



Report of: **Service Director, Public Protection**

Meeting of	Date	Agenda Item	Ward(s)
Licensing Sub-Committee	19th July 2011	B6	Barnsbury

Delete as appropriate		Non-exempt
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Subject: PREMISES LICENCE NEW APPLICATION
RE: LITTLE GEORGIA, 14 BARNSBURY ROAD, LONDON, N1 0HB

1. Synopsis

- 1.1 This is an application for a new premise licence under the Licensing Act 2003.
- 1.2 The new application is to:
 - i) Allow the supply of alcohol, on & off sales, Sundays to Thursdays from 12:00 until 23:00 and Fridays & Saturdays from 12:00 until 00:00;
 - ii) Allow the provision of late night refreshment, Mondays to Thursdays from 23:00 until 00:00 and Fridays & Saturdays from 23:00 until 01:00 the following day.

2. Recommendations

- 2.1 To determine the application for a new premises licence under Section 17 of the Licensing Act 2003.
- 2.2 If the Committee grants the application it should be subject to:
 - i. conditions of the current premises licence;
 - ii. conditions prepared by the Licensing Officer which are consistent with the Operating Schedule (See appendix 3);
 - iii. conditions recommended by responsible Authorities (see appendix 3);
 - iv. any conditions deemed necessary by the Committee to promote the four licensing objectives.

3. Background

- 3.1 The premises was licensed until February 2011, when it lapsed due to the previous licence holder going into liquidation, for the sale of alcohol and late night refreshment to midnight Mondays to Thursdays, to 1am Fridays and Saturdays and 11.30pm on Sundays.
- 3.2 The new applicant originally applied to sell alcohol until midnight Mondays to Thursdays and 1am Fridays and Saturdays however following consultation with the police the applicant has amended their application to sell alcohol during the hours specified in section 1.2i.
- 3.3 Papers are attached as follows:-
 - Appendix 1: application form;
 - Appendix 2: representations;
 - Appendix 3: suggested conditions and map of premise location.
- 3.4 The Licensing Authority has received 2 letter of representation.

4. Conclusion and reasons for recommendations


- 4.1 The Council is required to consider this application in the light of all relevant information, and if approval is given, it may attach such conditions necessary to promote the licensing objectives.

Background papers:

The Council's Statement of Licensing Policy
Licensing Act 2003
Secretary of States Guidance

Final Report Clearance

Signed by


Service Director – Public Protection

Date

7/7/11

Received by

Head of Scrutiny and Democratic Services

Date

Report author: Dan Whitton

Tel: 020 7527 3841

Fax: 020 7527 3430

E-mail: dan.whitton@gmail.com

**APPLICATION FOR A PREMISES LICENCE TO BE GRANTED
UNDER THE LICENSING ACT 2003**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

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

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

I/We TINATIN TUSKADZE
(Insert name(s) of applicant)

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

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description			
LITTLE Georgia 14 BARNSBURY ROAD			
Post town	LONDON	Post code	

Telephone number at premises (if any)	NONE AT PRESENT
Non-domestic rateable value of premises	£ 33,000 (ESTIMATED)

ISLINGTON COUNCIL LICENSING	
Date	5/6/11
Cash/Cheque Number (please circle)	CASH
Fee Paid	11/0-00
Receipt Number	A7256
Received By	TSC

ISLINGTON COUNCIL
03 JUN 2011

Part 2 - Applicant Details

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

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> | please complete section (B) |
| f) a health service body | <input type="checkbox"/> | please complete section (B) |
| g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital | <input type="checkbox"/> | please complete section (B) |
| h) the chief officer of police of a police force in England and Wales | <input type="checkbox"/> | please complete section (B) |

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

- | | | |
|---|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or | <input checked="" type="checkbox"/> | Please tick yes |
| <input checked="" type="checkbox"/> I am making the application pursuant to a | | |
| ○ statutory function or | <input type="checkbox"/> | |
| ○ a function discharged by virtue of Her Majesty's prerogative | <input type="checkbox"/> | |

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname TUSKADZE			First names TINATIN		
I am 18 years old or over <input type="checkbox"/> Please tick yes					
Current postal address if different from premises address		50 DEBENHAM COURT POWNALL ROAD			
Post Town LONDON			Postcode E8 4PZ		
Daytime contact telephone number		0793 111 0760			
E-mail address (optional)		tik0114@hotmail.com			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over <input type="checkbox"/> Please tick yes					
Current postal address if different from premises address					
Post Town			Postcode		
Daytime contact telephone number					
E-mail address (optional)					

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

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

Provision of regulated entertainment

Please tick yes

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

Provision of entertainment facilities:

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

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

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

In all cases complete boxes N, O and P

(B) OTHER APPLICANTS

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

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

Part 3 Operating Schedule

When do you want the premises licence to start?

Day Month Year

1	4	0	7	2	0	1	1
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If you wish the licence to be valid only for a limited period, when do you want it to end?

Day Month Year

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Please give a general description of the premises (please read guidance note1)

VICTORIAN PUB ON TWO FLOORS. UPSTAIRS DINING AREA WITH CENTRAL BAR FOR ALCOHOL SALES. DISABLED W.C. UPSTAIRS. STAIRS DOWN TO W.C., STORAGE, OFFICE + KITCHEN.

A

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

B

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

C

Indoor sporting events			Please give further details (please read guidance note 3)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	State any seasonal variations for indoor sporting events (please read guidance note 4)
Mon			
Tue			
Wed			
Thur			Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

D

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

E

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

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	10:00	23:00	LOW-LEVEL BACKGROUND MUSIC DURING OPENING HOURS		
Tue	10:00	23:00			
Wed	10:00	23:00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	10:00	23:00	NONE		
Fri	10:00	24:00	Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat	10:00	24:00			
Sun	10:00	23:00			

G

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

H

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

I

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

J

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

K

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

L

Late night refreshment			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Standard days and timings (please read guidance note 6)				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon	23:00	00:00		Please give further details here (please read guidance note 3)	
Tue	23:00	00:00			
Wed	23:00	00:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	23:00	00:00			
Fri	23:00	01:00	Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 5)		
Sat	23:00	01:00			
Sun					

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises <input checked="" type="checkbox"/>
				Off the premises <input checked="" type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)	
Mon	12:00	00:00		
Tue	12:00	00:00		
Wed	12:00	00:00		
Thur	12:00	00:00		
Fri	12:00	01:00		
Sat	12:00	01:00		
Sun	12:00	23:00		

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

Name	TINATIN TUSKADZE
Address	50 DEBENHAM COURT POWALL ROAD LONDON
Postcode	E8 4PZ
Personal Licence number (if known)	LBH-PER-T-0480
Issuing licensing authority (if known)	L.B. HACKNEY

N

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

O

<p>Hours premises are open to the public Standard days and timings (please read guidance note 6)</p>			<p>State any seasonal variations (please read guidance note 4)</p>
Day	Start	Finish	
Mon			<p>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)</p>
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

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)

SIGNAGE INDICATING THE HOURS OF THE TERMS OF THE PREMISES LICENCE.

AN OPERATING POLICY THAT FULFILLS THE LICENCING OBJECTIVES.

ALL BAR & WAITING STAFF TO BE TRAINED ACCORDINGLY

b) The prevention of crime and disorder

ALL STAFF TO BE INSTRUCTED NOT TO SERVE INTOXICATED OR OFFENSIVE CUSTOMERS. STAFF WILL BE REQUIRED TO CONTACT POLICE AS NECESSARY.

THE PROVISION OF INTERIOR + EXTERIOR CCTV.

NOT TO PERMIT DRUNK AND/OR ROWDY BEHAVIOUR

c) Public safety

REGULAR MAINTENANCE OF THE PREMISES, INCLUDING FIXTURES & FITTINGS, W.C.s, FURNITURE.

TO KEEP ACCESS TO ALL FIRE EXITS CLEAR

PROVIDE ADEQUATE EMERGENCY LIGHTING

PROVIDE ADEQUATE FIRE EXTINGUISHING EQPT.
CLEARLY SIGN EMERGENCY EXITS

d) The prevention of public nuisance

ERECT SIGNAGE REQUESTING CUSTOMERS LEAVE QUIETLY TO COMPLY WITH THE REGULATIONS REGARDING NOISE.

TO LIMIT DELIVERIES TO NORMAL WORKING HOURS.

NOT TO EMPTY RUBBISH AFTER 10.P.M.

NOT TO PRODUCE NOXIOUS SMELLS

TO KEEP EXTERIOR MAINTAINED & CLEAN

e) The protection of children from harm

STAFF TO BE INSTRUCTED NOT TO ADMIT ANY UNACCOMPANIED CHILD, & NOT TO SERVE ALCOHOL TO ANYONE UNDER 18. ID TO BE REQUESTED
ACCOMPANIED CHILDREN IN THE RESTAURANT WILL NOT BE ALLOWED TO ROAM THE PREMISES ON THEIR OWN

Please tick yes

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

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

Part 4 – Signatures (please read guidance note 10)

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

Signature	<i>J. W. [unclear]</i>
Date	02/06/2011
Capacity	OWNER / PREMISES SUPERVISOR

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

Signature	
Date	
Capacity	OWNER / PREMISES SUPERVISOR

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Post town		Post code	
Telephone number (if any)	0793 111 0760		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			
E: k0114@hotmail.com			

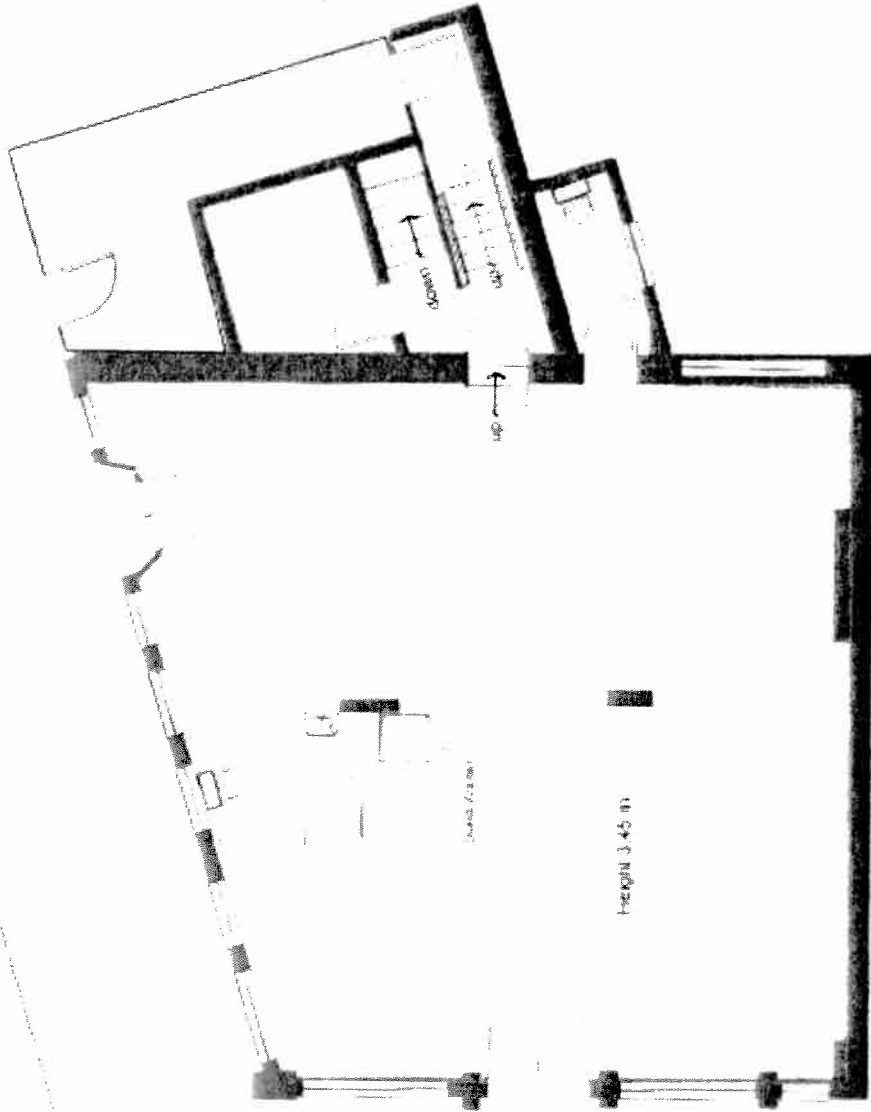
London N1 0HB

8

Dewey Road

Barnsbury Road

Gross internal area 293 sq.m. / 3154 sq.ft.



Ground floor

Gross Internal Area

Approx. 123 sq.m. / 1324 sq.ft.

Property Lines

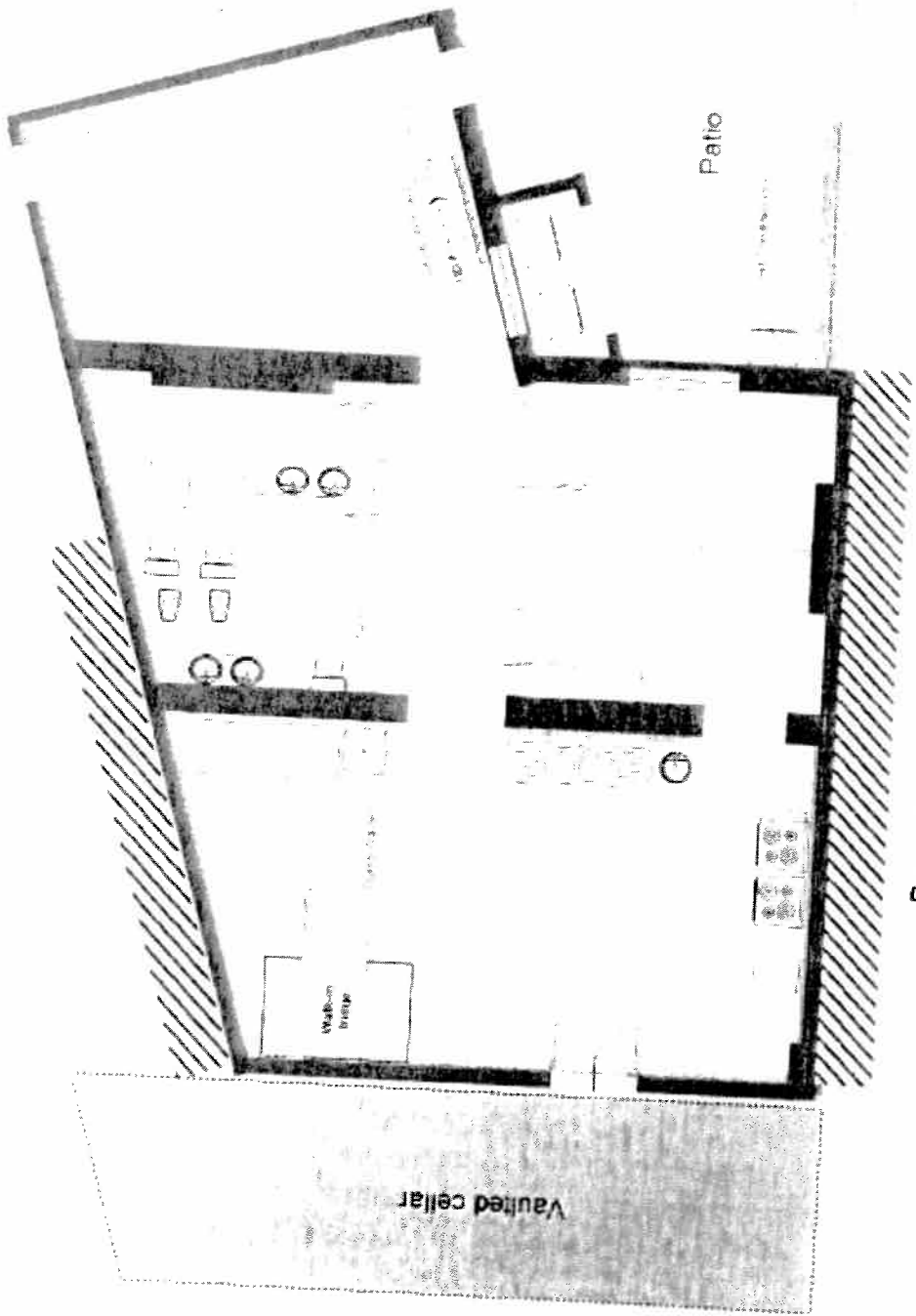
Scale: Metric 1:100 or A4
* for P/D Plans scale off note below



LONDON N1 0UB

5

Vaulted ceiling



Basement
 Gross internal Area
 Approx. 170 sq.m. / 1830 sq.ft.
 (excluding vaulted cellar)

Property Lines
 Scale: As indicated on Plan
 1:100 (1:100) Plans scale will vary by room



PART A

Consent of individual to being specified as premises supervisor

I TINATIN TUSKADZE
[full name of prospective premises supervisor]

Of 50 DEBENHAM COURT
POWNALL ROAD
LONDON
E8 4PZ

[home address of prospective premises supervisor]

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

PREMISES LICENCE
[type of application]

by TINATIN TUSKADZE
[name of applicant]

Relating to a premises licence

[number of existing licence, if any]

for LITTLE GEORGIA,
14 BARNBURY ROAD,
LONDON N1 0BH

[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

TINATIN TUSKADZE
[name of applicant]

concerning the supply of alcohol at

LITTLE GEORGIA 14, BARNSBURY RD. LONDON N10BH
[name and address of premises to which application relates]

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

Personal licence number

LBH-PER-T-0480
[insert personal licence number if any]

Personal licence issuing authority

L.B. HACKNEY 020 8356 4970
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

T. Tuskadze

Name (Please Print)

TINATIN TUSKADZE

Date

2/06/2011

Appendix 2.



ISLINGTON

Mrs Tinatin Tuskadze
50 Debenham Court
Pownall Road
London
E8 4P2

Building Control Service
Public Protection
222 Upper Street
London
N1 1XR

T 020 7527 5986
F 020 7527 5998
E geoff.weaver@islington.gov.uk
W www.islington.gov.uk

Our ref : GW
Your ref:

Date: 20 June 2011

Dear Madam

**Licensing Act 2003
Representation from Responsible Authority for Health and Public Safety
Little Georgia 14 Barnsbury Road N1 0HB**

With reference to the recent application for a premises licence under the Licensing Act 2003 at the above named premises, as the health and safety consultant for the responsible authority for health and public safety I will be making a representation to this application.

The premises are being refurbished and the arrangements at the premises should be inspected and approved by the responsible authority for health and public safety before the premises can be used under the licence.

This communication is without prejudice to the necessity of complying with any other statutory controls which may be applicable, whether administered by the council or by any other authority.

Please give me notification of the completion of the works so that an inspection of the premises can be made.

Should you require any advice or information please contact me at the above address.

Yours faithfully

Geoff Weaver
Senior Building Surveyor (Licensing Health and Safety)



CUSTOMER SERVICE EXCELLENCE

**Islington Licensing Authority
Licensing Act 2003**

Representation form from Responsible Authority for Health and Public Safety

Name	Geoff Weaver
Job title	Senior Building Surveyor (Licensing Health and Safety)
Postal address	Islington Council, Building Control Service 222 Upper Street, London N1 1XR
email	geoff.weaver@islington.gov.uk
Contact telephone number	020 7527 5986

Name and address of the premises concerning the representation	Little Georgia 14 Barnsbury Road N1 0HB
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Public Safety	The premises are being refurbished and the arrangements at the premises should be inspected and approved by the responsible authority for health and public safety before the premises can be used under the licence.
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Suggested conditions that could be added to the licence to remedy the public safety representation	<p>(1) The premises shall not be used under the licence until and the arrangements at the premises are suitable and sufficient for health and public safety and have been approved in writing by the responsible authority for health and public safety.</p> <p>(2) Copies of the inspection and test certificates specified below, properly certified by approved competent persons, shall be submitted to the responsible authority for health and public safety.</p> <p>Electrical installation Emergency lighting Fire alarm Fire fighting appliances Gas installation and appliances</p>
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Signed: _____ Date: _____

Please return this form along with any additional sheets to: Applicant and Islington Council, Licensing Team, 222 Upper Street, London N1 1XR or email to licensing@islington.gov.uk This form must be returned within the statutory period. For more details please check with the Licensing Support Team on 020 7527 3031.

Whitton, Daniel

Subject: Opposition Notice

-----Original Message-----

From:

Sent: 28 June 2011 16:21

To: Whitton, Daniel

Subject: Opposition Notice

Dear Sirs

Further to my request to lodge opposition against the proposed use for 14 Barnsbury Road I forgot to mention would my concern to the possible use of the garden during the evening, particularly as my bedroom directly overlooks the garden which will further exacerbate my rest and sleep.

Kind Regards

Dear Sirs

I would like to lodge my opposition to the proposed use of 14 Barnsbury Road by Tinatin Tuskadze for Little Georgia

I live at Barnsbury Road - my sleep was disturbed for every day of week for the whole period when the restaurant was there. Especially when they used the garden for their customers to drink and smoke throughout the whole day until the later hours of the evening.

I am an older woman, my sleep and rest are desperately precious for my health, the prospect of having another place for customers to drink in is an extremely upsetting proposition.

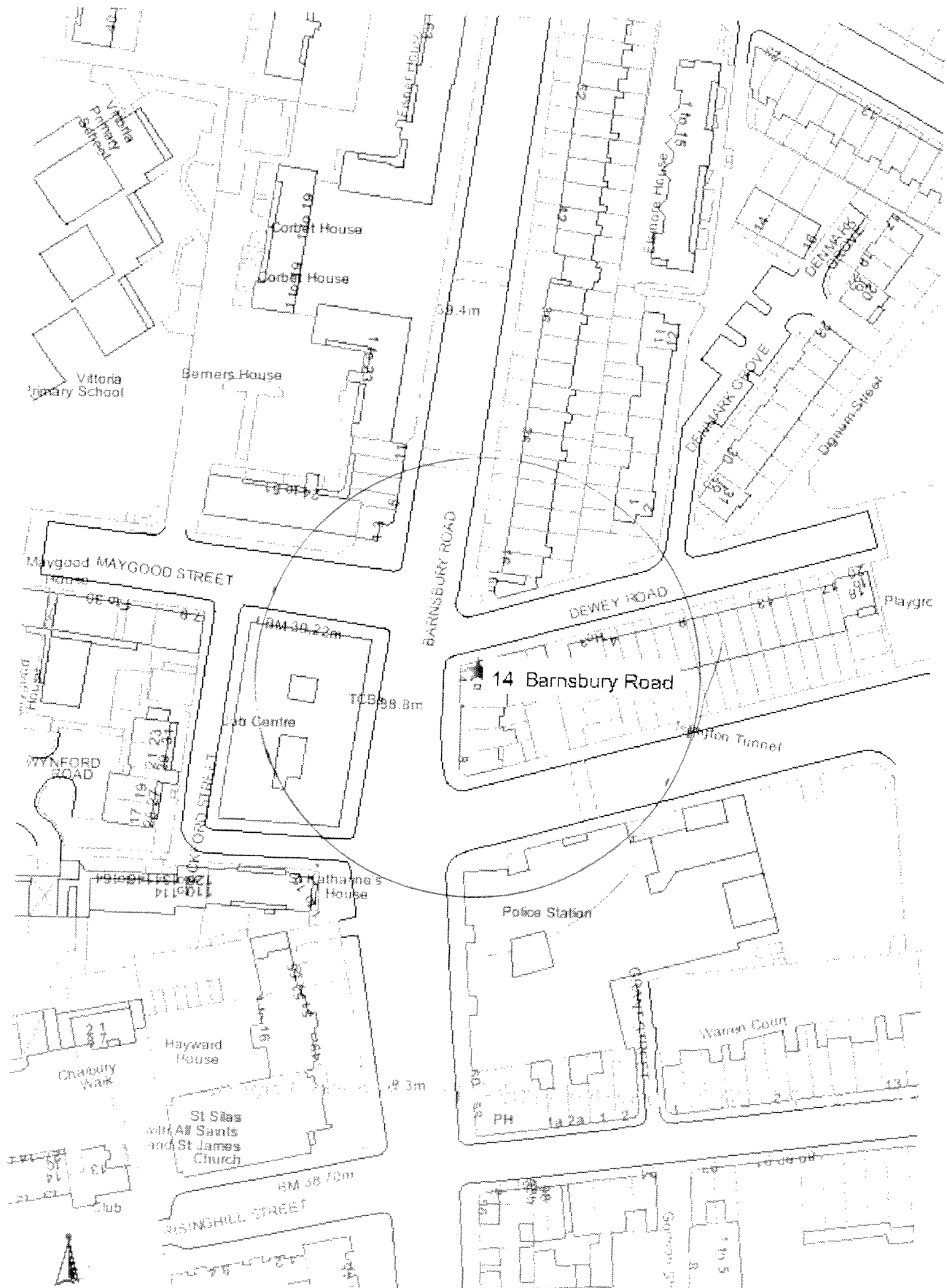
Yours Sincerely

Suggested conditions of approval consistent with the operating schedule

1. CCTV shall be installed, operated and maintained in agreement with the Police. The system will enable frontal identification of every person entering the premises. The system shall record in real time and operate whilst the premises are open for licensable activities. The recordings shall be kept available for a minimum of 31 days. Recordings shall be made available to an Authorised Officer or a Police Officer (subject to the Data Protection Act 1998) within 24 hours of any request.
2. Notices shall be clearly on display requesting customers to respect the needs of local residents and to leave the premises and the area quietly.
3. No refuse to be removed from premises after 22:00.
4. All deliveries to be completed during normal working hours.
5. No unaccompanied persons under 18 shall be admitted.
6. The licensee shall put arrangements in place to ensure that before serving alcohol to young persons, staff ask to see accredited proof of age cards e.g. Citizencard, a Passport, or UK Driving Licence bearing the photograph and date of birth of the bearer.

Suggested conditions of approval recommended by Health and Safety Officer

7. The premises shall not be used under the licence until and the arrangements at the premises are suitable and sufficient for health and public safety and have been approved in writing by the responsible authority for health and public safety.
8. Copies of the inspection and test certificates specified below, properly certified by approved competent persons, shall be submitted to the responsible authority for health and public safety:
 - a) Electrical installation;
 - b) Emergency lighting;
 - c) Fire alarm;
 - d) Fire fighting appliances; and
 - e) Gas installation and appliances.



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