



Licensing Sub-Committee

Section 1 - Licensing Officer's Report

Appendix 1 - Copy of Application

Appendix 2 – Map of local area

Appendix 3 - Representation from Interested Party



Licensing Sub-Committee

Section 1 - Licensing Officer's Report



**LICENSING
SUB-COMMITTEE**

REPORT

18th May 2012

Subject heading:

**Roneo News
20 Roneo Corner Hornchurch
RM12 4TN
Premises licence application
Paul Jones, Licensing Officer
5th floor Mercury House
x 2692**

Report author and contact details:

This application for a premises licence is made by Mrs Ramilaben Patel under section 17 of the Licensing Act 2003. The application was received by Havering's Licensing Authority on 27th March 2012.

Geographical description of the area and description of the building

This premises is located in a short parade of shops at Roneo Corner. As the name implies the premises appears currently to be a newsagent which also sells groceries. The immediate area is predominantly residential however there are a number of commercial properties at this location.

Details of the application

Supply of alcohol (off premises); hours the premises is open to the public		
Day	Start	Finish
Monday to Sunday	06:00	23:00

Comments and observations on the application

The applicant acted in accordance with regulations 25 and 26 of *The Licensing Act 2003 (Premises licences and club premises certificates) Regulations 2005* relating to the advertising of the application. The required public notice was installed in the 4th April 2012 edition of the *Yellow Advertiser*.

The applicant amended her operating schedule during the consultation period to include conditions suggested by the Police. A list of these additionally accepted conditions is included with this report.

Summary

There was one representation against this application from an interested party.

There were no representations against this application from responsible authorities.

Details of representations

Valid representations may only address the following licensing objectives:

- The prevention of crime and disorder
- The prevention of public nuisance
- The protection of children from harm
- Public safety

Interested parties' representations

The representation against this application is based upon the prevention of public nuisance licensing objective.

Responsible authorities' representations

There were no representations from any responsible authority.

Paul Jones
Licensing Officer
London Borough of Havering

CCTV

Following conditions I would purpose regarding the CCTV system.

CD17 The installation or upgrading of any CCTV system shall comply with current best practice. In addition the documentation listed below shall be included in a ' File' which should be readily available for inspection by the relevant authority;

- Site plan showing position of cameras and their field of view.
- Incident log.
- Maintenance records including weekly visual checks must be documented in the file.

CD18 To obtain a clear head and shoulders image of every person entering the premises on the CCTV system, persons entering the premises should be asked to remove headwear, unless worn as part of religious observance.

CD19 The CCTV system shall incorporate a recording facility and all recordings shall be securely stored for a minimum of one calendar month. A system shall be in place to maintain the quality of the recorded image and a complete audit trail maintained. The system will comply with other essential legislation, and all signs as required will be clearly displayed. The system will be maintained and fully operational throughout the hours that the premises are open for any licensable activity.

CD21 A staff member from the premises who can operate the CCTV system shall be on the premises at all times when the premises is open to the public. This staff member shall be able to show Police recent data or footage with the absolute minimum of delay when requested.

- CCTV - shall be approved by Havering police prior to the issuing of the licence.
- Alcohol shall only be displayed in accordance with the premises plan.
- The premises shall have a security alarm fitted and a maintenance record shall be maintained. This will be made available to the authorities on demand.

All other conditions are accepted by the Police.



Licensing Sub-Committee

Appendix 1 - Copy of Application

11945

RECEIVED BY LICENSING ON PJ 21/03/12

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 MRS RAMILABEN PATEL (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
RONEO NEWS,
20 RONEO CORNER,
HORNCHURCH,
ESSEX.
RM12 4TN
Post town HORNCHURCH Post code RM12 4TN

Telephone number at premises (if any) 01708 450134
Non-domestic rateable value of premises £6100

Part 2 - Applicant Details

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

- a) an individual or individuals * [X] 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 type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname PATEL			First names RAMILABEN		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		131A ALBANY ROAD, HORNCHURCH, ESSEX. RM12 4AQ <i>35 Rayston Adms 7</i> <i>14ford</i> <i>1G1 3SY</i>			
Post Town	HORNCHURCH		Postcode	RM12 4AQ	
Daytime contact telephone number					
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?

Day	Month	Year
2	5	04 21 01 21

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

Day	Month	Year
1	1	1 1 1 1

Please give a general description of the premises (please read guidance note1)
GROUND FLOOR SHOP LOCATED IN A PARADE OF SHOPS WITH STORAGE TO THE
REAR AND RESIDENTIAL ACCOMODATION ABOVE.

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 yes

- | | |
|--|--------------------------|
| 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 entertainment facilities:

- | | |
|--|--------------------------|
| i) making music (if ticking yes, fill in box I) | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K) | <input type="checkbox"/> |

Provision of late night refreshment (if ticking yes, fill in box L)

Supply of alcohol (if ticking yes, fill in box M)

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) NONE		
Mon	06.00	23.00			
Tue	06.00	23.00			
Wed	06.00	23.00			
Thur	06.00	23.00			
Fri	06.00	23.00			
Sat	06.00	23.00			
Sun	06.00	23.00			
			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) NONE		

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

Name JAY P PATEL	
Address 20 RONEO CORNER, HORNCHURCH, ESSEX. RM12 4TN	
Postcode	RM12 4TN
Personal Licence number (if known) 011388	
Issuing licensing authority (if known) LONDON BOROUGH OF HAVERING	

N

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)

NONE

O

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	NONE	
Mon	06.00			
		23.00		
Tue	06.00			
		23.00		
Wed	06.00			
		23.00		
Thur	06.00			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) NONE
		23.00		
Fri	06.00			
		23.00		
Sat	06.00			
		23.00		
Sun	06.00			
		23.00		

P 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 WILL OPERATE OUR OFF LICENCE IN A RESPONSIBLE MANNER AND ACTIVELY PROMOTE THE LICENSING OBJECTIVES AT ALL TIMES.

b) The prevention of crime and disorder

CCTV IS INSTALLED COVERING THE INSIDE OF THE PREMISE & SHOP FRONTAGE, IS CAPABLE OF TAKING A HEAD AND SHOULDERS SHOT OF PERSONS ENTERING THE PREMISE AND STORING IMAGES FOR A PERIOD OF 31 DAYS. A MEMBER OF STAFF TRAINED TO DOWNLOAD IMAGES SHALL BE ON DUTY AT ALL TIMES TO DOWNLOAD IMAGES FOR THE POLICE OR AUTHORISED COUNCIL OFFICERS ON REQUEST. NOTICES WILL BE DISPLAYED BY THE DOOR AND AT THE POINT OF SALE ADVISING THAT CCTV IS IN OPERATION.
ALL STAFF SHALL BE TRAINED FOR THEIR ROLE ON INDUCTION AND REFRESHER TRAINING GIVEN AT SIX MONTHLY INTERVALS. WRITTEN TRAINING LOGS SHALL BE KEPT AND RETAINED FOR A YEAR AND MADE AVAILABLE TO POLICE OR AUTHORISED COUNCIL OFFICERS ON REQUEST. TRAINING SHALL INCLUDE RESPONSIBLE ALCOHOL RETAILING, IDENTIFYING PERSONS UNDER 25, CHECKING ACCEPTABLE FORMS OF PROOF OF AGE, MAKING AND RECORDING A REFUSAL AND AVOIDING CONFLICT.
ALL ALCOHOL WILL BE IN LINE OF SIGHT OF THE COUNTER AND SPIRITS WILL BE STORED BEHIND THE COUNTER.
ANY STOCK OF ALCOHOL NOT ON DISPLAY FOR SALE SHALL BE SECURELY STORED IN THE STORE ROOM.
A PERSONAL LICENCE HOLDER SHALL BE ON DUTY AFTER 19.00 FRIDAY & SATURDAY. A MINIMUM OF TWO STAFF SHALL BE ON DUTY AFTER 19.00 FRIDAY & SATURDAY.
THE MANAGEMENT WILL ENGAGE WITH AND ACTIVELY WORK WITH THE LOCAL POLICE SNT.

c) Public safety

A FIRE RISK ASSESSMENT & EMERGENCY PLAN WILL BE PREPARED AND REGULARLY REVIEWED.

d) The prevention of public nuisance

NOTICES WILL BE PROMINENTLY DISPLAYED ASKING CUSTOMERS TO LEAVE QUIETLY, NOT TO LOITER OUTSIDE THE SHOP & NOT TO DRINK IN THE STREET
 NO DELIVERIES OR REMOVALS OF GLASS RUBBISH WILL TAKE PLACE BETWEEN 21.00 & 08.00.
 THE STAFF WILL ACTIVELY DISCOURAGE GROUPS OF YOUNG PERSONS FROM LOITERING OUTSIDE THE SHOP.

e) The protection of children from harm

THE PREMISE WILL OPERATE A CHALLENGE 25 PROOF OF AGE POLICY AND ONLY A PASSPORT OR PHOTO DRIVING LICENCE WILL BE ACCEPTED AS PROOF OF AGE. A WRITTEN REFUSALS RECORD SHALL BE MAINTAINED AND KEPT FOR A YEAR AFTER COMPLETION AND MADE AVAILABLE TO POLICE OR AUTHORISED COUNCIL OFFICERS ON REQUEST. NOTICES SHALL BE PROMINENTLY DISPLAYED BY THE ENTRY DOOR AND AT THE POINT OF SALE STATING THAT CHALLENGE 25 IS IN FORCE AND THE PROVISIONS OF THE LICENSING ACT REGARDING UNDERAGE AND PROXY SALES / PURCHASES.
 NO MORE THAN TWO CHILDREN SHALL BE PERMITTED ON THE PREMISES AT ANY TIME AND NO UNACCOMPANIED CHILDREN SHALL BE PERMITTED ON THE PREMISES AFTER 21.00.
 ALL STAFF SHALL BE TRAINED FOR THEIR ROLE ON INDUCTION AND REFRESHER TRAINING GIVEN AT SIX MONTHLY INTERVALS. WRITTEN TRAINING LOGS SHALL BE KEPT AND RETAINED FOR A YEAR AND MADE AVAILABLE TO POLICE OR AUTHORISED COUNCIL OFFICERS ON REQUEST. TRAINING SHALL INCLUDE RESPONSIBLE ALCOHOL RETAILING, IDENTIFYING PERSONS UNDER 25, CHECKING ACCEPTABLE FORMS OF PROOF OF AGE, MAKING AND RECORDING A REFUSAL AND AVOIDING CONFLICT.

Please tick yes

- 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 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 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

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	
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Date	27/3/2012
Capacity	AUTHORISED LICENSING CONSULTANTS

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)			
GT LICENSING CONSULTANTS, 316 DAGENHAM ROAD, ROMFORD, ESSEX. RM7 0TB			
Post town	ROMFORD	Post code	RM7 0TB
Telephone number (if any)	07810 826778		
If you would prefer us to correspond with you by e-mail your e-mail address (optional) gtlicensingconsultants@googlemail.com			

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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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

Consent of individual to being specified as premises supervisor

MR JAY PRAKASHBHAI PATEL

[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

A NEW PREMISES LICENCE

[type of application]

by

MRS RAMILABEN PATEL

[name of applicant]

relating to a premises licence

RONEO NEWS

[number of existing licence, if any]

for

RONEO NEWS,
20 RONEO CORNER,
HORNCHURCH,
ESSEX.
RM12 4TN

[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

MRS RAMILABEN PATEL
[name of applicant]

concerning the supply of alcohol at

RODIO NEWS
20 RODIO CORNER
WORNCHURCH
ESSEX
RM12 4TN
[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

[REDACTED]
[insert personal licence number, if any]

Personal licence issuing authority

[REDACTED] [REDACTED] [REDACTED]
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

JAY P PATEL

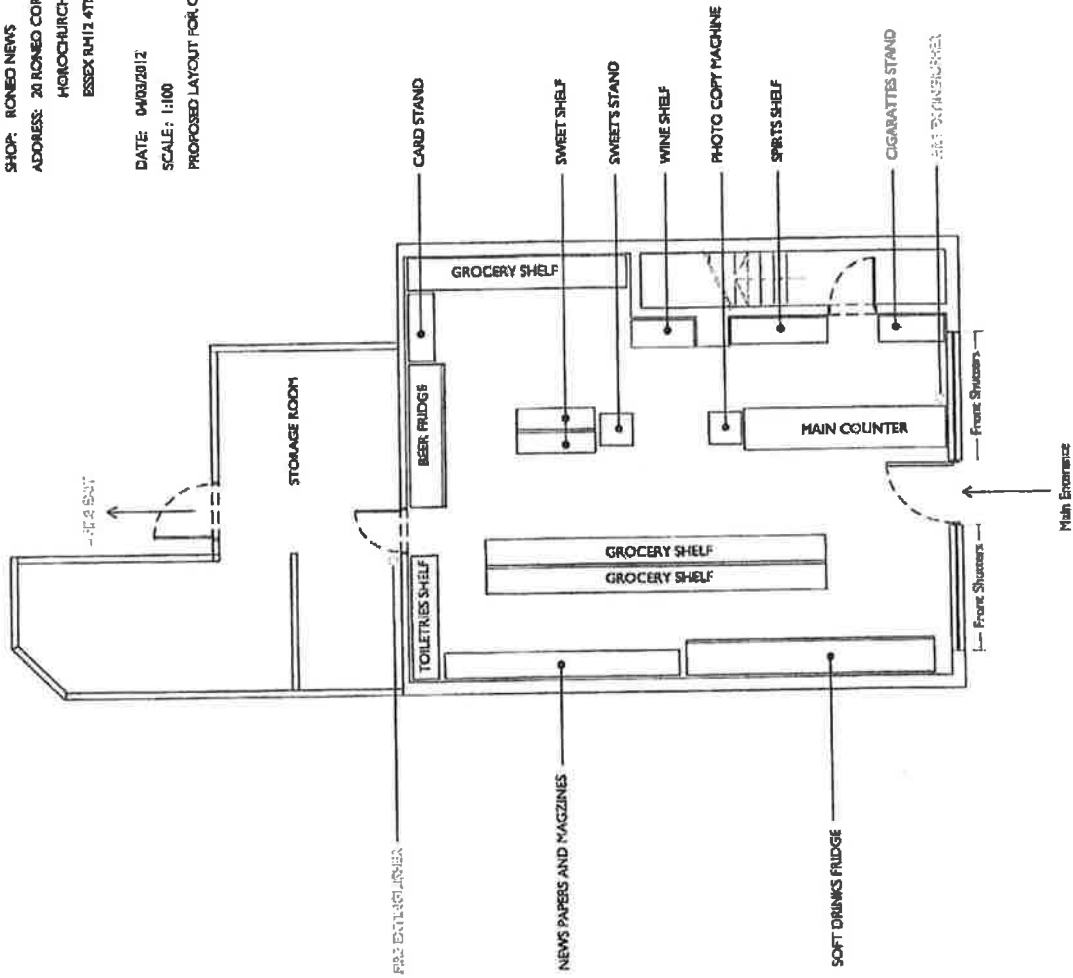
Name (please print)

MR JAY PRAKASHBHAI PATEL

Date

27/3/12

SHOP: RENEW NEWS
 ADDRESS: 20 RENEW CORNER
 HITCHHURCH
 ESSEX RM12 4TN
 DATE: 04/03/2012
 SCALE: 1:100
 PROPOSED LAYOUT FOR OFF LICENSING





Licensing Sub-Committee

Appendix 2 – Map of local area



Roneo News 20 Roneo Corner Hornchurch RM12
4TN

Map Reference: TQ5187SE
 Date: 28/03/2012

Scale @ A4
 1:1250

Scale
 0 10 20 30 40 50 m

London Borough of Havering
 Town Hall, Main Road
 Romford, RM1 3BD
 Tel: 01708 434343

Havering
 LONDON BOROUGH

nlpog
 The National Land & Property Gazetteer

NLS
 NATIONAL STREET GAZETTEER
 Ordnance Survey
 Licensed Partner

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Licensing Sub-Committee

Appendix 3 - Representation from Interested Party



The Crown
360 Hornchurch Road
Hornchurch
Essex
RM12 4TW
Telephone; 01708 447656
E-mail; sarah.crown.hch@googlemail.com

17th April 2012,

Dear Mr. Paul Jones,

Ref; Licensing Act 2003- Premises Application
Roneo News, 20 Roneo Corner, Hornchurch RM12 4TN

I am writing to you to object to the above Premises selling alcohol during the times 6.00am until 23.00pm.

The above Premises is a Newsagent/ **Sweetshop**. It is generally busy with mainly children on there way to school during the times of 7.45am – 8.30am and approximately 3.05pm until 4.30pm. I believe it will be harmful to the children and minors that use this shop to buy their sweets, comics and magazines on there way to and from school in a place that is also selling alcohol. It will become a disastrous temptation for ‘Underage Drinking’. A small shop selling sweets *and* alcohol, especially so early in the morning, would be mindless. I personally, would not be at all happy with my 14 year old daughter entering on her own, into a Sweetshop that sold alcohol, at any time.

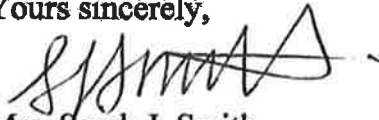
There is already an issue with crowds of youths hanging around along that particular stretch of pavement in the early evening. At times these menacing crowds are quite large and are intimidating to people walking by. This would only make the problem worse than it already is.

There is **no parking** in the lay-by outside of this Parade of Shops.

I am already fighting an on-going battle with people who park in my Car Park to use these shops and businesses, it is a real nuisance. This problem will become worse for me.

I hope that you will take my thoughts and reasons for objection into serious consideration.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'S. J. Smith', with a large, stylized flourish at the end.

Mrs. Sarah J. Smith
Licensee and D.P.S.