

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

Meeting of	Date	Agenda Item	Ward(s)
Licensing Sub-Committee	22 August 2011	B4	Bunhill

Delete as appropriate	Non-exempt
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Subject: PREMISES LICENCE TRANSFER AND DPS VARIATION APPLICATIONS
RE: City Supermarket , 190-194 Goswell Road, London EC1V 7DT

1. Synopsis

- 1.1 The police have objected to the applications by Salman Capti to transfer and vary the DPS of the premise licence under the Licensing Act 2003. The police have submitted the representation because the premises licence review is pending.

2. Recommendations

- 2.1 To determine the application to vary the DPS for the premises licence under Section 37 of the Licensing Act 2003.
- 2.2 To determine the application to transfer the premises licence under Section 42 of the Licensing Act 2003.

3. Background

- 3.1 Papers are attached as follows:-
- Appendix 1: transfer application form;
 - Appendix 2: DPS variation application form;
 - Appendix 3: Police representation;
 - Appendix 4a: Duplicate Premises Licence request by Salman Capti dated 18 August 2008

- Appendix 4b: Application by Mr Atay Kasapoglu to vary the DPS for the Premises Licence received on 22 September 2006
- Appendix 4c: Salman Capti's personal licence application dated 18 December 2006
- Appendix 5: map of premise location.
- 3.2 The premises is currently subject to a review application which will be determined by the Licensing Sub Committee before this application is considered.
- 3.3 Our records indicated that Mr S. Capti has been involved with the management of the premises since 2008.
- 3.4 The Licensing Team is concerned about the validity of the application to transfer due to the consistency of signatures of Mr Kasapoglu for the consent to transfer (Appendix 1) and the application to vary the DPS made in 2006 (Appendix 4b)
- 3.5 There is further concern about the DPS Variation application and the consistency of signatures for Mr Capti (Appendix 2) and previous examples of his signature (Appendix 4a and Appendix 4c)

4. Conclusion and reasons for recommendations

- 4.1 The Council is required to consider this application in the light of all relevant information.

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

25-7-11

Received by

Head of Scrutiny and Democratic Services

Date

Report author: Katie Tomashevski

Tel: 020-7527-3882

Fax: 020-7527-3057

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

Application to transfer 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 Salman Capti
(Insert name of applicant)

apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number 108088/2115

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description City Supermarket 190-194 Goswell Road	
Post town London	Post code EC1V 7DT
Telephone number at premises (if any)	

Please give a brief description of the premises Off licence

Name of current premises licence holder Atay Kasapoglu
--

Part 2 - Applicant details

In what capacity are you applying for the premises licence to be transferred to you?

- a) an individual or individuals*
- b) a person other than an individual *
 - i. as a limited company
 - ii. as a partnership
 - iii. as an unincorporated association or
 - iv. other (for example a statutory corporation)

Please tick yes

- please complete section (A)
- please complete section (B)
- please complete section (B)
- please complete section (B)
- please complete section (B)
- please complete section (B)

SPECIAL LICENSING

LONDON COUNCIL RECOGNISED CLUB	
Date <u>25/6/11</u>	Fee Paid <u>23.</u>
Cash Cheque	<u>122085</u>
Number	<u>47308</u>
Signature	<u>[Signature]</u>

+ £10.50
No 1.

BLK
122085

- 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) an individual 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 Mrs Miss Ms Other title
(for example, Rev)

Surname

Capti

First names

Salman

I am 18 years old or over

Please tick yes



Current postal address if different from premises address

Flat 45 Mary MacArthur House
Warley Street

Post town

London

Post code

E2 0DQ

Daytime contact telephone number

E-mail address (optional)

SECOND INDIVIDUAL APPLICANT (fill in as applicable)

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

Surname

First names

I am 18 years old or over

Please tick yes

Current postal address if different from premises address

Post town

Post code

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

Please tick yes

Are you the holder of the premises licence under an interim authority notice?

Do you wish the transfer to have immediate effect?

If not when would you like the transfer to take effect?

Day Month Year

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Please tick yes

I have enclosed the consent form signed by the existing premises licence holder

If you have not enclosed the consent form referred to above please give the reasons why not. What steps have you taken to try and obtain the consent?

Please tick yes

If this application is granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)

Please tick yes

I have enclosed the premises licence

If you have not enclosed premises licence referred to above please give the reasons why not.
Please find attached a cheque of £10.50 for the missing parts of the premises licence.

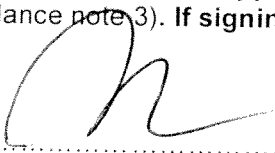
- I have made or enclosed payment of the fee
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed
- I have enclosed the premises licence or relevant part of it or explanation
- I have sent a copy of this application to the chief officer of police today
- 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 2)

Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 3). **If signing on behalf of the applicant please state in what capacity.**

Signature



Date 3 June 2011

Capacity Licensing Agent

For joint applicants signature of 2nd applicant, 2nd applicant's solicitor or other authorised agent (please read guidance note 4). **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 5)

Licensing Department
NARTS
55 Stoke Newington High Street

Post town

London

Post Code

N16 8EL

Telephone number (if any) 020 8090 0376

If you would prefer us to correspond with you by e-mail your e-mail address (optional) licensing@narts.org.uk

Consent of premises licence holder to transfer

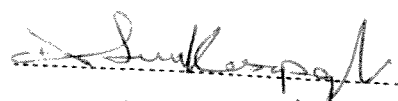
I/we Atay kasapoglu
[full name of premises licence holder(s)]

the premises licence holder of premises licence number 108088/2115
[insert premises licence number]

relating to
City Supermarket, 190-194 Goswell Road, London, EC1V7DT
[name and address of premises to which the application relates]

hereby give my consent for the transfer of premises licence number
108088/2115
[insert premises licence number]

to
Salman Caph
[full name of transferee]

signed 
name Atay kasapoglu
(please print)
dated 3 June 2011

Application to vary a premises licence to specify an individual as designated premises supervisor 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 Atay Kasapoglu

(full name(s) of premises licence holder)

being the premises licence holder, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003

Premises licence number

108088/2115

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description

City Supermarket
190-194 Goswell Road

Post town

London

Post code (if known)

EC1V 7DT

Telephone number (if any)

Description of premises (please read guidance note 1)

Offlicence

WINGINGTON COUNCIL LICENSING			
Date	12/6/11	Fee Paid	£23.00
No. of premises	122085		
Ref. Number	47308		
Signature	AK		

COMMERCIAL LICENSING
cheque rec'd 25/6/11
17 JUN 2011
PUBLIC PROTECTION DIVISION
22nd UPPER...

Part 2

Full name of proposed designated premises supervisor

Salman Capti

Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)

11511

L.B. of Tower Hamlets

Full name of existing designated premises supervisor (if any)

Atay Kasapoglu

Please tick yes

I would like this application to have immediate effect under section 38 of the Licensing Act 2003

I have enclosed the premises licence or relevant part of it

(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)

Reasons why I have failed to enclose the premises licence or relevant part of it

Please find enclosed a cheque of £10.50 for the missing parts of the premises licence.

Please tick yes

- I have made or enclosed payment of the fee
- I will give a copy of this application to the chief officer of police
- I have enclosed the consent form completed by the proposed premises supervisor
- I have enclosed the premises licence, or relevant part of it or explanation
- I will give a copy of this form to the existing premises supervisor, if any
- I understand that if I do not comply with the above requirements my application will be rejected

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

Part 3 – Signatures (please read guidance note 2)

Signature of applicant or applicant's solicitor or other duly authorised agent
(See guidance note 3). **If signing on behalf of the applicant please state in what capacity.**

Signature



Date 3 June 2011

Capacity AGENT

For joint applicants signature of 2nd applicant 2nd applicant's solicitor or other authorised agent (please read guidance note 4). **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 5)
Licensing
NARTS
55 Stoke Newington High Street

Post town
London

Post Code
N16 8EL

Telephone number (if any) 020 8090 0376

If you would prefer us to correspond with you by e-mail your e-mail address (optional) licensing@narts.org.uk

Consent of individual to being specified as premises supervisor

I, Salman Gaph
[full name of prospective premises supervisor]

of Flat 45 Mary MacArthur House
Warley Street
London E2 0DQ
[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

vary DPS [type of application]

by Atay Kasapoglu [name of applicant]

relating to a premises licence 108088/2115 [number of existing licence, if any]

for City Supermarket
190-194 Goswell Road
London EC1V 7DT
[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 Atay Kasapoglu [name of applicant]

concerning the supply of alcohol at City Supermarket
190-194 Goswell Road
London EC1V 7DT
[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 11511
[insert personal licence number, if any]

Personal licence issuing authority L.B. of Tower Hamlets
[insert name and address and telephone number of personal licence issuing authority, if any]

Salman Gaph signed

Salman Gaph name (please print)

3 June 2011 dated

Nash, Rosemary

From: Don.Stewart@met.pnn.police.uk
Sent: 29 June 2011 10:24
To: Licensing
Cc: Robin.Clark@met.police.uk
Subject: RE: Premises Licence Transfer: 190-194 Goswell Road

It is my understanding that Trading Standards have submitted a review of the premise licence following test purchase operations. Until such time that the review has been disposed of police will object to the transfer of the premise and DPS applications.

Don Stewart PC115NI
Alcohol Violence Reduction Office
0207 421 0194 [20194] or
0207 527 2359

From: Nash, Rosemary [mailto:Rosemary.Nash@islington.gov.uk]
Sent: 28 June 2011 16:45
To: NI - Licensing
Cc: Lewis, Michelle; Tomashevski, Katie
Subject: Premises Licence Transfer: 190-194 Goswell Road

Dear PC,

We have received the following application for a Premises Licence (Transfer):

Premises: City Supermarket

Address: 190-194 Goswell Road, London EC1 7DT

Proposed Licencee: Salman Capti, Flat 45 Mary MacArthur House, Warley Street,
London E2 0DQ

Received by licensing team: 28 June 2011

Please confirm by email, within 5 days, if the application has/hasn't been received by you.

You then have 14 days from the date of receipt of application to make any representations. Please confirm to us within this time if you do/don't wish to make presentation.

Regards

Rosemary Nash

Licensing Support Officer

Licensing Team

Public Protection Division

Environment & Regeneration

Islington Council

3rd Floor, 222 Upper Street, London, N1 1XR

Tel: 020 7527 3031

e-mail: licensing@islington.gov.uk

website: www.islington.gov.uk <file://www.islington.gov.uk>

The information contained in this E-Mail may be subject to public disclosure under the Freedom of Information Act 2000. Unless the information is legally exempt from disclosure, the confidentiality of this E-Mail and your reply cannot be guaranteed.

The information in this message is confidential and may be legally privileged. It is intended solely for the addressee. Access to this message by any other person is not permitted. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on it, is prohibited and may be unlawful.

Appendix: 49

17/08/08

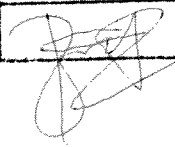
I would like to order a duplicate copy of the two part licence to be displayed in the store

CITY SUPERMARKE (UK) LTD
194 GOSWELL ROAD
LONDON
EC1V 7DT

The address for the duplicates to be sent =
Same as above ↑

~~Salma Cap~~

Salma Cap

ISLINGTON COUNCIL LICENSING			
Date	18/08/08	Fee Paid	10.00
Cash/Cheque Number (please circle)	CASH		
Receipt Number	1525531		
Received By			

Application to vary a premises licence to specify an individual as designated premises supervisor 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 M. ATAY KASAPOGLU

(full name(s) of premises licence holder)

being the premises licence holder, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003

Premises licence number

86748

Part 1 - Premises details

Postal address of premises or, if none, ordnance survey map reference or description

190-194 GOSWELL ROAD
ISLINGTON

Post town

LONDON

Post code (if known)

EC1V 7DT

Telephone number (if any)

020 7251 3390

Description of premises (please read guidance note 1)

OFF-LICENCE

LONDON LICENSING	
Date	<u>22/09/06</u>
Amount	<u>£46.0025.00</u>
Payment Method	<u>CASH</u>
Receipt Number	<u>14758216</u>
Received By	<u>[Signature]</u>



ISLINGTON

PART A

Consent of individual to being specified as premises supervisor

Mr ATAY KASAPOGLU
[full name of prospective premises supervisor]

of

4 WESTMERE DRIVE
MILL HILL
LONDON
NW7 3HE
[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

Mr ATAY KASAPOGLU
[name of applicant]

relating to a premises licence

84748
[number of existing licence, if any]

for

CITY SUPERMARKET (UK) LTD
190-194 GOSWELL ROAD
ISLINGTON
LONDON
ECLV 7DT
[name and address of premises to which the application relates]



ISLINGTON

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

.....
[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

.....
[insert personal licence number, if any]

Personal licence issuing authority

.....
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

.....
Atoy Kasapoglu

Name (please print)

.....
Atoy Kasapoglu

Date

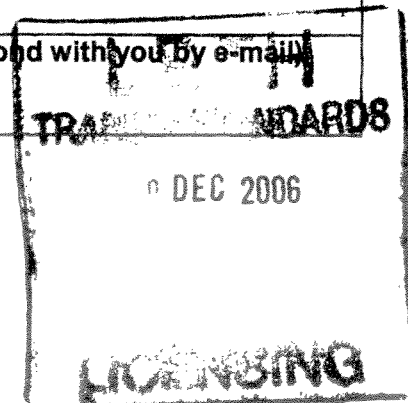
.....
22/09/06

Application for a personal licence

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 or typed in black ink. Use additional sheets if necessary.

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

TITLE Please tick			
Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)			
Surname	CAPTI		
Forenames	SALMAN		
PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.			
TITLE Please tick			
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)			
Surname			
Forenames			
I am 18 years old or over. Please tick		DOB: 07.05.1954	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ADDRESS WHERE ORDINARILY RESIDENT (We will use this address to correspond with you unless you complete the separate correspondence box below).			
FLAT 45, MARY MAC ARTHUR HOUSE WARLEY STREET			
Post town	LONDON	Post code	E2 0QB
TELEPHONE NUMBERS			
Daytime	07843 375 711		
Evening			
Mobile			
FAX NUMBER			
E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)			



Address for correspondence associated with this application (if different to the address above)

POSITIVE TRAINING
90 Green Lane
Newington Green

Post town	LONDON	Post code	N16 9EJ
TELEPHONE NUMBERS			
Daytime	0207 2 413 636		
Evening			
Mobile			
E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)			

Please indicate below which one of these statements applies to you:

1. I hold an accredited licensing qualification	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. I hold a certified qualification	<input type="checkbox"/>	<input type="checkbox"/>
3. I hold an equivalent qualification	<input type="checkbox"/>	<input type="checkbox"/>
4. I am a person of prescribed description	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked either of statements 1, 2 or 3 please provide details of your qualification in the box below (name of qualification, date of issue, issuing body) and please enclose your qualification with your application.
If you have ticked statement 4, please provide evidence that you are a person of prescribed description.

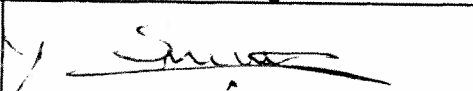
Do you currently hold a personal licence?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you currently have any outstanding applications for a personal licence, with this or any other licensing authority?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Has any personal licence held by you been forfeited in the last 5 years?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Licensing Authority			
Licence number			
Date of issue			
Date of expiry			
Any further details			

<ul style="list-style-type: none"> enclosed two photographs of myself, one of which is endorsed as a true likeness of me by a solicitor or notary, a person of standing in the community or any individual with a professional qualification enclosed any licensing qualification I hold or proof that I am a person of prescribed description enclosed a criminal conviction certificate or a criminal record certificate or the results of a subject access search of the police national computer by the National Identification Service enclosed a completed disclosure of criminal convictions and declaration form (Schedule 3) made or enclosed payment of the fee for the application 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
--	---

The information contained in this form is correct to the best of my knowledge and belief.

It is an offence knowingly or recklessly to make a false statement in or in connection with an application for the grant or renewal of a personal licence. (A person is to be treated as making a false statement if he produces, furnishes, signs or otherwise makes use of a document that contains a false statement). To do so could result in prosecution and a fine not exceeding level 5 on the standard scale.

SIGNATURE		DATE	18 th DECEMBER 06
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NOTES

Information on the Licensing Act 2003 is available on the website of the Department for Culture, Media and Sport
http://www.culture.gov.uk/alcohol_and_entertainment/default.htm
 or from your local licensing authority.

1. Licensing qualifications

Licensing qualifications are dealt with in section 120(8) and (9) of the Licensing Act 2003.

