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London Borough of Enfield

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 Notes for Guidance 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 YASMIN SONMEZ
(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

Blue water

Postal address of premises or, if none, ordnance survey map reference or description	
11 CHASE SIDE LONDON N14	

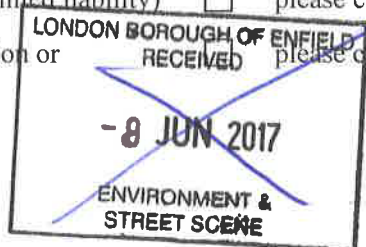
Post town	<u>N14 LONDON</u>	Postcode	<u>N14 5BP</u>
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Telephone number at premises (if any)	[REDACTED]
Email address	[REDACTED]
Non-domestic rateable value of premises	£ <u>16,450</u>

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/limited liability partnership please complete section (B)
 - ii as a partnership (other than limited liability) please complete section (B)
 - iii as an unincorporated association or other body 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 (by ticking yes to one box below):

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 checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname SONMEL			First names YASEMIN		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted] <input checked="" type="checkbox"/>	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Daytime contact telephone number [redacted]					
E-mail address [redacted]					



Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
08	06	2017

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)

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all 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

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	23:00	04:00	<u>Please give further details here</u> (please read guidance note 4)		
Tue	23:00	04:00			
Wed	23:00	04:00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 6)		
Thur	23:00	04:00			
Fri	23:00	04:00	<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 6)		
Sat	23:00	04:00			
Sun	23:00	04:00			

□□□□

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 9).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5)	
Day	Start	Finish	N/A.	
Mon	11:00 am	04:00 am		
Tue	11:00 am	04:00 am		
Wed	11:00 am	04:00 am		
Thur	11:00 am	04:00 am		
Fri	11:00 am	04:00 am		
Sat	11:00 am	04:00 am		
Sun	11:00 am	04:00 am		
				<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 6)
				N/A.

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 10)

~~AT ALL TIMES~~
THE APPLICATION IS MAINLY FOR THE
PURPOSE OF OPENING @ HOURS BETWEEN
11:00 AM TO 4:00 AM.

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

A DIGITAL CCTV SYSTEM WILL BE INSTALLED
IN THE PREMISES

c) **Public safety**


AT LEAST TWO MEMBERS OF STAFF
SHALL BE PRESENT ON THE TOP FLOOR OF
THE PREMISES AT ALL TIMES THE PREMISES
ARE OPEN FOR LICENSABLE ACTIVITY.

d) **The prevention of public nuisance**


THE MANAGEMENT SHALL MAKE SUBJECTIVE
ASSESSMENTS OF NOISE LEVELS AND ENSURE
THAT NOISE FROM THE PREMISES DOES NOT CAUSE
A DISTURBANCE TO LOCAL RESIDENTS.

e) **The protection of children from harm**

ANY CHILDREN ON THE PREMISES AFTER 19:30 MUST
BE ~~PROHIBITED FROM~~ THERE FOR THE
PURPOSE OF CONSUMING A SUBSTANTIAL TABLE
MEAL AND BE ACCOMPANIED BY AN ADULT.

	doing work relating to a licesable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
Signature	
Date	08-06-2017
Capacity	LEASEHOLDER.

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	08-06-2017
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Post town		Postcode	
Telephone number (if any)			
E-mail address (optional)			