

SR: 459306

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APPENDIX A

Hackney
LA01

Application for a premises licence to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

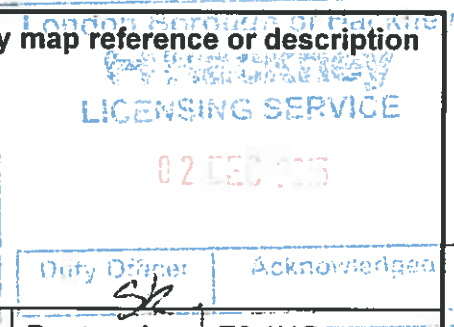
Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/We ~~Ben Logic~~ HEALTHY STUFF 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 Healthy Stuff 168 DALSTON LANE HACKNEY LONDON			
Post town	LONDON	Post code	E8 1NG

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£11000.00

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick yes

a)	an individual or individuals *	<input type="checkbox"/>	please complete section (A)
b)	a person other than an individual *	<input type="checkbox"/>	

	i. as a limited company	<input checked="" type="checkbox"/>	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)

Title Mr			
Surname		First names	
I am 18 years old or over			Please tick yes
Current postal address if different from premises address		UK-England	
Post Town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			




SECOND INDIVIDUAL APPLICANT (if applicable)

Title Mr			
Surname		First names	
I am 18 years old or over			Please tick yes
Current postal address if different from premises address		UK-England	
Post Town		Postcode	
Daytime contact telephone number			

E-mail address (optional)	
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(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 Ben Logie HEALTHY STUFF LTD
Address   UK-England
Registered number (where applicable) 07415288
Description of applicant (for example, partnership, company, unincorporated association) Limited company LIMITED COMPANY
Telephone number (if any) 07901977107 
E-mail address (optional) bennylogie@hotmail.com

Part 3 Operating Schedule

When do you want the premises licence to start?	01-12-2015
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If you wish the licence to be valid only for a limited period, when do you want it to end?

Please give a general description of the premises (please read guidance note 1)
 Premises is an organic grocery shop with a small cafe. The whole premises is approx. 500sq feet including a small office at the back. The cafe seats approximately 12 people with additional seating for six outside.

We would like for a small section of our shop to sell a selection of organic wines and local craft beers. These would be to consume off the premises. We do not intend for alcohol to be consumed on the premises.

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
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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)	<input type="checkbox"/>
b)	films (if ticking yes, fill in box B) <input type="checkbox"/>	..
c)	indoor sporting events (optional, fill in box C)	..
d)	boxing or wrestling entertainment (if ticking yes, fill in box D)	..
e)	live music (optional, fill in box E) <input type="checkbox"/>	..
f)	recorded music (if ticking yes, fill in box F)	..
g)	performances of dance (optional, 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 L)	..
Supply of alcohol (if ticking yes, fill in box J)	<input checked="" type="checkbox"/>

Complete boxes K, L and M (optional)




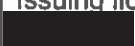
A

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	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue			State any seasonal variations for performing plays (please read guidance note 4)		
Wed			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)		
Thur					
Fri					
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for <u>consumption (Please tick box)</u> (please read guidance note 7)	On the premises		
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>	
				Both		
Mon	08:00	19:00	State any seasonal variations for the supply of alcohol (please read guidance note 4) We have ticked 'outdoors' meaning off-premises			
Tue	08:00	19:00				
Wed	08:00	19:00				
Thur	08:00	19:00		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	08:00	19:00				
Sat	10:00	18:00				
Sun	10:00	18:00				

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

Name :	
Miss MarinaBiaudet	
Address	
	
UK-England	
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 timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	08:00	19:00	
Tue	08:00	19:00	
Wed	08:00	19:00	
Thur	08:00	19:00	
			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 (please read guidance note 5)

Fri	08:00	19:00	
Sat	10:00	18:00	
Sun	10:00	18:00	

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

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

We have a Designated Premises Supervisor and all our staff will be trained on how to assess to whom alcohol can be sold including checking Identification Documents. Customers will not be allowed to consume alcohol on the premises and signs stating this will be displayed.

b) The prevention of crime and disorder

Our staff will be advised not to sell alcohol to customers who are excessively drunk.

c) Public safety

Customers will not be able to drink the alcohol they have purchased on the premises. The shop closes at 7pm weekdays and 6pm weekends, which should be before excessive drinking normally takes place.

d) The prevention of public nuisance

The shop closes at 7pm on weekdays and 6pm weekends so the purchase of alcohol won't cause any noise nuisance.

e) The protection of children from harm

Alcohol will be sold only to persons over 18 years of age but we intend to adopt the 'Challenge 21 policy" to ensure no alcohol will be sold to any persons under age. Our staff will be trained in checking Identification documents.

Checklist:

Please tick to indicate agreement

- 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	Ben Logie
Date	30/11/2015
Capacity	Owner

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	
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APPENDIX B1

RESPONSIBLE AUTHORITY REPRESENTATION: APPLICATION UNDER THE LICENSING ACT 2003

RESPONSIBLE AUTHORITY DETAILS

NAME OF AUTHORITY	Metropolitan Police service
ADDRESS OF AUTHORITY	Licensing Unit, Stoke Newington Police Station 33 Stoke Newington High Street London N16 8DS
CONTACT NAME	PC 691GD Kerrie RYAN
TELEPHONE NUMBER	020 7275 3022
E-MAIL ADDRESS	hackneylicensing@met.police.uk

APPLICATION PREMISES

NAME & ADDRESS OF PREMISES	Healthy Stuff 168 Dalston Lane London E8 1NG
NAME OF PREMISES USER	Ben LOGIE

COMMENTS

I make the following relevant representations in relation to the above application to vary the Premises Licence at the above address.

- 1) the prevention of crime and disorder ◆
- 2) public safety €
- 3) the prevention of public nuisance
- 4) the protection of children from harm

Representations (which include comments and/or objections) in relation to:

Police make the following objections in relation to the application for a new Premises Licence at HEALTHY STUFF, 168 DALSTON LANE, LONDON, E8 1NG for the following reason(s):

This premises is located on a busy road which runs through Hackney.

Police would like to hear from the applicants regarding the policies and procedures that they have in place to ensure the promotion of the licensing objectives.

Police have attached a set of conditions to these representations to be considered and discussed with the applicant.

Police look forward to hearing from the applicant to arrange a site visit and discuss the operation of the premises.

The above representations are supported by the following evidence and information.

Application submitted.

Are there any actions or measures that could be taken to allay concerns or objections? If so, please explain.

Signed PC 691GD RYAN (By E-mail)

Name (printed)

Proposed Conditions for
Healthy Stuff, 168 Dalston Lane,
London, E8 1NG

1. The premises shall install and maintain a comprehensive CCTV system as per the minimum requirements of a Metropolitan Police Crime Prevention Officer. All public areas and 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.
2. Any 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 are open to the public. This staff member must be able to show a Police or authorised council officer recent data or footage upon request.
3. A Challenge 25 proof of age scheme shall be operated at the premises where the only acceptable forms of identification are recognised photographic identification cards, such as driving licence or passport.
4. An incident log shall be kept at the premises, and made available on request to an authorised officer of the council or the police, which will record the following.
 - a. All crimes reported:
 - b. Any complaints received.
 - c. Any ejections
 - d. Any incidents of disorder.
 - e. Seizure of drugs or offensive weapons.
 - f. Any faults in the CCTV system
 - g. Any refusal of the sale of alcohol.
 - h. Any visit by a relevant authority or emergency service.

5. All staff will be given refresher training every twelve months on the legislation relating to the sales of alcohol to underage persons and drunken persons. Written or electronic records shall be kept and produced to police or an authorised officer upon request.
6. The licence holder shall maintain a dedicated telephone number of the Designated Premises Supervisor for use by any Responsible Authority or any person who may wish to make a complaint. This contact number shall be provided to licensing authority, police and to any local residents upon request.

**ADDITIONAL CONDITIONS MAY BE ADDED DURING/AFTER
DISCUSSIONS WITH THE APPLICANT.**

APPENDIX B2

RESPONSIBLE AUTHORITY REPRESENTATION: APPLICATION UNDER THE LICENSING ACT 2003

RESPONSIBLE AUTHORITY DETAILS

NAME OF AUTHORITY	Licensing
ADDRESS OF AUTHORITY	Licensing Service Legal, HR and Regulatory Services Directorate 2 Hillman St London E8 1FB
CONTACT NAME	Derek Fergus
TELEPHONE NUMBER	020 8356 3496
E-MAIL ADDRESS	derek.fergus@hackney.gov.uk

APPLICATION PREMISES

NAME & ADDRESS OF PREMISES	Healthy Stuff Ltd
NAME OF APPLICANT/PREMISES USER	168 Dalston Lane E8 1NG

COMMENTS

I make the following relevant representations in relation to the above application.

- 1) the prevention of crime and disorder
- 2) public safety
- 3) the prevention of public nuisance **x**
- 4) the protection of children from harm

Representations (which include comments and/or objections) in relation to:

The premises is located in a residential area and whilst the hours being proposed are acceptable. Licensing want to ensure that there are adequate conditions attached to prevent the licensing objectives from being undermined in order to minimise the risk of public nuisance.

Further discussion is required to assess whether possible changes to the application and/or conditions being agreed could allay concerns.

The above representations are supported by the following evidence and information.

The Licensing Policy and Licensing Objectives

Are there any actions or measures that could be taken to allay concerns or objections? If so, please explain.

Applicant should contact licensing to discuss

Name: Derek Fergus - Principal Licensing Enforcement Officer

Date: 28/12/15

APPENDIX C



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Healthy Staff

Scale 1/1250

at A4



Date 29/1/2016



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