

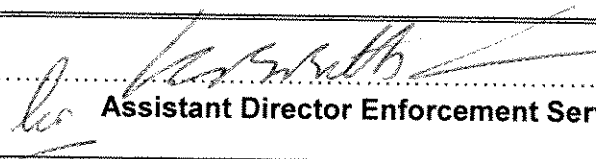
**Licensing Act 2003 Sub-Committee on 12<sup>th</sup> SEPTEMBER 2006****Report title: Application for a New Premises Licence FRIEND'S CAFÉ, 29 WESTBURY AVENUE, WOOD GREEN, LONDON, N22 6BS****Report of: The Lead Officer Licensing****Ward(s) affected****1. Purpose**

To consider an application by MUSTAFA ALTUNDAL to provide a licensable activity in the form of Late Night Refreshment and 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 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: FRIEND'S CAFÉ, 29 WESTBURY AVENUE, WOOD GREEN, LONDON, N22 6BS**

The Background Papers are located at Enforcement Service, Civic Centre, High Road, Wood Green N22 8LE

## 5. REPORT

### Background

#### 5.1 Application for a new Premises Licence the Licensing Act 2003.

Application by **MUSTAFA ALTUNDAL**, for a new Premises Licence in respect of **FRIEND'S CAFÉ, 29 WESTBURY AVENUE, WOOD GREEN, LONDON, N22 6BS** under the Licensing Act 2003.

#### 5.2 Details sought for a New Premises Licence

##### Opening Hours for Public

|                    |               |
|--------------------|---------------|
| Monday to Saturday | 07.00 - 02.00 |
| Sunday             | 08.00 – 01.00 |

##### Provision of Late Night Refreshment

|                    |               |
|--------------------|---------------|
| Monday to Saturday | 07.00 - 02.00 |
| Sunday             | 08.00 – 01.00 |

##### Supply of Alcohol

|                    |               |
|--------------------|---------------|
| Monday to Saturday | 11.00 – 01.00 |
| Sunday             | 11.00 – 24.00 |

### OPERATING SCHEDULE

#### 5.3 Crime and Disorder

- Not to sell alcohol to persons under the age of 18.
- Not to sell alcohol to drunk people
- Not to permit violent, quarrelsome or disorderly conduct to take place on the premises.
- Constant observation of all parts of the premises.
- Discouraging excessive drinking.

#### 5.4 Public Safety

- Liaising with the local Police.
- Installing CCTV in premises.
- Effective and responsible management of premises.

- Providing quick, friendly and effective service, including the speedy clearing away of empty glasses and bottles.
- Knowledge of the area and the customers, particularly of those who might create trouble.

#### **5.5 Public Nuisance**

- Not playing live music.
- Discouraging excessive drinking.
- The careful selection and training of staff.
- Try to reduce tension always.

#### **5.6 Child Protection**

Not selling alcohol to under age.

Normally children allowed in premises with friends or family also we sell food as well. But we will make sure that no harm comes to them from sharp objects while they are in the premises and by also keeping an eye on them.

### **6. 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:**

##### **Food Team**

Have no objections to this application

##### **Health and Safety**

Have no objections to this application

##### **Trading Standards**

Have no objections to this application

#### **6.3 Fire Officer**

The Fire Officer has been consulted and has made the following objection.

| 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   |

### 6.5 Planning Officer

Has made no representation on this matter.

### 6.6. Comments of Child Protection Agency or Nominee

*"I recommend that the Licensing Authority ensure that the only valid verification of a person's proof of age is with reference to:*

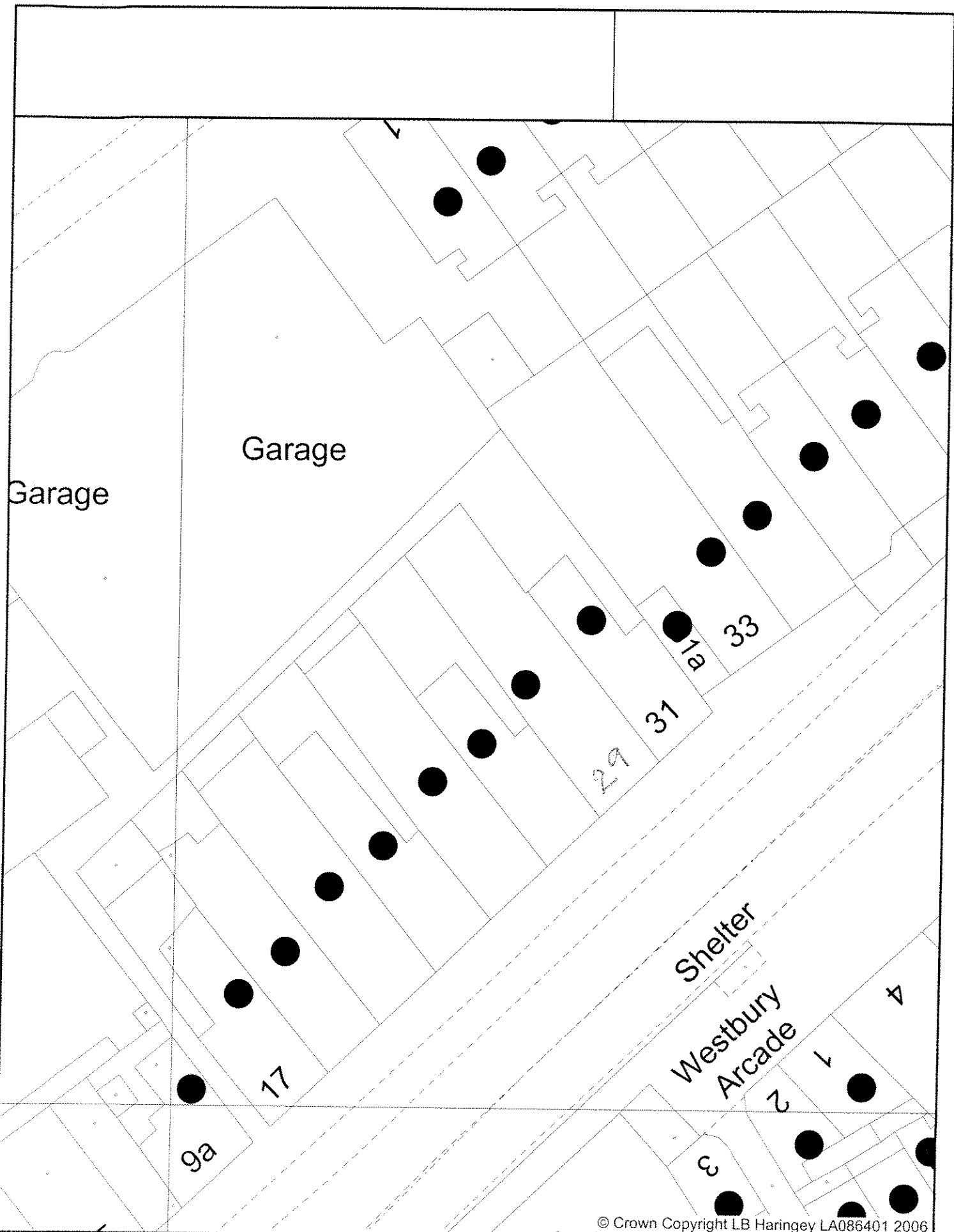
- A valid passport
- A photo driving licence issued in a European Union Country
- A proof of age standard card system
- A citizen card supported by the Home Office.

### 7.0 Interested Parties

No objections have been received against this application.

### 8.0 Financial Comments

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



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Enforcement Service  
Civic Centre  
High Road  
Wood Green  
London  
N22 8LE



Environmental Control



Scale: 1:324

# APPENDIX 1

LW10000 2722

£190.00

## 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<br>29 Westbury Avenue |                  |
| Post town wood Green   | Postcode N22 6BS |

Telephone number at premises(if any)

0208 888 3668

Non-domestic rateable value of premises

£11.750.

### Part 2 - Applicant details

Please state whether you are applying for a premises licence as

Please tick  yes

- |   |   |
|---|---|
| a) an individual or individuals*                | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual*           |   |
| i. as a limited company                         | <input type="checkbox"/> please complete section (B)            |
| ii. as a partnership                            | <input type="checkbox"/> please complete section (B)            |
| iii. as an unincorporated association; or       | <input type="checkbox"/> please complete section (B)            |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> 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 |
|-----|-------|------|
| 05  | 05    | 1973 |

Current postal address if different from premises address  
 34 Elizabeth Place  
 Clyde 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                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Current postal address if different from premises address

|           |          |
|-----------|----------|
| Post town | Postcode |
|-----------|----------|

Daytime contact telephone number

E-mail address (optional)

**(B) OTHER APPLICANTS**

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

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

**Part 3 - Operating Schedule**

When do you want the premises licences to start?

| Day | Month | Year |
|-----|-------|------|
| 13  | 07    | 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)

Ground floor shop trading as cafe'.  
Opening hours are  
Mon - Sat 7am till 9pm  
Sun 8am till 8pm.

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

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

# B

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

# C

| Indoor sporting events |       |        | 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                    |       |        | 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) |
|                        |       |        |   |
| Wed                    |       |        |   |
|                        |       |        |   |
| Thur                   |       |        |   |
|                        |       |        |   |
| Fri                    |       |        |   |
|                        |       |        |   |
| Sat                    |       |        |   |
|                        |       |        |   |
| Sun                    |       |        |   |
|                        |       |        |   |

# 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)  |
|------------------------------------|-------|--------|--|
| Day                                | Start | Finish |  |
| Mon                                |       |        | Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>   |
|                                    |       |        | 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                               |       |        | 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) |
|                                    |       |        |  |
| Fri                                |       |        |  |
|                                    |       |        |  |
| Sat                                |       |        |  |
|                                    |       |        |  |
| Sun                                |       |        |  |
|                                    |       |        |  |

# E

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

# F

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

# G

| <b>Performances of dance</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | Will the performance of dance take place indoors or outdoors or both<br>- 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<br>(please read guidance note 4)   |
| Thur   |       |        |   |
| Fri  |       |        | Non-standard timings. Where you intend to use the premises for the performance of dance entertainment at different times from those listed in the column on the left, please list (please read guidance note 5) |
| Sat  |       |        |   |
| Sun  |       |        |   |
|  |       |        |   |

# H

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

|  |       |        |   |
|--|-------|--------|---|
| <b>Provision of facilities for making music</b>            |       |        | Please give a description of the facilities for making music you will be providing  |
| Standard days and timings<br>(please read guidance note 6) |       |        | Will the facilities for making music be indoors or outdoors or both<br>- 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<br>(please read guidance note 4)   |
|  |       |        |   |
| Wed  |       |        | Non-standard timings. Where you intend to use the premises for provision of facilities for making music at different times from those listed in the column on the left, please list (please read guidance note 5) |
|  |       |        |   |
| Thur   |       |        |   |
|  |       |        |   |
| Fri  |       |        |   |
|  |       |        |   |
| Sat  |       |        |   |
|  |       |        |   |
| Sun  |       |        |   |
|  |       |        |   |

**J**

|  |       |        |  |
|--|-------|--------|--|
| <b>Provision of facilities for dancing</b>                 |       |        | Please give a description of the facilities for dancing you will be providing  |
| Standard days and timings<br>(please read guidance note 6) |       |        | Will the facilities for dancing be indoors or outdoors or both<br>- 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<br>(please read guidance note 4)  |
|  |       |        |  |
| Wed  |       |        | Non-standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times from those listed in the column of the left, please list (please read guidance note 5) |
|  |       |        |  |
| Thur   |       |        |  |
|  |       |        |  |
| Fri  |       |        |  |
|  |       |        |  |
| Sat  |       |        |  |
|  |       |        |  |
| Sun  |       |        |  |
|  |       |        |  |



# K

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

**L**

|   |       |        |  |
|---|-------|--------|--|
| <b>Late night refreshment</b><br>Standard days and timings<br>(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)  |
|   |       |        | Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>  |
| Day   | Start | Finish | Please give further details here (please read guidance note 3)   |
| Mon   | 7am   | 2am    |  |
| Tue   | 7am   | 2am    | State any seasonal variations for the provision of late night refreshment<br>(please read guidance note 4)   |
| Wed   | 7am   | 2am    |  |
| Thur  | 7am   | 2am    | Currently having <del>difficult</del> difficulty to trading with my existing time.   |
| Fri   | 7am   | 2am    | 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   | 7am   | 2am    |  |
| Sun   | 8am   | 1am    |  |
|   |       |        |  |

**M**

|  |       |        |   |
|--|-------|--------|---|
| <b>Supply of alcohol</b><br>Standard days and timings<br>(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)   |
|  |       |        | 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<br>(please read guidance note 4)  |
| Mon  | 11am  | 1am    |   |
| Tue  | 11am  | 1am    | NONE Seasonal variations.   |
| Wed  | 11am  | 1am    |   |
| Thur   | 11am  | 1am    | 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<br>(please read guidance note 5) |
| Fri  | 11am  | 1am    |   |
| Sat  | 11am  | 1am    |   |
| Sun  | 11am  | 12pm   |   |

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

Name **Mustafa Altundal**  
 Address **34 Elizabeth Place**  
**Clyde Road**  
 Postcode **N15 4LA**  
 Personal Licence number (if known) **LN/00000854**  
 Issuing licensing authority (if known) **LONDON BOROUGH OF HARINGEY**

**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)

(This section is currently blank.)

**O**

**Hours premises are open to the public**

Standard days and timings (please read guidance note 6)

| Day  | Start | Finish             |
|------|-------|--------------------|
| Mon  | 7am   | <del>2pm</del> 2am |
| Tue  | 7am   | 9pm<br>2am         |
| Wed  | 7am   | 9pm<br>2am         |
| Thur | 7am   | 9pm<br>2am         |
| Fri  | 7am   | 9pm<br>2am         |
| Sat  | 7am   | 9pm<br>2am         |
| Sun  | 8am   | 8pm<br>1am         |

State any seasonal variations (please read guidance note 4)

NONE

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)

NONE

**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)

• This is ground floor shop trading as a cafe, who wants to sell alcohol while ~~at~~ their customers eating their food.

And we are keen to prevent all nece:

b) The prevention of crime and disorder

- Not to sell alcohol to persons under 18
- not to " " to Drunken person.
- Not to permit ~~the~~ violent, quarrelsome or disorderly conduct to take place on the premises.
- Constant observation of all parts of the premises.
- Discouraging excessive drinking.

c) Public safety

- Liaising with the local police
- ~~And~~ installing CCTV in premises.
- Effective and responsible management of premises.
- providing quick, friendly and effective service, including the speedy clearing away of empty glasses and bottles
- Knowledge of the area and the customers, particularly of those who might create trouble

d) The prevention of public nuisance

- not playing ~~live~~ music
- Discouraging excessive drinking
- The careful selection and training of staff.
- ~~Creating a safe~~
- Try to reduce tension always
- 

e) The protection of children from harm

• not selling alcohol under 18 and under-age.  
Normally children allowed in premises with friends or family also ~~at~~ ~~we~~ we are selling food is well. But we will make sure ~~of~~ there are not harm and sharp object while they are in premises. And keeping I on them.

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 11/07/2006

Capacity Agent

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)

Bulent Akkaya  
115 Pembroke Av

Post town Enfield

Postcode N1 4EZ

Telephone number (if any) 0788 671 3443

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

Reference number:

I [full name of prospective premises supervisor]

MUSTAFA ALTUNDAL

of [home address of prospective premises supervisor]

34 Elizabeth Road  
Clyde Road  
Tottenham  
LONDON N15 4LA

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

[type of application]

Premises Licence

by

[name of applicant]

Mustafa Altundal

relating to a premises licence

[number of existing licence, if any]

for

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

Friends Cafe  
29 Westbury Av  
Wood Green  
N22 6BS

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

[name of applicant]

CONTINUED

APP. 2

## APPENDIX 2



**FIRE AND COMMUNITY SAFETY DIRECTORATE**  
**Roy Bishop Deputy Commissioner**

Date  
27 July 2006

Our Ref  
FS/161951/GW

Your Ref

Addressee  
Ms D Barrett  
Licensing Team  
London Borough Of Haringey  
2nd Floor, Civic Centre  
High Road  
Wood Green  
London  
N22 8LE

Please reply to  
T 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: 29 Westbury Avenue, Wood Green, London, N22 6BS**

With reference to the application dated , 11 July 2006 as shown on plan, number A001 , 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.

The Fire Authority has not received all of the information required/has not received the information in sufficient time and has not therefore, been able to form a judgement as to whether the public safety objective of the Licensing Act has been adequately addressed.

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](http://www.informationcommissioner.gov.uk) or visit: [www.london-fire.gov.uk](http://www.london-fire.gov.uk)

FIRE AND COMMUNITY SAFETY DIRECTORATE  
Roy Bishop Deputy Commissioner

29 Westbury Avenue n22

Our Ref.  
31/161961

Your Ref.

**SCHEDULE**

Sheet 1 of 1

Schedule referred to in the letter reference FS/31/161961/GW under the Licensing Act 2003, issued by the London Fire and Emergency Planning Authority on 27 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.

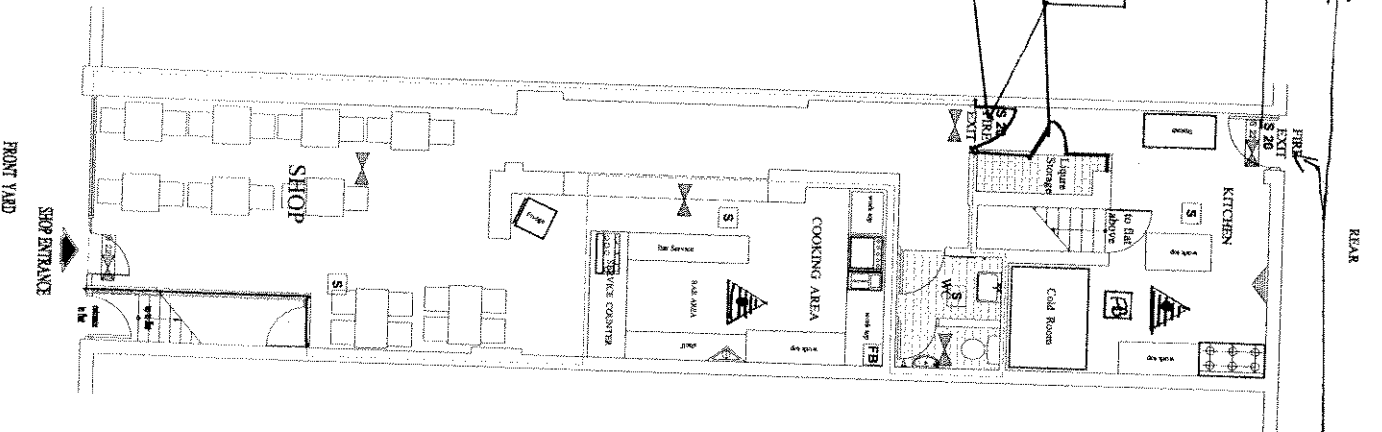
**NOTE** : Notwithstanding any consultation undertaken by the fire authority, **before** you make any alterations to the workplace, **you** must apply for local authority building control department approval (and/or the approval of any other bodies having a statutory interest in the premises) if their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

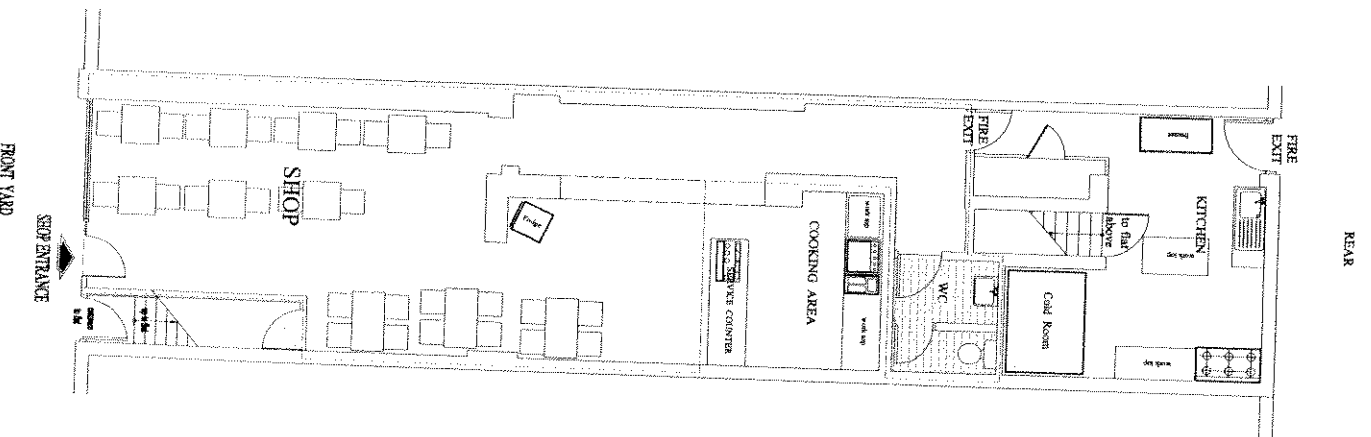
Data Protection Act 1998: The information you have given on this form will be processed by London Fire Emergency Planning Authority for the purpose of **fire and emergency planning and control**. We will keep your details secure and will not disclose them to other organisations or third parties (except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

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proposed ground floor plan



existing ground floor plan



**LEGEND**

- LIQUOR STORAGE AREA
- WC AREA
- FRIDGES
- AMBIT ON LICENSED PREMISES
- SAFETY LIGHTS TD BS S266
- SMOKE DETECTOR (MANNING'S ONLY) (MANNING'S ONLY) (MANNING'S ONLY)
- CARBON DIOXIDE FIRE EXTINGUISHER
- 9LT WATER FIRE EXTINGUISHER
- FIRE ESCAPE KEEP CLEAR
- CCTV
- INTERNALLY ILLUMINATED FIRE ESCAPE SIGN (BS 5286)
- FIRE BLANKET
- 30 MINUTE FIRE RESISTANT

**Architectural & Design**

115 Pembroke Avenue  
 Enfield London  
 EN1 4EZ

29 Westbury Avenue  
 Wood Green, N22 8BS

PROJECT NUMBER: A391  
 SCALE: 1:100  
 DRAWN BY: BA  
 DATE: 19/05/20