

Licensing Act 2003 Sub-Committee on

Report title: Application for a Premises Licence For PA JONAS VIE-GOUT, CONGOLESE FOOD, 300 WEST GREEN ROAD, TOTTENHAM, N15 3QR

Report of: The Lead Officer Licensing

Ward(s) affected Wood Green

1. Purpose

To consider an application by KANDA KALUMBU to provide a licensable activity in the Supply of alcohol and late night refreshment.

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: PA JONAS VIE-GOUT- CONGOLESE FOOD, 300 WEST GREEN RD, N15 3QR

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

5. REPORT

Background

5.1 Application by **KANDA KALUMBU**, for a New Premises Licence in respect of **PA JONAS VIE- GOUT- GONGOLESE FOOD, 300 WEST GREEN RD, N15** under the Licensing Act 2003.

5.2 Details of new Premises Licence application-APP 1

Opening Hours for Public

Monday to Sunday 12.00 to 06.30A.M.

Supply of alcohol

Monday to Sunday 12.00 to 06.00.A.M

Late night refreshments

Monday to Sunday 12.00 to 06.00.A.M

OPERATING SCHEDULE

General

Staff will be trained on the requirements of the Licensing Act 2003 when they are recruited. No new steps have been identified by risk assessments in relation to the four licensing objectives, except as below.

5.2 Crime and Disorder

Prominent signs will be displayed with regards to "Proof of age" and for purchase of alcohol and tobacco not less than twenty one working days notice will be provided to police, if they require it, when event days are planned.

5.3 Public Safety

All emergency lighting will be checked on a monthly basis staff will be required to be alert and attentive with regards to broken glass etc.

5.5 Public Nuisance

Prominent signs will be displayed requesting customers vacate the premises quietly and have regard for local residents.

5.6 Child Protection

No-one under 16 will be allowed on the premises after 21:00 restrictions set out in the licensing act 2003 will apply.

6.0 RELEVANT REPRESENTATIONS (CONSULTATION)

Responsible authorities:

6.1 Comments of Metropolitan Police

The Police have considered the application and wish to make representation, We would like the following conditions to be attached to the licence:-

24 hours digital C.C.T.V to be installed
Panic Alarm to central station
At least two people working at the front of the restaurant after 23.00

The applicant has agreed to these conditions. App 2

6.2 Comments of Enforcement Services:

Noise team have not commented on this application.

Food Team

Have made recommendations. App 3

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 4

6.4 Planning Officer

Planning has no objection to this application.

6.5. Comments of Child Protection Agency or Nominee

We recommend the standard proof of age conditions be applied to this application.

7.0 Interested Parties

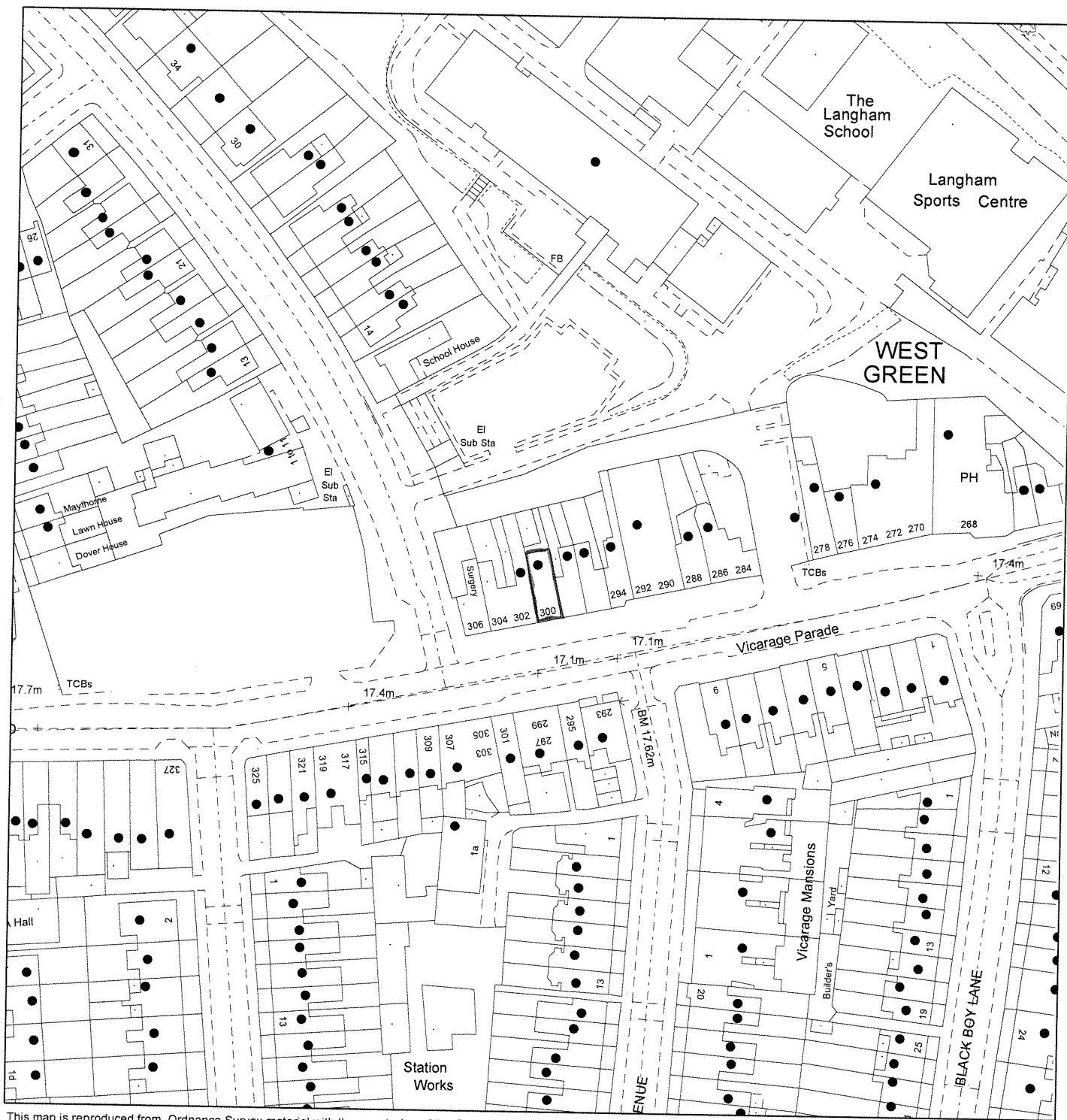
No letters of representation have been received against this application.

8.0 Financial Comments

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

9.0 Licensing Comments

Members are asked to note that the applicant has requested late night refreshment, the times permitted for this activity are between 23.00 and 5.00.a.m. The applicant has requested until 6.00.a.m.



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Site Plan

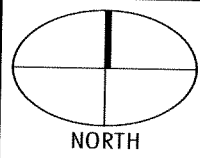
300 West Green Road, N15

HARINGEY COUNCIL

**Directorate of
Environmental
Services**

Shifa Mustafa
Assistant Director
Planning, Environmental Policy & Performance

639 High Road
London N17 8BD
Tel 020 8489 0000
Fax 020 8489 5525

 NORTH	Drawn by	SG
	Scale	1:1250
	Date	17/08/2006
	Drawing	1 0 4 7 3

APPENDIX 1

APPLICATION FORM



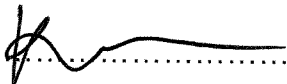
FORM OF AUTHORITY

**APPLICATION FOR A PERSONAL LICENCE
AND/ OR PREMISES LICENCE**

I give consent for :

Patrick M Burke FBII
Cavan Martin & Associates Ltd
1056 Coventry Road
Birmingham B25 8DP
Tel/Fax: 0121 753 4608
Mobile: 07779 351620
www.cavanmartinassociates.co.uk
Company Registration No. 4852961

- to act as my agent in connection with any applications made under the Licensing Act 2003 and for authority for all correspondence, licences and permits to be forwarded to his offices.

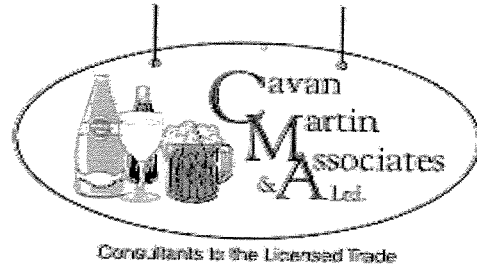
Signed.....

Print Name... **KANDA KALUMBU**

Date... **10.4.06**



Cavan Martin & Associates Ltd
1056 Coventry Road
Birmingham B25 8DP
Tel/Fax: 0121 753 4608
Mobile: 07779 351620
www.cavanmartinassociates.co.uk
Company Registration No. 4852961



CERTIFICATE OF SERVICE

I, Patrick Martin Burke, Acting as agent for the applicant(s) hereby certify I served notices of application as follows:

PREMISES: PA JONAS VIE-GOUT CONGOLESE FOOD

TYPE OF APPLICATION: PREMISES LICENCE

PERSONS ON WHOM NOTICES SERVED:

Originals of premises: Haringey Council

Copies of premises: Metropolitan Police Service Licencing, Planning Enforcement, Fire Authority, Social Services(Protection of Children From Harm, Health & Safety Authority & Environmental Health Authority.

By first class recorded post on 10/07/06
I certify the enclosed is a true copy

Signed C.M.A CTD

Date 10/07/06

Patrick M Burke A B I I
Authorised Agent for the Applicant
The Pub Shop
Cavan Martin & Associates Ltd
1056 Coventry Road Birmingham B25 8DP
Tel/Fax: 0121 753 4608
Mobile: 07779 351620
www.cavanmartinassociates.co.uk
Company Registration No. 4852961

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

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form.
If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.
You may wish to keep a copy of the completed form for your records.

I KANDA KALUMBU
(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description			
PA JONAS VIE-GOUT CONGOLESE FOOD 300 WEST GREEN ROAD			
Post town	TOTTENHAM	Post code	N15 3QR

Telephone number at premises (if any)	0208 3658981
Non-domestic rateable value of premises	5900

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick yes

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i. as a limited company please complete section (B)
 - ii. as a partnership please complete section (B)
 - iii. as an unincorporated association or please complete section (B)
 - iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)

- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
 - statutory function or
 - a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname KALUMBU			First names KANDA		
I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes					
Current postal address if different from premises address		51 CLITTER HOUSE CRESANT CRICKLEWOOD			
Post Town	LONDON			Postcode	NW2 1DB
Daytime contact telephone number		07951 229105			
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

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

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

(B) OTHER APPLICANTS

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

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

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year	
1	0	0	8	2	0
0	6				

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 note1)
 SINGLE FRONTED CAFÉ STYLE AFRICAN RESTURANT .TRADE IS PROMIDATELY FROM THE AFRICAN COMMUNITY. WE PROVIDE SUBSTANCLE MEALS & THE SALE OF ALCOHOL IS ANCILLERY TO THE OTHER SERVICES THAT WE PROVIDE.

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

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

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick yes

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of entertainment facilities:

- i) making music (if ticking yes, fill in box I)

j) dancing (if ticking yes, fill in box J)

k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

Provision of late night refreshment (if ticking yes, fill in box L)

Supply of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
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 to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (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 exhibition of films (please read guidance note 4) NONE	
Thur						
Fri					Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sat						
Sun						

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
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 to those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

D

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

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			Please give further details here (please read guidance note 3)	
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 to those listed in the column on the left, please list (please read guidance note 5)	
Sat				
Sun				

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			Please give further details here (please read guidance note 3)	
Thur			State any seasonal variations for the playing of recorded music (please read guidance note 4) NONE	
Fri			Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sat				
Sun				

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<u>Please give further details here</u> (please read guidance note 3)	
Thur			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)	
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (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)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3) NONE		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4) NONE		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun					

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>	
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue				
Wed			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4) NONE	
Thur				
Fri			<u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Sat				
Sun				

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
			Please give a description of the facilities for dancing you will be providing	
Day	Start	Finish		
Mon			Please give further details here (please read guidance note 3)	
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 to those listed in the column on the left, please list (please read guidance note 5)	
Sat				
Sun				

K

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

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	12:00	06:00	Please give further details here (please read guidance note 3) RESTUARUNT TABLE SERVICE MEALS		
Tue	12:00	06:00			
Wed	12:00	06:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4) NONE		
Thur	12:00	06:00			
Fri	12:00	06:00	Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 5) NONE		
Sat	12:00	0600			
Sun	12:00	06:00			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) NONE		
Mon	12:00	06:00			
Tue	12:00	06:00			
Wed	12:00	06:00			
Thur	12:00	06:00			
Fri	12:00	06:00			
Sat	12:00	06:00			
Sun	12:00	06:00			
			Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)		

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

Name KANDA KALUMBU	
Address 51 CLITTER HOUSE CRESANT CRICKLEWOOD LONDON	
Postcode	NW2 1DB
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)
 NONE

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	12:00	06:30	Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)
Tue	12:00	06:30	
Wed	12:00	06:30	
Thur	12:00	06:30	
Fri	12:00	06:30	
Sat	12:00	06:30	
Sun	12:00	06:30	

P Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

STAFF WILL BE TRAINED ON THE REQUIRMENTS OF THE LICENCING ACT 2003 WHEN THEY ARE RECRUITED
NO NEW STEPS HAVE BEEN IDENTIFIED BY RISK ASSESSMENTS IN RELATION TO THE FOR LICENCING OBJECTIVES, EXCEPT AS BELOW

b) The prevention of crime and disorder

PROMINENT SIGNS WILL BE DISPLAYED WITH REGUARD TO "PROOF OF AGE "AND FOR THE " PURCHASE OF ALCOHOL AND TOBACCO
NOT LESS THAN TWENTY ONE WORKING DAYS NOTICE WILL BE PROVIDED TO POLICE, IF THEY REQUIRE IT, WHEN EVENT DAYS ARE PLANNED

c) Public safety

ALL EMERGENCY LIGHTING WILL BE CHECKED ON A MONTHLY BASIS
STAFF WILL BE REQUIRED TO BE ALERT AND ATTENTIVE WITH REGARDS TO BROKEN GLASS ETC

d) The prevention of public nuisance

PROMINENT SIGNS WILL BE DISPLAYED REQUESTING CUSTOMERS VACCATE THE PREMISES QUIETLY AND HAVE REGARD FOR LOCAL RESIDENTS

e) The protection of children from harm

NO-ONE UNDER 16 WILL BE ALLOWED ON THE PREMISES AFTER 21:00
RESTRICTIONS SET OUT IN THE LICENCING ACT 2003 WILL APPLY

Please tick yes

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable
- I understand that I must now advertise my application
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent (See guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature	C.M.A LTD
Date	10.7.06
Capacity	AUTHORISED AGENT

For joint applications signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent. (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13) CAVAN MARTIN ASSOCIATES LTD THE PUB SHOP 1056 COVENTRY ROAD			
Post town	BIRMINGHAM	Post code	B25 8DP
Telephone number (if any)	0121 753 4608		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

Consent of individual to being specified as premises supervisor

KANDA KALUMBU

I
[full name of prospective premises supervisor]

of

51 CLITTER HOUSE CRESANT
CRICKELWOOD
LONDON
NW2 1DB

.....
[home address of prospective premises supervisor]

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

PREMISES SUPERVISOR

.....
[type of application]

by

KANDA KALUMBU

.....
[name of applicant]

relating to a premises licence

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

for

PA JONAS VIE- GOUT
CONGOLESE FOOD
300 WEST GREEN ROAD
TOTTENHAM
N15 3QR

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

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

KANDA KALUMBU

[name of applicant]

concerning the supply of alcohol at

PA JONAS VIE- GOUT
CONGOLESE FOOD
300 WEST GREEN ROAD
TOTTENHAM
N15 3QR

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

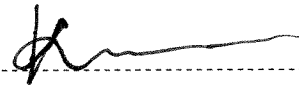
Personal licence number

[insert personal licence number, if any]

Personal licence issuing authority

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

Signed

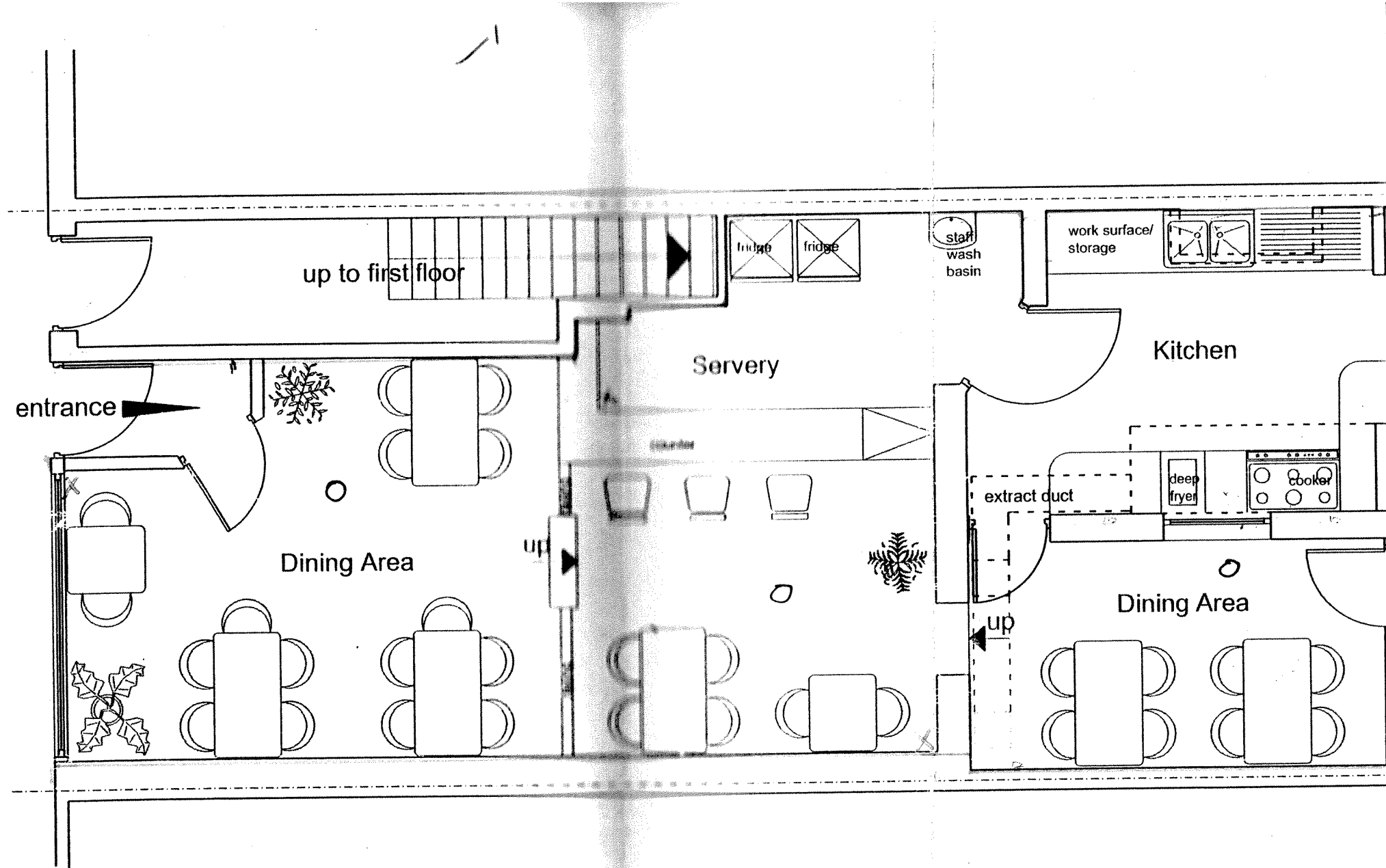


Name (please print)

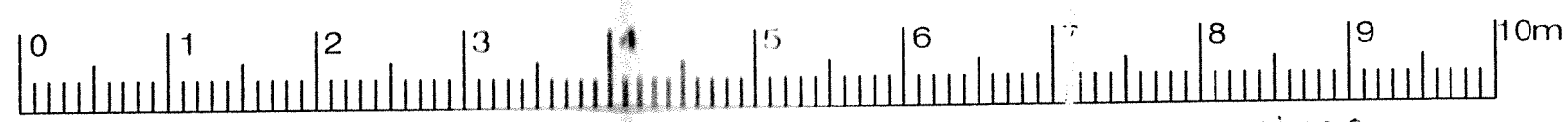
KANDA KALUMBU

Date

10. 4. 06.

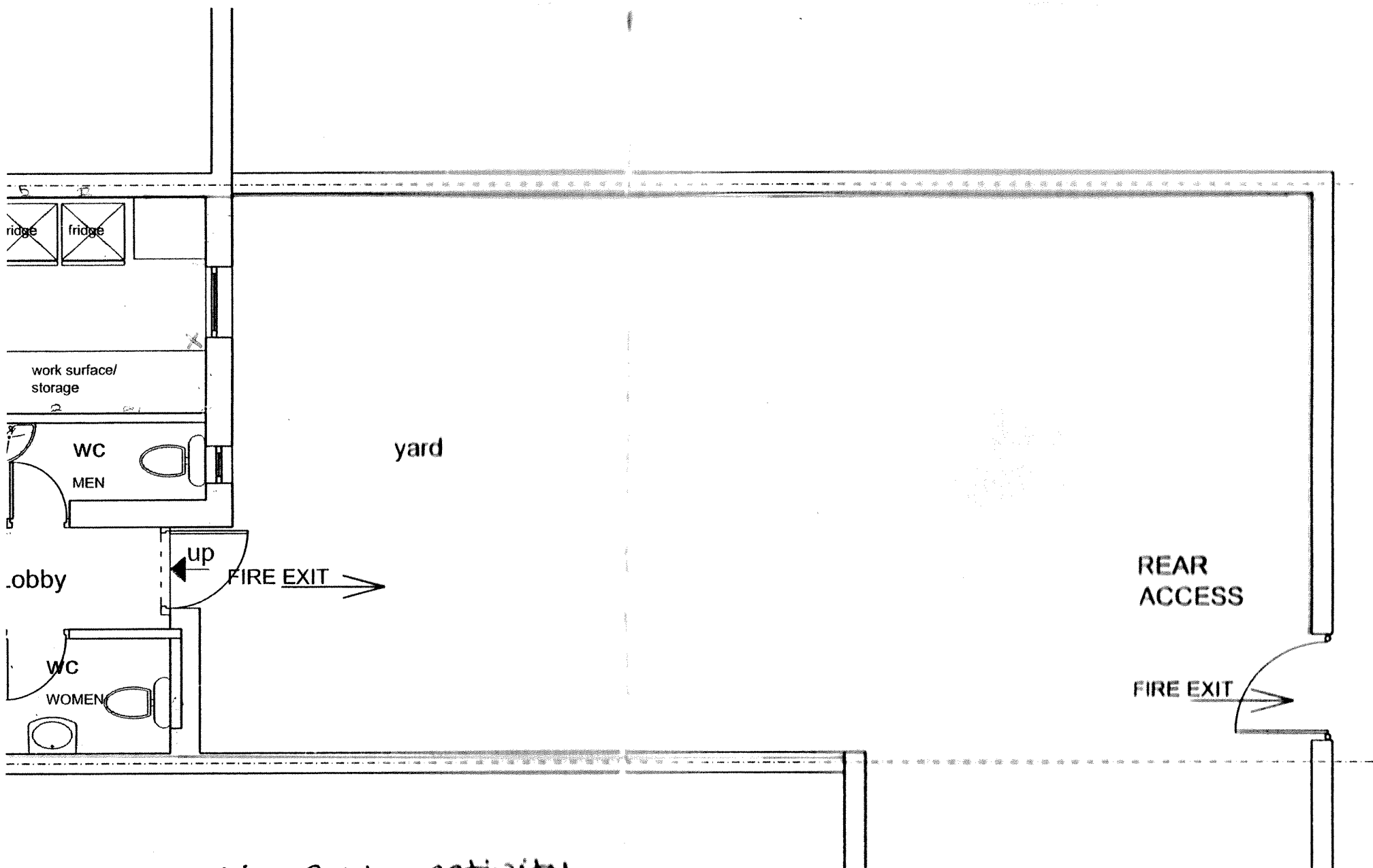



GROUND FLOOR PLAN
 Proposed



Scale 1:100

12 FT (3.60) N
 2 FT 600 CM



— Licensable activity
 X Fire Extinguisher
 O Emergency Lighting

300 WEST GREEN ROAD
 TOTTENHAM
 N15 3QR.

Job No. 3195	Drwg No. 1A				
Revisions:	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td>o</td> <td></td> </tr> </table>			o	
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APPENDIX 2

POLICE REPRESENTATION
AND AGREEMENT LETTER FROM
APPLICANT



Your reference:

Our reference: 186/2006

Date: 17 July, 2006

Ms D.BARRETT
ENVIRONMENTAL CONTROL SERVICES
639 HIGH ROAD
TOTTENHAM N.17 8BD

Metropolitan Police Service

Licensing
Wood Green Police Station
347 High Road
Wood Green
N.22 4HZ

Tel: 0208 – 345 -2005

Dear Ms. Barrett

Re:- Application for a Premises Licence:-

Pa Jonas Vie Gout Restaurant. 300 West Green Road N.15

With reference to the above application Police have considered the application and wish to make a representation, we would like the following conditions to be attached to the licence:-

24 hour digital C.C.T.V. to be installed.
Panic Alarm to central station
At least two people working at the front of the restaurant after 23.00

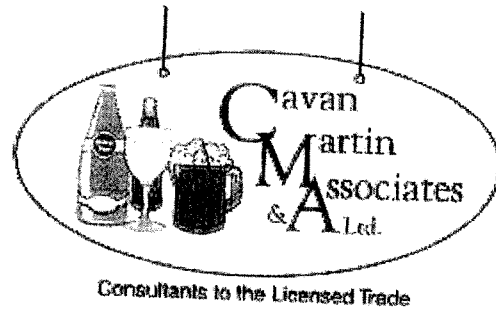
If these are adhered to we have no objection to this application.

If you require further information please do not hesitate to contact me on the above telephone number.

Yours Sincerely

Geoffrey Parker
Licensing
Wood Green Police Station

c.c. Cavan Martin & Associates



Mr Geoff Parker
Metropolitan Police Service
Licencing
Wood Green Police Station
347 High Road
Wood Green
N22 4HZ

25th July 2006

Dear Mr Parker

RE: Application for the grant of a Premises Licence.
Pa Jonas Vie- Gout, 300 West Green Road N15 3QR.

With regard to the above named premises, we accept the conditions set out in your letter dated 17th July 2006.

Should you require any further information do not hesitate to contact me directly on **07779 351620**.

Yours Sincerely


Mr Patrick Burke
Managing Director

CC: Haringey Council

Cavan Martin & Associates Ltd
1056 Coventry Road Birmingham B25 8DP
Tel/Fax: 0121 753 4608
Mobile: 07779351620
www.cavanmartinassociates.co.uk
Company Registration No. 4852961

APPENDIX 3

RECOMMENDATIONS FROM FOOD OFFICER

LICENSING APPLICATION

1. APPLICATION FOR A PREMISES LICENCE

REF	NAME	ADDRESS	CP NO	RECOMMENDATIONS
DB/KB/ANN/LIC	Pa.Jonas Vie Gout, Congolese Food	300 West Green Road, Tottenham, London N15 3QR	201662	<ul style="list-style-type: none"> • Ensure food waste is not put into the drainage system. • Ensure sealed waste bins used are big enough to hold all waste and can be thoroughly cleaned. • Ensuring waste is collected on a regular basis by a reputable/licensed waste carrier. <p>(Applicant to use a regular cleaning programme for all storage areas and waste bins).</p> <ul style="list-style-type: none"> • Applicant not to remove waste and bottles late at night. • Provide clean and accessible toilet facilities for customers to use.

APPENDIX 4

FIRE OFFICER REPRESENTATIONS.



FIRE AND COMMUNITY SAFETY DIRECTORATE
Roy Bishop Deputy Commissioner

Date 19 July 2006	Our Ref. FS/31/011953/SMA	Your Ref.
Addressee Ms D Barrett Licensing Team London Borough of Haringey 2nd Floor, Civic Centre High Road Wood Green London N22 3LE	Please reply to Tony Cadman Inspecting Officer Direct Telephone 020 8803 7530 Direct E-mail haringeygroup@london-fire.gov.uk	Direct Fax 020 8807 7196

Dear Madam,

LICENSING ACT 2003

Premises: 300 West Green Road, Tottenham, London N15 3QR

With reference to the application dated 10th July 2006, as shown on plan, number 1A, 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 plan.

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 a stylized name, written over a horizontal line.

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

300 West Green Road, Tottenham, London N15 3QR

Our Ref. 31/011953

Your Ref.

SCHEDULE

Sheet 1 of 1

Schedule referred to in the letter reference **FS/31/011953/SMA** under the Licensing Act 2003, issued by the London Fire and Emergency Planning Authority on 19th July 2006.

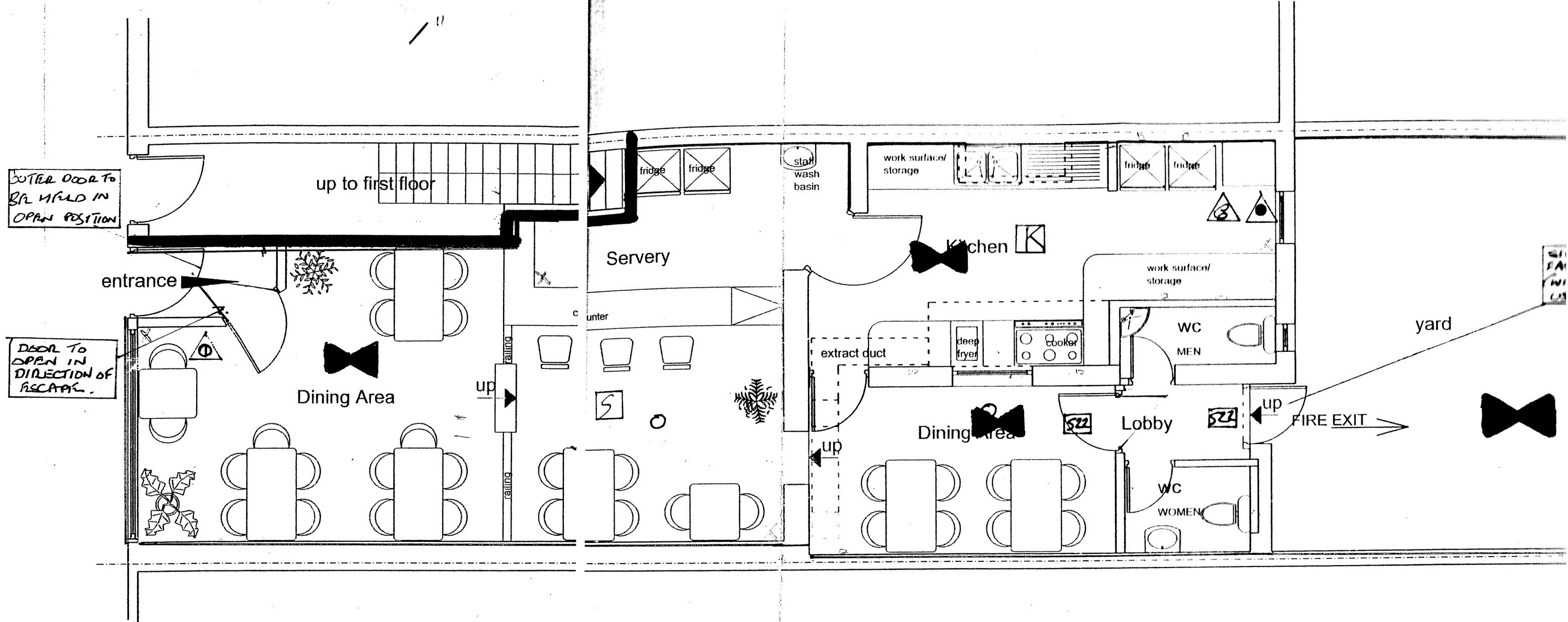
Where appropriate, a plan may form part of this Schedule to illustrate the steps which, in the opinion of the fire authority, need to be taken in order to promote the public safety objective.

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	See attached plan.

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



OUTER DOOR TO BE HELD IN OPEN POSITION

DOOR TO OPEN IN DIRECTION OF ESCAPE

up to first floor

Servery

Kitchen

Dining Area

Dining Area

Lobby

WC MEN

WC WOMEN

yard

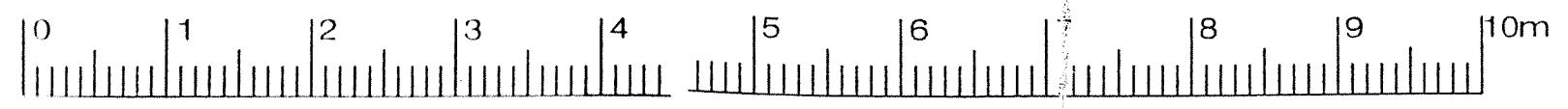
FIRE EXIT

GROUNDFLOOR PLAN
Proposed

LFEPALLEGEND

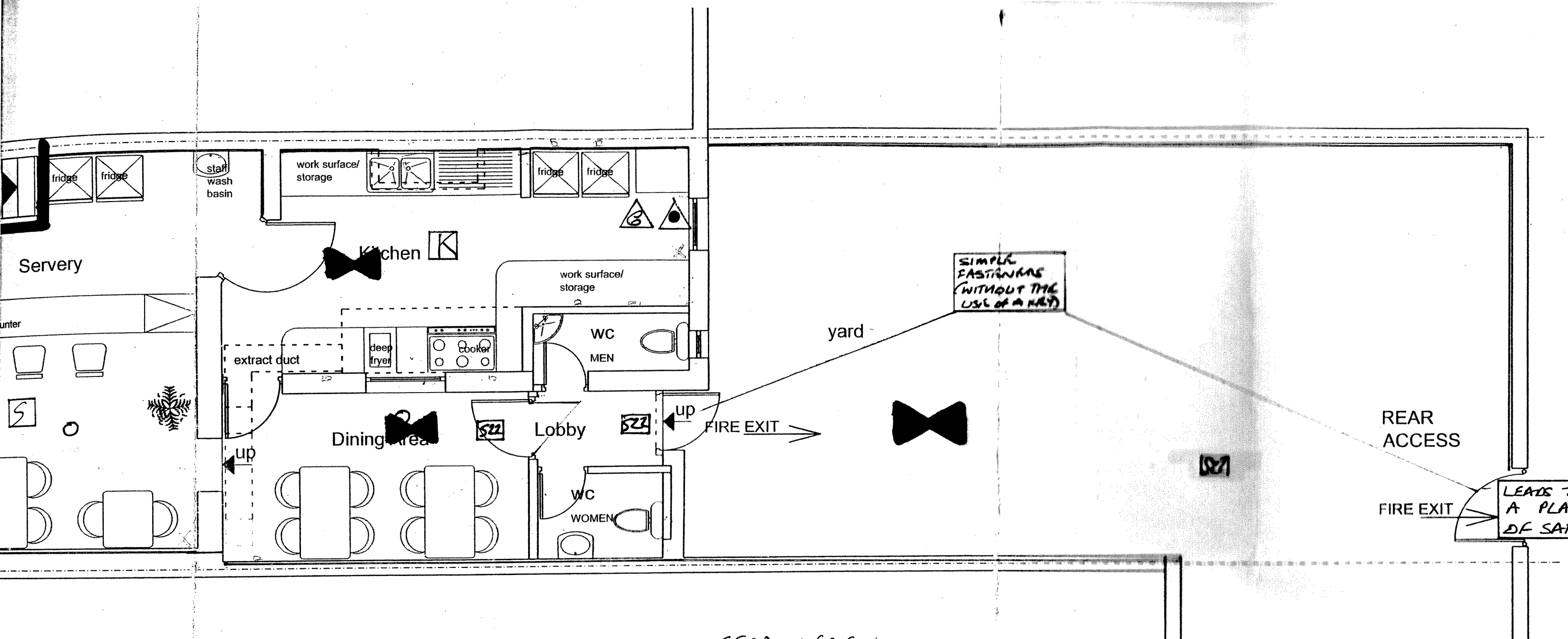
- △ FOAM EXTINGUISHER
- △ WATER EXTINGUISHER
- △ FIRE BLANKET
- ⊕ EMERGENCY LIGHTING
- S SMOKE
- K HEAT
- EARLY WARNING / DIRECTION
- 30 MINUTES FIRE RESISTANCE
- S22 FIRE EXIT SIGN BS 5499

12 FT (3.60) 11
2 FT 600mm



SCALE 1:100

Job No. 3195	Drwg. No. 1A
Revisions:	

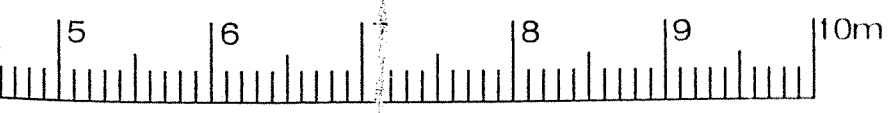


JND FLOOR PLAN

d

LFPA LEGEND

- △ FOAM EXTINGUISHER
- ⊙ WATER EXTINGUISHER
- ⊠ FIRE BLANKET
- ⊞ EMERGENCY LIGHTING TO BS5266
- ⊞ SMOKE ⊞ HEAT (EARLY WARNING/DEFLECTION TO BS5229 (MAXIMS POWFRED/BATTERY BACK UP))
- ▬ 30 MINUTES FIRE RESISTANT MATERIAL.
- ⊞ FIRE EXIT SIGN BS 5499 (RUNNING MAN)



SCALE 1:100

Job No. 3195	Drwg. No. 1A
Revisions:	

300 WEST GREEN COAST
TOTTENHAM
NIS 3QR.