



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

Meeting of	Date	Agenda Item	Ward(s)
Licensing Sub-Committee	17 January 2012	B3	Caledonian

Delete as appropriate		Non-exempt
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**Subject: PREMISES LICENCE NEW APPLICATION
RE: CRYSTAL KEBAB, 2B YORK WAY, LONDON N1 9AA**

1. Synopsis

- 1.1 This is an application for a new premise licence under the Licensing Act 2003
- 1.2 The application is to permit
 - i) provision of late night refreshment from 23:00 until 05:00 Monday to Sunday

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 Papers are attached as follows:-

- Appendix 1: application form and additional submission;
Appendix 2: representations;
Appendix 3: suggested conditions and map of premise location.

- 3.2 The Licensing Authority has received representations from the following Responsible Authorities, Islington Police, Health & Safety and the Council's Noise team. The applicant has accepted the proposed conditions of the Council's Noise officer as shown in appendix 3.
- 3.3 The premises currently benefits from a premises licence allowing late night refreshment from 23:00 to 02:00 Monday to Sundays.

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 5/1/12

Received by

Head of Scrutiny and Democratic Services

Date

Report author: Katie Tomashevski

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Fax: 020-7527-3057

E-mail: Katie.Tomashevski@islington.gov.uk

WK/111237200

KTO
OK?
[Signature]
18/11/14
✓

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 Ahmet Toprak

(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 Crystal Kebab 2B York Way			
Post town	London	Post code	N1 9AA
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£10500	

Part 2 - Applicant Details

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

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i. as a limited company please complete section (B)
 - ii. as a partnership please complete section (B)
 - iii. as an unincorporated association or please complete section (B)
 - iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)

ISLINGTON COUNCIL LICENSING	
Date	18/11/14
Fee Paid	190.
Cash/Cheque Number (please circle)	100010
Receipt Number	50318
Received By	JWT.

- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

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

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
 - statutory function or
 - a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Toprak			First names Ahmet		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		12 Manor Road			
Post Town	London			Postcode	N17 0JJ
Daytime contact telephone number					
E-mail address (optional)					

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)			

(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	6	12 2011

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

Day	Month	Year

Please give a general description of the premises (please read guidance note 1)
Please refer to the enclosed plan.
Premises is a take-away.

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

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"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
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)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Wed					
Thur			<u>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</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			<u>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</u> (please read guidance note 5)
Thur			
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"/>
Day	Start	Finish	Both <input type="checkbox"/>			
Mon			Please give further details here (please read guidance note 3)			
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 Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Both	<input type="checkbox"/>				
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p><u>Please give a description of the type of entertainment you will be providing</u></p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p>		
Fri					
Sat			<p><u>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</u> (please read guidance note 5)</p>		
Sun					

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>			
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)			Indoors
			Outdoors			<input type="checkbox"/>
			Both			<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
Tue			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)			
Wed						
Thur			<u>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</u> (please read guidance note 5)			
Fri						
Sat						
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"/>
			<u>Please give a description of the facilities for dancing you will be providing</u>			
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun			<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)			
			<u>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</u> (please read guidance note 5)			

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)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur					
Fri			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)		
Sat					
Sun					
			<u>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</u> (please read guidance note 5)		

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon	23:00	05:00			
Tue	23:00	05:00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Wed	23:00	05:00			
Thur	23:00	05:00	<u>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</u> (please read guidance note 5)		
Fri	23:00	05:00			
Sat	23:00	05:00			
Sun	23:00	05:00			

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 type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			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)		

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

Name	
Address	
Postcode	
Personal Licence number (if known)	
Issuing licensing authority (if known)	

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)

N/A

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4) N/A
Day	Start	Finish	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
Mon	10:00	06:00	
Tue	10:00	06:00	
Wed	10:00	06:00	
Thur	10:00	06:00	
Fri	10:00	06:00	
Sat	10:00	06:00	
Sun	10:00	06:00	

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)

b) The prevention of crime and disorder

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.

All instances of crime and disorder shall be reported to the police.

An incident book shall be used to record all instances of public disorder.

c) Public safety

All exit routes shall be kept unobstructed, with non-slippery and even surfaces, free of trip hazards and clearly identified.

d) The prevention of public nuisance

Prominent, clear and legible notices must be displayed at all exits requesting the public to respect the needs of local residents and to leave the premises and the area quietly.

e) The protection of children from harm

The premises will be effectively managed.

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	
Date	18 November 2011
Capacity	Authorised Agent

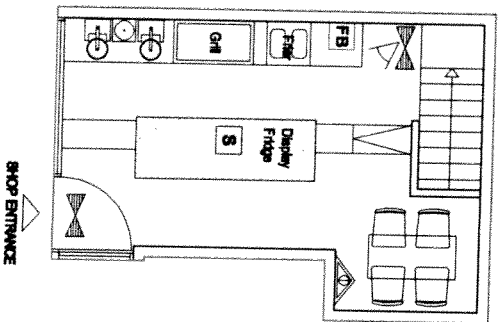
For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	
Capacity	

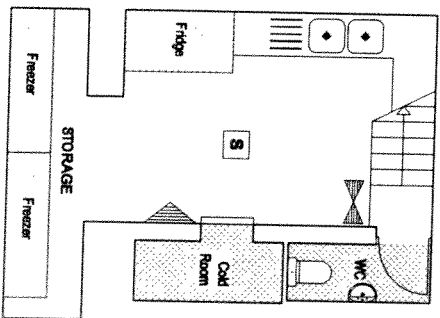
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13) Licensing Department NARTS 55 Stoke Newington High Street			
Post town	London	Post code	N16 8EL
Telephone number (if any)	020 7241 3636		
If you would prefer us to correspond with you by e-mail your e-mail address (optional) info@act2003.com			

Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



**PROPOSED
GROUND FLOOR PLAN**



**PROPOSED
BASEMENT**

LEGEND

- WC AREA
- COLD ROOM
- FRIDGES
- AMBIT OF LICENSED PREMISES
- SAFETY LIGHTS
- SMOKE DETECTOR
- CCTV
- POWDER FIRE EXTINGUISHER
- FOAM FIRE EXTINGUISHER
- FIRE BLANKET

**CRYSTAL
KEBAB**
2B
YORK WAY
LONDON
N1 9AA

**PROPOSED
GROUND FLOOR PLAN**

SCALE : 1/100 @ A4 DATE : 18/11/11

REF. NO. : E1811111

ACT 2003
55 STOKE NEWINGTON
HIGH STREET
LONDON N188EL
Tel : 020 724 1 3638(4line)
www.ac2003.com



**METROPOLITAN
POLICE**

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REP2.

TERRITORIAL POLICING

Narts
Licensing Department
55 Stoke Newington High Street
London
N16 8EL

**NI - Islington Borough
NI - Islington Police Station**

G17
Islington Police Station
2 Tolpuddle Street
Islington
N1 0YY

Telephone: 020 7421 0194/0248
Facsimile:
Email: ni_licensing@met.police.uk

Your ref:
Our ref: Licensing/NI
23rd November 2011

Dear Sir / Madam

RE:- Crystal Kebab, 2B York Way, N1 9AA

With reference to the above application, I am writing to inform you that the Islington Police, as a Responsible Authority, will be objecting to this application as it is our belief that if granted the application would undermine the Licensing Objectives.

The venue is situated in the 'Caledonian Ward', a locality where there is traditionally high crime and disorder and there are concerns that this application will cause further policing problems in an already demanding area.

We are willing to withdraw our objection if the terminal hour for the sale of late night refreshment is reduced to 2am daily.

Should you wish to discuss the matter further please contact your details on **0207 421 0194/0248** or via email, ni_licensing@met.police.uk

Robin Clark Sgt 45NI
Don Stewart PC115NI
Islington Police Licensing Team



ISLINGTON

Building Control Service
Planning and Development
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: 3 November 2011

Licensing Department
NARTS
55 Stoke Newington High Street
London
N16 7XB

Dear Sirs

Licensing Act 2003
Representation from Responsible Authority for Health and Public Safety
Crystal Kebab 2B York Way N1 9AA

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 proposed arrangements at the premises as shown on the submitted plan are insufficient for health and public safety. Attached is a schedule of the requirements necessary for the minimum acceptable standards. The premises should be inspected and approved by the responsible authority for health and safety before the premises can be used under the licence.

Premises should be maintained in good condition. Staff should be trained in the health and safety measures applicable to the premises and the action to be taken in the event of an emergency or evacuation. Enclosed for the attention of the licensee are **Health and Safety Standards for Places of Assembly, Shops and Commercial Premises**.

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 notification of the commencement and completion of the works. 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)

**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	Crystal Kebab 2B York Way N1 9AA
Public Safety	The proposed arrangements at the premises are insufficient for health and public safety. See attached requirements schedule.
Suggested conditions that could be added to the licence to remedy the public safety representation	The premises shall not be used under the licence until the requirements specified in the schedule dated 3 November 2011 have been completed and approved in writing by the responsible authority for health and public safety.

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.

**Licensing Act 2003 – Requirements schedule dated 3 November 2011 for
Crystal Kebab 2B York Way N1 9AA**

- (1) The basement kitchen layout should be re-arranged so that the cooking appliances are not adjacent to the basement stairway.
 - (2) In addition to emergency lighting shown on the plan, emergency lighting should be provided in the following locations:
 - Ground floor service area
 - Over the stairway to the basement
 - Basement kitchen
 - Basement toilet lobby
- Note:** Non-maintained emergency lighting should be wired to the local lighting circuit in such a manner as to operate not only in the event of failure of the mains supply but also on failure of the supply to the local lighting circuit.
- (3) Mains operated smoke and heat alarms with a standby power supply such as a rechargeable or replaceable battery or capacitor in accordance with BS 5839 – 6 should be provided in the parts of the premises specified below:
 - Ground floor service area – Smoke alarm
 - Over the stairway to the basement – Smoke alarm
 - Basement Kitchen – Heat detector

Smoke alarms should be sited so that no point is further than 7.5m from the nearest smoke alarm. Heat alarms should be sited so that no point is further than 5.3m from the nearest heat alarm. Smoke and heat alarms should not be mounted within 500mm of any walls or obstructions.

Smoke and heat alarms should be interlinked so that detection of smoke or heat by one unit operates the alarm signal in all of them. Smoke and heat alarms should be wired in compliance with BS 7671 to a single independent circuit at the main distribution board. The circuit should be clearly labelled **Fire Alarm do not isolate**.
 - (4) Mechanical extract ventilation should be installed in the basement toilet extracting direct to external air at a rate of not less than 6 litres/second. The extract fan should have a 15 minute over-run controlled by the light switch or occupant detecting sensor. Air inlet to the toilet should be provided, e.g. 10mm gaps under the toilet and lobby doors.
 - (5) Extract ventilation hoods providing not less than 30 air changes per hour should be installed over deep fat fryers and cooker grills. Extract ventilation hoods should be fitted with grease filters, which can be removed for cleaning.
 - (6) Means to cut off the gas/electrical supply to the cooking equipment by hand in an emergency should be provided in a readily accessible position adjacent to the exit from the cooking area. A sign should be provided adjacent to the emergency cut off control suitably worded **Gas/Electricity emergency cut off control** and the off position or method of operation clearly indicated.
 - (7) A continuous handrail should be provided to the basement stairway at a height of not less than 900mm and not more than 1000mm above the pitch line or floor.
 - (8) Copies of the inspection and test certificates specified below, certified by an approved competent person, should be submitted to the responsible authority for health and public safety.

- Electrical installation
- Emergency lighting
- Fire fighting appliances
- Gas boilers, gas installations and appliances

An approved competent person for the testing and certification of electrical installations and emergency lighting should be one of the following:

- (i) A qualified member of the Institution of Engineering and Technology, or
- (ii) A contractor enrolled with the National Inspection Council for Electrical Installation Contracting, or a member of the Electrical Contractors Association, or a competent person from an appropriate approved organisation.

Inspection and service certificates for fire fighting appliances should be obtained from an organisation certified by the British Approvals for Fire Equipment (BAFE), or a competent person from an appropriate approved organisation.

Gas boilers, gas installations and appliances should be inspected and tested by a Gas Safe registered engineer.

Suggested conditions of approval consistent with the operating schedule

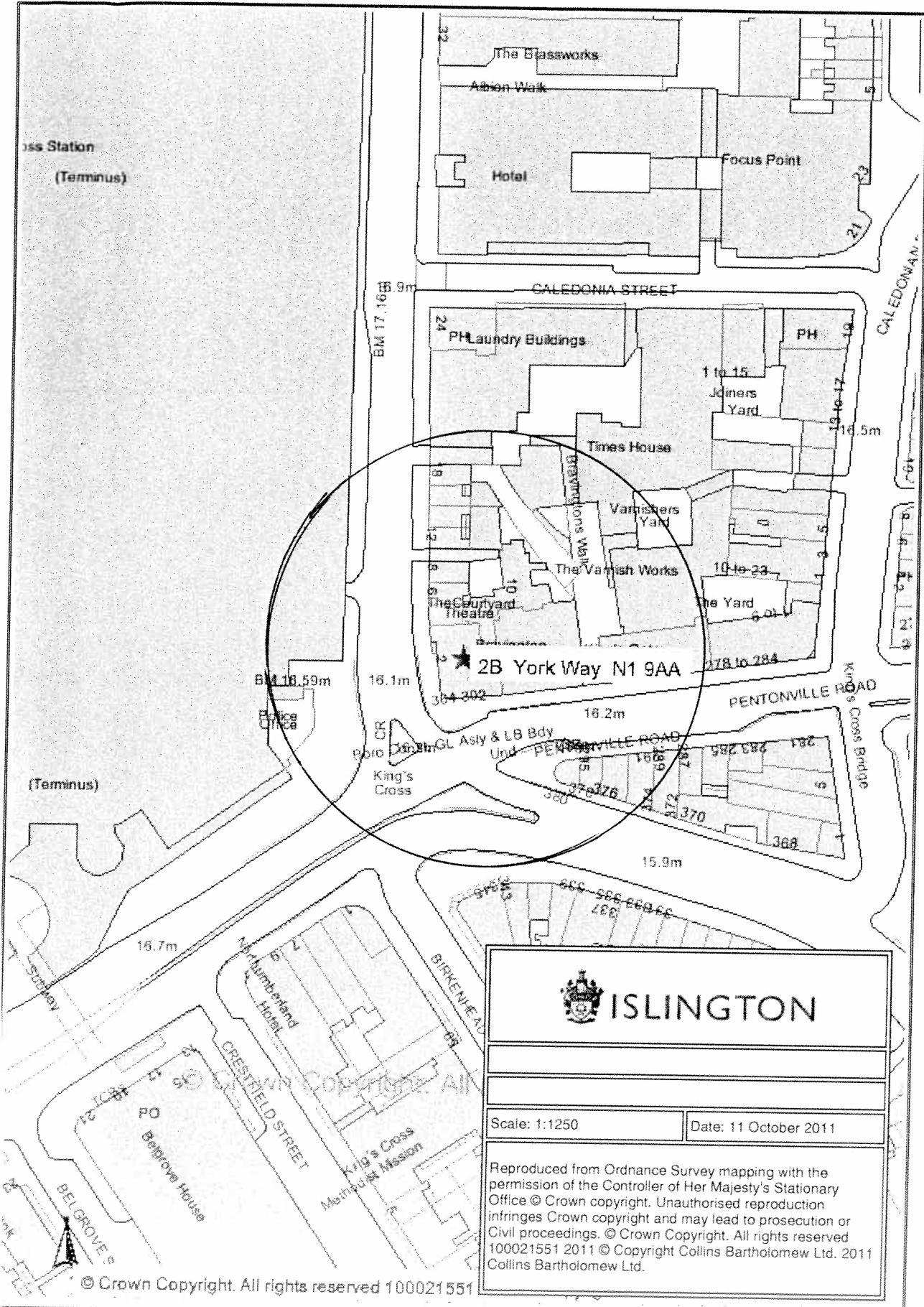
1. CCTV shall be installed, operated and maintained in agreement with the Police. The system will enable frontal identification of every person entering the premises. The system shall record in real time and operate whilst the premises are open for licensable activities. The recordings shall be kept available for a minimum of 31 days. Recordings shall be made available to an Authorised Officer or a Police Officer.
2. All instances of crime and disorder shall be reported to the police.
3. An incident book shall be used to record all incidents of public disorder.
4. All exit routes shall be kept unobstructed, with non-slippery and even surfaces, free of trip hazards and clearly identified.
5. Prominent, clear and legible notices shall be displayed at all exits requesting the public to respect the needs of local residents and to leave the premises and the area quietly.


Conditions agreed with the Council's Noise Officer

6. No deliveries will take place on Sundays or Bank Holidays and between the hours of 11pm and 7am other days of the week.
7. No rubbish including bottles will be moved, removed or placed in outside areas on Sundays or Bank Holidays and between the hours of 11pm and 7am other days of the week.

Conditions of approval recommended by Health and Safety Officer

8. 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.



 **ISLINGTON**

Scale: 1:1250 Date: 11 October 2011

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