

REPORT TO LICENSING & APPEALS SUB-COMMITTEE

Agenda Item 4

Hearing Date: 12th May 2014

Contact Officer: Emma McHugh – 01283 595716

DETERMINATION OF AN APPLICATION FOR THE GRANT OF A PREMISES LICENCE

Applicant's Name	Halil Zurnacioglu
Premises Name	Food Stop
Address	Coppiceside, Swadlincote, Derbyshire, DE11 9AE

1. PURPOSE

To determine an application for the grant of a premise licence received by this Authority on the 28th February 2014 from Halil Zurnacioglu. A copy of the application is attached as **Appendix 1**.

2. BACKGROUND

2.1 The applicant is seeking a new premises licence to permit the provision of late night refreshment.

3. APPLICATION DETAILS

3.1 The applicant requests the Authority to permit the following:

Activity	Days	Times
Provision of late night refreshment indoor	Sunday to Thursday	23.00 – 01.00
	Friday and Saturday	23.00 – 02.00
Opening hours to the public	Monday to Thursday	12.00 – 01.00
	Friday and Saturday	12.00 – 02.00
	Sunday	16.00 – 01.00

3.2 The steps the applicant intends to take to promote all four licensing objectives can be seen at page 16 of the application form.

4. CONSULTATION RESPONSES

Derbyshire Constabulary

Representation received during the 28 day consultation period. Full details can be found in **Appendix 2**.

No other representations have been received.

5. AGREEMENT BETWEEN PARTIES

- 5.1 The applicant has agreed to have the conditions requested by Derbyshire Constabulary (**Appendix 3**) added to their licence.
- 5.2 All parties have agreed to dispense with the need to hold a hearing.

6. DETERMINATION

- 6.1 The Licensing Act's scheme of delegation does not permit Officers to determine an application that has received a representation, even when all parties agree to dispense with the need to hold a hearing. The power to grant licences in these circumstances remains with the Licensing and Appeals Sub-Committee.
- 6.2 As all parties have agreed to dispense with a hearing, there is no requirement to hear evidence, and Members are asked to grant the licence subject to such conditions contained in the operating schedule, appendix 3 to this report, and any mandatory conditions required under the Licensing Act 2003.

7. RIGHT OF APPEAL

- 7.1 The applicant or persons making representations have a right of appeal against the decision of the Licensing Authority.

APPENDICES

1. Application for a premises licence to be granted under the Licensing Act 2003
2. Derbyshire Constabulary representation.
3. Derbyshire Constabulary agreed conditions to be added to the operating schedule.

[Insert name and address of relevant licensing authority and its reference number (optional).]

**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 HALIL ZURNACIOGLU
(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 FOOD STOP COPPLESIDE			
Post town	SWADLINCOTE	Postcode	DE11 9AFA
Telephone number at premises (if any)	01283 211516		
Non-domestic rateable value of premises	£1200 Approx.		

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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname ZURNACIOGLU			First names HALIL		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number		01283 536241			
E-mail address (optional)		veli@velis.co.uk			

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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
28	05	2014

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

DD	MM	YYYY

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

HOT FOOD TAKE AWAY WITH DELIVERY SERVICE

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 Standard days and timings (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					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<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)		
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			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
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				Both	<input type="checkbox"/>
				<u>Please give further details here</u> (please read guidance note 3)	
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Wed					
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					
Thur					
Fri					
Sat					
			State any seasonal variations for the performance of live music (please read guidance note 4)		
			Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 5)		

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			
Mon			Please give further details here (please read guidance note 3)		
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)			Will the performance of dance 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 dance (please read guidance note 4)	
Thur			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 (please read guidance note 5)	
Fri				
Sat				
Sun				

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<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)		
Fri					
Sat			<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)		
Sun					

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	12 pm	1 am	<u>Please give further details here</u> (please read guidance note 3)		
Tue	12 pm	1 am			
Wed	12 pm	1 am	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur	12 pm	1 am			
Fri	12 pm	2 am	<u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat	12 pm	2 am			
Sun	12 pm	1 am			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 7)		On the premises	<input type="checkbox"/>
					Off the premises	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun			<u>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</u> (please read guidance note 5)			

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

Name	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	

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).

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	12 PM	1 AM	<p><u>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</u> (please read guidance note 5)</p>
Tue	12 PM	1 AM	
Wed	12 PM	1 AM	
Thur	12 PM	1 AM	
Fri	12 PM	2 AM	
Sat	12 PM	2 AM	
Sun	4 PM	1 AM	

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)

b) The prevention of crime and disorder

CCTV

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

--

Checklist:

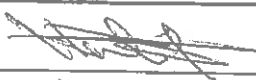
Please tick to indicate agreement

- 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	25/2/14
Capacity	

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.

McHugh Emma

From: Day, Philip, 2465 <Philip.Day.2465@derbyshire.pnn.police.uk>
Sent: 11 March 2014 09:26
To: McHugh Emma
Subject: Agreed conditions offered by applicant for Food Stop Coppice side Swadlincote
Attachments: Copy of signed agreed conditions.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Morning Emma.

Please find attached copy of the signed conditions offered by the applicant for the above premises application. The police licensing team would have no objections to the issue of any premises licence for the premises with the above conditions attached. If you have any questions or require clarification please do not hesitate to contact me.
 Kind Regards Phil.

Philip Day PC 2465

Licensing Enforcement Officer

Derbyshire Constabulary
 'D' Division Licensing Team
 Prime Parkway
 Chester Green
 DERBY
 DE1 3AB
 Tel: 0300 122 5410 (Internal 75 02465)
 Fax: 0300 122 8862 (Internal 68862)
 E-mail: philip.day.2465@derbyshire.pnn.police.uk
 Ext. Group E-mail: derby.licensing@derbyshire.pnn.police.uk
 Int. Group E-mail: D.Licensing
 Web: <http://www.derbyshire.police.uk>

PLEASE NOTE: This e-mail message is intended solely for the person to whom it is addressed and may contain information of a confidential or legally privileged nature which should not be disclosed. If you have received this message in error, please notify the sender immediately and delete the message and any attachments or copies. Any review, re-transmission, dissemination or other use of, or taking action in reliance upon, this message by persons or entities other than the intended recipient is prohibited. Any views or opinions expressed in this e-mail are solely those of the author and do not necessarily represent the views of Derbyshire Constabulary or any other person and Derbyshire Constabulary does not accept liability for any statement or opinion expressed. Please be aware Derbyshire Constabulary monitors all Internet e-mail activity and content to maintain system performance and appropriate business usage.

WEBSITE: Join the policing family at Derbyshire Constabulary. For more details visit <http://www.derbyshire.police.uk>

WARNING: E-mail may be susceptible to data corruption, interception, viruses, unauthorised amendments and unforeseen delays. All e-mail has been scanned for viruses, but Derbyshire Constabulary cannot accept liability for any loss or damage incurred as a result of virus infection or any other data corruption, interception, unauthorised amendment or delay.

**PROPOSED CONDITIONS FOR FOOD STOP COPPICE SIDE,
SWADLINCOTE, DE11 9AE**

1. CCTV must be installed and operating at all times when the premises are open for licensable activities, and cover the areas to which the public have access. (It is recommended that all maintenance paperwork be kept to show that the retailer has shown all due diligence in maintaining the system).
2. The CCTV recording system must be maintained in good working order and be fit for purpose. All CCTV recordings must be retained for a minimum of 28 days. Upon the request of a police officer or an authorised person, as detailed within Section 13 of the Licensing Act 2003, they can view the recording at any reasonable time and obtain a copy if required.
3. The Premises Licence Holder/s and designated members of staff must be able to retrieve and copy any recordings/images at the time of asking or within 48 hours if so required. (The police will not meet the cost of the recording or materials used for a reproduction of the image in respect of any crime and disorder; all costs are to be met by the owner of the system. If the incident was unrelated to the premises, the retrieval, if a cost is incurred, would be met between the agencies requiring the images).
4. All digital recordings to be made in real time, time lapse not to be used.
5. Full training is to be provided to staff on commencement of employment with regards to the use / recovery of data held on the cctv system installed at the premises Refresher training will be provided at regular intervals (at least once every six months)
6. The Licence holder will ensure that prominent, clear and legible notices are displayed at the exit requesting customers to respect the needs of the local community and to leave the premises and the area quietly whilst placing all litter in bins.
7. A nominated representative/s from the premises, on at least one occasion every night that the premises are open between the hours of 23:00 hours and 02:00 hours and then again shortly after the premises closes every night, shall undertake a litter-picking operation covering the area immediately to the front of the premises. Any litter/waste found during the exercise shall be placed into sealed receptacles designed specifically for the collection of waste and disposed of in an appropriate manner.