

Licensing Act 2003 Sub-Committee 12th DECEMBER 2006

Report title: Application FOR A PREMISES LICENCE AT MANGAL RESTAURANT, 443 GREEN LANES, HARINGEY, LONDON N4 1HA

Report of: The Lead Officer - Licensing

Ward(s) affected

1. Purpose

To consider an application by Ibrahim Garip to allow for the sale 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: MANGAL RESTAURANT

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

5. REPORT

Background

- 5.1 Application for variation by Ibrahim and Menderes Garip for a Premises License in respect of **MANGAL RESTAURANT, 443 GREEN LANES, HARINGEY, LONDON N4 1HA** for the sale of alcohol under the Licensing Act 2003.

The premise is a restaurant which currently has granted late night refreshment.

5.2 Details of application - APP 1

Opening Hours for Public

Monday to Sunday 9am – 1.45a.m.

Sale of Alcohol

Monday to Sunday 9am – 1.45.a.m.

The Operating Schedule.

Fire equipment fixed.

Fire exit fixed.

Smoke alarm fixed.

5.3 Crime and Disorder

We will not allow trouble some people.

We will not allow drunks or people selling illegal foods on the premises.
If trouble occurs we will contact police.

5.4 Public Safety

We take all necessary steps for public safety.

5.5 Public Nuisance

No live music or giving parties. We will not allow nuisance on premises.

5.6 Child Protection

Someone will always keep an eye on customers with children. We do not allow children near dangerous areas i.e. oven, cooks and fie exits.

6. RELEVANT REPRESENTATIONS (CONSULTATION)

Responsible Authorities:

6.1 Comments of Metropolitan Police

The Police have made representation in relation to this application, and feel that the operating schedule does not cover the requirements. App2

6.2 Comments of Enforcement Services:

Noise Team

Have not objected to the application.

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

Have no objections to this application

6.4 Planning Officer

Have no objections to this application

6.5. Comments of Child Protection Agency or Nominee

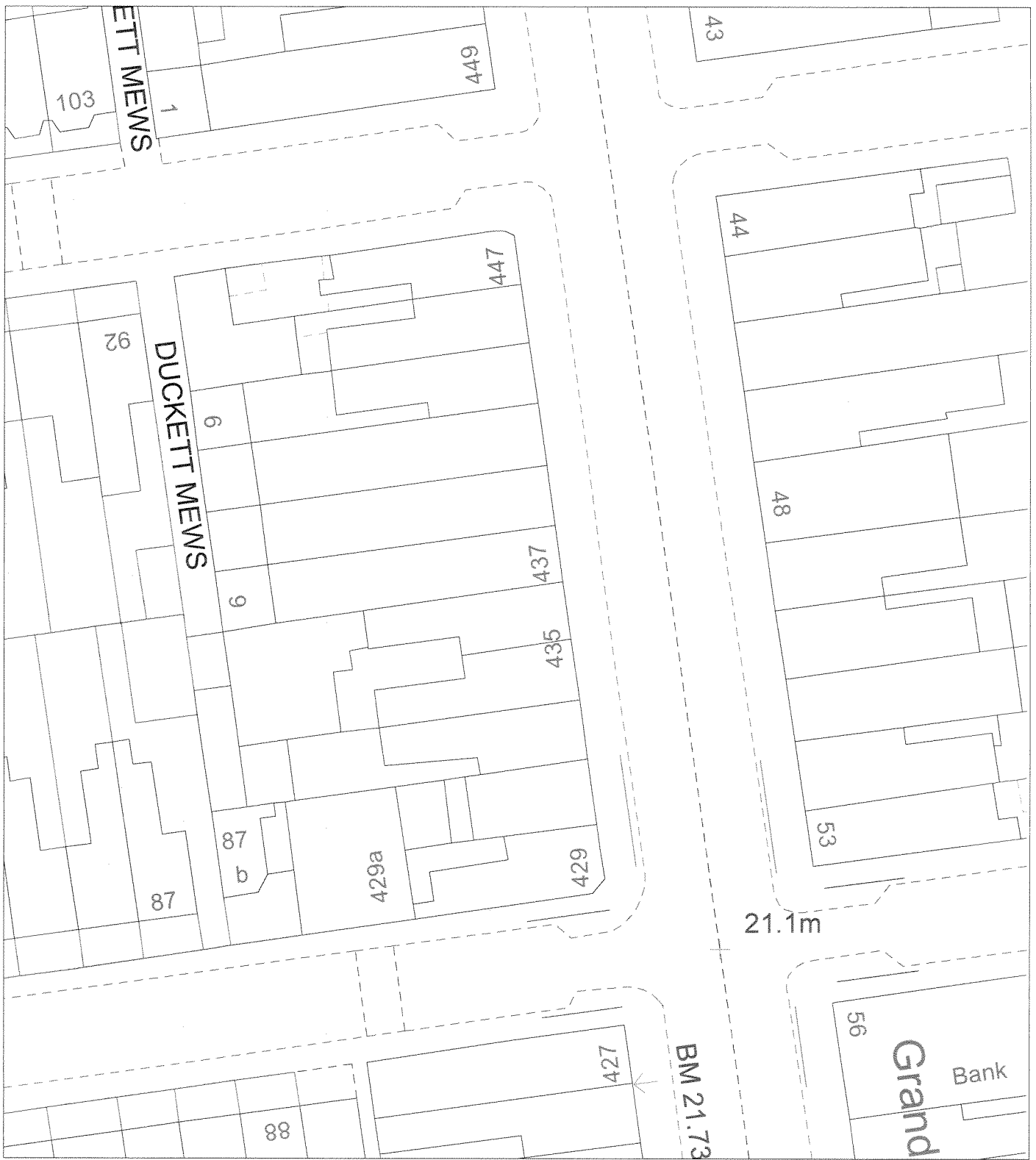
Have no objections to this application.

7.0 Interested Parties

No Comments received from residents

8.0 Financial Comments

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



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Town and Country Planning Act 1990 (As amended)
Plan relating to the Enforcement Notice dated
443 Green Lanes N4

HARINGEY COUNCIL
Directorate of Environmental Services

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

	Drawn by	Haringey Council
	Scale	1:500
	Date	30/11/2006
	Drawing	N/A

APPENDIX 1

APPLICATION FORM AND CURRENT PREMISES LICENSE

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 <i>FRIKA LTD RESTAURANT MANGAL 443 GREEN LANE S</i>	
Post town <i>CONDON</i>	Postcode <i>NY11HA</i>
Telephone number at premises(if any)	<i>0208 3407801</i>
Non-domestic rateable value of premises	£ <i>7200</i>

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
<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)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr Mrs Miss Ms Other title (for example, Rev)

Surname First names

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

Current postal address if different from premises address

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	IBRAHIM GARIP Licence Holders	MERIDES GARIP OWNER
Address	50 DURAN'T ROAD LATEEN EN3-7AU	33 LATIMER HOUSE MORNIN'S DAVE E9-6HE
Registered number (where applicable)	5699469	
Description of applicant (for example partnership, company, unincorporated association etc.)	Limited Company	
Telephone number (if any)	07886607599 - 0208 3407801	
E-mail address (optional)		

Part 3 - Operating Schedule

When do you want the premises licences to start?

Day	Month	Year
16	10	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)

EAT and OUT
TURKISH Cuisine
RESTAURANT

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

--

What licensable activities do you intend to carry on from the premises?
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick yes

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

Provision of entertainment facilities for:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K)

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

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

In all cases complete boxes N, O and P

A

Plays			Will the performance of a play take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	
Standard days and timings (please read guidance note 6)			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			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			
Sat			
Sun			

B

Films			Will the exhibition of films take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	
Standard days and timings (please read guidance note 6)			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			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			
Sun			

C

Indoor sporting events			Please give further details here (please read guidance note 3)	
Standard days and timings (please read guidance note 6)				
Day	Start	Finish	State any seasonal variations for indoor sporting events (please read guidance note 4)	
Mon				
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				

D

Boxing or wrestling entertainments			Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)	
Standard days and timings (please read guidance note 6)				
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>	
Mon			Please give further details here (please read guidance note 3)	
Tue			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)	
Wed				
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				

E

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

F

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

G

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

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing
Day	Start	Finish	
Mon			Will this entertainment take place 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"/>
Tue			Please give further details here (please read guidance note 3)
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			
			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)
Fri			
Sat			
Sun			

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

J

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

K

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

L

Late night refreshment			Will the provision of late night refreshment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon	9 Am	145 Am	Please give further details here (please read guidance note 3)
Tue	9 Am	145 Am	
Wed	9 Am	145 Am	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)
Thur	9 Am	145 Am	
Fri	9 Am	145 Am	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	9 Am	145 Am	
Sun	9 Am	145 Am	

NONE

M

Supply of alcohol			Will the sale of alcohol be for consumption - please tick box <input checked="" type="checkbox"/> (please read guidance note 7)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	On the premises <input checked="" type="checkbox"/> Off the premises <input type="checkbox"/> Both <input type="checkbox"/>
Mon	11 Am	145 Am	State any seasonal variations for the supply of alcohol (please read guidance note 4)
Tue	11 Am	145 Am	
Wed	11 Am	145 Am	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	11 Am	145 Am	
Fri	11 Am	145 Am	
Sat	11 Am	145 Am	
Sun	11 Am	145 Am	

None

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

Name *IBRAHIM GARIP*
 Address *50 DURANTS ROAD*
ENFIELD - EN3-7AU
 Postcode
 Personal Licence number (if known)
 Issuing licensing authority (if known) *Applied to Enfield*

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)

O

Hours premises are open to the public

Standard days and timings
 (please read guidance note 6)

Day	Start	Finish
Mon	<i>9 AM</i>	<i>14.5 PM</i>
Tue	<i>9 AM</i>	<i>14.5 PM</i>
Wed	<i>9 AM</i>	<i>14.5 PM</i>
Thur	<i>9 AM</i>	<i>14.5 PM</i>
Fri	<i>9 AM</i>	<i>14.5 PM</i>
Sat	<i>9 AM</i>	<i>14.5 PM</i>
Sun	<i>9 AM</i>	<i>14.5 PM</i>

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)

Fire equipment fixed
fire Exit fixed
Smoke Alarmed fixed

b) The prevention of crime and disorder

We do not Allow trouble some people
" " Drink, illegal
foods selling people on the premises
We will not allow to give Alcohol
Drink people
in more Trouble We contact Police

c) Public safety

We took ALL necessary
Steps for public Safety

d) The prevention of public nuisance

No live music or giving
party we do not have
Nuisance
Only family people comes
our Restaurant

e) The protection of children from harm

Someone Always keep on eye
customer with children. And we
do not Allow children nearest
danger Areas. (Oven, coals, fire exit)

CHECKLIST:

- I have made or enclosed payment of the fee *(paid Already on July 2006)*
- 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

Please tick ✓

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

[Handwritten Signature]

Date

16/10/2006

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.

Unit Certificate



This is to certify that

IBRAHIM GARIP

has been awarded unit(s) towards:

Goal Level 2 National Certificate for Personal Licence Holders

(Accreditation No 100/4865/0)

1 Other Legal and Social Responsibilities
of Personal Licence Holders - Pass

Total of 1 unit

having satisfied the requirements of Education Development International

The unit(s) listed above count as credit towards an accredited qualification

Issue Date: 02 May 2006

Centre/Candidate No: HWRL17/36505

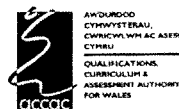
Serial No: 30461868



Nigel Snook
Chief Executive



Qualifications and
Curriculum Authority



PREMISES LICENCE

Receipt: AG763256

Premises Licence Number: LN00002158

This Premises Licence has been issued by:

***The Licensing Authority, London Borough of Haringey,
Civic Centre, High Road, Wood Green,
London, N22 8LE***

Signature:.....

Date: 24TH November 2005

Part 1 – PREMISES DETAILS

Postal Address of Premises or, if none, Ordnance Survey map reference or description:

**MANGAL OCKBASI RESTAURANT
443 GREEN LANES
LONDON
N4 1HA**

Telephone: 020 8340 7801

Where the Licence is time limited, the dates:

N/A

Licensable activities authorised by the Licence:

Provision of Late Night Refreshment

The times the Licence authorises the carrying out of licensable activities:

Provision of Late Night Refreshment

Monday to Sunday 2300 to 0200

The opening hours of the premises:

Monday to Sunday 2300 to 0200

Where the Licence authorises supplies of alcohol whether these are on and/or off supplies:

No supply of alcohol permitted on this premises.

Part 2

Name, (registered) address, telephone number and e-mail (where relevant) of holder of Premises Licence:

Mr Garip Menderes
33 Latimer House
1 Morning Lane
London
E9 6HE

Telephone: 020 8340 7801

Registered number of holder, for example company number, charity number (where applicable):

Name, address and telephone number of designated premises supervisor where the Premises Licence authorises the supply of alcohol:

Personal Licence number and issuing authority of personal licence held by designated premises supervisor where the Premises Licence authorises for the supply of alcohol:

Annex 1 –Mandatory Conditions

Annex 2 – Conditions consistent with the Operating Schedule

THE PREVENTION OF CRIME AND DISORDER

Those who are intoxicated, unruly or who are attempting to sell illegal goods will not be permitted entry to the premises and the Police shall be notified.

PUBLIC SAFETY

Premises to abide by Health and Safety rules.

Necessary equipment will be regularly maintained by staff.

Fire Safety equipment to be maintained on premises.

Fire Alarm on premises.

THE PREVENTION OF PUBLIC NUISANCE

No music permitted on the premises.

THE PROTECTION OF CHILDREN

Child seats to be available on the premises.

Staff will monitor the behaviour of any children on the premises.

Annex 3 – Conditions attached after a hearing by the licensing authority

Annex 4 – Plans

LODGED WITH LICENSING AUTHORITY

APPENDIX 2

REPRESENTATION FROM POLICE

Your Reference:

Our Reference: 302/2006

Date 31st October 2006



Mr. Ibrahim Garip
50 Durants Road
Enfield
EN3 7AW

Metropolitan Police Service

Haringey Borough Licensing Office
Wood Green Police Station
347 High Road
Wood Green
London N22 4HZ

Tel: 0208 345 2005

Re: Mangal Restaurant, 443 Green Lanes N>4

Dear Sir

Thank you for your communication dated 16th October 2006. I have read the application and I have noted that the supply of alcohol and the time that the premises are open to the public are identical. This must be amended to show a reasonable amount of time to allow the consumption of alcohol purchased prior to the premises closing.

I have also read the four licensing objectives all four have not been completed to a satisfactory standard. If you need help with this I would suggest that you contact a solicitor or a licensing agent.

Please re submit the amended application as soon as possible. Failure to do so will result in further delays in the issuing of a Premises Licence.

Yours Faithfully

A handwritten signature in black ink, appearing to read "Geoff Parker".

Geoff Parker
Haringey Police, Borough Licensing Officer.

c.c. Ms D Barrett, Haringey Licensing