONNECTED TO A CENTRAL MONITORING STATION THAT CAN CALL THE POLICE STRAIGHT AWAY.

e) The protection of children from harm

WE ARE GOING TO OPERATE THE CURRENT LOCAL AUTHORITY OR SIMILAR 'PROOF OF AGE' SCHEME AND DISPLAY THE RELEVANT SIGNS & LITERATURE. THE STAFFS WHO DIRECTLY SERVES TABACCO & ALCOHOL WILL BE TRAINED ABOUT BASIC LICENSING LAWS.

CHECKLIST:

Please tick ✓

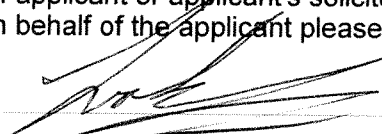
- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable
- 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 17/05/2006.

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)

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.

London Borough of Waltham Forest
Licensing Service
154 Blackhorse Road
Walthamstow
London
E17 6NW

Lic No: Z01N0411MA/3

LICENSING ACT 2003 *Personal Licence (Part 2)*

This Licence authorises: **Mr Taylan CAVUS**

of: 11 Maple Avenue
London E4 8RR

to sell or supply alcohol to authorise the sale or supply of alcohol in accordance with the requirements of the Licensing Act 2003.

This licence becomes effective on *17 August 2005* and, unless surrendered, forfeited or revoked, will **expire on 16 August 2015**.

Any application to renew this licence must be made to Waltham Forest Council during the two-month period beginning three months before the date the licence expires.

This licence does not have any effect during any period when it is suspended under the provision of the Licensing Act 2003, s129.

Signed: 
Group Manager Public Protection

The holder of this licence had been convicted of the following relevant offences or foreign offences:

| Detail of Conviction | Date of Conviction | Sentence Imposed |
|----------------------|--------------------|------------------|
| none | | |
| | | |
| | | |

*Please see reverse
for conditions of licence*



APP 2.

FIRE OFFICER

REPRESENTATION.

FIRE AND COMMUNITY SAFETY DIRECTORATE
Roy Bishop Deputy Commissioner

Date
23 May 2006

Our Ref.
FS/31/010804/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: Sirwan Food Centre, 5-11 Green Lanes, London, N13 4TT

With reference to the application dated 17 May 2006, as shown on plan, number 91.06/02, 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,

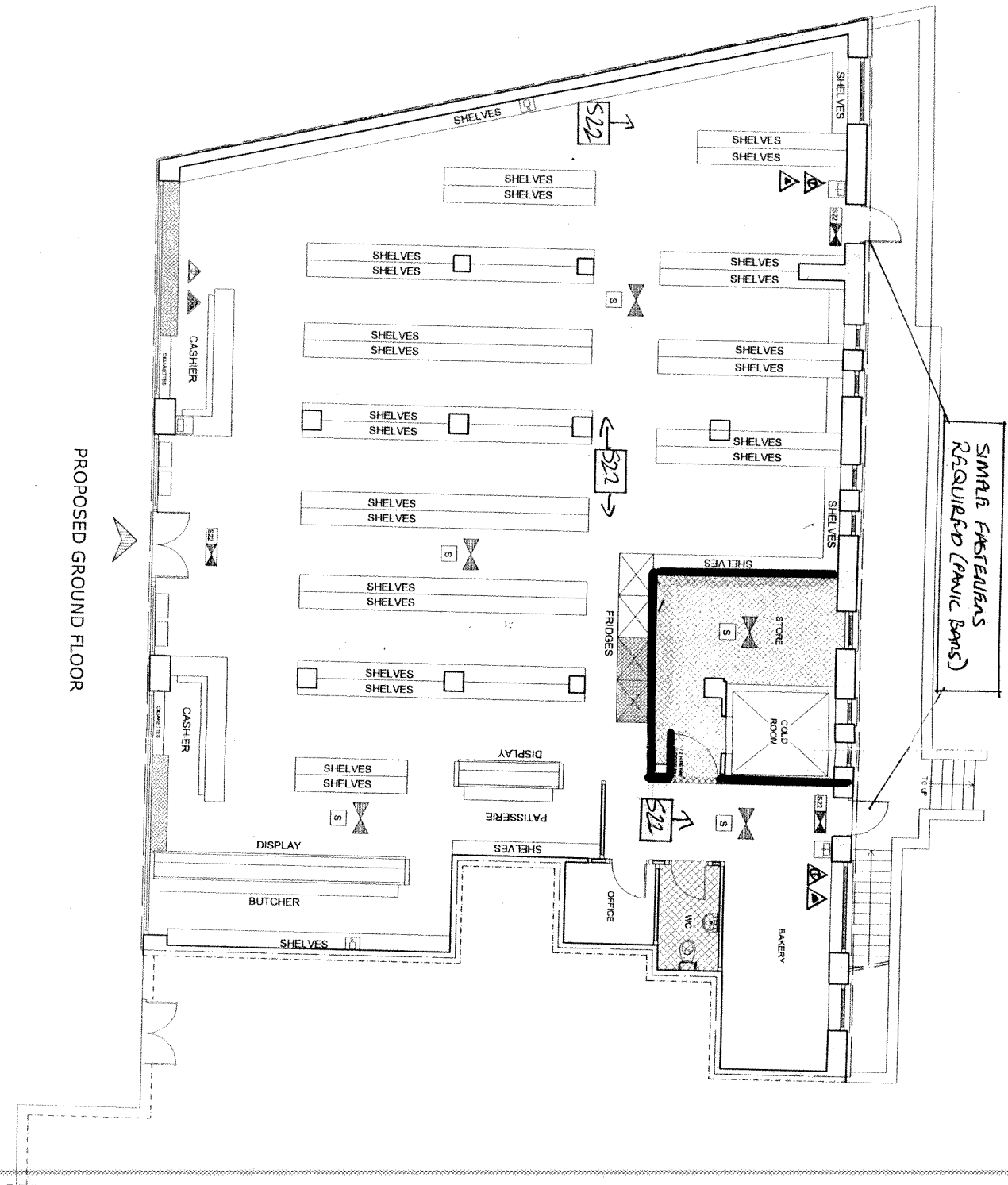


for Assistant Commissioner

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.

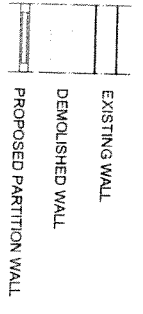
For more information about how we use your personal information, see our notification entry (Z7122455) www.informationcommissioner.gov.uk or visit: www.london-fire.gov.uk

PROPOSED GROUND FLOOR



LEGEND

- LIQUOR SALES
- LIQUOR STORAGE
- WC, PASSAGEWAY, ETC
- AMBIT OF LICENSED PREMISES
- SAFETY LIGHTING TO BS 5266.
- SMOKE DETECTOR TO BS 5839 PT1
- CARBON DIOXIDE FIRE EXTINGUISHER
- 9 LT. WATER FIRE EXTINGUISHER
- INTERNALLY ILLUMINATED FIRE ESCAPE SIGN (BS 5266)
- FIRE ALARM CALL POINT TO BS 5839 PT1
- CONTROL PANEL SOUNDERS TO BS 5839 P
- 30 MINUTS FIRE RESISTANT MATERIAL (INCLUDING DOOR TO B SALE LBSINE)



EXISTING AREA: 315.17m²

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SIRWAN SUPERMARKET
 5-11 GREEN LANES
 LONDON N13 4TT

PROPOSED
 GROUND FLOOR PLAN

| | |
|--------------|------------------|
| SCALE: 1/100 | REF. NO.: 910602 |
| DATE: MAY 06 | DRG BY: AAY |

ANVA LTD.

P.O. BOX 1827
 ILFORD, IG2 7WJ
 TEL: 020 8599 5036 FAX: 020 8596 4401
 MOBILE: 07710942923 / 07931393989