

* required information

Section 1 of 19

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

Tigris Supermarket 2

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

Ibrahim

* Family name

Tarlacik

* E-mail

[Redacted]

Main telephone number

Include country code.

Other telephone number

Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

- Applying as a business or organisation, including as a sole trader
 Applying as an individual

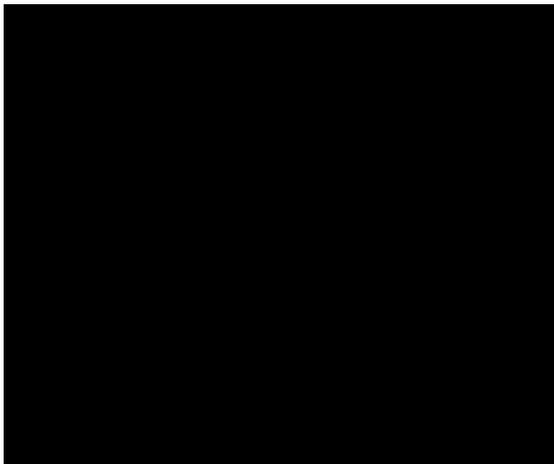
A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.



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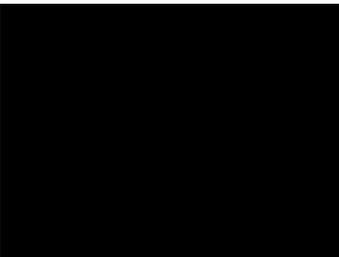
Address

- * Building number or name
- * Street
- District
- * City or town
- County or administrative area
- * Postcode
- * Country



Agent Details

- * First name
- * Family name
- * E-mail
- Main telephone number
- Other telephone number



Include country code.

Indicate here if you would prefer not to be contacted by telephone

Are you:

- An agent that is a business or organisation, including a sole trader
- A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Agent Business

* Is your business registered in the UK with Companies House? Yes No

- * Registration number: 10041572
- * Business name: NARTS FOOD & LEISURE LIMITED
- * VAT number: - none
- * Legal status: Private Limited Company
- * Your position in the business: Licensing Consultant
- Home country: United Kingdom

If your business is registered, use its registered name.
Put "none" if you are not registered for VAT.

The country where the headquarters of your business is located.

Continued from previous page...

Agent Registered Address

Address registered with Companies House.

* Building number or name		<input type="text"/>
* Street		<input type="text"/>
District		<input type="text"/>
* City or town		<input type="text"/>
County or administrative area		<input type="text"/>
* Postcode		<input type="text"/>
* Country		<input type="text" value="United Kingdom"/>

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PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

Address OS map reference Description

Postal Address Of Premises

Building number or name	<input type="text" value="97-99"/>
Street	<input type="text" value="Burnt Oak Broadway"/>
District	<input type="text" value="Edgware"/>
City or town	<input type="text" value="Middlesex"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="HA8 5HS"/>
Country	<input type="text" value="United Kingdom"/>

Further Details

Telephone number	<input type="text"/>
Non-domestic rateable value of premises (£)	<input type="text" value="29,250"/>

Section 3 of 19**APPLICATION DETAILS**

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales
- Other (for example a statutory corporation)

Confirm The Following

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- I am making the application pursuant to a statutory function
- I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

Section 4 of 19**INDIVIDUAL APPLICANT DETAILS****Applicant Name**

Is the name the same as (or similar to) the details given in section one?

- Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

First name

Ibrahim

Family name

Tarlacik

Is the applicant 18 years of age or older?

- Yes No

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Applicant Postal Address

Is the address the same as (or similar to) the address given in section one?

Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Building number or name	<input type="text"/>
Street	<input type="text"/>
District	<input type="text"/>
City or town	<input type="text"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>

Applicant Contact Details

Are the contact details the same as (or similar to) those given in section one?

Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

E-mail	<input type="text"/>
Telephone number	<input type="text"/>
Other telephone number	<input type="text"/>

Add another applicant

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OPERATING SCHEDULE

When do you want the premises licence to start? / /
dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end / /
dd mm yyyy

Provide a general description of 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.

Supermarket and Grocery

This application is for off-supplies of alcohol.

The applicant already has another premises at 77-99 Burnt Oak Broadway trading from 06:00-02:30 Monday to Sunday.

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If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend

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PROVISION OF PLAYS

Will you be providing plays?

- Yes No

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PROVISION OF FILMS

Will you be providing films?

- Yes No

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PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

- Yes No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

- Yes No

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PROVISION OF LIVE MUSIC

Will you be providing live music?

- Yes No

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PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

- Yes No

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PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

- Yes No

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PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

Will you be providing anything similar to live music, recorded music or performances of dance?

- Yes No

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

Yes No

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

Continued from previous page...

Will the sale of alcohol be for consumption:

On the premises Off the premises Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

N/A

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

N/A

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

Name

First name

Family name

Enter the contact's address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Personal Licence number
(if known)

Issuing licensing authority
(if known)

L.B of Enfield

Continued from previous page...

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- Electronically, by the proposed designated premises supervisor
- As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

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 etc gambling machines etc.

N/A

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start End
Start End

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.

TUESDAY

Start End
Start End

WEDNESDAY

Start End
Start End

THURSDAY

Start End
Start End

FRIDAY

Start End
Start End

Continued from previous page...

SATURDAY

Start	<input type="text" value="00:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SUNDAY

Start	<input type="text" value="00:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

N/A

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

N/A

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LICENSING OBJECTIVES

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

a) General – all four licensing objectives (b,c,d,e)

List here steps you will take to promote all four licensing objectives together.

Please see Below.

b) The prevention of crime and disorder

1) THE DPS, A PERSONAL LICENCE HOLDER OR TRAINED MEMBER OF STAFF NOMINATED IN WRITING BY THE DPS SHALL BE ON DUTY AT ALL TIMES THE PREMISES ARE OPEN TO THE PUBLIC.

2) A) A CCTV SYSTEM COVERING THE INTERIOR & EXTERIOR OF THE PREMISES WILL BE INSTALLED TO CURRENT METROPOLITAN POLICE / HOME OFFICE STANDARDS AND SHALL BE KEPT OPERATIONAL AT ALL TIMES THE PREMISES ARE OPEN TO THE PUBLIC.

B) IT SHALL BE CAPABLE OF TAKING A HEAD & SHOULDERS SHOT OF PERSONS ENTERING THE PREMISES, OF RECORDING IMAGES TO AN EVIDENTIAL STANDARD IN ANY LIGHT AND BE CAPABLE OF STORING IMAGES FOR A MINIMUM OF 31 DAYS.

C) ALL STAFF WHO MAY WORK FRONT OF HOUSE SHALL BE TRAINED TO OPERATE THE CCTV SYSTEM AND DOWNLOAD IMAGES.

Continued from previous page...

D) AT LEAST ONE MEMBER OF STAFF TRAINED TO OPERATE THE CCTV SYSTEM & DOWNLOAD IMAGES SHALL BE ON DUTY AT ALL TIMES THE PREMISES ARE OPEN TO THE PUBLIC. FOOTAGE SHALL BE SHOWN TO THE POLICE AND SCREENSHOTS PROVIDED TO THEM ON REQUEST. COPIES OF DOWNLOADED IMAGES SHALL BE PROVIDED TO THE POLICE ON A USB STICK, CD OR OTHER ACCEPTABLE MEANS AS SOON AS POSSIBLE AND IN ANY CASE WITHIN 24 HOURS OF THE REQUEST

3) CHALLENGE 25 SHALL BE OPERATED AS THE PROOF OF AGE POLICY.

4) ALL STAFF WHO WORK AT THE TILL WILL BE TRAINED FOR THEIR ROLE ON INDUCTION AND BE GIVEN REFRESHER TRAINING EVERY SIX MONTHS. WRITTEN TRAINING RECORDS WILL BE KEPT FOR EACH STAFF MEMBER AND BE PRODUCED TO POLICE & AUTHORISED COUNCIL OFFICERS ON REQUEST. TRAINING WILL INCLUDE IDENTIFYING PERSONS UNDER 25, MAKING A CHALLENGE, ACCEPTABLE PROOF OF AGE & CHECKING IT, MAKING & RECORDING A REFUSAL, AVOIDING CONFLICT & RESPONSIBLE ALCOHOL RETAILING.

5) AN INCIDENT BOOK SHALL BE KEPT AT THE PREMISES, AND MADE AVAILABLE TO THE POLICE OR AUTHORISED COUNCIL OFFICERS, WHICH WILL RECORD THE FOLLOWING:

- A) ALL CRIMES REPORTED,
- B) LOST PROPERTY,
- C) ALL EJECTIONS OF CUSTOMERS,
- D) ANY COMPLAINTS RECEIVED,
- E) ANY INCIDENTS OF DISORDER,
- F) ANY SEIZURE OF DRUGS OR OFFENSIVE WEAPONS,
- G) ANY FAULTS IN THE CCTV,
- H) ANY REFUSAL IN THE SALE OF ALCOHOL.
- I) ANY VISIT BY A RELEVANT AUTHORITY OR EMERGENCY SERVICE

6) NOTICES WILL BE PROMINENTLY DISPLAYED BY THE ENTRY/ EXIT DOOR AND POINT OF SALE (AS APPROPRIATE) ADVISING CUSTOMERS:

- A) THAT CCTV & CHALLENGE 25 ARE IN OPERATION;
- B) ADVISING CUSTOMERS OF THE PROVISIONS OF THE LICENSING ACT REGARDING UNDERAGE & PROXY SALES;
- C) OF THE PERMITTED HOURS FOR LICENSABLE ACTIVITIES & THE OPENING TIMES OF THE PREMISES;
- D) NOT TO DRINK IN THE STREET;
- E) TO RESPECT RESIDENTS, LEAVE QUIETLY, NOT TO LOITER OUTSIDE THE PREMISES OR IN THE VICINITY AND TO DISPOSE OF LITTER LEGALLY.

c) Public safety

A FIRE RISK ASSESSMENT AND EMERGENCY PLAN WILL BE PREPARED AND REGULARLY REVIEWED. ALL STAFF WILL RECEIVE APPROPRIATE FIRE SAFETY TRAINING AND REFRESHER TRAINING.

d) The prevention of public nuisance

1) THE FRONT OF THE PREMISES SHALL BE KEPT TIDY AT ALL TIMES AND BE SWEEPED AT CLOSE.

2) RELEVANT NOTICES WILL BE PROMINENTLY DISPLAYED BY THE ENTRY/ EXIT DOOR AND POINT OF SALE (AS APPROPRIATE)

3) NO DELIVERIES WILL BE RECEIVED OR RUBBISH REMOVED FROM THE PREMISES BETWEEN 21.00 & 07.00.

4) ANY MUSIC PLAYED WILL ONLY BE PLAYED AT BACKGROUND LEVEL.

5) AN INCIDENT BOOK SHALL BE KEPT AT THE PREMISES AND MADE AVAILABLE TO THE POLICE OR AUTHORISED COUNCIL OFFICERS --SEE BOX B CONDITION 5 FOR FULL DETAILS OF THE INFORMATION TO BE RECORDED.

6) A PHONE NUMBER FOR THE PREMISES SHALL BE MADE AVAILABLE IF REQUIRED UPON REQUEST TO THE POLICE, ANY

Continued from previous page...

OTHER RESPONSIBLE AUTHORITY OR ANY LOCAL RESIDENT TO EXPRESS ANY CONCERNS CAUSED BY THE OPERATION OF THE PREMISES. ANY COMPLAINTS AND THE OUTCOME WILL BE RECORDED IN THE INCIDENT BOOK.

e) The protection of children from harm

1) CHALLENGE 25 SHALL BE OPERATED AS THE PROOF OF AGE POLICY AND ONLY A VALID PASSPORT, PHOTO DRIVING LICENCE, HM FORCES PHOTOGRAPHIC ID CARD OR PROOF OF AGE CARD WITH THE PASS LOGO OR HOLOGRAM ON IT MAY BE ACCEPTED AS PROOF OF AGE.

2) ALL REFUSALS OF THE SALE OF ALCOHOL SHALL BE RECORDED IN THE REFUSALS SECTION OF THE INCIDENT BOOK. THE INCIDENT BOOK SHALL BE KEPT AND PRODUCED TO POLICE & AUTHORISED COUNCIL OFFICERS ON REQUEST –SEE SECTION B CONDITION 5 FOR FULL DETAILS.

3) RELEVANT NOTICES WILL BE PROMINENTLY DISPLAYED BY THE ENTRY/ EXIT DOOR AND POINT OF SALE AS APPROPRIATE – SEE SECTION B CONDITION 6 FOR FULL DETAILS.

4) ALL STAFF WHO WORK FRONT OF HOUSE WILL BE TRAINED FOR THEIR ROLE ON INDUCTION AND BE GIVEN REFRESHER TRAINING EVERY SIX MONTHS. WRITTEN TRAINING RECORDS WILL BE KEPT FOR EACH STAFF MEMBER AND BE PRODUCED TO POLICE & AUTHORISED COUNCIL OFFICERS ON REQUEST. TRAINING WILL INCLUDE IDENTIFYING PERSONS UNDER 25, MAKING A CHALLENGE, ACCEPTABLE PROOF OF AGE & CHECKING IT, MAKING & RECORDING A REFUSAL, AVOIDING CONFLICT & RESPONSIBLE ALCOHOL RETAILING.

5) WRITTEN TRAINING RECORDS WILL BE KEPT FOR ALL STAFF MEMBERS AND MADE AVAILABLE TO POLICE OR AUTHORISED COUNCIL OFFICERS ON REQUEST.

6) UNLESS AN EPOS SYSTEM WITH AN AUTOMATIC PROOF OF AGE CHECK REMINDER INCORPORATED IN IT IS IN USE A MANUAL PROMPT WILL BE DISPLAYED BY THE TILL(S) TO REMIND STAFF TO CHECK PROOF OF AGE WHERE APPROPRIATE.

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

Premises Licence Fees are determined by the non domestic rateable value of the premises.

To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/business_rates/index.htm

Band A - No RV to £4300	£100.00
Band B - £4301 to £33000	£190.00
Band C - £33001 to £8700	£315.00
Band D - £87001 to £12500	£450.00*
Band E - £125001 and over	£635.00*

*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then you are required to pay a higher fee

Band D - £87001 to £12500	£900.00
Band E - £125001 and over	£1,905.00

There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required.

Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college.

If you operate a large event you are subject to ADDITIONAL fees based upon the number in attendance at any one time

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Capacity 5000-9999	£1,000.00
Capacity 10000 -14999	£2,000.00
Capacity 15000-19999	£4,000.00
Capacity 20000-29999	£8,000.00
Capacity 30000-39000	£16,000.00
Capacity 40000-49999	£24,000.00
Capacity 50000-59999	£32,000.00
Capacity 60000-69999	£40,000.00
Capacity 70000-79999	£48,000.00
Capacity 80000-89999	£56,000.00
Capacity 90000 and over	£64,000.00

* Fee amount (£)

DECLARATION

* I/we understand it is an offence, liable on conviction to a fine up to 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.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

* Capacity

* Date / /
dd mm yyyy

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...

2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/harrow/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

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

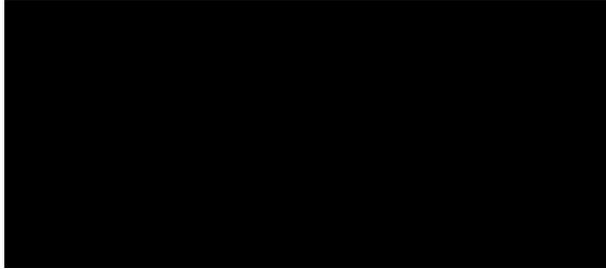
OFFICE USE ONLY

Applicant reference number	<input type="text" value="Tigris Supermarket 2"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>

Consent of individual to being specified as premises supervisor

I MR TACIM GULTUTAN
[full name of prospective premises supervisor]

of



.....
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

NEW PREMISES LICENSE APPLICATION
[type of application]

by

MR IBRAHIM TARLACIK
[name of applicant]

relating to a premises licence NOT KNOWN YET
[number of existing licence, if any]

for

TIGRIS SUPERMARKET-2
97-99 BURNT OAK BROADWAY
EDGWARE, MIDDLESEX, HA8 5HS

.....
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

MR IBRAHIM TARLACIK
[name of applicant]

concerning the supply of alcohol at

TIGRIS SUPERMARKET-2
97-99 BURNT OAK BROADWAY
EDGWARE, MIDDLESEX, HA8 5HS

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

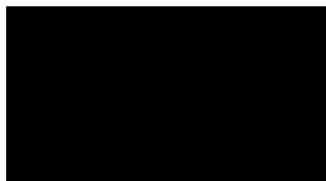
Personal licence number

LN/200800835
[insert personal licence number, if any]

Personal licence issuing authority

L. B of INFIELD
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

TACIM GULTUTAN

Date

07-07-2016