



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

| Meeting of              | Date                        | Agenda Item | Ward(s)       |
|-------------------------|-----------------------------|-------------|---------------|
| Licensing Sub-Committee | 27 <sup>th</sup> April 2015 |             | Highbury West |

|                       |  |            |
|-----------------------|--|------------|
| Delete as appropriate |  | Non-exempt |
|-----------------------|--|------------|

**Subject: PREMISES LICENCE NEW APPLICATION**  
**RE : SALVATION IN NODDLE'S, 2 BLACKSTOCK ROAD, LONDON, N4 2DL**

**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:
- Permit the sale of alcohol for consumption on the premises and the provision of recorded music, 11:00 to 22:30 from Sunday to Thursday, and from 11:00 to 23:30 on Friday and Saturday.
  - The provision of late night refreshment from 23:00 to 00:00 on Friday and Saturday.

**2. Relevant Representations**

|                     |    |
|---------------------|----|
| Licensing Authority | No |
| Metropolitan Police | No |
| Noise               | No |
| Health and Safety   | No |
| Trading Standards   | No |

|                       |          |
|-----------------------|----------|
| Public Health         | No       |
| Safeguarding Children | No       |
| London Fire Brigade   | No       |
| Local residents       | Yes: One |
| 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 The application is subject to one representation from a local resident. The applicant operate a similar site on Ball Pond Road which has no outstanding licensing issues.

### 4. Planning Implications

4.1 The premises has the appropriate planning consent

### 5 Recommendations

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

5.2 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)

iii. 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**

*Janine Gibbons*  
Service Director – Public Protection

Date 15/4/15

**Received by**

Head of Scrutiny and Democratic Services

Date

Report author: Licensing Service

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WSK/201578046

NF.  
OK  
12/3/15

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 **Salvation in Noodles Limited**

*(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 |        |          |        |
| Salvation in Noodles<br>2 Blackstock Road  |        |          |        |
| Post town  | London | Postcode | N4 2DL |

|   |        |
|---|--------|
| Telephone number at premises (if any)   |        |
| Non-domestic rateable value of premises | £15000 |

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  please complete section (B)

- f) a health service body  please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital 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 type="checkbox"/>                               | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other Title (for example, Rev)           |  |
| Surname   |                              |                               | First names                 |  |  |
| I am 18 years old or over                                 |                              |                               |                             | <input type="checkbox"/> Please tick yes |  |
| Current postal address if different from premises address |                              |                               |                             |  |  |
| Post town   |                              |                               |                             | Postcode                                 |  |
| Daytime contact telephone number                          |                              |                               |                             |  |  |
| E-mail address (optional)                                 |                              |                               |                             |  |  |

**SECOND INDIVIDUAL APPLICANT (if applicable)**

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

**(B) OTHER APPLICANTS**

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

|  |
|--|
| Name<br>Salvation In Noodles Limited   |
| Address<br>c/o Colin Tu<br>122 Balls Pond Road<br>London<br>N1 4AE   |
| Registered number (where applicable)<br>09262376   |
| Description of applicant (for example, partnership, company, unincorporated association etc.)<br>Private Limited Company |
| Telephone number (if any)<br>07791 244927  |
| E-mail address (optional)<br>Colin_tu@hotmail.com  |

**Part 3 Operating Schedule**

When do you want the premises licence to start?

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| DD                   | MM                   | YYYY                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| DD                   | MM                   | YYYY                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

Premises are a small restaurant which comprises of a seating / dining area, bar serving counter, kitchen, toilets and a store room.

The premises can cater for 40 persons.

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

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



**B**

|  |              |               |   |          |                          |
|--|--------------|---------------|---|----------|--------------------------|
| <b>Films</b><br>Standard days and timings<br>(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"/> |
| <b>Day</b>   | <b>Start</b> | <b>Finish</b> | <b>Please give further details here</b> (please read guidance note 3)   |          |                          |
| Mon  |              |               |   |          |                          |
| Tue  |              |               | <b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)  |          |                          |
| Wed  |              |               |   |          |                          |
| 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

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

**D**

|   |                          |               |   |          |                          |
|---|--------------------------|---------------|---|----------|--------------------------|
| <b>Boxing or wrestling entertainments</b><br>Standard days and timings<br>(please read guidance note 6) |                          |               | <b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b><br>(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> | <b>Please give further details here</b> (please read guidance note 3)   |          |                          |
| Mon   |                          |               |   |          |                          |
| Tue   |                          |               |   |          |                          |
| <b>Wed</b>  |                          |               | <b>State any seasonal variations for boxing or wrestling entertainment</b><br>(please read guidance note 4)   |          |                          |
| <b>Thur</b>   |                          |               |   |          |                          |
| <b>Fri</b>  |                          |               | <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) |          |                          |
| <b>Sat</b>  |                          |               |   |          |                          |
| <b>Sun</b>  |                          |               |   |          |                          |

**E**

|   |              |               |   |          |                          |
|---|--------------|---------------|---|----------|--------------------------|
| <b>Live music</b><br>Standard days and timings<br>(please read guidance note 6) |              |               | <b>Will the performance of live music 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"/> |
| <b>Day</b>  | <b>Start</b> | <b>Finish</b> | <b>Please give further details here</b> (please read guidance note 3)   |          |                          |
| Mon   |              |               |   |          |                          |
|   |              |               | <b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)  |          |                          |
| Tue   |              |               |   |          |                          |
|   |              |               | <b>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</b> (please read guidance note 5) |          |                          |
| Wed   |              |               |   |          |                          |
|   |              |               |   |          |                          |
| Thur  |              |               |   |          |                          |
|   |              |               |   |          |                          |
| Fri   |              |               |   |          |                          |
|   |              |               |   |          |                          |
| Sat   |              |               |   |          |                          |
|   |              |               |   |          |                          |
| Sun   |              |               |   |          |                          |

**F**

|   |              |               |   |          |                          |
|---|--------------|---------------|---|----------|--------------------------|
| <b>Recorded music</b><br>Standard days and timings<br>(please read guidance note 6) |              |               | <b>Will the playing of recorded music 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"/> |
| <b>Day</b>  | <b>Start</b> | <b>Finish</b> | <b>Please give further details here</b> (please read guidance note 3)   |          |                          |
| Mon   |              |               |   |          |                          |
| Tue   |              |               | <b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)  |          |                          |
| Wed   |              |               |   |          |                          |
| Thur  |              |               | <b>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</b> (please read guidance note 5) |          |                          |
| Fri   |              |               |   |          |                          |
| Sat   |              |               |   |          |                          |
| Sun   |              |               |   |          |                          |

**G**

|  |                          |               |   |          |                          |
|--|--------------------------|---------------|---|----------|--------------------------|
| <b>Performances of dance</b><br>Standard days and timings<br>(please read guidance note 6) |                          |               | <b><u>Will the performance of dance 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> | <b><u>Please give further details here</u></b> (please read guidance note 3)  |          |                          |
| Mon  |                          |               |   |          |                          |
| Tue  |                          |               | <b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)  |          |                          |
| Wed  |                          |               |   |          |                          |
| Thur   |                          |               | <b><u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5) |          |                          |
| Fri  |                          |               |   |          |                          |
| Sat  |                          |               |   |          |                          |
| Sun  |                          |               |   |          |                          |

H

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

**I**

|   |              |               |  |          |                                     |
|---|--------------|---------------|--|----------|-------------------------------------|
| <b>Late night refreshment</b><br>Standard days and timings<br>(please read guidance note 6) |              |               | <b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b><br>(please read guidance note 2)  | Indoors  | <input checked="" type="checkbox"/> |
|   |              |               |  | Outdoors | <input type="checkbox"/>            |
|   |              |               |  | Both     | <input type="checkbox"/>            |
| <b>Day</b>  | <b>Start</b> | <b>Finish</b> | <b>Please give further details here</b> (please read guidance note 3)  |          |                                     |
| Mon   |              |               |  |          |                                     |
| Tue   |              |               |  |          |                                     |
|   |              |               | <b>State any seasonal variations for the provision of late night refreshment</b><br>(please read guidance note 4)  |          |                                     |
| Wed   |              |               |  |          |                                     |
| Thur  |              |               |  |          |                                     |
| Fri   | 2300         | 2400          | <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) |          |                                     |
| Sat   | 2300         | 2400          |  |          |                                     |
| Sun   |              |               |  |          |                                     |



**J**

|  |              |               |  |                  |                                     |   |  |  |
|--|--------------|---------------|--|------------------|-------------------------------------|---|--|--|
| <b>Supply of alcohol</b><br>Standard days and timings<br>(please read guidance note 6) |              |               | <b>Will the supply of alcohol be for consumption –</b><br><b>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  | 1100         | 2230          |  |                  |                                     |   |  |  |
| Tue  | 1100         | 2230          |  |                  |                                     |   |  |  |
| Wed  | 1100         | 2230          |  |                  |                                     |   |  |  |
| Thur   | 1100         | 2230          |  |                  |                                     |   |  |  |
| Fri  | 1100         | 2330          |  |                  |                                     |   |  |  |
| Sat  | 1100         | 2330          |  |                  |                                     |   |  |  |
| Sun  | 1100         | 2230          |  |                  |                                     |   |  |  |
|  |              |               |  |                  |                                     | <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:**

|  |        |
|--|--------|
| <b>Name</b><br>Colin Tu  |        |
| <b>Address</b><br>39 Kenton Road<br>London                       |        |
| <b>Postcode</b>  | E9 7AB |
| <b>Personal licence number (if known)</b><br>LBH-PER-N-2104      |        |
| <b>Issuing licensing authority (if known)</b><br>Hackney 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).

None

L

| Hours premises are open to the public<br>Standard days and timings<br>(please read guidance note 6) |       |        | State any seasonal variations (please read guidance note 4)  |
|---|-------|--------|--|
| Day   | Start | Finish |  |
| Mon   | 0900  | 2300   | <p><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)</p> |
|   |       |        |  |
| Tue   | 0900  | 2300   |  |
|   |       |        |  |
| Wed   | 0900  | 2300   |  |
|   |       |        |  |
| Thur  | 0900  | 2300   |  |
|   |       |        |  |
| Fri   | 0900  | 2400   |  |
|   |       |        |  |
| Sat   | 0900  | 2400   |  |
|   |       |        |  |
| Sun   | 0900  | 2300   |  |
|   |       |        |  |

**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)**

All staff engaged in the sale of alcohol will be trained in respect of their legal and social responsibilities whilst doing so. They will also be trained in the contents of the premises licence and any conditions contained therein.

A record of all staff training will be maintained at the premises and will be made available for inspection by the police or authorised officers of the licensing authority upon request.

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

CCTV shall be installed at the premises and shall operate whenever the premises are open to the public. Recorded images shall be retained for a period of 28 days and shall be handed to Police and Authorised Officers of the Licensing Authority upon reasonable request.

Alcohol for consumption on the premises will only be sold to persons who are sat at tables or sat at the bar stools immediately in front of the bar serving counter. The only exception to this will be in respect of customers who are waiting for seats to become vacant.

**c) Public safety**

Staff will be trained in respect of the fire risk assessment, and also the health and safety risk assessment.

First aid facilities will be maintained at the premises.

**d) The prevention of public nuisance**

There shall be no consumption of drinks outside of the premises.

Suitable signage shall be positioned at the premises exit requesting customers to make as little noise as possible and avoid disturbing neighbours when leaving the premises.

Except for access and egress all doors and windows shall be kept closed after 21:00 hours.

The premises mechanical plant shall be switched off when not required.

No noise or vibration shall emanate from the premises to cause noise disturbance to the occupants of any properties in the vicinity.

Odour from any flue used for the dispersal of cooking smells serving the building shall not cause nuisance to the occupants of any properties in the vicinity.

Smokers outside the premises shall be restricted to reasonable numbers at all times.

After 22:00 the Premises Licence Holder or nominated person shall supervise the outside area to control noise levels arising from customers and advise them of the need to respect local residents where appropriate. In the event that any customer(s) cause any noise disturbance or disorder they must be asked to leave the premises.

Suitable receptacles shall be provided for cigarette litter at the premises frontage.

The delivery of goods shall be restricted to normal working hours of 09:00 to 18:00.

All rubbish produced by the premises shall be stored securely in a designated area or in a bin with a tight fitting lid or otherwise suitably contained.

Arrangements will be put in place to ensure that waste collection contractors do not collect refuse Sundays and Bank Holidays and between 23:00 and 07:00 other days of the week.

Bottling out shall only take place during normal working hours of 09:00 to 18:00 Mondays to Saturdays and shall not take place on Sundays and Bank Holidays.

e) The protection of children from harm

The premises shall adopt Challenge 25 as its age verification policy and staff shall be trained in respect of this policy. Any person who appears to be under the age of 25 shall be asked to produce ID to prove they are over the age of 18. This will apply in all cases unless the purchaser is known to the staff member to be over the age of 18.

The only form of acceptable identification shall be a photo driving licence, a passport, ID card bearing the PASS logo in a hologram format, or military ID.

**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 | Frank Fender (electronic signature) |
| Date      | 11 <sup>th</sup> March 2015         |
| Capacity  | Licensing Consultant                |

**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)**

**Frank Fender  
FJF Licensing Solutions  
10 Highfield Close**

|  |                 |          |          |
|--|-----------------|----------|----------|
| Post town  | Newport Pagnell | Postcode | MK16 9AZ |
| Telephone number (if any)  | 07846 747833    |          |          |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional)<br>frank@fjflicensingsolutions.co.uk |                 |          |          |

Consent of individual to being specified as premises supervisor

I COLIN TU  
[full name of prospective premises supervisor]

of 39 KENTON ROAD  
LONDON  
E9 7AB  
[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

NEW PREMISES LICENCE  
[type of application]

by SALVATION IN NOODLES LTD  
[name of applicant]

relating to a premises licence N/A  
[number of existing licence, if any]

for SALVATION IN NOODLES  
2 BLACKSTOCK ROAD  
LONDON  
N4 2DL  
[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

SALVATION IN NOODLES LTD

*[name of applicant]*

concerning the supply of alcohol at

SALVATION IN NOODLES

2 BLACKSTOCK ROAD

LONDON

N4 2DL

*[name and address of premises to which application relates]*

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

Personal licence number

LBH-PER-N-2104

*[insert personal licence number, if any]*

Personal licence issuing authority

HACKNEY COUNCIL

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

Signed

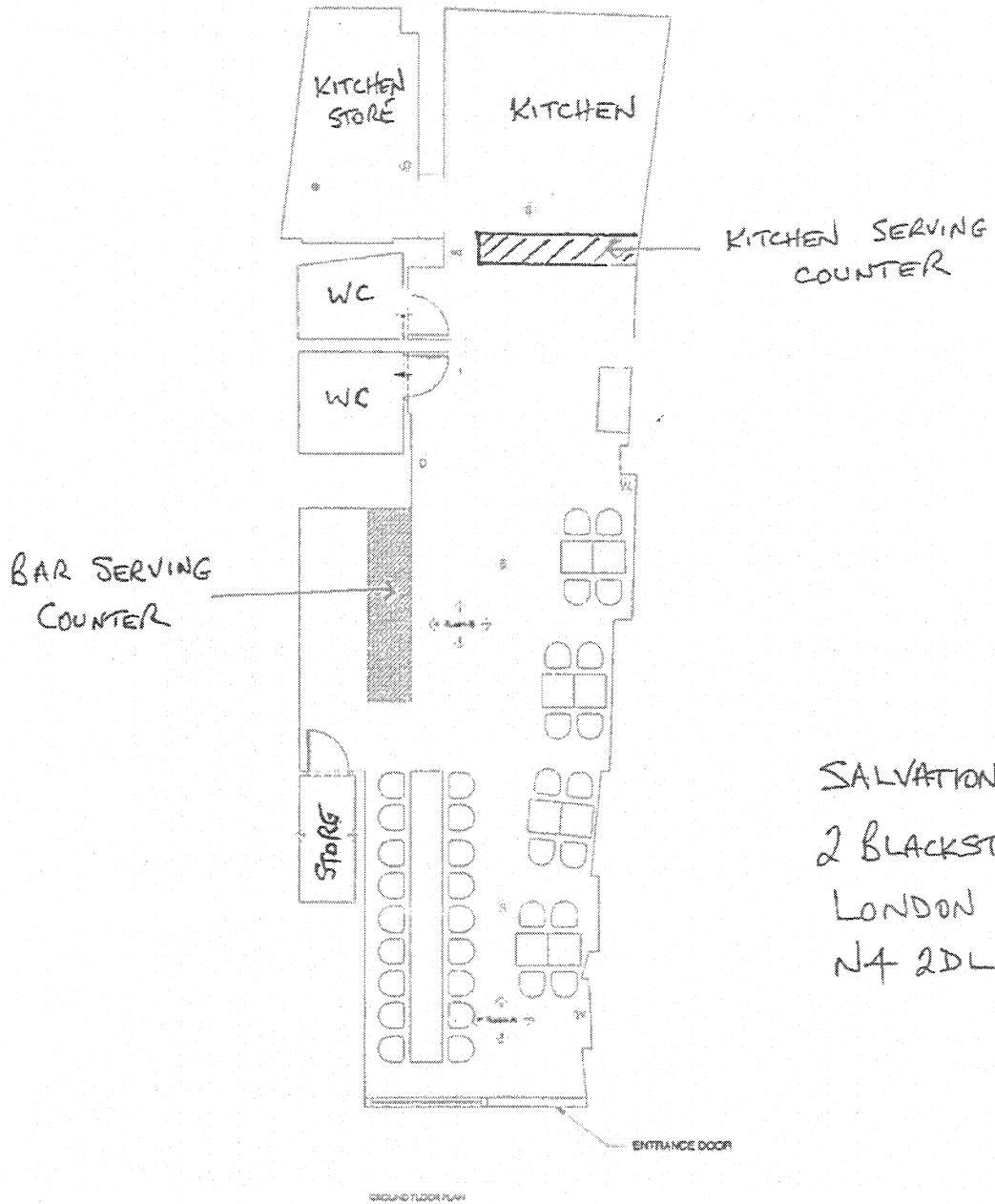


Name (please print)

Colin Tu

Date

06/03/15



SALVATION IN NOODLES  
 2 BLACKSTOCK ROAD  
 LONDON  
 N4 2DL

|    |              |
|----|--------------|
| 01 | STAIR        |
| 02 | STAIR (DOWN) |
| 03 | STAIR (UP)   |
| 04 | STAIR (DOWN) |
| 05 | STAIR (UP)   |

A PERSON WILL BE APPOINTED  
 TO BE RESPONSIBLE FOR THE  
 MAINTENANCE OF THE  
 FACILITIES OF THE BUILDING

DATE: \_\_\_\_\_  
 BY: \_\_\_\_\_  
 FOR: \_\_\_\_\_



**Williams, John**

---

**From:** payments@islington.gov.uk  
**Sent:** 12 March 2015 14:29  
**To:** Williams, John  
**Subject:** Payment Receipt

Thank you for your recent payment

This is an automated receipt sent in response to your recent payment. If you need to make any enquiries regarding this payment you will need to quote the receipt number(s) shown below.

Payment received 12/03/2015 02:28 PM

Name: Frank Fender  
Salvation in Noodles  
2 Blackstock Road  
New Premises licence

---

Transactions

---

Receipt Number:JWIL/0000041  
Details:NR601TJ04/General Cash  
VAT Rate :0.00  
Net Amount:  
VAT Amount:£0.00  
Gross amount:£190.00

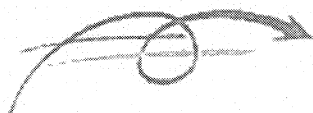
---

Total charged to Delta card £190.00  
VAT Number : 232 7514 79

In writing to:  
Contact Islington  
222 Upper Street  
London  
N1 1XR  
<http://www.islington.gov.uk/Contact>

\*\*\*\*\*  
This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you received this email in error please notify [postmaster@islington.gov.uk](mailto:postmaster@islington.gov.uk)

This footnote also confirms that this email message has been swept for the presence of computer viruses  
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**FJF Licensing Solutions**

Licensing Team  
Public Protection Division  
Islington Council  
222 Upper Street  
London  
N1 1XR

Date: 11 March 2015

Our Ref: FJFLS/FF/10/15

Your Ref:

E.mail: see below

Tel: 07846 747833

Dear Sirs

**Application for a Premises Licence in respect of premises known as Salvation in Noodles, 2 Blackstock Road, London N4 2DL.**

We have been instructed to act on behalf of Salvation in Noodles Limited and make an application for the grant of a new premises licence for the above mentioned premises.

We therefore enclose:-

1. Application form
2. A copy of the plan for the premises
3. Consent of Designated Premises Supervisor

The premises concerned have previously operated as a restaurant and are currently undergoing refurbishment. Once re-opened, the premises will be a 'noodle' restaurant.

The operator of the premises has a similar licensed premises of the same name, located at 122 Balls Pond Road, London N1 4AF, which operates under Premises Licence LN/14757-04022014.

The premises subject to this application will be managed in a very similar way to the premises in Balls Pond Road. The only difference will be that if granted, these premises will be permitted to sell alcohol to customers irrespective of whether or not they have ordered food.



**FJF Licensing Solutions**

However, these premises are not intended to become a vertical drinking establishment and a measure is proposed that only customers who are seated shall be served with alcoholic refreshment (with an exception made in respect of customers who have arrived at the premises and have to wait for seats to become vacant).

We are arranging for the notice to be displayed on the premises and in the local newspaper as required by the Act. The notices have been prepared as though you have received the application on 12<sup>th</sup> March 2015, which makes the last date for representations the 9<sup>th</sup> April 2015.

If there is anything in the way that we have completed the attached forms that causes you concern, or if you believe there is some omission, please contact Frank Fender on the above number so we can discuss it with you.

We would be grateful if you would acknowledge safe receipt of this letter and the relevant enclosures.

Yours faithfully

Frank Fender  
FJF Licensing Solutions  
E-mail: [frank@fflicensingolutions.co.uk](mailto:frank@fflicensingolutions.co.uk)

**Rep 1**

Hi,

I am emailing on behalf of the residents of \_\_\_ Rock street. We do NOT want this place to serve alcohol late.

This is to prevent crime. We notice during football nights More drunk crime. This is going to continue if this place is open

This is also to prevent, public nuisance as at night more noise will be created with this.

This is also for the safety and protection of children of harm. We will be concerned for our children visiting if this place is allowed to serve alcohol

We are really against this place

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

1. The licensee shall ensure that staff are trained about the age limit for alcohol; the difficulty of accurately assessing age; acceptable 'proof of age' documents; and how to challenge for proof of age and how to refuse sales where necessary. The licensee shall further ensure that employees sign to confirm that they have understood the training. The licensee shall keep records of training and instruction given to staff.
2. Alcohol for consumption on the premises will only be sold to customers who are seated at tables and have ordered food.
3. All alcohol sold for consumption on the premises will be sold by waiter/waitress service.
4. No refreshments will be allowed to be taken outside the premises, and a notice shall be displayed to this effect.
5. A notice shall be displayed in the area at the front of the premises asking persons who are smoking to use the area quietly, respecting the needs of the local community.
6. A notice shall be displayed at the exit requesting customers who are leaving the premises to do so quietly, respecting the needs of the local community.
7. Details of local taxi and private hire vehicles shall be kept at the premises to assist in the dispersal of customers from the premises.
8. The premises shall adopt Challenge 25 as its age verification policy and staff shall be trained in respect of this policy. Any person who appears to be under the age of 25 shall be asked to produce ID to prove they are over the age of 18. This will apply in all cases unless the purchaser is known to the staff member to be over the age of 18.
9. The only form of acceptable identification shall be a photo driving licence, a passport, ID card bearing the PASS logo in a hologram format, or military ID.
10. The premises shall install and maintain a comprehensive CCTV system as per the minimum requirements of a metropolitan police crime prevention officer. All entry and exit points will 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 all times when customers 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 upon the request of police or authorised officer throughout the preceding 31 day period.
11. A staff member from the premises who is conversant with the operation of the CCTV system shall be on the premises at all times when the premises is open to the public.
12. Except for access and egress all doors and windows shall be kept closed after 21:00 hours.
13. The premises mechanical plant shall be switched off when not required.
14. No noise or vibration shall emanate from the premises to cause noise disturbance to the occupants of any property in the vicinity.
15. Odour from any flue used for the dispersal of cooking smells serving the building shall not cause nuisance to the occupants of any properties in the vicinity.
16. Smokers outside the premises shall be restricted to reasonable numbers at all times.
17. After 22:00 the Premises Licence holder or nominated person shall supervise the outside area to control noise levels arising from customers and advise them of the need to respect local residents where appropriate. In the event that any customer(s) cause any noise disturbance or disorder they must be asked to leave the premises.

18. There shall be no consumption of drinks outside the premises.
19. Suitable receptacles shall be provided for cigarette litter at the premises frontage.
20. The delivery of goods shall be restricted to normal working hours of 09:00 to 18:00.
21. All rubbish produced by the premises shall be stored securely in a designated area or in a bin with a tight fitting lid or otherwise suitably contained.
22. Arrangements will be put in place to ensure that waste collection contractors do not collect refuse Sundays and Bank Holidays and between 23:00 and 07:00 other days.
23. Bottling out shall only take place during normal working hours of 09:00 to 18:00 Mondays to Saturdays and shall not take place on Sundays and Bank Holidays.

**Title : Salvation in  
Noddles**

**Islington Borough  
Boundary**

**Printed by :  
RO RO**

**Printed at :  
15-04-2015**



50 Meters

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