



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

Meeting of	Date	Agenda Item	Ward(s)
Licensing Sub-Committee	1 December 2015		Bunhill

Delete as appropriate		Non-exempt
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**Subject: TEMPORARY EVENT NOTICE APPLICATION
THE HOXTON GALLERY, 59 OLD STREET, LONDON EC1V 9HX**

1. Synopsis

- 1.1 This is a hearing to determine a Temporary Event Notice (TEN) in respect of the above premises. The application was submitted on the 20 November 2015 and is seeking to allow for the sale of alcohol for consumption on the premises, provide regulated entertainment and late night refreshment 21:00 on 31 December to 06:00 on 1 January 2016. The temporary event notice is applied for under section 100, Part 5 of the Licensing Act 2003.
- 1.2 This application is subject to a representation from the Environmental Health relating to the following licencing objective :
 - i. Public safety;
 - ii. Public nuisance

2. Recommendations

- 2.1 To determine the temporary event notice under Part 5 of the Licensing Act 2003 as the Licensing Sub-Committee consider appropriate for the promotion of the Licensing Objectives.

2.2 The Committee can decide to:

- i. allow the TEN for the specified event;
- ii. allow the TEN, subject to one or more conditions of the existing premises licence; or
- iii. prohibit the TEN by way of a counter notice.

3. Background

3.1 The premises benefits from an off licence but this premises licence is not held in the name of the TENs applicant.

3.2 Papers are attached as follows:-

- Appendix 1: application form;
Appendix 2: representation;
Appendix 3: map of premises location.

4. Conclusion and reasons for recommendations

4.1 The Council is required to consider this application in the light of all relevant information, and if approval is given, it may attach such conditions 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 25/1/15

Received by

Head of Scrutiny and Democratic Services

Date

Report author: Licensing Service

Tel: 020 75027 3031

E-mail: licensing@islington.gov.uk



Temporary Event Notice

Before completing this notice, please read the guidance notes at the end of the notice. If you are completing this notice by hand, please write legibly in block capitals. In all cases, ensure that your answers are inside the boxes and written in black ink or typed. Use additional sheets if necessary. You should keep a copy of the completed notice for your records. You must send at least one copy of this notice to the licensing authority and additional copies must be sent to the chief officer of police and the local authority exercising environmental health functions for the area in which the premises are situated. The licensing authority will give to you written acknowledgement of the receipt of the notice.

I, the proposed premises user, hereby give notice under section 100 of the Licensing Act 2003 of my proposal to carry on a temporary activity at the premises described below.

1. The personal details of premises user (Please read note 1)			
1. Your name			
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)		
Surname	ROSE		
Forenames	RHYS JOHN		
2. Previous names (Please enter details of any previous names or maiden names, if applicable. Please continue on a separate sheet if necessary)			
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)		
Surname			
Forenames			
3. Your date of birth	Day	Month	Year
4. Your place of birth			
5. National Insurance Number			
6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)			
Post town		Postcode	
7. Other contact details			
Telephone numbers Daytime			
Evening (optional)			
Mobile (optional)			
Fax number (optional)			
E-Mail address (if available)	RHYSROSEFREELANCE@LIVE.CO.UK		
8. Alternative address for correspondence (If you complete the details below, we will use this			

address to correspond with you)	
HOXTON GALLERY, 59 OLD STREET	
Post town ISLINGTON	Postcode EC1V 9HX
9. Alternative contact details (if applicable)	
Telephone numbers: Daytime	
Evening (optional)	
Mobile (optional)	
Fax number (optional)	
E-Mail address (if available)	INFO@HOXTONGALLERY.COM

2. The premises	
Please give the address of the premises where you intend to carry on the licensable activities or, if it has no address, give a detailed description (including the Ordnance Survey references) (Please read note 2)	
HOXTON GALLERY, 59 OLD STREET, EC1V 9HX	
Does a premises licence or club premises certificate have effect in relation to the premises (or any part of the premises)? If so, please enter the licence or certificate number below.	
Premises licence number	
Club premises certificate number	
If you intend to use only part of the premises at this address or intend to restrict the area to which this notice applies, please give a description and details below. (Please read note 3)	
Please describe the nature of the premises below. (Please read note 4)	
HOXTON GALLERY IS A RECENTLY CONVERTED RETAIL UNIT ON OLD STREET WHICH IS INTENDED TO BE USED FOR A VARIETY OF PURPOSES, EXAMPLES OF WHICH ARE: ART GALLERY, POP UP SHOP, TEMPORARY EVENT VENUE & CORPORATE EVENT SPACE.	
THE GALLERY CONSISTS OF THREE SHOW ROOMS, THE HOXTON GALLERY (MAIN STREET FACING AREA ON THE GROUND FLOOR), THE BACK ROOM (BACK ROOM ON GROUND FLOOR) & THE BASEMENT SPACE (BASEMENT GALLERY ROOM). THE GALLERY HAS HOT AND COLD RUNNING WATER AND HAS 4 TOILET CUBICLES AND TWO URINALS.	
AT PRESENT THE LEASE IS ONLY SHORT TERM AND THE STRUCTURE HAS UNDERTAKEN A LARGE AMOUNT OF SOUND INSULATING WORK AND MAKING GOOD OF WALLS AND FACILITIES TO ALLOW THIS MIXED USAGE.	
HOXTON GALLERY HAS A GOOD DEAL OF PREVIOUS EXPERIENCE IN CURATING THIS VARIETY OF EVENTS AND UNDERSTANDS THE NEED TO BE SENSITIVE TO THE LOCAL AREA, THIS COMBINED WITH GOOD 24 HOUR TRANSPORT LINKS AWAY	

FROM THE VENUE AT BUS STOPS IN BOTH DIRECTIONS AND WITH THE ONE OFF NATURE OF NEW YEARS EVE EVENTS IT IS THE INTENTION OF HOXTON GALLERY NOT TO CAUSE ANY CUMULATIVE IMPACT ON THE AREA THROUGH OUR OPERATION.

THE MANAGEMENT OF THE SPACE WILL BE ASSISTED BY A FULL SIA REGISTERED DOOR TEAM PROVIDED BY IAM SECURITY (ISO 9001 ACCREDITED www.iam-security.co.uk) AND THE SALE OF ALCOHOL WILL BE MANAGED INTERNALLY BY MIX GLOBAL LTD, AN EXPERIENCED LONDON EVENTS COMPANY.

Please describe the nature of the event below. (Please read note 5)

THE EVENT WILL BE A DJ LED ELECTRONIC MUSIC EVENT CELEBRATING THE NEW YEAR WITH MUSIC AND DANCE ON TWO FLOORS PRESENTED BY POLICY.

3. The licensable activities		
Please state the licensable activities that you intend to carry on at the premises (please tick all licensable activities you intend to carry on). (Please read note 6)		
The sale by retail of alcohol		X <input type="checkbox"/>
The supply of alcohol by or on behalf of a club to, or to the order of, a member of the club		<input type="checkbox"/>
The provision of regulated entertainment		X <input type="checkbox"/>
The provision of late night refreshment		X <input type="checkbox"/>
Are you giving a late temporary event notice? (Please read note 7)		<input type="checkbox"/>
Please state the dates on which you intend to use these premises for licensable activities. (Please read note 8)		
31/12/2015 01/01/2016		
Please state the times during the event period that you propose to carry on licensable activities (please give times in 24 hour clock). (Please read note 9)		
21:00-23:59 31/12/2015 00:00-06:00 01/01/2016		
Please state the maximum number of people at any one time that you intend to allow to be present at the premises during the times when you intend to carry on licensable activities, including any staff, organisers or performers. (Please read note 10)		400
If the licensable activities will include the supply of alcohol, please state whether the supplies will be for consumption on or off the premises, or both (please tick as appropriate). (Please read note 11)	On the premises only	X <input type="checkbox"/>
	Off the premises only	<input type="checkbox"/>
	Both	<input type="checkbox"/>

Please state if the licensable activities will include the provision of relevant entertainment. If so, please state the times during the event period that you propose to provide relevant entertainment. (Please read note 12)

RELEVANT (REGULATED) ENTERTAINMENT WILL TAKE PLACE AT THE FOLLOWING TIMES:
 21:00-23:59 31/12/2015
 00:00-06:00 01/01/2016

4. Personal licence holders (Please read note 13)

Do you currently hold a valid personal licence? (Please tick)		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please provide the details of your personal licence below.			
Issuing licensing authority	TOWER HAMLETS		
Licence number	13044		
Date of issue	15/01/2009		
Date of expiry	15/01/2019		
Any further relevant details			

5. Previous temporary event notices you have given (Please read note 13 and tick the boxes that apply to you)

Have you previously given a temporary event notice in respect of any premises for events falling in the same calendar year as the event for which you are now giving this temporary event notice?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If answering yes, please state the number of temporary event notices (including the number of late temporary event notices, if any) you have given for events in that same calendar year	15	
Have you already given a temporary event notice for the same premises in which the event period: a) ends 24 hours or less before; or b) begins 24 hours or less after the event period proposed in this notice?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

6. Associates and business colleagues (Please read note 14 and tick the boxes that apply to you)

Has any associate of yours given a temporary event notice for an event in the same calendar year as the event for which you are now giving a temporary event notice?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If answering yes, please state the total number of temporary event notices (including the number of late temporary event notices, if any) your associate(s) have given for events in the same calendar year.		
Has any associate of yours already given a temporary event notice for the same premises in which the event period: a) ends 24 hours or less before; or b) begins 24 hours or less after the event period proposed in this notice?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Has any person with whom you are in business carrying on licensable activities given a temporary event notice for an event in the same calendar year as the event for which you are now giving a temporary event notice?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If answering yes, please state the total number of temporary event notices (including the number of late temporary event notices, if any) your business colleague(s) have given for events in the same calendar year.		
Has any person with whom you are in business carrying on licensable activities already given a temporary event notice for the same premises in which the event period: a) ends 24 hours or less before; or b) begins 24 hours or less after the event period proposed in this notice?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

7. Checklist (Please read note 15)	
I have: (Please tick the appropriate boxes)	
Sent at least one copy of this notice to the licensing authority for the area in which the premises are situated	<input checked="" type="checkbox"/>
Sent a copy of this notice to the chief officer of police for the area in which the premises are situated	<input checked="" type="checkbox"/>
Sent a copy of this notice to the local authority exercising environmental health functions for the area in which the premises are situated	<input checked="" type="checkbox"/>
If the premises are situated in one or more licensing authority areas, sent at least one copy of this notice to each additional licensing authority	<input checked="" type="checkbox"/>
If the premises are situated in one or more police areas, sent a copy of this notice to each additional chief officer of police	<input checked="" type="checkbox"/>
If the premises are situated in one or more local authority areas, sent a copy of this notice to each additional local authority exercising environmental health functions	<input checked="" type="checkbox"/>
Made or enclosed payment of the fee for the application	<input checked="" type="checkbox"/>
Signed the declaration in Section 9 below	<input checked="" type="checkbox"/>

8. Condition (Please read note 16)
It is a condition of this temporary event notice that where the relevant licensable activities described in Section 3 above include the supply of alcohol that all such supplies are made by or under the authority of the premises user.

9. Declarations (Please read note 17)	
The information contained in this form is correct to the best of my knowledge and belief.	
I understand that it is an offence: (i) to knowingly or recklessly make a false statement in or in connection with this temporary event notice and that a person is liable on summary conviction for such an offence to a fine not exceeding level 5 on the standard scale; and (ii) to permit an unauthorised licensable activity to be carried on at any place and that a person is liable on summary conviction for any such offence to a fine not exceeding £20,000, or to imprisonment for a term not exceeding six months, or to both.	
Signature	MR R J ROSE

Date	19/11/2015
Name of Person signing	MR RHYS JOHN ROSE

For completion by the licensing authority

10. Acknowledgement (Please read note 18)	
I acknowledge receipt of this temporary event notice.	
Signature	On behalf of the licensing authority
Date	
Name of Officer signing	

Islington Licensing Authority
Licensing Act 2003

**REPRESENTATION FORM FROM RESPONSIBLE AUTHORITIES IN
RESPECT OF A TEMPORARY EVENT NOTICE**

Your Name	Fanos Santis
Responsible authority and job Title	Islington Council, Public Protection, Pollution Team
Postal and email address	Municipal Offices, 222 Upper Street N1 1XR
Name of the premises you are making a representation about	Hoxton Gallery
Address of the premises you are making a representation about	Ground floor and Basement, 59 Old Street EC1V 9HX
Date and times of notice	31/12/2015-21:00 hours to 23:59 hours and 01/01/2016 -00:00 hours to 06:00 hours
Normal or Late TEN	Normal

This representation relates to the following licensing objective(s)

Please tick one or more boxes

- | | |
|---|-------------------------------------|
| 1) the prevention of crime and disorder | <input type="checkbox"/> |
| 2) public safety | <input checked="" type="checkbox"/> |
| 3) the prevention of public nuisance | <input checked="" type="checkbox"/> |
| 4) the protection of children from harm | <input type="checkbox"/> |

Recommended actions to promote the licensing objectives:

- | | |
|---|-------------------------------------|
| 1) The following conditions of the premises licence, as detailed below, be imposed | |
| 2) The TEN be modified as follows: | <input type="checkbox"/> |
| 3) Additional information needs to be supplied by applicant: | <input type="checkbox"/> |
| 4) The responsible authority considers that the notice should be refused by the Council's Licensing Committee | <input checked="" type="checkbox"/> |

Annex 1 conditions (please specify)



Annex 2 conditions (please specify)

Annex 3 conditions (please specify)

Please detail the evidence supporting your representation and / or the reason for your representation. Please use separate sheets if necessary

The venue does not have premises licence or licence conditions to cover the TEN applied for;

The premises does not have planning permission for change of use from a supermarket (used to be a Cost Cutter supermarket) to a gallery;

The TEN application states that the maximum people to attend at any one time is 400 and there is concern that the venue was not constructed to have 400 people.

Signed: AA Rob Date: 25/11/2015

Please send this form along with any additional sheets to the applicant. A copy should be sent to: Islington Council, Licensing Team, 222 Upper Street London N1 1XR or email to licensing@islington.gov.uk

This form must be returned within the Statutory Period. For more details please check with the Licensing Team on 020 7527 3031

To be completed and returned by applicant

- 1) I am happy to accept the representation and conditions/modifications recommended by the responsible authority Yes No
- 2) I wish to withdraw my application for a temporary event notice Yes No
- 3) I do not accept the suggested conditions or recommendations and I wish to proceed with the notice to the next available Licensing Sub Committee Yes No

Signed: _____ Date: _____

Print name: _____

A copy should be sent by post to: Islington Council, Licensing Team, 222 Upper Street London N1 1XR or email to licensing@islington.gov.uk

This form must be returned within the Statutory Period. Applicants are encouraged to enter into negotiations and supply additional information to the relevant responsible authority, where appropriate prior to formally returning this notice.

For more details please check with the Licensing Support Team on 020 7527 3031

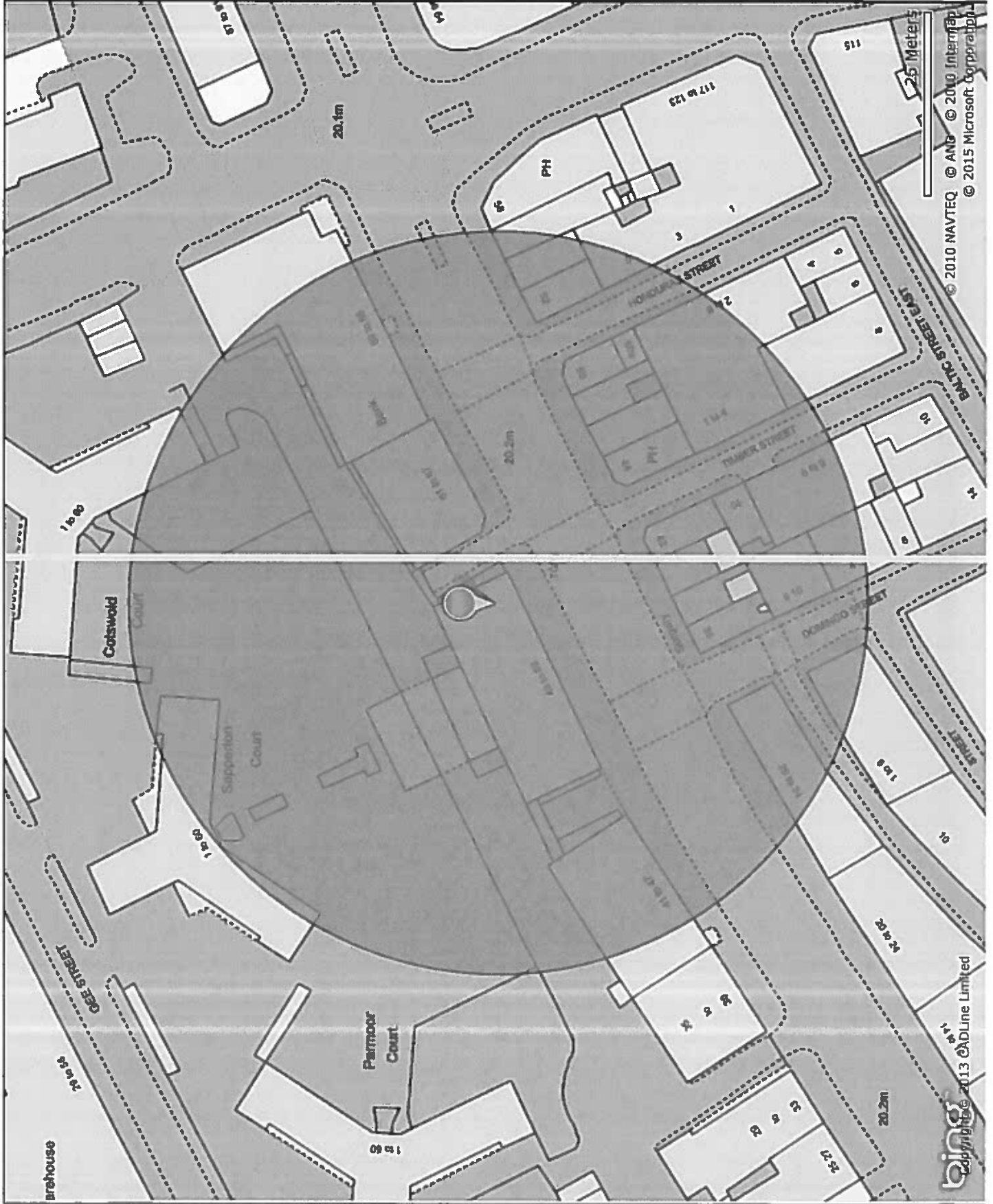
Title : 59 Old Street
EC1V 9HX

Islington Borough
Boundary

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