



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

Meeting of	Date	Agenda Item	Ward(s)
Licensing Sub-Committee	22 <sup>nd</sup> September 2014		Bunhill

Delete as appropriate		Non-exempt
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**Subject: PREMISES LICENCE NEW APPLICATION  
MEDITERRANEAN RESTAURANT, 131-133 CENTRAL SREET, LONDON EC1V 8AP**

## 1. Synopsis

1.1 This is an application for a new premise licence under the Licensing Act 2003.

1.2 The new application is to:

- Supply alcohol for consumption on the premises from 11:00 to 23:00 on Monday to Sunday;
- Late Night Refreshment both on the premises from 23:00 to midnight Monday to Sunday.
- Opening hours of the premises from 11:00 to 00:00 Monday to Sunday.

## 2. Relevant Representations

Licensing Authority	No
Metropolitan Police	Yes – Conditions proposed
Noise	No
Health and Safety	No

Trading Standards	No
Public Health	No
Safeguarding Children	No
London Fire Brigade	No
Local residents	Yes: 1 local resident
Other bodies	No:

### 3. Background

3.1 Papers are attached as follows:-

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

3.2 History of the premises

- i. The premises is currently unlicensed.

### 4. Planning Implications

4.1 The property was granted a change of use as a café (A3) on 25 June 2014. There is a restrictive condition for hours of use. The premises can only be used from 08:00 to 23:00 weekdays and Saturdays and closed on Sundays and Bank Holidays. There is also a condition restricting the forecourt area which prevents the forecourt from being used for seating by patrons after 20:00.

### 5 Recommendations

5.1 To determine the application for a new premises licence under Section 17 of the Licensing Act 2003.

5.2 To consider that this address is in the Bunhill Saturation or "Cumulative Impact Policy" of Islington. This special policy creates a rebuttable presumption that applications for new premises licences, club premises certificates, or variation applications that are likely to add to the existing cumulative impact will normally be refused, unless the applicant can demonstrate why the operation of the premises involved will not add to the cumulative impact or otherwise impact adversely on the promotion of the licensing objectives.

5.3 If the Committee grants the application it should be subject to:

- i. conditions prepared by the Licensing Officer which are consistent with the Operating Schedule (see appendix 3)
- ii. any conditions deemed appropriate by the Committee to promote the four licensing objectives.(see appendix 3)
- ii. any conditions deemed necessary by the Committee to promote the four licensing objectives.

**6 Conclusion and reasons for recommendations**


6.1 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 as appropriate 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

10/9/14

**Received by**

Head of Scrutiny and Democratic Services

Date

Report author: Licensing Service

Tel: 020 75027 3031

E-mail: [licensing@islington.gov.uk](mailto:licensing@islington.gov.uk)

WK/201454716

KT  
Stc?  
20/7/14  
✓

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 Mr DRITAN KOSIQI

(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 MEDITERRANEAN RESTAURANT 131-133 CENTRAL STREET			
Post town	LONDON	Postcode	EC1V 8AP

COMMERCIAL/LICENSING  
29 JUL 2014  
PUBLIC PROTECTION DIVISION  
222 UPPER ST, LONDON N1 1XR

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£17000

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- 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)
- e) the proprietor of an educational establishment

ISLE OF THAMES COUNCIL LICENSING	
Date	29/7/14 Fee Paid 190.
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- 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 in Wales  please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England  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)	
<b>Surname</b> KOSIQI			<b>First names</b> DRITAN		
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)					

**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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town			Postcode		
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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?

DD	MM	YYYY

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

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)  
RESTAURANT

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 any that apply

- 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 late night refreshment** (if ticking yes, fill in box I)

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

**In all cases complete boxes K, L and M**

A

Days		With the performance of other live, direct broadcast or satellite or both - please tick (please read guidance note 2)		Indoors	
Standard days and timings (please read guidance note 6)		Please also further details here (please read guidance note 3)		Outdoors	
Day	Start	Finish	Both	Indoors	Outdoors
Mon			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tue			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thu			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fr			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please also further details here (please read guidance note 3)

State any seasonal variations for performing arts (please read guidance note 4)

Non standard timings. Where you intend to use the premises for the performance of other live, direct broadcast or satellite or both tick in the column on the left, please tick (please read guidance note 2)

B

Films		With the exhibition of films (live, direct broadcast or satellite or both - please tick (please read guidance note 2)		Indoors	
Standard days and timings (please read guidance note 6)		Please also further details here (please read guidance note 3)		Outdoors	
Day	Start	Finish	Both	Indoors	Outdoors
Mon			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tue			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thu			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fr			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please also further details here (please read guidance note 3)

State any seasonal variations for the exhibition of films (please read guidance note 4)

Non standard timings. Where you intend to use the premises for the exhibition of films, tick in the column on the left, please tick (please read guidance note 2)

C

Live sporting events		With the exhibition of recorded music (live, direct broadcast or satellite or both - please tick (please read guidance note 2)		Indoors	
Standard days and timings (please read guidance note 6)		Please also further details here (please read guidance note 3)		Outdoors	
Day	Start	Finish	Both	Indoors	Outdoors
Mon			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tue			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thu			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fr			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please also further details here (please read guidance note 3)

State any seasonal variations for indoor sporting events (please read guidance note 4)

Non standard timings. Where you intend to use the premises for indoor sporting events, tick in the column on the left, please tick (please read guidance note 2)

D

Dancing or wrestling entertainment		With the holding of wrestling entertainment (live, direct broadcast or satellite or both - please tick (please read guidance note 2)		Indoors	
Standard days and timings (please read guidance note 6)		Please also further details here (please read guidance note 3)		Outdoors	
Day	Start	Finish	Both	Indoors	Outdoors
Mon			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tue			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thu			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fr			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please also further details here (please read guidance note 3)

State any seasonal variations for holding or wrestling entertainment (please read guidance note 4)

Non standard timings. Where you intend to use the premises for holding or wrestling entertainment, tick in the column on the left, please tick (please read guidance note 2)

E

Live music		With the performance of live music (live, direct broadcast or satellite or both - please tick (please read guidance note 2)		Indoors	
Standard days and timings (please read guidance note 6)		Please also further details here (please read guidance note 3)		Outdoors	
Day	Start	Finish	Both	Indoors	Outdoors
Mon			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tue			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thu			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fr			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please also further details here (please read guidance note 3)

State any seasonal variations for the performance of live music (please read guidance note 4)

Non standard timings. Where you intend to use the premises for the performance of live music, tick in the column on the left, please tick (please read guidance note 2)

F

Recorded music		With the exhibition of recorded music (live, direct broadcast or satellite or both - please tick (please read guidance note 2)		Indoors	
Standard days and timings (please read guidance note 6)		Please also further details here (please read guidance note 3)		Outdoors	
Day	Start	Finish	Both	Indoors	Outdoors
Mon			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tue			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thu			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fr			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please also further details here (please read guidance note 3)

State any seasonal variations for the exhibition of recorded music (please read guidance note 4)

Non standard timings. Where you intend to use the premises for the exhibition of recorded music, tick in the column on the left, please tick (please read guidance note 2)



C

Performance of dance (please read guidance note 6)		Whether performance of dance takes place indoors <input type="checkbox"/> outdoors <input type="checkbox"/> both <input type="checkbox"/>	
Day	Start	Finish	Please give further details here (please read guidance note 3)  State any seasonal variations for the performance of dance (please read guidance note 4)  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, list these here (please read guidance note 5)
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

H

Anything of a similar description to that falling within the definition of Standard days and evenings (please read guidance note 6)		Please give a description of the type of entertainment you will be providing  State any seasonal variations for entertainment of a similar description to that falling within the definition (please read guidance note 5)	
Day	Start	Finish	Please give further details here (please read guidance note 3)  Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within the definition (please read guidance note 5)
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

I

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

**J**

<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</b> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input 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	11:00	23:00			
Tue	11:00	23:00			
Wed	11:00	23:00			
Thur	11:00	23:00			
Fri	11:00	23:00			
Sat	11:00	23:00			
Sun	11:00	23:00			
			<b>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</b> (please read guidance note 5)		

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

Name Mr DRITAN KOSIQI	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known) ISLINGTON COUNCIL	

K

**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

L

<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) NONE
Day	Start	Finish	<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) NONE
Mon	11:00	00:00	
Tue	11:00	00:00	
Wed	11:00	00:00	
Thur	11:00	00:00	
Fri	11:00	00:00	
Sat	11:00	00:00	
Sun	11:00	00:00	

**M** Describe the steps you intend to take to promote the four licensing objectives:

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

- STAFF TO BE TRAINED REGULARLY ON LICENSING PROVISIONS AND THIS TO BE DOCUMENTED.

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

- 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.  
- 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 HRS OF ANY REQUEST.

**c) Public safety**

- TO COMPLY WITH THE FIRE REGULATIONS AND THE PROVISIONS OF THE MANAGEMENT REGULATIONS.  
- MAINTAIN AND CHECK SYSTEMS IN PLACE, SMOKE DETECTORS, FIRE EXTINGUISHERS, EMERGENCY SAFETY LIGHTING AND FIRE ALARMS.

**d) The prevention of public nuisance**

DISCOURAGE NOISE FROM PATRONS ARRIVING AT, QUEUING OR DEPARTING FROM THE PREMISES BY DISPLAYING POLITE NOTICES FOR CUSTOMERS' ATTENTION.

e) The protection of children from harm

- THE LICENSEE SHALL ADOPT THE CHALLENGE 25  
- THE LICENSEE SHALL ENSURE THAT STAFF ARE TRAINED ABOUT AGE RESTRICTED PRODUCTS AND ENSURE THAT THEY SIGN TO CONFIRM THAT THEY HAVE UNDERSTOOD THE TRAINING. THE LICENSEE SHALL KEEP RECORDS OF TRAINING AND INSTRUCTION GIVEN TO STAFF.

**Checklist:**

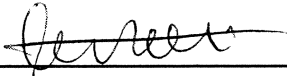
**Please tick to indicate agreement**

- 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 designated 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 SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	T. AY 
Date	24/07/2014
Capacity	AGENT

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

Signature	
Date	
Capacity	

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

MR TURABI AY  
ANVA  
109 BAWDSEY AVENUE

Post town	ILFORD	Postcode	IG2 7TN
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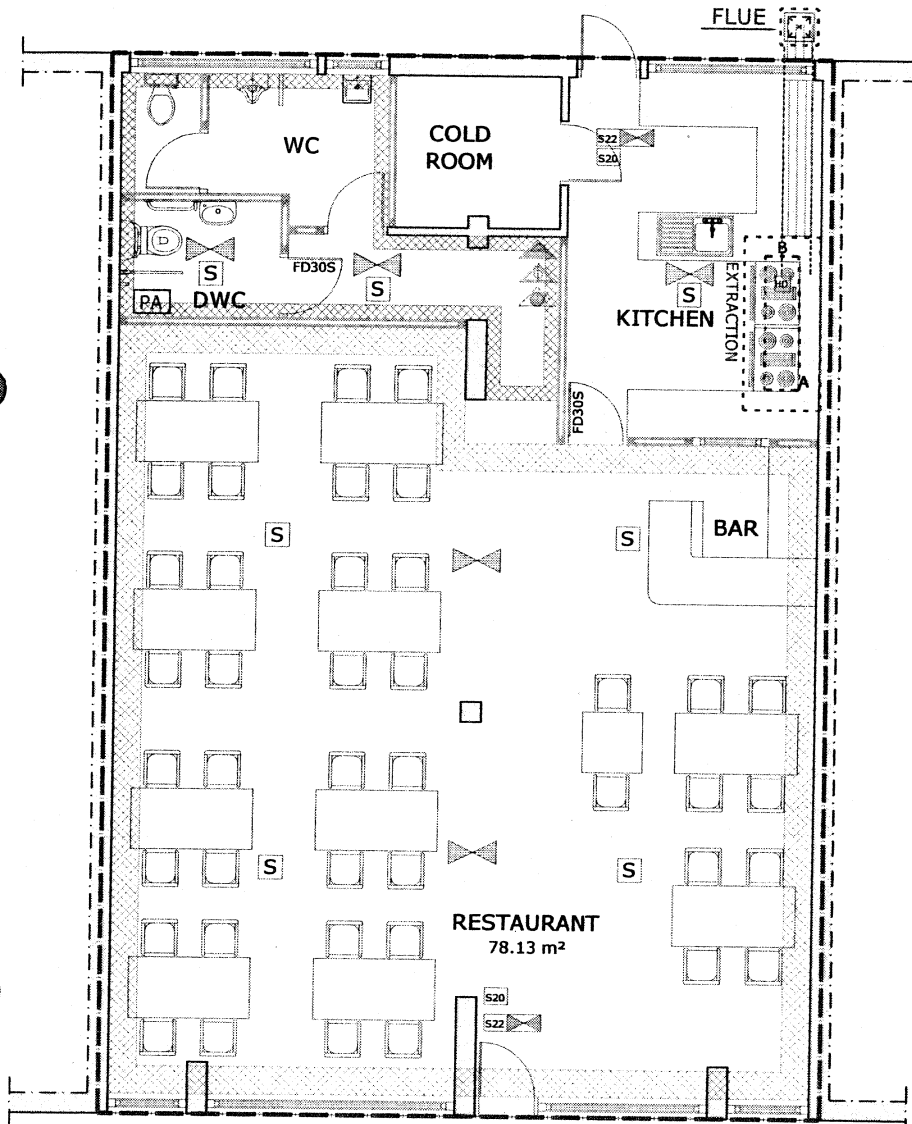
Telephone number (if any)	07710942923
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)  
INFO@A-ANVA.CO.UK














### 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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

LEVER STREET



**LEGEND**

-  LIQUOR SALE
-  WC, PASSAGEWAY, ETC
-  KITCHEN AREA
-  AMBIT OF LICENSED PREMISES
-  SAFETY LIGHTING
-  SMOKE DETECTOR
-  CARBON DIOXIDE FIRE EXTINGUISHER
-  9 LT. WATER FIRE EXTINGUISHER
-  9 LT. FOAM FIRE EXTINGUISHER
-  FIRE BLANKET
-  HEAT DETECTOR
-  INTERNALLY ILLUMINATED FIRE ESCAPE SIGN (BS 5266)
-  PANIC ALARM

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**MEDITERRANEAN RESTAURANT**  
**131-133 CENTRAL STREET**  
**LONDON EC1V 8AP**

**PROPOSED**  
**- GROUND FLOOR PLAN**  
**(FOR LICENSING)**

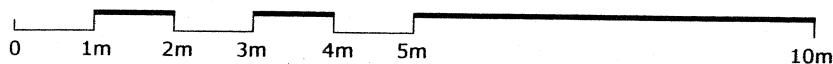
SCALE: 1/100      REF. NO : 075.14/02

DATE: MAY. 2014      DRG BY: A.AY

**PROPOSED GROUND FLOOR PLAN**  
 SCALE: 1/100

**anva** architectural,  
 engineering and licensing

P.O. BOX 1827  
 ILFORD. IG2 7WJ  
 TEL: 020 8599 5036    FAX: 020 8586 4401  
 MOBILE: 077 10942923 / 079 30407212  
 E-MAIL: info@anva.co.uk





8/14/2014

Dear Mr Williams

I am sending this email to inform you of my complete objection to the application by the occupier of The Mediterranean Restaurant, 131 – 133 Central Street, London EC1V 8AP to extend their licence from 11pm – midnight

I object to this application both for Sunday and indeed every day!

In my block alone there are 54 bedrooms that are central to the square where this restaurant is opening and this doesn't include all of the bedrooms on the 3 x landings that are directly above the restaurant. All of the bedrooms in the square will be exposed directly to the noise that will be coming from the restaurant and to have a licence until midnight I believe it just pushing things too far.

When does anyone expect the residents to get any sleep???????

We already have to contend with the goings on in the square at the moment which are as follows,

1. YOUTHS GATHERING LATE AT NIGHT IN THE UNDERCROFT MAKING NUISANCE AND NOISE TILL ALL HOUR (which we are trying to put a stop to)
2. TABLE AND CHAIRS BEING PUT OUT LOUDLY FROM KING SQUARE BAKERY @ 5.30AM
3. PEOPLE SITTING OUTSIDE THE BULLS HEAD PUB (INCLUDING DIRECTLY OUTSIDE AND ALSO ON THE COMMUNAL BENCHES/SEATS IN THE CENTRE OF THE

SQUARE) MAKING SIGNIFICANT NOISE (WHO MAY I ADD IF THE LICENCE IS APPROVED WILL THEN MOVE ONTO THE RESTAURANT TO DRINK FURTHER)

4. MORNING NEWSPAPERES @ 5.30AM BEING LOUDLY DUMPED IN THE METAL CONTAINER OUTSIDE THE NEWSAGENTS
5. WILLIAM HILL BOOKMAKERS OPEN UNTIL 10PM WITH PEOPLE LEAVING UNDER THE INFLUENCE OF DRINK UPSET AT HAVING LOST MONEY AND MAKING A NUISANCE (WHICH IS DIRECTLY NEXT TO SAID RESTAURANT AND IN MY OPINION COULD BE A PROBLEM WITH THE LATE ATTENDEES OF THE RESTAURANT)

I will be seeking the views from my neighbours on this and should they have any objections I will get them to contact you further but I am sure some of them also will not agree with the proposition for the extended licence and the further problems this will bring.

**I am not an unreasonable person and understand there is a need to keep businesses going in the area which I do not object to but when this application I believe is going to affect the prevention of crime and disorder and indeed public safety as well as my quality of life I STRONGLY OBJECT.**

I can be contacted by email or by mail at my address above or by telephone and I look forward to hearing from you soon

Yours in anticipation

Your

Our Licensing/NI

Date: 20<sup>th</sup> August 2014



**METROPOLITAN POLICE  
SERVICE  
Police Licensing Unit  
Islington Police Licensing Unit  
Islington Police Station  
2 Tolpuddle Street  
London  
N1 0YY**

Mediterranean Restaurant  
131-133 Central Street  
London  
EC1V 2AP

Telephone: 020 7 527 2323  
Facsimile:  
Email:  
Licensingpolice@Islington.gov.uk

Dear Sir

**Re: Mediterranean Restaurant 131 – 133 Central Street EC1V - New Premises Licence Application**

With reference to the above application, I am writing to inform you that the Metropolitan Police, as a Responsible Authority, will be objecting to this application as the venue is in the 'Bunhill Cumulative Impact Zone' and it is our belief that if granted the application would undermine the local authority Licensing Objectives; Prevention of Crime and Disorder and Public Nuisance.

During the year April 2013 to March 2014 there were 2541 reported crimes in the Bunhill Cumulative Impact Zone. Within these crimes were over 200 assaults and there is a concern that without an experienced manager with tight operational controls, this could increase.

The application is poor – the venue has no name, the operating schedule is not comprehensive, no consideration appears to have been given to dispersing customers quietly.

Police aim to work with every applicant and consider every application on its merits and contacted the applicants agent on 31<sup>st</sup> July 2014 requesting more information on the business offering, but have received no response.

It is for these reasons that we are objecting to the application and propose that it is refused.

However, if the committee were of a mind to grant this application, Police would recommend that the following conditions are added to the licence:

- 1) There shall be no vertical drinking.
- 2) All alcohol shall be served at the table to seated customers taking a substantial table meal.
- 3) There shall be no off-sales of alcohol.
- 4) Prominent signage shall be placed within the venue requesting customers to respect neighbours and leave quietly.

Should you wish to discuss the matter further please contact me on Mobile 07799133204 or via email, policelicensing@islington.gov.uk.

Yours sincerely

Paul Hoppe Pc 208NI  
Steven Harrington Pc 425NI  
Peter Conisbee Pc 575NI  
**Islington Police Licensing Team**

**Suggested conditions of approval consistent with the operating schedule**

1. The licensee shall ensure that staff are trained about age restricted products and ensure that they sign to confirm that they have understood the training. The licensee shall keep records of training and instruction given to staff.
2. The premises shall install and maintain a comprehensive CCTV system as per the minimum requirements of a Metropolitan Police Crime Prevention Officer. The CCTV system shall be checked on a daily basis for any malfunction, which shall be reported and repaired immediately. This check shall be recorded and signed weekly by the General Manager, and will also be available for inspection by Police or authorised officer. All entry and exit points shall be covered enabling frontal identification of every person entering in any light condition. The CCTV system shall continually record whilst the premises is open for licensable activities and during times when customers and staff remain on the premises. All recordings shall be stored for a minimum period of 31 days with date and time stamping. Recordings shall be made available immediately on request of Police or authorised officer throughout the preceding 31 day period. A staff member who is conversant with the operation of the CCTV system shall be available at the premises at all times when staff are working, including pre-opening and post-closing. The member of staff must be able to show and provide CCTV footage to Police or authorised officer with the absolute minimum of delay.
3. The licensee shall ensure that the premises and his obligations under the Fire Regulations and Management Regulations are complied with.
4. All instances of crime and disorder shall be reported to the police.
5. An incident book shall be used to record all instances of public disorder.
6. Notices will be prominently displayed at exits requesting the public to respect the needs of local residents and to leave the area quietly.
7. The licensee shall adopt the Challenge 25 and the BII National Standards Proof of Age Scheme.
8. The licensee shall put arrangements in place to ensure that before serving alcohol to young persons, staff ask to see accredited proof of age cards e.g. Citizencard, a Passport, or UK Driving Licence bearing the photograph and date of birth of the bearer.

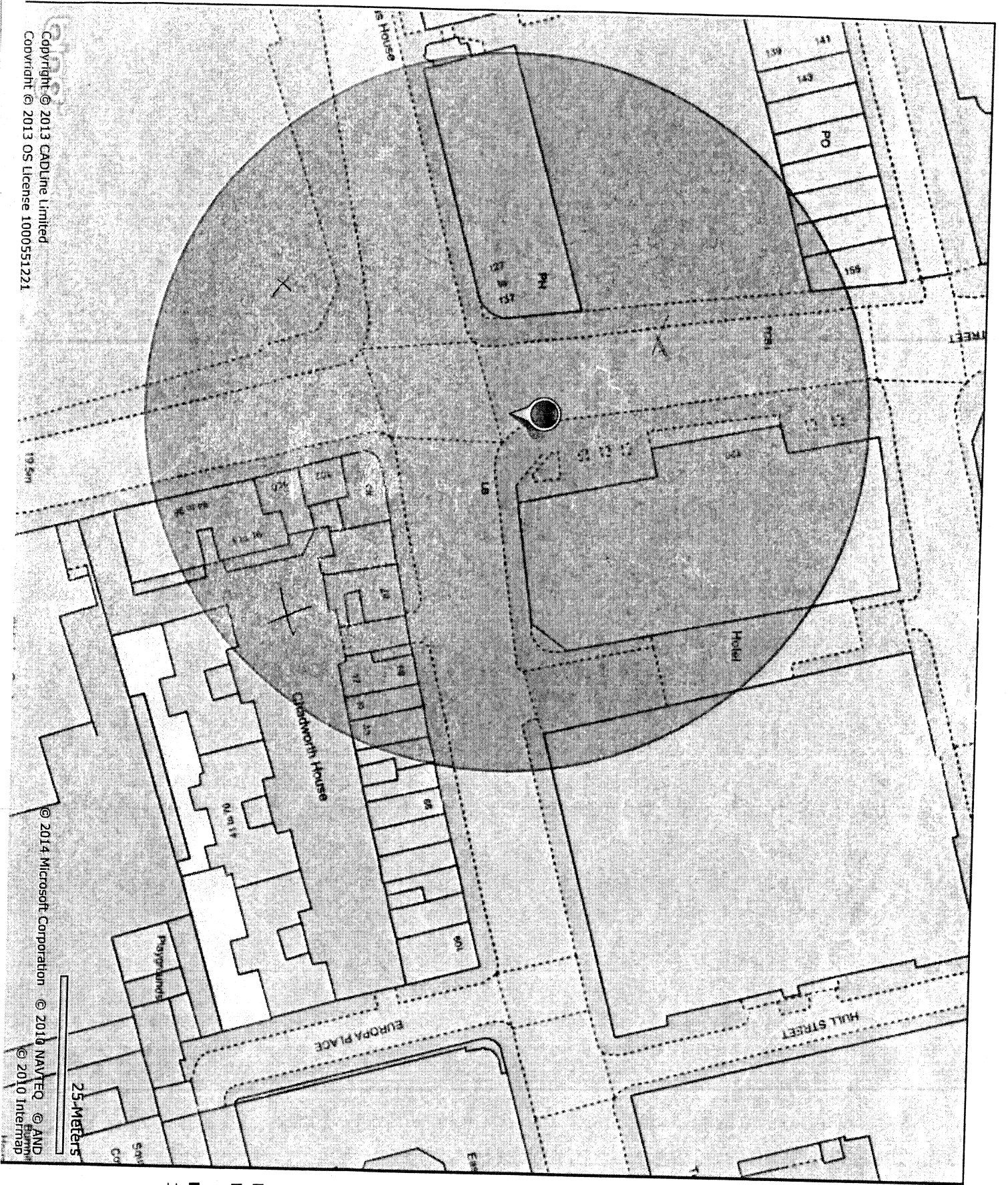
**Conditions proposed by the Police**

9. There shall be no vertical drinking.
10. All alcohol shall be served at the table to seated customers taking a substantial table meal.
11. There shall be no off-sales of alcohol.
12. Prominent signage shall be placed within the venue requesting customers to respect neighbours and leave quietly.

Title : 131-133 Centra  
Street  
Islington Borough  
Boundary

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