

HARINGEY COUNCIL  
LICENSING  
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Haringey Council

Application for the review of a premises licence or club premises certificate 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 ~~apply for the review of a premises licence~~ / ENFORCEMENT RESPONSE  
(Insert name of applicant)

apply for the review of a premises licence under section 51 / apply for the review of a club premises certificate under section 87 of the Licensing Act 2003 for the premises described in Part 1 below (delete as applicable)

Part 1 - Premises or club premises details

Postal address of premises or, if none, ordnance survey map reference or description CHIDOS (formerly AKSEL) COFFEE SHOP 98 WEST GREEN ROAD LONDON	
Post town LONDON	Post code (if known) E15 5NS

Name of premises licence holder or club holding club premises certificate (if known) MR. IFEANYI KINGSLEY OLIVER
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Number of premises licence or club premises certificate (if known)
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Part 2 - Applicant details

I am

Please tick ✓ yes

- 1) an individual, body or business which is not a responsible authority (please read guidance note 1, and complete (A) or (B) below)
- 2) a responsible authority (please complete (C) below)
- 3) a member of the club to which this application relates

(please complete (A) below)

**(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)**

Please tick ✓ yes

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

Surname

First names

I am 18 years old or over

Please tick ✓ yes

Current postal  
address if  
different from  
premises  
address

Post town

Post Code

Daytime contact telephone number

E-mail address  
(optional)

**(B) DETAILS OF OTHER APPLICANT**

Name and address

Telephone number (if any)

E-mail address (optional)

**(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT**

Name and address	CHARLES BUCKLE ENFORCEMENT RESPONSE LEVEL 6, ALEXANDRA HSE 10 STATION ROAD WOOD GREEN LONDON N22 7TR
Telephone number (if any)	020 8489 5238
E-mail address (optional)	charles.buckle@haringey.gov.uk

**This application to review relates to the following licensing objective(s)**

- 1) the prevention of crime and disorder
- 2) public safety
- 3) the prevention of public nuisance
- 4) the protection of children from harm

Please tick one or more boxes ✓

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

Please state the ground(s) for review (please read guidance note 2)

Noise generated from premises after ~~the~~<sup>their</sup> permitted licensing times, causing a nuisance to local residents.

Please provide as much information as possible to support the application (please read guidance note 3)

THE FOLLOWING INFORMATION IN DATE TIME ORDER.

11/07/15 - 0250 CALLED TO NOISE NUISANCE, BUT CANCELLED AT 0300 AS POLICE WERE IN ATTENDANCE

12/07/15 - 0030 PRO-ACTIVE VISIT, PEOPLE OUTSIDE SIDE FARE DOOR IN GROVE Pk Rd, DOOR OPEN. INSIDE 20 PLUS MALE SEEN SOCIALISING, (BACKGROUND) MUSIC.

26/10/15 - 01:14 - PREMISES OPEN, PEOPLE INSIDE PREMISES, (AND) MUSIC.

29/10/15 - 2320 - PREMISE FRONT DOOR OPEN, (AND) SHUTTER CLOSED, SHUTTER DOWN. MUSIC BEING PLAYED IN BACK ROOM AREA. ALCOHOL SEEN BEING DRUNK, BUT NOT SOLD.

Shutter half way down

30/10/15 2345 PREMISE LOOK CLOSED, SHUTTER DOWN FRONT DOOR, BUT NOT PADLOCKED. FARE DOOR ENTRANCE GROVE PARK RD, SHUTTER DOWN (AND) PADLOCK CLOSED. (MUSIC HEARD (AND)) 20+ PEOPLE IN BACK ROOM, SOME ALCOHOL ON BAR, BUT NO SEEN BEING SOLD.

7/11/15 - 0210 - (MUSIC HEARD) (AND) PEOPLE NOISE. PREMISES SHUTTER DOWN.

8/11/15 - 2355 MUSIC (AND) PEOPLE NOISE, PREMISES SHUTTER DOWN.

Have you made an application for review relating to the premises before

Please tick ✓ yes

If yes please state the date of that application

Day Month Year

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If you have made representations before relating to the premises please state what they were and when you made them

*N/A*

yes

Please tick ✓

- I have sent copies of this form and enclosures to the responsible authorities and the premises licence holder or club holding the club premises certificate, as appropriate
- 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 3 – Signatures** (please read guidance note 4)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (please read guidance note 5). If signing on behalf of the applicant please state in what capacity.

Signature

*ashle*

Date

*8/14/15*

Capacity

*ENFORCEMENT RESPONSE*

**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 6)

**Post town**

**Post Code**

**Telephone number (if any)**

**If you would prefer us to correspond with you using an e-mail address your e-mail address (optional)**

**Notes for Guidance**

1. A responsible authority includes the local police, fire and rescue authority and other statutory bodies which exercise specific functions in the local area.
2. The ground(s) for review must be based on one of the licensing objectives.
3. Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
4. The application form must be signed.
5. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
6. This is the address which we shall use to correspond with you about this application.