

REPORT OF THE DEPUTY CHIEF EXECUTIVE

LICENSING SUB-COMMITTEE – 19 MARCH 2015

LICENSING ACT 2003 – CONSIDERATION OF THE GRANT OF A PREMISES LICENCE

BEST SHAWARMA, 20 HOLMESIDE, SUNDERLAND

Arkan Hussain

1.0 PURPOSE OF REPORT

- 1.1 To consider an application for the grant of a premises licence for the above-mentioned premises.

2.0 DESCRIPTION OF DECISION

- 2.1 When determining the application the Sub-Committee is requested to have regard to the representations referred to in paragraph 4.0 below and to take such steps as they consider appropriate for the promotion of the licensing objectives. The steps may be: -

- a) to grant the application,
- b) to modify the conditions of the licence, or
- c) to reject the whole or part of the application.

3.0 INTRODUCTION/BACKGROUND

- 3.1 Relevant representations have been received in relation to the application and are detailed at section 4.0.
- 3.2 A copy of the application form is attached as Appendix 1.

4.0 CURRENT POSITION

- 4.1 Representations have been received in relation to this application from Northumbria Police. A Copy of these representations are attached as Appendix 2.
- 4.2 The applicant has indicated that he will accept the conditions outlined in the representation from Northumbria Police being attached to his premises licence. A copy of Mr Hussain's agreement is attached as Appendix 3.

5.0 REASONS FOR THE DECISION

- 5.1 To determine the application as requested by section 18(3) of the Licensing Act 2003.

6.0 ALTERNATIVE OPTIONS

6.1 None submitted.

7.0 RELEVANT CONSIDERATIONS/CONSULTATIONS

7.1 There are no other considerations that require the attention of the Sub-Committee.

8.0 GLOSSARY

8.1 No acronyms or abbreviations have been used in this report.

9.0 LIST OF APPENDICES

Appendix 1 – Application form.
Appendix 2 – Representation.
Appendix 3 - Applicant agreement.

10.0 BACKGROUND PAPERS

10.1 None.

Appendix 1

**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 ARKAN HUSSAIN

(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>20 Holmeside</u>			
Post town	<u>SUNDERLAND</u>	Postcode	<u>SR1 3JE</u>
Telephone number at premises (if any)		<u>0191 567 1562</u>	
Non-domestic rateable value of premises		<u>£ 6500</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 * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | 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 <i>HUSSAIN</i>			First names <i>ARKAN</i>		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		<i>20 HOLMESIDE SUNDERLAND</i>			
Post town	<i>SUNDERLAND</i>			Postcode	<i>SR1 3JE</i>
Daytime contact telephone number			<i>07873621919</i>		
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
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			
2	3	0	1	2	0	1	5

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 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 (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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"/>
				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 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)			<u>Will the exhibition of films 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 exhibition of films</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (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			
Fri			<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)
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment 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			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)	
Fri				
Sat				
Sun				
			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 (please read guidance note 5)	

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish			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 the performance of live music</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music 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			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Wed					
Thur			<u>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</u> (please read guidance note 5)		
Fri					
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		
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue				
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)	
Thur				
Fri			<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)	
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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri					
Sat			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 (please read guidance note 5)		
Sun					

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	23:00	5:00 am	Please give further details here (please read guidance note 3)		
Tue	23:00	5:00 am			
Wed	23:00	5:00 am			
Thur	23:00	5:00 am	State any seasonal variations for the provision of late night refreshment (please read guidance note 4) <i>This include bank holidays.</i>		
Fri	23:00	5:00 am	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)		
Sat	23:00	5:00 am			
Sun	closed				

J

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

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)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	<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)
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

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)

NOT applicable.
ALCOHOL NOT TO BE SOLD.
ONLY LATE NIGHT REFRESHMENT.
CCTV IN OPERATION 24 HRS
KEEPING IN TOUCH WITH POLICE.

b) The prevention of crime and disorder

TRAIN all staff & develop the right atmosphere with customers.
CCTV INSTALLED INSIDE AND OUT.
Keep a close watch on all customers.
Liaise with the local police.
Be calm and decisive, do not react to provocation.

c) Public safety

Health and safety risk assessments to be carried out regularly.
Appropriate and adequate safety equipment.
Emergency lighting and Evacuation procedures in place with warning signs.
All purchases made wholesalers/cash and carry only.

d) The prevention of public nuisance

Notice to customers regarding consideration of the pub neighbours, etc.
Drunken customers not allowed.

e) The protection of children from harm

CHILDREN TO BE KEPT WITH THEIR PARENTS
AT ALL TIMES.

Health and safety measures are in place
where equipment is of danger to young
persons.

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.

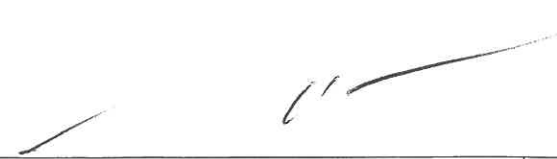
Part 4 – Signatures (please read guidance note 10)

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	18.01.2015
Capacity	The manager

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.**

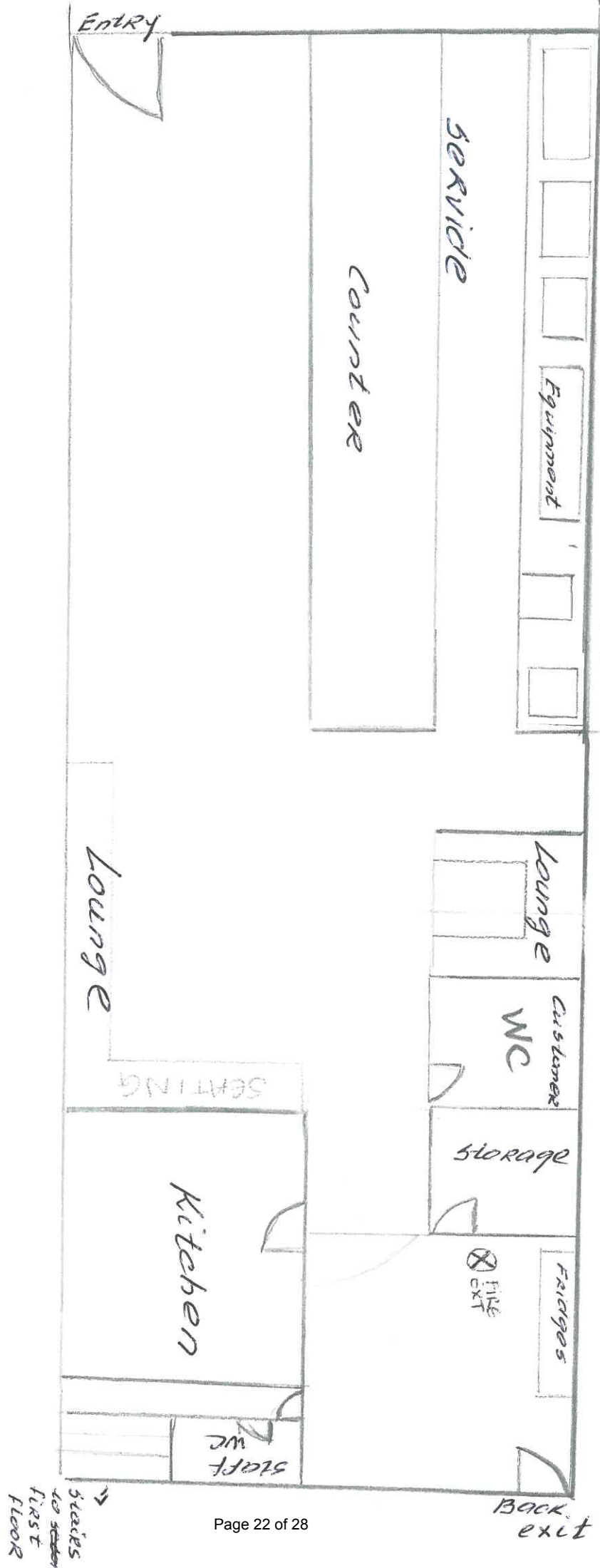
Signature	
Date	
Capacity	

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.

FLOOR PLAN OF
 "Best Shave"
 20 Holmeide
 Sunderland
 SR1 3JE



Appendix 2



5 February 2015

Arkan Hussain
20 Holmeside
Sunderland
SR1 3JE

Sunderland Area Command

Gillbridge Police Station HQ
Gillbridge Avenue
Sunderland
SR1 3AW

Tel: 03456 043 043

Fax: 0191 563 6198

Cc: *Sunderland Council*

RE: Application for a new premises licence, Best Shawarma, 20 Holmeside,
Sunderland, SR1 3JE

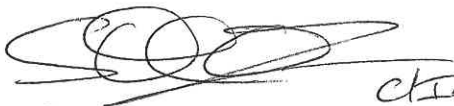
Northumbria Police are in receipt of the above application and wish to object on the grounds of crime and disorder. The premise is situated in Sunderland City Centre Policing Area. Reported crime between June 2014 and November 2014 within the close proximity of the premises is shown in the table below:

Anti-Social Behaviour	Criminal Damage and Arson	Drugs	Shoplifting	Violent Crime
450	30	110	330	116

The Police believe that for the applicant to demonstrate the promotion of the licensing objectives it would be appropriate to attach the following conditions to the premises licence. Should the applicant agree to these conditions the Police objection may be withdrawn;

1. A CCTV system must be designed, installed and maintained in proper working order and be correctly time and date stamped. Such a system must;
 - Ensure coverage of all entrances and exits to the licensed premises both internally and externally and such areas as may be required by the licensing authority and Northumbria Police.
 - Provide continuous recording for each camera to the Home Office Scientific Development Branch (HOSDB) standard for identification (CCTV Operational Requirements Manual 2009 No. 28/09). Such recording must be retained for a minimum of 28 days and must be supplied to an Officer of the Council or a Police Officer on demand.
 - Be in operation at all times the premises are in use.
 - An operational daily log report must be maintained endorsed by signature, indicating the system has been checked and is compliant, in the event of any failings actions taken are to be recorded and rectified immediately.
2. A staff training record shall be maintained at the premises;
 - All members of staff, paid or unpaid, shall receive training on their responsibilities, with particular focus on dealing with incidents of anti-social behaviour and dealing with intoxicated persons.

- A record of training shall be kept at the premises containing the training that each member of staff has received, and be available on request to an Officer of the Council or Police Staff.
 - All members of staff shall receive refresher training at least every 6 months.
3. An incident book shall be maintained at the premises; any incidents shall be added to the log at the earliest opportunity. This register shall be made available to an Officer of the Council or Police Staff.
 4. Staff must be provided with 'two-way/pubwatch' radio or similar system capable of ensuring continuous communication between each other and the Police/Council at all times that the premises are open for a licensable activity.



CHINS/7770

Sean McKenna
Chief Inspector
Sunderland Area Command
Northumbria Police

Appendix 3

NORTHUMBRIA POLICE

Total Policing



5 February 2015

Arkan Hussain
20 Holmeside
Sunderland
SR1 3JE

Sunderland Area Command

Gillbridge Police Station HQ
Gillbridge Avenue
Sunderland
SR1 3AW

Tel: 03456 043 043

Fax: 0191 563 6198

Cc: *Sunderland Council*

RE: Application for a new premises licence, Best Shawarma, 20 Holmeside, Sunderland, SR1 3JE

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 - Provide continuous recording for each camera to the Home Office Scientific Development Branch (HOSDB) standard for identification (CCTV Operational Requirements Manual 2009 No. 28/09). Such recording must be retained for a minimum of 28 days and must be supplied to an Officer of the Council or a Police Officer on demand.
 - Be in operation at all times the premises are in use.
 - An operational daily log report must be maintained endorsed by signature, indicating the system has been checked and is compliant, in the event of any failings actions taken are to be recorded and rectified immediately.
2. A staff training record shall be maintained at the premises;
 - All members of staff, paid or unpaid, shall receive training on their responsibilities, with particular focus on dealing with incidents of anti-social behaviour and dealing with intoxicated persons.

- A record of training shall be kept at the premises containing the training that each member of staff has received, and be available on request to an Officer of the Council or Police Staff.
 - All members of staff shall receive refresher training at least every 6 months.
3. An incident book shall be maintained at the premises; any incidents shall be added to the log at the earliest opportunity. This register shall be made available to an Officer of the Council or Police Staff.
 4. Staff must be provided with 'two-way/pubwatch' radio or similar system capable of ensuring continuous communication between each other and the Police/Council at all times that the premises are open for a licensable activity.


CHINS/7770
Sean McKenna
Chief Inspector
Sunderland Area Command
Northumbria Police

I agree to the conditions outlined above being included in my premises licence.

 25.02.15
ARKAN HUSSIN