



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

Meeting of	Date	Agenda It	Ward(s)
Licensing Sub-Committee	1 <sup>st</sup> May 2012	B2	Junction
<b>Delete as appropriate</b>		Non-exempt	

**Subject: PREMISES LICENCE VARIATION APPLICATION  
RE: CO - OPERATIVE, 11 – 19 JUNCTION ROAD, LONDON, N19 5QT**

**1. Synopsis**

- 1.1 This is an application for the variation of a premise licence under the Licensing Act 2003.
- 1.2 The variation application is to:
  - i) Allow the sale of alcohol, off sales only, Monday to Saturday from 06:00 until 23:00 and 10:00 until 22:30 on Sundays.

**2. Recommendations**

- 2.1 To determine the application for a variation of the premises licence under Section 34 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. any conditions deemed necessary by the Committee to promote the four licensing objectives.

**3. Background**

3.1 The premises currently holds a licence to:

- i) The sale of alcohol from 08:00 to 23:00 Monday to Saturday and 10:00 to 22:30 on Sundays.

3.2 Papers are attached as follows:-

- Appendix 1: application form;
- Appendix 2: current premises licence;
- Appendix 3 representation;
- Appendix 4: suggested conditions and map of premise location.

3.3 The Licensing Authority has received 1 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 19/4/12

**Received by**

Head of Scrutiny and Democratic Services

Date

Report author: Anthony Baptiste

Tel: 020 7527 3014

E-mail: Anthony.baptiste@islington.gov.uk

**Suggested conditions:**

As per current conditions.



OK to process

TL  
28/2/12

**Application to vary a premises licence 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 Co-operative Group Food Limited

*(Insert name(s) of applicant)*

being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below

<b>Premises licence number</b> LN/3445-221210
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**Part 1 – Premises Details**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>			
11-19 Junction Road			
<b>Post town</b>	London	<b>Post code</b>	N19 5QT

Telephone number at premises (if any)	020 7281 2583
Non-domestic rateable value of premises	£82500

**Part 2 – Applicant details**

<b>Daytime contact telephone number</b>	0161 827 5463		
<b>E-mail address (optional)</b>	licensing@co-operative.coop		
<b>Current postal address if different from premises address</b>	Licensing Department 5 <sup>th</sup> Floor Federation Building Dantzic Street		
<b>Post Town</b>	Manchester	<b>Postcode</b>	M60 0AF

ISLINGTON COUNCIL LICENSING			
Date	28/2/12	Fee Paid	£315
Cash/Cheque Number (to be circled)	169613		
Receipt Number	53309		
Received By	[Signature]		

**Part 3 - Variation**

Please tick yes

Do you want the proposed variation to have effect as soon as possible?

If not do you want the variation to take effect from

Day		Month		Year	

**Please describe briefly the nature of the proposed variation** (Please see guidance note 1)  
To change the licensed hours & opening hours of the store to Monday - Saturday 6am - 11pm,  
and Sunday 10am - 10.30pm

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

#### Part 4 Operating Schedule

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

##### 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)

##### Sale by retail of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

**A**

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



**B**

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

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			<b><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></b> (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

**D**

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

**E**

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

**F**

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

**G**

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

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



J

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

**K**

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

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 – <u>please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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></b> (please read guidance note 5)		
Sat					
Sun					

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	06:00	23:00			
Tue	06:00	23:00			
Wed	06:00	23:00			
Thur	06:00	23:00			
Fri	06:00	23:00			
Sat	06:00	23:00			
Sun	10:00	22:30			

**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)

None

O

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	06:00	23:00	
Tue	06:00	23:00	<b>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</b> (please read guidance note 5)
Wed	06:00	23:00	
Thur	06:00	23:00	
Fri	06:00	23:00	
Sat	06:00	23:00	
Sun	10:00	22:30	

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking

Please tick yes

- I have enclosed the premises licence
- I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes please fill in reasons for not including the licence, or part of it, below

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

**P** Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

**a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)**

A closed circuit TV monitoring system to be installed and maintained. images recorded and retained for at least 21 days and to be handed to police/local authority on request.

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

Signage to be displayed instore that it is an offence for people aged under 18 to purchase alcohol.

Store fitted with a panic button for staff to press in cases of emergency

Store fitted with a burglar alarm.

**c) Public safety**

To meet the requirements of the Fire Safety Order 2005

**d) The prevention of public nuisance**

no deliveries to take place between the hours of 2300 and 0600 the following day.

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

all staff are trained in relation to underage related sales of alcohol. proof of age scheme in place.

"Challenge 25" scheme in place and notices of this prominently displayed within the store

electronic till prompt when alcohol is scanned to remind staff to check the age of the purchaser

"Age Refusals Register" refusals book kept to record where sales of alcohol are challenged or

refused.

Please tick yes

- I have made or enclosed payment of the fee
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I understand that I must now advertise my application
- I have enclosed the premises licence or relevant part of it or explanation
- 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 5 – Signatures** (please read guidance note 10)

**Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (please read guidance note 11). If signing on behalf of the applicant please state in what capacity.**

Signature	S. Jeng
Date	22.02.12
Capacity	Licensing Administrator

**Where the premises licence is jointly held signature of 2nd applicant (the current premises licence holder) 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	



<b>Contact name (where not previously given) and address for correspondence associated with this application</b> (please read guidance note 13) Licensing Department 5 <sup>th</sup> Floor Federation Building Dantzic Street			
<b>Post town</b>	Manchester	<b>Post code</b>	M60 0AF
<b>Telephone number (if any)</b>	0161 827 5463		
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>			

### Notes for Guidance

**This application cannot be used to vary the licence so as to extend the period for which the licence has effect or to vary substantially the premises to which it relates. If you wish to make that type of change to the premises licence you should make a new premises licence application under section 17 of the Licensing Act 2003.**

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 state 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.



**PREMISES LICENCE  
LICENSING ACT 2003**

<b>Premises licence number</b>	LN/3445-221210		
<b>Postal address of premises, or if none, ordnance survey map reference or description</b>			
<b>CO-OPERATIVE 11-19 JUNCTION ROAD</b>			
<b>Post town</b>	London	<b>Post code</b>	N19 5QT
<b>Telephone number</b>	020 7281 2583		

<b>Where the licence is time limited the dates</b>
Not Applicable

<b>Licensable activities authorised by the licence</b>
The sale by retail of alcohol

<b>The times the licence authorises the carrying out of licensable activities</b>																												
<ul style="list-style-type: none"> <li>The sale by retail of alcohol: <table> <tr><td>Monday</td><td>08:00</td><td>to</td><td>23:00</td></tr> <tr><td>Tuesday</td><td>08:00</td><td>to</td><td>23:00</td></tr> <tr><td>Wednesday</td><td>08:00</td><td>to</td><td>23:00</td></tr> <tr><td>Thursday</td><td>08:00</td><td>to</td><td>23:00</td></tr> <tr><td>Friday</td><td>08:00</td><td>to</td><td>23:00</td></tr> <tr><td>Saturday</td><td>08:00</td><td>to</td><td>23:00</td></tr> <tr><td>Sunday</td><td>10:00</td><td>to</td><td>22:30</td></tr> </table> <p>Except on:  Good Friday: 08:00 to 22:30  Christmas Day: 12:00 to 15:00 and 19:00 to 22:30</p> </li> </ul>	Monday	08:00	to	23:00	Tuesday	08:00	to	23:00	Wednesday	08:00	to	23:00	Thursday	08:00	to	23:00	Friday	08:00	to	23:00	Saturday	08:00	to	23:00	Sunday	10:00	to	22:30
Monday	08:00	to	23:00																									
Tuesday	08:00	to	23:00																									
Wednesday	08:00	to	23:00																									
Thursday	08:00	to	23:00																									
Friday	08:00	to	23:00																									
Saturday	08:00	to	23:00																									
Sunday	10:00	to	22:30																									

<b>The opening hours of the premises:</b>
Not specified

<b>Where the licence authorises supplies of alcohol whether these are on and/or off supplies</b>
Off supplies



**ISLINGTON**

**Name, (registered) address, telephone number and e-mail (where relevant) of holder of premises licence**

Co-Operative Group Food Limited  
PO BOX 53  
New Century House  
Manchester  
M60 4ES  
0161 834 1212

**Registered number of holder, for example company number, charity number (where applicable)**

26715R

**Name, address and telephone number of designated premises supervisor where the premises licence authorises the supply of alcohol**

Mr Colin Minton  
25A Harsgrave Park  
Archway  
London  
N19 5JP

**Personal licence number and issuing authority of personal licence held by designated premises supervisor where the premises licence authorises the supply of alcohol**

London Borough of Islington - 89435

Islington Council  
Public Protection Division  
222 Upper Street  
London  
N1 1XR  
Tel: 020 7527 3031  
Email: [licensing@islington.gov.uk](mailto:licensing@islington.gov.uk)

\_\_\_\_\_  
Assistant Director - Public Protection

\_\_\_\_\_  
Date of Issue

## **Annex 1 - Mandatory conditions**

1. No supply of alcohol may be made under the premises licence-
  - a) at a time when there is no designated premises supervisor in respect of the premises licence, or
  - b) at a time when the designated premises supervisor does not hold a personal licence or his personal licence is suspended.
2. Every supply of alcohol under the premises licence must be made or authorised by a person who holds a personal licence.

## **Annex 2 - Conditions consistent with the Operating Schedule**

- 1) The restrictions on hours during which the sale of alcohol is authorised does not prohibit:
  - a) during the first 20 minutes after the above hours, the taking of the alcohol from the premises, unless the alcohol is supplied or taken in an open vessel;
  - b) the ordering of alcohol to be consumed off the premises, or the despatch by the vendor of alcohol so ordered;
  - c) the sale of alcohol to a trader or club for the purposes of the trade or club;
  - d) the sale of supply of alcohol to any canteen or mess, being a canteen in which the sale or supply of alcohol is carried out under the authority of the Secretary of State or an authorised mess of members of Her Majesty's naval military.
- 2) Alcohol shall not be sold in an open container or be consumed in the licensed premises

## **Annex 3 - Conditions attached after a hearing by the licensing authority**

Nil

## **Annex 4 – Plans**

**Ref: Arch-P5**

**Date: 24/01/2005**

**Premises Licence Summary  
Licensing Act 2003**

**Premises licence number** LN/3445-221210

**Premises details**

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

**CO-OPERATIVE  
11-19 JUNCTION ROAD**

<b>Post town</b>	London	<b>Post code</b>	N19 5QT
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<b>Telephone number</b>	020 7281 2583
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**Where the licence is time limited the dates**

Not applicable

**Licensable activities authorised by the licence**

The sale by retail of alcohol

**The times the licence authorises the carrying out of licensable activities**

- The sale by retail of alcohol:

Monday	08:00	to	23:00
Tuesday	08:00	to	23:00
Wednesday	08:00	to	23:00
Thursday	08:00	to	23:00
Friday	08:00	to	23:00
Saturday	08:00	to	23:00
Sunday	10:00	to	22:30

Except on:

Good Friday: 08:00 to 22:30

Christmas Day: 12:00 to 15:00 and 19:00 to 22:30

**The opening hours of the premises:**

Not specified

**Where the licence authorises supplies of alcohol whether these are on and/or off supplies**

Off Supplies



**ISLINGTON**

**Name, (registered) address of holder of premises licence**

Co-Operative Group Food Limited  
PO BOX 53  
New Century House  
Manchester  
M60 4ES

**Registered number of holder, for example company number, charity number  
(where applicable)**

26715R

**Name of designated premises supervisor where the premises licence authorises  
the supply of alcohol**

Mr Colin Minton

**State whether access to the premises by children is restricted or prohibited**

No restrictions

Islington Council  
Public Protection Division  
222 Upper Street  
London  
N1 1XR  
Tel: 020 7527 3031  
Email: [licensing@islington.gov.uk](mailto:licensing@islington.gov.uk)







## ISLINGTON

### **Councillor Janet Burgess**

**Executive Member for Health and Adult Social Care  
Labour Councillor for Junction Ward**

**Town Hall  
Upper Street  
Islington  
London N1 2UD  
[www.islington.gov.uk](http://www.islington.gov.uk)**

Rosemary Nash  
Licensing Department  
London Borough of Islington  
222 Upper Street  
London  
N1 1XR

**PA: Amanda Russell  
Tel: 020 7527 3051  
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Email: [amanda.russell@islington.gov.uk](mailto:amanda.russell@islington.gov.uk)**

2<sup>nd</sup> March 2012

Dear Ms Nash,

Thank you for notifying me about the Co-op's application to extend its licensing hours at 11-19 Junction Road, Archway.

I am writing to oppose the extension. I do not believe that encouraging demand for alcohol from 6 am is conducive to the Licensing Act's objectives relating to the prevention of crime and disorder, the protection of children from harm, public safety, and the prevention of public nuisance.

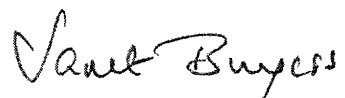
Islington has the highest number of alcohol-related hospital admissions of under 18s in London, and second highest number of adults. Alcohol is clearly having a very detrimental effect on our citizens, and such an extension of hours will not help to reduce the prevalence of excessive drinking.

Archway is a crime hot-spot, according to police statistics.

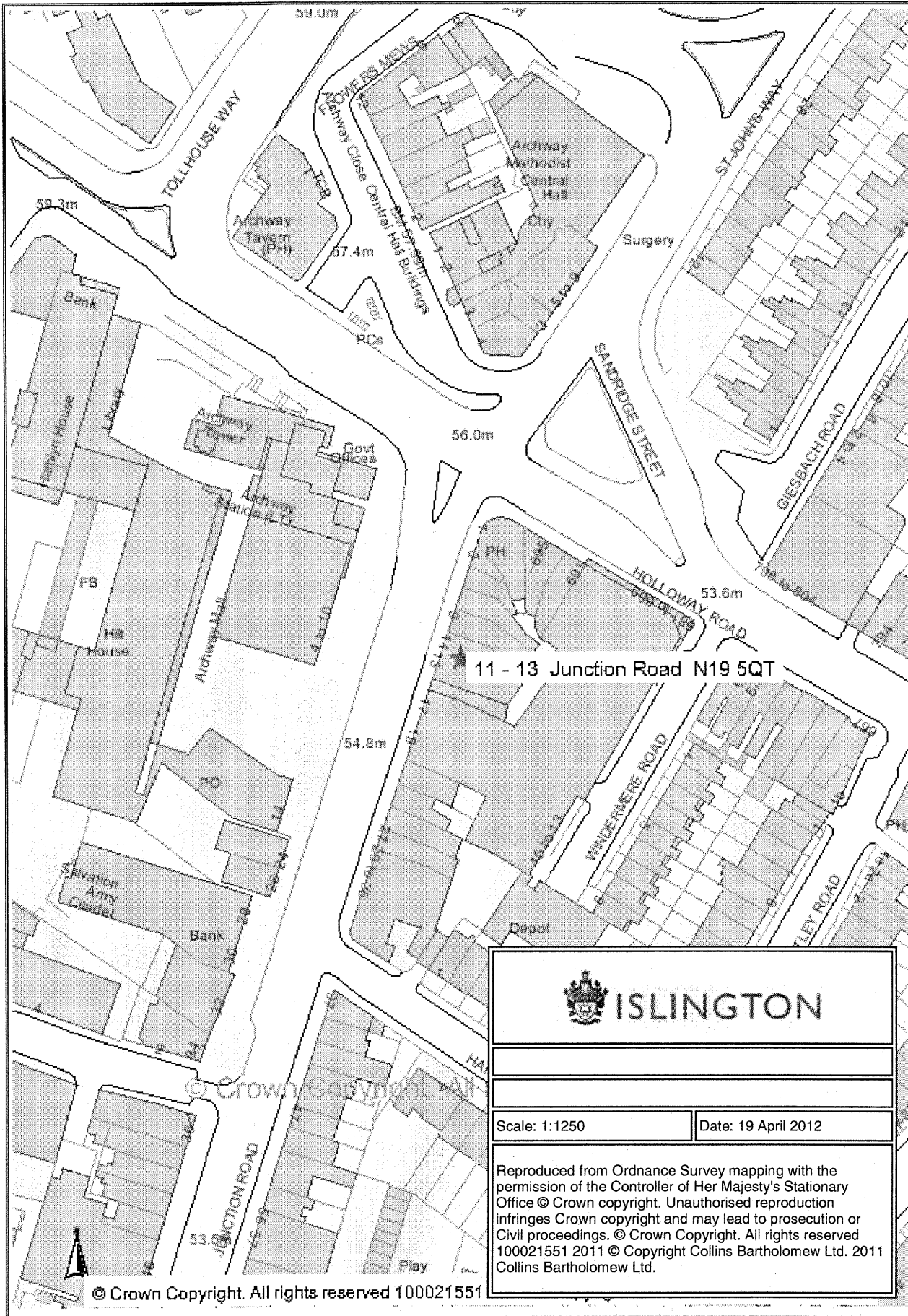
There are approximately 80 premises in the Archway area which have licences; a frequent comment in requests for extensions is that other premises in the area have long hours. I do not think that having 80 premises in a small area selling alcohol for most of the 24 hours is in any way necessary for the economy of the area. The Council is putting a good deal of money and resources into Archway to regenerate it; excessive amounts of alcohol easily available are not the way forward.


Thank you for your consideration of my submission,

Best wishes,

A handwritten signature in black ink that reads "Janet Burgess". The signature is written in a cursive style with a large initial 'J'.

**Councillor Janet Burgess**  
**Executive Member for Health and Adult Social Care**  
**Labour Councillor - Junction Ward**



 <b>ISLINGTON</b>	
Scale: 1:1250	
Date: 19 April 2012	
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