



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

Meeting of	Date	Agenda Item	Ward(s)
Licensing Sub-Committee	14 th October 2015		Barnsbury

Delete as appropriate		Non-exempt
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**Subject: PREMISES LICENCE NEW APPLICATION
ANGEL BEST MANGAL, 60 PENTON STREET, LONDON, N1 9PZ**

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 allow:
- The sale by retail of alcohol, on supplies only, Mondays to Saturdays from 11:00 until 00:00 and Sundays from 11:00 until 23:00;
 - The provision of late night refreshment, Mondays to Saturdays from 23:00 until 00:00; and
 - The premises to be open to the public, Mondays to Saturdays from 11:00 until 00:00 and Sundays from 11:00 until 23:00.

2. Relevant Representations

Licensing Authority	No
Metropolitan Police	Yes
Noise	Yes
Health and Safety	No

Trading Standards	No
Public Health	No
Safeguarding Children	No
London Fire Brigade	No
Local residents	Yes: One 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.

4. Planning Implications

4.1 None.

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)

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

5-10-15

Date

Received by

Head of Scrutiny and Democratic Services

Date

Report author: Licensing Service

Tel: 020 75027 3031

E-mail: licensing@islington.gov.uk



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 Mustafa Simsek ANGEL BEST MANGAL LTD.
(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 <u>60 Penton St, London</u>		ISLINGTON COUNCIL LICENSING	
Date	<u>4/8/15</u>	Fee Paid	<u>315-00</u>
Cash/Check/Member (please circle)	<u>CMON/0000023</u>		
Post town	<u>ANGEL</u>	Receipt Number	
		Postcode	<u>N1 1P2</u>
		Issued By	<u>CMO</u>
Telephone number at premises (if any)	<u>0203 583 6442</u>		
Non-domestic rateable value of premises	£ <u>—</u>		

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	ANGEL BEST MANGAL LTD
Address	60 PENTON STREET ANGEL LONDON N1 1P2
Registered number (where applicable)	REGISTRATION IN PROGRESS
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMPANY
Telephone number (if any)	0203 583 6442
E-mail address (optional)	SIMSEK38@Hotmail.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
20 07 2015

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

DD MM YYYY
20 07 2025

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

Angel Best Mangal Ltd, currently has no-license for alcohol, however, due to high demand from customers I am unable to serve. This then gives the company a reputation where because alcohol is not consumed, less customers attend the restaurant. Alcohol will only be consumed with the customers food.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

N/A.

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)

N/A.

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

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	
			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)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
			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 at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sun				

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
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

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment 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"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	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)		
Mon					
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur			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 (please read guidance note 5)		
Fri					
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	
			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)	
Mon				
Tue				
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Thur				
Fri			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 (please read guidance note 5)	
Sat				
Sun				

G

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

Ignore Crossing Out.

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	23.00	26.00	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
	23.00	26.00			
Tue	23.00	26.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Wed	23.00	24.00			
Thur	23.00	24.00			
Fri	23.00	24.00			
Sat	23.00	24.00			
Sun					
			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 (please read guidance note 5)		

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – <u>please tick</u> (please read guidance note 7)		On the premises <input checked="" type="checkbox"/>
					Off the premises <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	11.00 am	12.00 pm	Supply of Alcohol will only be served during the premises working hours.		
Tue	11.00 am	12.00 pm			
Wed	11.00 am	12.00 pm			
Thur	11.00 am	12.00 pm	Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)		
Fri	11.00 am	12.00 pm	N/A.		
Sat	11.00 am	12.00 pm			
Sun	11.00 am	11.00 pm			

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

Name	MUSTAFA SIMSEK
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	ISLE HACKNEY

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

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	11.00 ^{am}	24.00 ^{pm}	N/A.
Tue	11	11	
Wed	11	11	
Thur	11	11	
Fri	11	11	
Sat	11	11	
Sun	11.00 ^{am}	11.00 ^{pm}	

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)

We have CCTV camera in the shop.

b) The prevention of crime and disorder

The premises is a Restaurant, not a pub or bar, therefore, alcohol will only be consumed with food. In addition, next door is Angel Police Station, where officers attend the Restaurant to eat.

c) Public safety

No-one from the restaurant will leave the premises drunk or disorderly as there is no entertainment. In addition, next door is Angel Police station.

d) The prevention of public nuisance

N/A.
We have smoking areas for customers.
We do not serve alcohol to customers, who is drunk.

e) The protection of children from harm

We provide alcohol N/A to over 18's.
if the customer look younger than the age of 25
we ask for identification.

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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	
Date	13/07/2015
Capacity	MUSTAFA - ŞİMŞEK company Director

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

Signature	
Date	
Capacity	

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

Post town

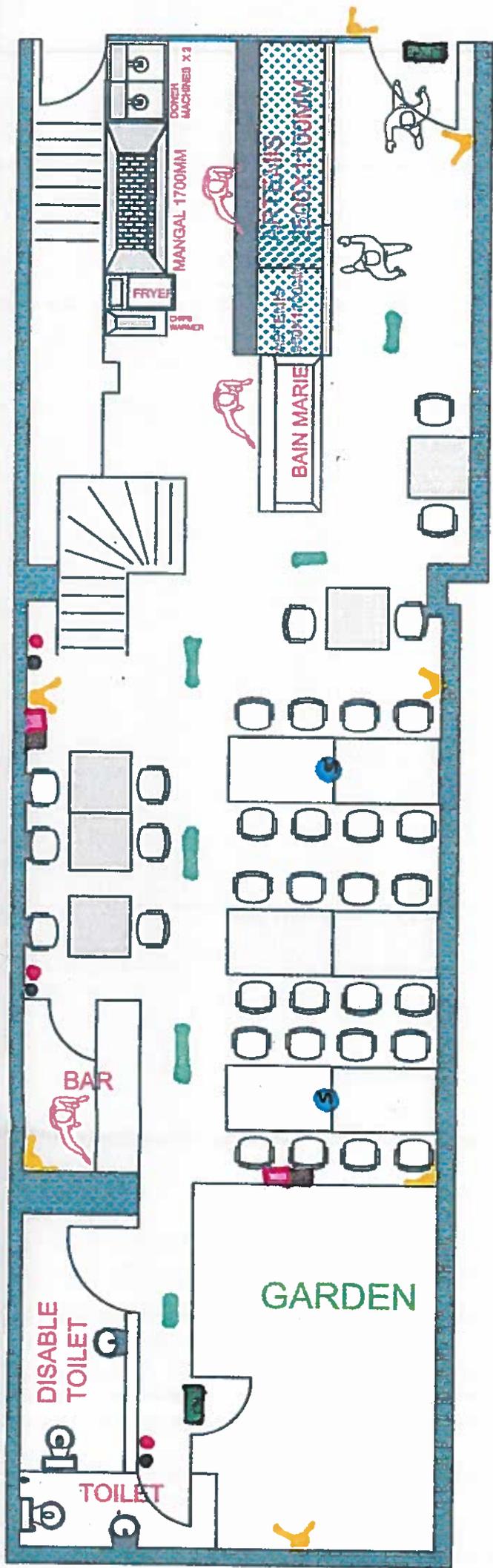
Postcode

Telephone number (if any)

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

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.



-  Camera
 -  Emergency light
 -  Smoke alarm
 -  CO2 fire extinguisher
 -  Foam fire extinguisher
 -  Fire exit
 -  Panic alarm
 -  Fire alarm
- 60 pentun St
 1000 2000
 1000 1000

Your New License Application
Our Licensing/NI
Date: 15/08/2015



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

Telephone: 07799133204
Email:
Licensingpolice@islington.gov.uk

Date 15th August 2015

Angel Best Mangal
60 Penton Street
London
N1 1PZ

Dear Sir

Re: New Premises License application: 60 Penton Street London N1 1PZ

With reference to the above application, We are writing to inform you that the Metropolitan Police, as a Responsible Authority, will be objecting to this application as it is our belief that if granted the application would undermine the Licensing Objective.

The venue is situated in the 'Kings Cross Cumulative Impact Area', a locality where this is traditionally high crime and disorder and there are concerns that this application will cause further policing problems in an already demanding area. Islington has almost double the national average of licensed premises per resident, and this is why the Police supported the implementation of the Council's Cumulative Impact Policy. This large number of licensed premises and the issues associated with these impacts greatly on the Police and all other emergency services resources.

There are 34 Licensed premises situated within a 250m radius of the proposed venue. Of these 19 are On-License premises, 10 are Off-License premises and 5 are late night refreshment venues. We feel that the granting of this License can only add to the Cumulative impact and fail to see how this venue is bringing anything new to the area.

It is for these reasons that we are objecting to the application.

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

Yours sincerely

Pc Steven Harrington
Pc Peter Conisbee
Pc Nick Pamboris
Islington Police Licensing Team



ISLINGTON

Environment and Regeneration

Public Protection Division
Licensing Act 2003

2

REPRESENTATION FORM FROM RESPONSIBLE AUTHORITIES

Responsible Authority - Public Protection, Pollution Team

Your Name	Fanos Santis
Job Title	Senior Environmental Health Officer
Postal and email address	3 rd Floor, 222 Upper Street Islington, London N1 1XR Fanos.santis@islington.gov.uk
Contact telephone number	0207527 3963

Name of the premises you are making a representation about	Angel Best Mangal Ltd
Address of the premises you are making a representation about	60 Penton Street, London, N1 1PZ

*Please detail the evidence supporting your representation. Or the reason for your representation.
Please use separate sheets if necessary*

To prevent public nuisance
The premises has applied to supply alcohol from 11:00 to 00:00, Mondays to Saturdays, and from 11:00 to 23:00hours on Sundays and extend supply of late refreshment from 23:00 to 00:00hours, Mondays to Sundays, to customers. The applicant has stated that they have smoking areas for customers but have not shown how they will control numbers and the maximum number of smokers the smoking area can take. No other details were provided on controlling public nuisance from customers. The Pollution Team therefore objects to the application subject to suggested conditions listed below being accepted.

Suggested conditions that could be added to the licence to remedy your representation or other suggestions you would like the Licensing Sub Committee to take into account. Please use separate sheets where necessary.	<ol style="list-style-type: none"> 1. Waste collections, bottling out and deliveries to the Angel Best Mangal Ltd shall only be carried out between 07:00 hours and 21:00 Mondays to Saturdays, and between 10:00 to 18:00 on Sundays and Bank Holidays. 2. Notices will be prominently displayed at exits requesting customers to respect local residents and to leave the area quietly. 3. No drinks shall be taken outside for consumption by customers. 4. There shall be a maximum of 6 customers permitted to smoke outside the premises at any one time.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Signed: *[Signature]*

Date: 20th August 2015.

3

Licensing Act 2003 representation pro-forma

Should you wish to comment on the licence application please use this form to help you. Please feel free to attach additional sheets.

You do not have to make any comment, and comments may be made in support of as well as against the application, providing they refer to one or more of the licensing objectives (please see the guidance notes for further advice).

Premises Name and address:

Angel Best Mangal, 60 Penton Street, Islington, London, N1 9PZ

Your Name:

Interest:

resident

(E.g. resident, business, TRA Chair, Councillor, solicitor)

Your Address:

Angel, Islington, London, UK

Email:

Telephone:

Please comment on the licensing objectives below relevant to your concerns or observations, you may also wish to include suggestions how your concerns could be addressed:

Public Nuisance

1. Plenty of dust comes out from their chimney that affects our life.
2. Fumes of BBQ comes out that makes us cannot even open our door and windows.
3. They also produce noise from the big fan.

Crime and Disorder

There are already 4 pubs around this location within 50m, and it has history of some disorder cases. I do not think that adding one more "pub" is a good idea because it would bring some more noise and disorder to this area.

Protection of Children from Harm

I have a 4-year-old daughter, who's got mild allergy and asthma. I am afraid that the dust and fumes would influence her respiratory system and growth.

Public Safety

Again, too many drunk people around this area at mid-night would cause problems that will influence the public safety.

I wish my identity to be kept anonymous: Yes / No

We will treat representations as anonymous where there is a genuine reason to do so; if you wish your name and address details to be withheld then please explain the reason:

[Empty box for providing a reason for anonymity]

Copies of this representation will be sent to the applicant, or their agent/solicitor, including name and address details (but other personal contact information such as telephone numbers and email addresses will be removed) unless you have specifically requested anonymity. Copies of this representation will be included in a report that will be available to the public and will be published on the internet; however the published on-line version of the report will have name and address details removed.

Signature:

Date: 15-8-2015

Please ensure name and address details completed above

Return to:

Licensing Service
London Borough of Islington
3rd Floor
222 Upper Street
London N1 1XR

or send by email to:

licensing@islington.gov.uk

Suggested conditions of approval consistent with the operating schedule

1. A CCTV system shall be recording at the premises whilst it is operating under this licence.
2. The supply of alcohol shall only be to a person seated taking a table meal there and for the consumption by such a person as ancillary to their meal.
3. A Challenge 25 policy shall be implemented.

Conditions proposed by the Noise Service

4. Waste collections, bottling out and deliveries to the Angel Best Mangal Ltd shall only be carried out between 07:00 hours and 21:00 Mondays to Saturdays, and between 10:00 to 18:00 on Sundays and Bank Holidays.
5. Notices will be prominently displayed at exits requesting customers to respect local residents and to leave the area quietly.
6. No drinks shall be taken outside for consumption by customers.
7. There shall be a maximum of 6 customers permitted to smoke outside the premises at any one time.

Title :

Islington Borough
Boundary

Printed by :
RO RO

Printed at :
29-09-2015

ISLINGTON

