

|                         | Licensing Sub-Committee<br>Monday 27 <sup>th</sup> October 2014                                                                                            |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title                   | New Premises Licence, 6 Lyttleton<br>Road, London, N2 0EF                                                                                                  |
| Report of               | Trading Standards & Licensing Manager                                                                                                                      |
| Wards                   | Garden Suburb                                                                                                                                              |
| Status                  | Public                                                                                                                                                     |
| Enclosures              | Report of the Licensing Officer<br>Annex 1 – Application Form<br>Annex 2 – Police Agreement<br>Annex 3 – Representations<br>Annex 4 – Matters for decision |
| Officer Contact Details | Daniel Pattenden 020 8359 2508<br>daniel.pattenden@barnet.gov.uk                                                                                           |

## Summary

This report asks the Sub-Committee to consider the application for a new Premises Licence, under section 17 of the Licensing Act 2003.

## Recommendations

1. This report asks the Sub-Committee to consider the application for a new Premises Licence, under section 17 of the Licensing Act 2003 for 6 Lyttleton Road, London, N2 0EF

#### 1. WHY THIS REPORT IS NEEDED

1.1 The licensing authority having received valid representations against the application for a premises licence is expected to hold a hearing to consider those representations. The application can be determined by the licensing authority without a hearing in certain circumstances.

#### 2. REASONS FOR RECOMMENDATIONS

2.1 Where a representation is submitted under section 18(3) of the Licensing Act 2003 (and not withdrawn), the authority must hold a hearing to consider it, unless the applicant and any party or responsible authority who has made (and not withdrawn) a valid representation agree, or where the authority considers that the representations are frivolous, vexatious or will certainly not influence the authority's determination of the application.

#### 3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 N/A

#### 4. POST DECISION IMPLEMENTATION

4.1 The decision will have immediate effect

#### 5. IMPLICATIONS OF DECISION

#### 5.1 **Corporate Priorities and Performance**

- 5.1.1 Members are referred to the Council's Licensing Policy for consideration
- 5.1.2 Timely legal and fair decisions support objectives contained within the Corporate Plan. In particular in relation to a "successful London borough" by ensuring that only legal, well regulated licensable activities occur within the borough.

# 5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 N/A

#### 5.3 Legal and Constitutional References

- 5.3.1 The Licensing Act 2003 sets out how applications for premises licences should be dealt with where valid representations have been submitted.
- 5.3.2 Under the Constitution, Responsibility for Functions (Annex A), the Licensing Act 2003 and associated regulations, as delegated to it by the Licensing Committee, including the determination of review applications.

#### 5.4 Risk Management

#### 5.4.1 N/A

#### 5.5 Equalities and Diversity

5.5.1 Licence applications are dealt with according to the provisions of the Licensing Act 2003 and associated Regulations which allow both applications and representations to applications to be made by all sectors of the

#### 5.6 **Consultation and Engagement**

5.6.1 The statutory consultation process that has been followed in accordance with the Gambling Act 2005

#### 6. BACKGROUND PAPERS

9.1 The application and report of the Licensing Officer and appendices are attached to this report.

# Officers Report

#### **LICENSING ACT 2003**

#### **OFFICERS REPORT**

#### 6 Lyttleton Road, London, N2 0EF

#### 1. The Applicants

The application was submitted by Riki Greenberg, 16 Pembroke Hall, Mulberry Close, London, NW4 1QW.

#### 2. Application

• To allow the supply of alcohol off the premises only from 09:00hrs until 15:00hrs Monday, 09:00hrs until 16:00hrs Tuesday to Friday and closed Saturday and Sunday.

A full copy of the application can be seen in **Annex 1** attached to this application.

#### 3. Application process

The applicant has been in discussions with Sgt Mark Altman on behalf of Metropolitan Police to the inclusion of various conditions in their application. I can confirm that the applicants agreed to amend their application in order to show the following conditions:

- a) Digital recording colour CCTV comprising a multi camera system.
- b) The head unit (recorder) for storing the images will store such data on a hard drive or a similar quality medium.
- c) A CD or DVD burner will also form part of the system to facilitate making copies of the images.
- d) If the head unit (recorder) is kept on the premises it must be located in a secure cabinet or other secure area, preferably out of the sight and reach of the public. The unit must be further secured by physical means to prevent anyone from merely picking up and removing the unit, e.g. a secure metal boot, or metal case strap, bolted to an immovable object like a wall or floor.
- e) The quality of the images must be of a sufficiently high standard to allow identification of the subject matter.
- f) Cameras will cover key areas identified by the operator and Police. These will include external cameras covering any outside area used by patrons of the premises, the external entrance and exit doors, clear headshots of persons entering the premises, approach route to the toilets, the bar and till areas and other areas not in full view from the bar.
- g) Images must be retained for a period of 31 days before overwriting.
- h) The images will be made available in reasonable time on demand by the Police and authorised officers of the London Borough of Barnet.
- At all times when the premises are open there shall be at least one person who is capable of operating the CCTV system if required to do so by the Police or authorised officers of the London Borough of Barnet.

j) This system will be fully maintained at all times to ensure correct operation.

A full copy of this agreement can be seen in **Annex 2** attached to this report.

#### 4. Representations

#### **Responsible Authorities**

No representations have been submitted by any responsible authorities.

#### Other representations

The licensing department have received 1 representations submitted by members of the public.

The objections refer to issues of public safety and public nuisance if this premise is permitted to supply alcohol.

There are also other issues not relating to the licensing objectives such as too many of a single type of premises in one area.

The representation letters can be seen in full in **Annex 3** attached to this report.

#### 5. Attaching conditions

The operating schedule, which is part of the application, includes certain additional steps that the applicant will take to protect the licensing objectives. These will become enforceable conditions, should the licence be granted. Additional conditions may be attached to the licence if the committee thinks it appropriate.

The Committee must have regard to all of the representations made and the evidence it hears, and is asked to note that it may not attach conditions or reject the whole or part of the application merely because it considers it desirable to do so. It must actually be necessary in order to promote the licensing objectives.

In relation to conditions, the statutory guidance at chapter 10.8 states that "The licensing authority may not impose any conditions unless its discretion has been engaged following receipt of relevant representations and it is satisfied as a result of a hearing (unless all parties agree a hearing is not necessary) that it is appropriate to impose conditions to promote one or more of the four licensing objectives.

Full Copies of the Councils Statement of Licensing Policy, the Statutory Guidance to the Act and the Council's Guide to Good Practice at Licensed Premises will be available at the Licensing Sub Committee hearing or in advance if required.

A map centrally locating the premises and a plan shall be made available at the hearing.

Daniel Pattenden Licensing Officer

Annex 1 – Application Form Annex 2 – Police agreement Annex 3 – Representation Annex 4 – Matters for decision

Annex 1

# Application Form

|                                                                               | RECEIVED        |
|-------------------------------------------------------------------------------|-----------------|
|                                                                               | 2 6 AUG 2014 fl |
| Application for a premises licence to be gran<br>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.

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

......

You may wish to keep a copy of the completed form for your records.

RIKI GREENBERG (Insert name(s) of applicant)

| Part 1 – Prei                                                                                                                      | nises Details |           |        |  |
|------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------|--------|--|
| Postal address of premises or, if none, ordnance survey map reference or description<br>BASEMENT STORAGE ROOM<br>6 LYTTLE TON ROAD |               |           |        |  |
| Post town                                                                                                                          | LONDON        | Post code | N2 OEF |  |
|                                                                                                                                    |               |           |        |  |

| Telephone number at premises (if any)   | 07791 568 162  |
|-----------------------------------------|----------------|
| Non-domestic rateable value of premises | £ BELOW \$1000 |

#### Part 2 - Applicant Details

Ī

l/We

Please state whether you are applying for a premises licence as Please tick yes

| a) | an individual or individuals *                  | 2 | 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<br>Care Standards Act 2000 (c14) in respect of an<br>independent hospital in Wales                                            |         | please complete section (B) |  |  |  |  |
| ga)                                                                                                                                               | a person who is registered under Chapter 2 of<br>Part 1 of the Health and Social Care Act 2008<br>(within the meaning of that Part) in an<br>independent hospital in England |         | please complete section (B) |  |  |  |  |
| h)                                                                                                                                                | the chief officer of police of a police force in<br>England and Wales                                                                                                        |         | please complete section (B) |  |  |  |  |
| * If yo                                                                                                                                           | u are applying as a person described in (a) or (b) p                                                                                                                         | lease c | confirm:                    |  |  |  |  |
|                                                                                                                                                   |                                                                                                                                                                              |         | Please tick yes             |  |  |  |  |
| <ul> <li>I am carrying on or proposing to carry on a business which involves the use of<br/>the premises for licensable activities; or</li> </ul> |                                                                                                                                                                              |         |                             |  |  |  |  |
| ٠                                                                                                                                                 | I am making the application pursuant to a                                                                                                                                    |         | •                           |  |  |  |  |

- o statutory function or
- o 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<br>GREE                                                  | NBERG            | First names                  |                                |              |  |
| l am 18 years old                                                | l or over        |                              | Plea                           | ase tick yes |  |
| Current postal<br>address if differe<br>from premises<br>address | nt               | 16 PEMBROKE<br>NULBERRY CLOS |                                |              |  |
| Post Town                                                        | LONDON           |                              | Postcode                       | NW4 1QW      |  |
| Daytime contact                                                  | telephone number | 07791568                     | 162                            |              |  |
| E-mail address<br>(optional)                                     | rikiweilen       | - @ gmail · u                | ØM                             |              |  |

#### SECOND INDIVIDUAL APPLICANT (if applicable)

| Mr 🔲    | Mrs 🔲 | Miss 🗌 | Ms 🗌     | Other Title (for example, Rev) |  |
|---------|-------|--------|----------|--------------------------------|--|
| Surname |       |        | First na | mes                            |  |

| I am 18 years old or over                                          | Please tick yes |
|--------------------------------------------------------------------|-----------------|
| Current postal<br>address if different<br>from premises<br>address |                 |
| Post Town                                                          | Postcode        |
| Daytime contact telephone number                                   |                 |
| E-mail address<br>(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?

|   |   | Month |   | Year |   |   |   |
|---|---|-------|---|------|---|---|---|
| 0 | 1 | 0     | q | 2    | 0 | ۱ | 4 |

| If you wish the licence to | be valid | only for | a limited | period, | when | do |
|----------------------------|----------|----------|-----------|---------|------|----|
| you want it to end?        |          |          |           |         |      |    |

| Day | Mo | onth | 1 | Ye | ar |  |
|-----|----|------|---|----|----|--|
|     |    |      |   |    |    |  |

Please give a general description of the premises (please read guidance note1) STORAGE ROOM WITHIN A BASEMENT OF 6 LYTTLETON ROAD. STORAGE TO KEEP ALLOHOL FOR ONLINE SALE & OFFSITE USE. THE STORAGE ROOM HAS INDEPENDENT VEHICULAR PARKING & ALCESS. PRIVATE ALCESS ONLY. BASEMENT UNDERNEATH A RESIDENTIAL BLOCK ON A NAIN HIGH STREET. RESIDENTIAL & COMMERCIAL AREA! SHOPPING AREA. STORE ROOM IS IN THE UNDERGROUND CAR PARK, LOCKED, PRIVAT ALCESS ONLY.

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)

| Prov       | vision 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)<br>(if ticking yes, fill in box H) |                 |
| Prov       | vision 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)<br>(if ticking yes, fill in box K) |                 |
| Prov       | vision of late night refreshment (if ticking yes, fill in box L)                                            |                 |
| <u>Sup</u> | ply of alcohol (if ticking yes, fill in box M)                                                              | D               |

In all cases complete boxes N, O and P

Α

| Plays<br>Standard days and<br>timings (please read<br>guidance note 6) |       | read   | Will the performance of a play take place<br>indoors or outdoors or both – please tick<br>(please read guidance note 2)                        | Indoors<br>Outdoors  |                                               |
|------------------------------------------------------------------------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------|
| Day                                                                    | Start | Finish |                                                                                                                                                | Both                 |                                               |
| Mon                                                                    |       |        | Please give further details here (please read g                                                                                                | juidance note 3      | <u>,                                     </u> |
| Tue                                                                    | ••••• |        |                                                                                                                                                |                      |                                               |
| Wed                                                                    |       |        | State any seasonal variations for performing guidance note 4)                                                                                  | <b>plays</b> (please | read                                          |
| Thur                                                                   |       |        |                                                                                                                                                |                      |                                               |
| Fri                                                                    |       |        | Non standard timings. Where you intend to<br>for the performance of plays at different time<br>the column on the left, please list (please rea | s to those list      | ed in                                         |
| Sat                                                                    |       |        |                                                                                                                                                | -                    | ·                                             |
| Sun                                                                    |       |        |                                                                                                                                                |                      |                                               |

В

| Films<br>Standard days and<br>timings (please read<br>guidance note 6) |            | read   | Will the exhibition of films take place indoors<br>or outdoors or both – please tick (please read<br>guidance note 2)                                  | Indoors                |             |
|------------------------------------------------------------------------|------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|
| guidan                                                                 | ice note 6 | )      |                                                                                                                                                        | Outdoors               |             |
| Day                                                                    | Start      | Finish |                                                                                                                                                        | Both                   |             |
| Mon                                                                    |            |        | Please give further details here (please read gu                                                                                                       | idance note 3          | )           |
|                                                                        |            |        |                                                                                                                                                        |                        |             |
| Tue                                                                    |            |        |                                                                                                                                                        |                        |             |
|                                                                        |            |        |                                                                                                                                                        |                        |             |
| Wed                                                                    |            |        | State any seasonal variations for the exhibitio<br>read guidance note 4)                                                                               | <u>n of films</u> (ple | ase         |
| Thur                                                                   |            |        |                                                                                                                                                        |                        |             |
| Fri                                                                    |            |        | Non standard timings. Where you intend to us<br>for the exhibition of films at different times to<br>column on the left, please list (please read guid | <u>those listed i</u>  | es<br>n the |
| Sat                                                                    |            |        | -                                                                                                                                                      |                        |             |
| Sun                                                                    |            |        |                                                                                                                                                        |                        |             |

С

| <b>Indoor sporting events</b><br>Standard days and<br>timings (please read<br>guidance note 6) |                                       | and<br>read | 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                                                                                            | · · · · · · · · · · · · · · · · · · · |             |                                                                                                                                                                                                     |
| Thur                                                                                           |                                       |             | Non standard timings. Where you intend to use the premises<br>for indoor sporting events at different times to those listed in<br>the column on the left, please list (please read guidance note 5) |
| Fri                                                                                            |                                       |             |                                                                                                                                                                                                     |
| Sat                                                                                            |                                       |             |                                                                                                                                                                                                     |
| Sun                                                                                            |                                       |             |                                                                                                                                                                                                     |

D

| Boxing or wrestling<br>entertainments<br>Standard days and |                          | -      | Will the boxing or wrestling entertainment<br>take place indoors or outdoors or both –<br>please tick (please read guidance note 2)                  | Indoors        |      |
|------------------------------------------------------------|--------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|
| timing                                                     | s (please i<br>ce note 6 | read   | Diease fick (please feat guidance fiole 2)                                                                                                           | Outdoors       |      |
| Day                                                        | Start                    | Finish |                                                                                                                                                      | Both           |      |
| Mon                                                        |                          |        | Please give further details here (please read gu                                                                                                     | idance note 3  | )    |
| Tue                                                        |                          |        |                                                                                                                                                      |                |      |
| Wed                                                        |                          |        | State any seasonal variations for boxing or wind entertainment (please read guidance note 4)                                                         | restling       |      |
| Thur                                                       |                          |        |                                                                                                                                                      |                |      |
| Fri                                                        |                          | -      | Non standard timings. Where you intend to u<br>for boxing or wrestling entertainment at differ<br>listed in the column on the left, please list (ple | ent times to t | hose |
| Sat                                                        |                          |        | note 5)                                                                                                                                              |                | :    |
| Sun                                                        |                          |        |                                                                                                                                                      |                |      |

Ε

| Live music<br>Standard days and<br>timings (please read |            |        | Will the performance of live music take place<br>indoors or outdoors or both – please tick<br>(please read guidance note 2)                             | Indoors        |             |
|---------------------------------------------------------|------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
|                                                         | ice note 6 |        |                                                                                                                                                         | Outdoors       |             |
| Day                                                     | Start      | Finish |                                                                                                                                                         | Both           |             |
| Mon                                                     |            |        | Please give further details here (please read gu                                                                                                        | idance note 3) | )           |
| Tue                                                     |            |        |                                                                                                                                                         |                |             |
| Wed                                                     |            |        | State any seasonal variations for the performation (please read guidance note 4)                                                                        | ince of live m | <u>usic</u> |
| Thur                                                    |            |        |                                                                                                                                                         |                |             |
| Fri                                                     |            |        | Non standard timings. Where you intend to us<br>for the performance of live music at different to<br>listed in the column on the left, please list (ple | imes to those  |             |
| Sat                                                     |            | -      | note 5)                                                                                                                                                 |                |             |
| Sun                                                     |            |        |                                                                                                                                                         |                |             |

F

| Recorded music<br>Standard days and<br>timings (please read |            | nd     | Will the playing of recorded music take place<br>indoors or outdoors or both – please tick<br>(please read guidance note 2)                          | Indoors               |             |
|-------------------------------------------------------------|------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|
|                                                             | ice note 6 |        | (picase read guidance note zy                                                                                                                        | Outdoors              |             |
| Day                                                         | Start      | Finish |                                                                                                                                                      | Both                  |             |
| Mon                                                         |            |        | Please give further details here (please read gu                                                                                                     | lidance note 3        | )           |
| Tue                                                         |            |        |                                                                                                                                                      |                       |             |
| Wed                                                         |            |        | State any seasonal variations for the playing of (please read guidance note 4)                                                                       | of recorded m         | <u>usic</u> |
| Thur                                                        |            | -      |                                                                                                                                                      |                       |             |
| Fri                                                         |            |        | Non standard timings. Where you intend to us<br>for the playing of recorded music at different<br>listed in the column on the left, please list (ple | <u>times to those</u> | <u>e</u>    |
| Sat                                                         |            |        | note 5)                                                                                                                                              |                       |             |
| Sun                                                         |            |        | -                                                                                                                                                    |                       |             |

G

| Performances of<br>dance<br>Standard days and |                           |        | Will the performance of dance take place<br>indoors or outdoors or both – please tick<br>(please read guidance note 2)                             | Indoors                |       |
|-----------------------------------------------|---------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------|
| timings                                       | s (please i<br>ice note 6 | read   | (please read guidance note 2)                                                                                                                      | Outdoors               |       |
| Day                                           | Start                     | Finish |                                                                                                                                                    | Both                   |       |
| Mon                                           |                           |        | Please give further details here (please read gu                                                                                                   | iidance note 3)        | )     |
| Tue                                           |                           |        |                                                                                                                                                    |                        |       |
| Wed                                           |                           |        | State any seasonal variations for the performation (please read guidance note 4)                                                                   | nce of dance           |       |
| Thur                                          |                           |        |                                                                                                                                                    |                        |       |
| Fri                                           |                           |        | Non standard timings. Where you intend to us<br>for the performance of dance at different time<br>the column on the left, please list (please read | <u>s to those list</u> | ed in |
| Sat                                           |                           |        |                                                                                                                                                    |                        |       |
| Sun                                           |                           |        |                                                                                                                                                    |                        |       |

Η

| descri<br>falling<br>(g)<br>Standa<br>timings | ing of a similar<br>iption to that<br>i within (e), (f) orPlease give a description of the type of entertainment you w<br>be providingard days and<br>s (please read<br>ince note 6)Please give a description of the type of entertainment you w<br>be providing |        |                                                                                                                                                                                                             |                                         | <u>rill</u> |  |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------|--|
| Day                                           | Start                                                                                                                                                                                                                                                            | Finish | Will this entertainment take place indoors or                                                                                                                                                               | Indoors                                 |             |  |
| Mon                                           |                                                                                                                                                                                                                                                                  |        | outdoors or both – please tick (please read guidance note 2)                                                                                                                                                | Outdoors                                |             |  |
|                                               |                                                                                                                                                                                                                                                                  |        |                                                                                                                                                                                                             | Both                                    |             |  |
| Tue                                           |                                                                                                                                                                                                                                                                  |        | Please give further details here (please read guidance note 3)                                                                                                                                              |                                         |             |  |
| Wed                                           |                                                                                                                                                                                                                                                                  |        |                                                                                                                                                                                                             |                                         |             |  |
| Thur                                          |                                                                                                                                                                                                                                                                  |        | State any seasonal variations for entertainmen<br>description to that falling within (e), (f) or (g)<br>guidance note 4)                                                                                    | n <b>t of a similar</b><br>(please read |             |  |
| Fri                                           |                                                                                                                                                                                                                                                                  |        |                                                                                                                                                                                                             |                                         |             |  |
| Sat                                           |                                                                                                                                                                                                                                                                  |        | Non standard timings. Where you intend to us<br>for the entertainment of a similar description f<br>within (e), (f) or (g) at different times to those<br>column on the left, please list (please read guid | to that falling<br>listed in the        | <u>es</u>   |  |
| Sun                                           |                                                                                                                                                                                                                                                                  |        | -                                                                                                                                                                                                           |                                         |             |  |
|                                               |                                                                                                                                                                                                                                                                  |        |                                                                                                                                                                                                             |                                         |             |  |

I

| Provision of facilities<br>for making music<br>Standard days and<br>timings (please read<br>guidance note 6) |       | i <b>c</b><br>nd<br>ead | <u>Please give a description of the facilities for m</u><br><u>will be providing</u>                                                                 | aking music       | <u>you</u>  |
|--------------------------------------------------------------------------------------------------------------|-------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|
|                                                                                                              |       |                         | Will the facilities for making music be indoors or outdoors or both – please tick                                                                    | Indoors           |             |
|                                                                                                              |       |                         | (please read guidance note 2)                                                                                                                        | Outdoors          |             |
| Day                                                                                                          | Start | Finish                  |                                                                                                                                                      | Both              |             |
| Mon<br>Tue                                                                                                   |       |                         | Please give further details here (please read gu                                                                                                     |                   |             |
| Wed                                                                                                          |       |                         | State any seasonal variations for the provision<br>making music (please read guidance note 4)                                                        | n of facilities f | f <u>or</u> |
| Thur                                                                                                         | •     |                         |                                                                                                                                                      |                   |             |
| Fri                                                                                                          |       |                         | Non standard timings. Where you intend to us<br>for provision of facilities for making music at<br>those listed in the column on the left, please li | different time:   | <u>s to</u> |
| Sat                                                                                                          |       |                         | guidance note 5)                                                                                                                                     |                   |             |
| Sun                                                                                                          |       |                         |                                                                                                                                                      |                   |             |

J

| Provision of facilities<br>for dancing<br>Standard days and<br>timings (please read<br>guidance note 6) |       | nd<br>read | Will the facilities for dancing be indoors or<br>outdoors or both – please tick (see guidance<br>note 2)                                            | Indoors           |
|---------------------------------------------------------------------------------------------------------|-------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
|                                                                                                         |       |            | Please give a description of the facilities for d<br>providing                                                                                      |                   |
| Day                                                                                                     | Start | Finish     |                                                                                                                                                     |                   |
| Mon                                                                                                     |       |            | Please give further details here (please read gu                                                                                                    | uidance note 3)   |
| Tue                                                                                                     |       |            |                                                                                                                                                     |                   |
| Wed                                                                                                     |       |            | State any seasonal variations for providing da<br>(please read guidance note 4)                                                                     | ancing facilities |
| Thur                                                                                                    |       |            |                                                                                                                                                     |                   |
| Fri                                                                                                     |       |            | Non standard timings. Where you intend to u<br>for the provision of facilities for dancing enter<br>different times to those listed in the column o | rtainment at      |
| Sat                                                                                                     |       |            | list (please read guidance note 5)                                                                                                                  |                   |
| Sun                                                                                                     |       |            |                                                                                                                                                     |                   |

Κ

| for ent<br>simila<br>that fa<br>Standa<br>timings | ion of fac<br>ertainme<br>descript<br>lling with<br>ard days a<br>s (please r<br>ce note 6 | nt of a<br>tion to<br>in i or j<br>nd<br>read | Please give a description of the type of enterta<br>you will be providing                                                                                                                                                    | <u>inment facilit</u>                    | У    |  |
|---------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------|--|
| Day                                               | Start                                                                                      | Finish                                        | Will the entertainment facility be indoors or outdoors or both – please tick (please read                                                                                                                                    | Indoors                                  |      |  |
| Mon                                               |                                                                                            |                                               | guidance note 2)                                                                                                                                                                                                             | Outdoors                                 |      |  |
|                                                   |                                                                                            |                                               |                                                                                                                                                                                                                              | Both                                     |      |  |
| Tue                                               |                                                                                            |                                               | Please give further details here (please read guidance note 3)                                                                                                                                                               |                                          |      |  |
| Wed                                               |                                                                                            |                                               | -                                                                                                                                                                                                                            |                                          |      |  |
| Thur                                              |                                                                                            |                                               | State any seasonal variations for the provision<br>entertainment of a similar description to that f<br>(please read guidance note 4)                                                                                         |                                          |      |  |
| Fri                                               |                                                                                            |                                               |                                                                                                                                                                                                                              |                                          |      |  |
| Sat                                               |                                                                                            |                                               | Non standard timings. Where you intend to us<br>for the provision of facilities for entertainment<br>description to that falling within i or j at different<br>listed in the column on the left, please list (please note 5) | <u>t of a similar</u><br>ent times to th | nose |  |
| Sun                                               |                                                                                            |                                               |                                                                                                                                                                                                                              |                                          |      |  |

L

| Late night refreshment<br>Standard days and<br>timings (please read |            | Ind    | Will the provision of late night refreshment<br>take place indoors or outdoors or both –<br>please tick (please read guidance note 2)               | Indoors                |              |
|---------------------------------------------------------------------|------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------|
|                                                                     | ice note 6 |        | piedoc non (piedoc read garacineo nelo 2)                                                                                                           | Outdoors               |              |
| Day                                                                 | Start      | Finish |                                                                                                                                                     | Both                   |              |
| Mon                                                                 |            |        | Please give further details here (please read gu                                                                                                    | uidance note 3         | )            |
| Tue                                                                 |            |        |                                                                                                                                                     |                        |              |
| Wed                                                                 |            |        | State any seasonal variations for the provision of late night refreshment (please read guidance note 4)                                             |                        |              |
| Thur                                                                |            |        |                                                                                                                                                     |                        |              |
| Fri                                                                 |            |        | Non standard timings. Where you intend to u<br>for the provision of late night refreshment at o<br>those listed in the column on the left, please l | <u>different times</u> | <u>s, to</u> |
| Sat                                                                 |            |        | guidance note 5)                                                                                                                                    |                        |              |
| Sun                                                                 |            |        |                                                                                                                                                     |                        |              |

Μ

~ .

| Supply of alcohol<br>Standard days and<br>timings (please read |             | and    | Will the supply of alcohol be for<br>consumption (Please tick box) (please read<br>guidance note 7)                                                | On the premises        |           |
|----------------------------------------------------------------|-------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------|
|                                                                | nce note 6  |        |                                                                                                                                                    | Off the premises       | Ø         |
| Day                                                            | Start       | Finish |                                                                                                                                                    | Both                   |           |
| Mon                                                            | <u>4:00</u> | 15:00  | State any seasonal variations for the supply of read guidance note 4)                                                                              | <b>f alcohol</b> (plea | se        |
| Tue                                                            | 9:00        | 16:00  |                                                                                                                                                    |                        |           |
| Wed                                                            | 9:00        | 16:00  |                                                                                                                                                    |                        |           |
| Thur                                                           | 9:00        | 16:00  | Non standard timings. Where you intend to us for the supply of alcohol at different times to the column on the left, please list (please read guid | nose listed in         | es<br>the |
| Fri                                                            | 9:00        | 16:00  | (picaco road gala                                                                                                                                  |                        |           |
| Sat                                                            |             | -      |                                                                                                                                                    |                        |           |
| Sun                                                            |             |        |                                                                                                                                                    |                        |           |

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

| Name        | RIKI GREENBERG                     |                                       |         |
|-------------|------------------------------------|---------------------------------------|---------|
| Address     | 16 PEMBROKE HALL<br>MULBERRY CLOSE |                                       |         |
| Postcode    | NWA 2QW                            | · · · · · · · · · · · · · · · · · · · |         |
| Personal    | Licence number (if known)          | LN/200714022                          |         |
| Issuing lie | censing authority (if known)       | BARNET LONDON                         | Воеоцен |

#### Ν

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

#### 0

| ce note 6 | and<br>read<br>) |                                                                                                                          |
|-----------|------------------|--------------------------------------------------------------------------------------------------------------------------|
| Start     | Finish           | NIA                                                                                                                      |
|           |                  |                                                                                                                          |
|           |                  |                                                                                                                          |
|           |                  |                                                                                                                          |
|           |                  | 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)                                                            |
|           |                  |                                                                                                                          |
|           |                  | N/A                                                                                                                      |
|           |                  |                                                                                                                          |
|           |                  |                                                                                                                          |
|           |                  |                                                                                                                          |

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)

ENSURE NO ONE HAS ALLESS TO THE PREMISES.

#### b) The prevention of crime and disorder

THE PREMISES IS NOT OPEN TO THE PUBLIC & THEREFORE THIS SHOULD ETHTLE ANY CRIME & DISORDER. PREVENT

#### c) Public safety

FIRE ESCAPE FIRE ALARM

#### d) The prevention of public nuisance

NOT OPEN TO THE PUBLIC SO THIS SHOULD PREVENT PUBLIC NUISAINCE.

#### e) The protection of children from harm

1. CHILDREN DO NOT HAVE ALLESS TO THE PREMISES. 2. SET UP ON THE WEBSITE A STATEMENT THAT ANY BUYER MUST CLICK THAT THEY ARE OVER 18.

| P | lease | 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

#### 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)

be rejected

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 | autorenter |  |
|-----------|------------|--|
| Date      | 21.08.2014 |  |
| Capacity  | APPLICANT  |  |

For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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  |  |  |

|                  |                 | <b>viously given) and postal</b><br>on (please read guidance r |                         | spondence      |
|------------------|-----------------|----------------------------------------------------------------|-------------------------|----------------|
|                  | RIKI            | <b>Greenberg</b>                                               |                         |                |
|                  | 16              | PEMBROKE HAU                                                   |                         |                |
|                  | Mu              | BERRY CLOSE                                                    |                         |                |
| Post town        | LONDOI          | ບ                                                              | Post code               | NW4 IQW        |
| Telephone numb   | per (if any)    | 07791568162.                                                   |                         |                |
| lf you would pre | fer us to corre | rikiweiler @ gMail                                             | il your e-mail addı<br> | ess (optional) |



#### Consent of individual to being specified as premises supervisor

RIKI GREENBERG [full name of prospective premises supervisor]

of

I

| 16 | PEMBROKE            | HALL | MULBERRY | CLOSE | LONDON | NW4 20W |
|----|---------------------|------|----------|-------|--------|---------|
|    | dress of prospectiv |      |          | •     |        |         |

\_\_\_\_\_

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

PREMISES JUCENCE

by

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

RIKI GREENLERG

BASEMENT STORAGE ROOM 6 LYTTLETON ROAD NO DEF, LONDON. [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

[name of applicant]

concerning the supply of alcohol at

RIKI GREENBERG BASEMENT STORAGE ROOM 6 LYTTLETON ROAD, NO OEF [name and address of premises to which application relates] LONDON

www.barnet.gov.uk

## Putting the Community First



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

LN/ 2007140 22 [insert personal licence number, if any]

Personal licence issuing authority

EARNET LONDON BOROLO-H [insert name and address and telephone number of personal licence issuing authority, if any]

Signed

\_\_\_\_\_

Name (please print)

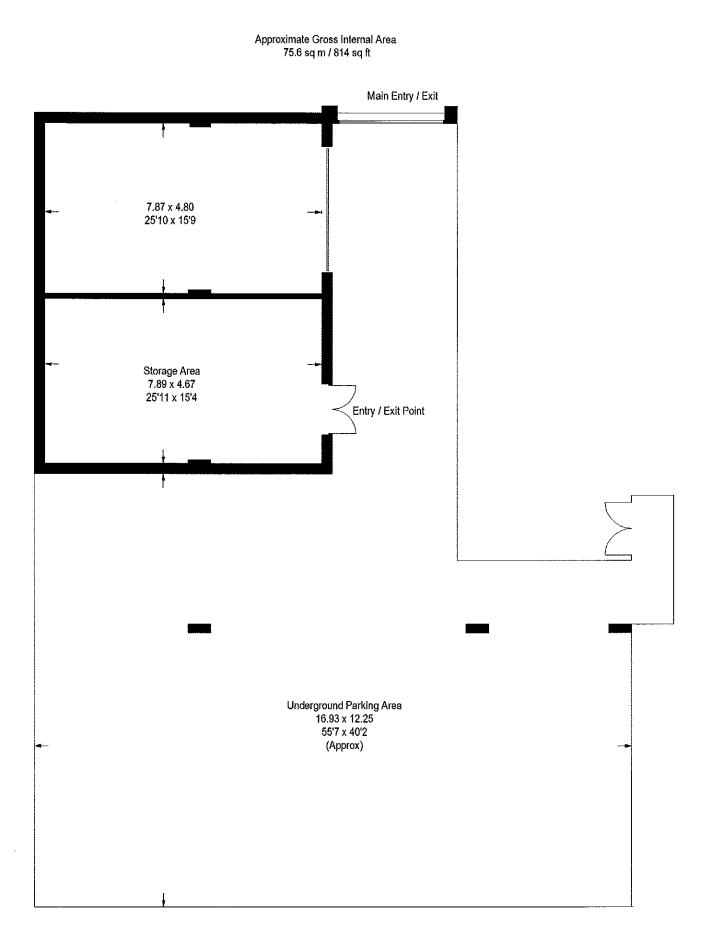
RIKI GREENBERG

Date

6.08.2014

www.barnet.gov.uk

# 6 Lyttelton Road, London, N2 0EE



#### **Basement**

Annex 2

# Conditions agreed with Police

From: riki weiler [mailto:rikiweiler@gmail.com] Sent: 30 September 2014 11:24 To: Altman Mark - SX Subject: Re: CCTV

cameras are up and running.

Regards, Riki

On Tue, Sep 30, 2014 at 11:23 AM, riki weiler <<u>rikiweiler@gmail.com</u>> wrote: HI Mark,

Thank you very much. I will let you know once the CCTV

On Tue, Sep 30, 2014 at 11:20 AM, <<u>Mark.Altman@met.pnn.police.uk</u>> wrote: Dear Riki, I am grateful for your reply and having looked at the quote either option 2 or 3 would comply with the CCTV condition. If you can afford the additional amount I would go for option 3.

Please note that Carl was only temporarily posted to the Licensing Office and has now reverted back to his normal duties. As such all further communication should be made directly to me.

When you are up and running let me know and I will pop round to look at the premises.

Regards

Mark

Sergeant Mark Altman Licensing Officer

Phone: 020 8733 5261
 E-mail: mark.altman@met.police.uk

🖃 Mail:

Licensing Office Room 1:20 Colindale Police Station Grahame Park Way Colindale NW9 5TW

From: Mercer Carl - SX Sent: 29 September 2014 21:15 To: Altman Mark - SX Subject: FW: CCTV From: riki weiler [mailto:<u>rikiweiler@gmail.com</u>] Sent: 29 September 2014 13:00 To: Mercer Carl - SX Subject: Fwd: CCTV

Hi Carl,

Hope you are well.

Before I confirm, please can you look ar option 2 & 3 in the attachment and tell me if you are happy with the CCTV standard.

Looking forward to hearing from you, Riki

Total Policing is the Met's commitment to be on the streets and in your communities to catch offenders, prevent crime and support victims. We are here for London, working with you to make our capital safer.

#### Consider our environment - please do not print this email unless absolutely necessary.

NOTICE - This email and any attachments may be confidential, subject to copyright and/or legal privilege and are intended solely for the use of the intended recipient. If you have received this email in error, please notify the sender and delete it from your system. To avoid incurring legal liabilities, you must not distribute or copy the information in this email without the permission of the sender. MPS communication systems are monitored to the extent permitted by law. Consequently, any email and/or attachments may be read by monitoring staff. Only specified personnel are authorised to conclude any binding agreement on behalf of the MPS by email. The MPS accepts no responsibility for unauthorised agreements reached with other employees or agents. The security of this email and any attachments cannot be guaranteed. Email messages are routinely scanned but malicious software infection and corruption of content can still occur during transmission over the Internet. Any views or opinions expressed in this communication are solely those of the author and do not necessarily represent those of the Metropolitan Police Service (MPS).

Find us at:

Facebook: Facebook.com/metpoliceuk

Twitter: @metpoliceuk

Total Policing is the Met's commitment to be on the streets and in your communities to catch offenders, prevent crime and support victims. We are here for London, working with you to make our capital safer.

#### Consider our environment - please do not print this email unless absolutely necessary.

NOTICE - This email and any attachments may be confidential, subject to copyright and/or legal privilege and are intended solely for the use of the intended recipient. If you have received this email in error, please notify the sender and delete it from your system. To avoid incurring legal liabilities, you must not distribute or copy the information in this email without the permission of the sender. MPS communication systems are monitored to the extent permitted by law. Consequently, any email and/or attachments may be read by monitoring staff. Only specified personnel are authorised to conclude any binding agreement on behalf of the MPS by email. The MPS accepts no responsibility for unauthorised agreements reached with other employees or agents. The security of this email and any attachments cannot be guaranteed. Email messages are routinely scanned but malicious software infection and corruption of content can still occur during transmission over the Internet. Any views or opinions expressed in this communication are solely those of the author and do not necessarily represent those of the Metropolitan Police Service (MPS).

#### Find us at:

#### Facebook: Facebook.com/metpoliceuk Twitter: @metpoliceuk

Dear Riki,

Please look at the attached CCTV conditions and could you let Carl MERCER know if these are agreeable to you.

I would be grateful if we could visit the venue on the 24th or 25th September at 10am.

Please reply to Carl as I am now on leave until the 23rd September.

Regards

Mark

Sergeant Mark Altman Licensing Officer



#### **CCTV Conditions**

- Digital recording colour CCTV comprising of a multi camera system.
- The head unit (recorder) for storing the images will store such data on a hard drive or a similar quality medium.

- If the head unit (recorder) is kept on the premises it must be located in a secure cabinet or other secure area, preferably out of the sight and reach of the public. The unit must be further secured by physical means to prevent anyone from merely picking up and removing the unit, e.g. a secure metal boot, or metal case strap, bolted to an immovable object like a wall or floor.
- A CD or DVD burner will also form part of the system to facilitate making copies of the images.
- The quality of the images must be of a sufficiently high standard to allow identification of the subject matter.
- Cameras will cover key areas identified by the operator and Police. These will include clear headshots of persons entering the shop area, the till area and areas where alcohol are displayed for sale.
- Images must be retained for a period of 31 days before overwriting.
- The images will be made available in reasonable time on demand by the Police and authorised officers of the London Borough of Barnet.
- At all times when the premises are open there shall be at least one person who is capable of operating the CCTV system if required to do so by the Police or authorised officers of the London Borough of Barnet.
- This system will be fully maintained at all times to ensure correct operation.

Annex 3

# Representations

Dr.S.Gibeon Dr.L.Anderson Dr.R.Mellins Dr.J.A.Goldin Dr.A.Goncalves Dr.L.Cullen 8, Lyttelton Road, Hampstead Garden Suburb, London N2 0EQ Tel: (020) 8458 9262 Fax: (020) 8458 0300 Website:www.heathfieldemedicalcentre.nhs.uk

24/09/2014 L.B. B. Licensing Team Building 4 North London Business Park Oakleigh Road South, London N11 1NP

24<sup>th</sup> September 2014

Dear Sir/Madam,

#### <u>6, Lyttleton Road, N2 0EF – Licence to permit online sale of alcohol</u> <u>basement storage</u>

1

We are writing to register our objection to the application for a premises licence to permit for online sale of alcohol for the premises basement storage situated at 6 Lyttleton Road N2 0EF.

Entrance to the premises in the application is in Heathfielde Medical Centre doctor's car park. There is a very little space in this premises entrance and when they do regular deliveries in and out it will obstruct pathway to the doctor's car park. Doctors need facility to move their cars in case of emergencies and for home visits throughout the day. This raises concerns about the increase the number of vehicles in this very limited space.

If alcohol been stored in the premises it would present a greater fire risk to the building, flats and Heathfielde Medical Centre.

The application is for online sales but residence do not accept that the applicant could guarantee that face to face sale alcohol will not take place from the premises.

Residence in the area will effect on so badly with the noises and risk, this is a residential area. Also we are providing a health care service for around eight thousand patients and clearly this is not a place for a alcohol storage/business.

In view of the above, we would urge the licencing authority to refuse the application.

Yours Sincerely,

HAPerm\_

Dr. Chamila Perera Practice Manager



Annex 5

# Matters for Decision

## MATTERS FOR DECISION

# 6 Lyttleton Road, London, N2 0EF

To allow the supply of alcohol off the premises only

**Standard Days and Timings** 

| Day       | Proposed   | Proposed finish | Granted as application | Amended to: | Refused |
|-----------|------------|-----------------|------------------------|-------------|---------|
|           | start time | time            |                        |             |         |
| Monday    | 09:00      | 15:00           |                        |             |         |
| Tuesday   | 09:00      | 16:00           |                        |             |         |
| Wednesday | 09:00      | 16:00           |                        |             |         |
| Thursday  | 09:00      | 16:00           |                        |             |         |
| Friday    | 09:00      | 16:00           |                        |             |         |
| Saturday  |            |                 |                        |             |         |
| Sunday    |            |                 |                        |             |         |

Added conditions, if any:

Reasons for decisions above:

### Hours premises are open to the public

#### Standard Days and Timings

| Day       | Proposed start time | Proposed finish time | Granted as application | Amended to: | Refused |
|-----------|---------------------|----------------------|------------------------|-------------|---------|
| Monday    | 09:00               | 15:00                |                        |             |         |
| Tuesday   | 09:00               | 16:00                |                        |             |         |
| Wednesday | 09:00               | 16:00                |                        |             |         |
| Thursday  | 09:00               | 16:00                |                        |             |         |
| Friday    | 09:00               | 16:00                |                        |             |         |
| Saturday  |                     |                      |                        |             |         |
| Sunday    |                     |                      |                        |             |         |

Added conditions, if any:

Reasons for decisions above: