

Statutory Licensing Sub-Committee

8th May 2012

Application to vary a Premises Licence under the Licensing Act 2003



Report of Terry Collins, Corporate Director, Neighbourhood Services

Name and Address of Premises: Murton Pizza, 1 Cookson Terrace,
Murton, Seaham, SR7 9NL

1. Summary

The Sub-Committee is asked to consider and determine the application to vary a premises licence received by:

Ramin Majidian
1 Cookson Terrace
Murton
Seaham
Co Durham
SR7 9NL

A plan showing the location of the premises is attached as Appendix 1.

2. Details of the Application

On 8th March 2012 the Licensing Authority received an application to vary the premises licence from Murton Pizza, Seaham. A copy of the application is attached as Appendix 2.

The details of the application are as follows:

Existing Licence

Variation Application

Opening Hours Monday to Saturday 11:30 to 14:00 & 17:00 to 00:00 Sunday 18:00 to 00:00	Opening Hours Monday to Thursday 17:00 to 01:00 Friday, Saturday 17:00 to 02:00 Sunday 17:00 to 01:00
Late Night Refreshment (off the premises only) Monday to Saturday 11:30 to 14:00 & 17:00 to 00:00 Sunday 18:00 to 00:00	Late Night Refreshment (off the premises only) Monday to Thursday 23:00 to 01:00 Friday, Saturday 23:00 to 02:00 Sunday 23:00 to 01:00

The applicant has proposed steps, which they intend to be taken in order to promote the four licensing objectives. These are outlined under Part P of the application form.

The application has been advertised on the premises and in the local press as prescribed.

3. The Representations

The Licensing Authority received one representation in relation to the variation of the premises licence application from a Responsible Authority, namely Durham Constabulary. These are attached as Appendix 3.

The representations undermine the following licensing objectives:

- The Prevention of Crime and Disorder

The Licensing Authority deemed the representation to be relevant.

4. The Parties

The Parties to the hearing will be:

- Mr Ramin Majidian (Applicant)
- Sgt Tim Robson (Responsible Authority – Durham Constabulary)

5. Durham County Council Statement of Licensing Policy

The Sub-Committee's attention is drawn to the following relevant parts of the Policy:

- 5.0 The Prevention of Crime and Disorder

6. Section 182 Guidance

The Sub-Committee's attention is drawn to the relevant parts of the Guidance issued under section 182 of the Licensing Act 2003 as follows:

- 2.1 The Prevention of Crime and Disorder

7. For Decision

The Sub-Committee is asked to determine the application in the light of the above having regard to the application and the representation received.

Background Papers:

- Durham County Council's Statement of Licensing Policy
- Guidance issued under section 182 of the Licensing Act 2003.

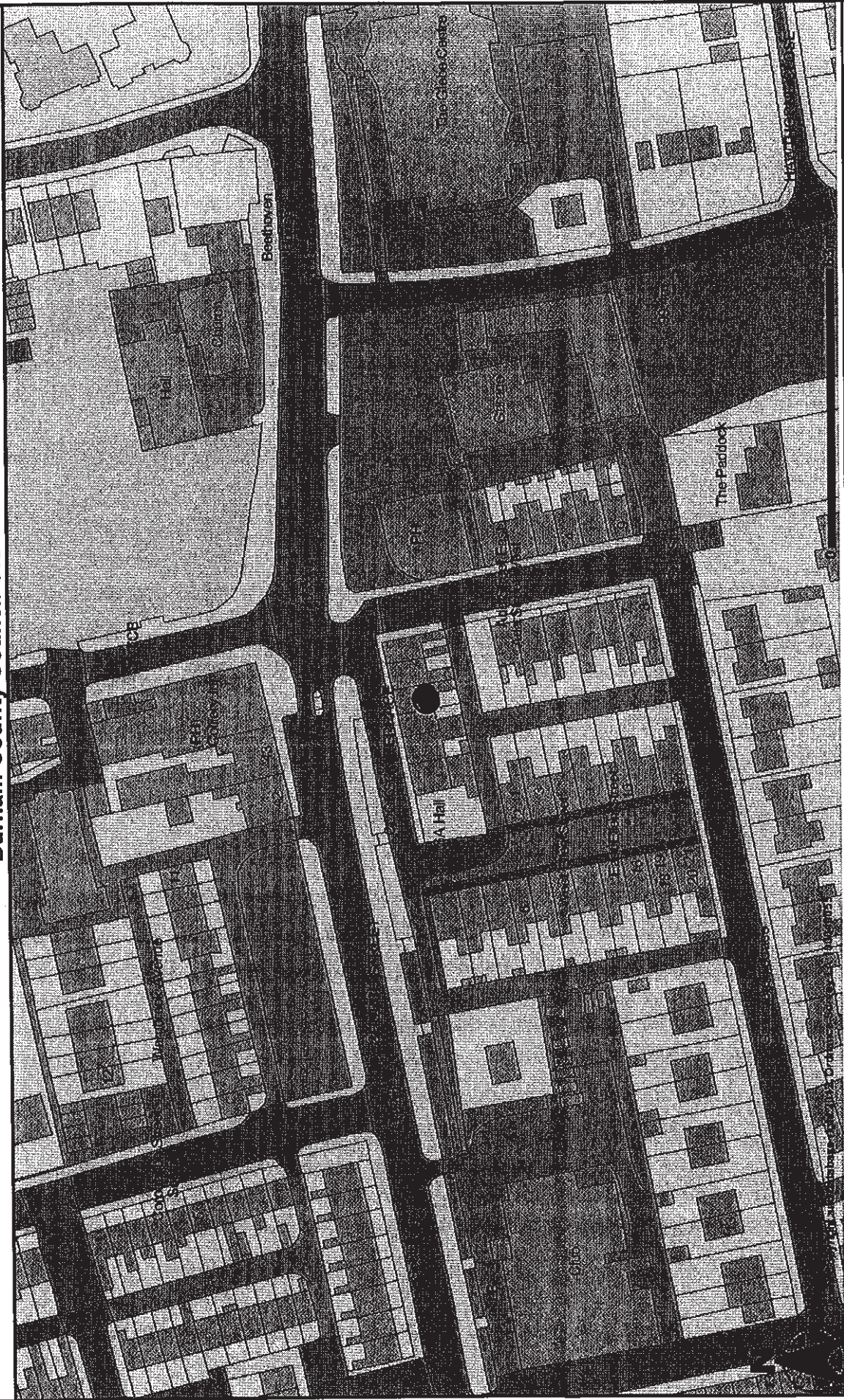
Contact: Karen Monaghan Tel: 03000 265104
Email: karen.monaghan@durham.gov.uk

APPENDIX 1 – LOCATION PLAN

Plan for identification purposes only; not to be used for scaling or formal documentation

MURTON PIZZA

Durham County Council GIS



Scale 1: 1250

APPENDIX 2 – APPLICATION



Durham County Council

Unit 1 Damson Way, Dragonville Industrial Estate, Dragonville,
Co Durham, DH1 2YN Tel: 03000 260727 Fax: 0191 3018678

Application to vary a premises licence under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form 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 (RAMIN MASIDIAN) apply for a premises licence under section 17 of the
(insert name(s) of applicant)
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

Name of Premises MURTON PIZZA
Postal address of premises 1 COOKSON TERRACE MURTON SEAMAM
Postcode SR7 9NL

Telephone number of premises (if any)

0191 526 6886

Non-domestic rateable value of premises

£ 2200

Part 2 – Applicant Details

Please state whether you are applying for a premises licence as

- a) an individual or individuals* 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 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:

- 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 Mrs Miss Ms Other title (for example, Rev)

Surname <i>MAJIDIAN</i>	First names <i>RAMIN</i>
----------------------------	-----------------------------

I am 18 years old or over Yes
 Current postal address if different from premises address
AS ABOVE

Post Town Postcode

Daytime contact telephone number

E-mail address (optional)

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr Mrs Miss Ms Other title (for example Rev)

Surname	First names
---------	-------------

I am 18 years old or over Yes
 Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone

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

--	--	--	--	--	--	--	--	--	--

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

Day Month Year

--	--	--	--	--	--	--	--	--	--

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

General description of premises (please read guidance note 1) Continue on a different sheet if necessary.

HOT FOOD TAKE AWAY

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please Tick

Provision of regulated entertainment

- 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 entertainment facilities for:

- j) making music (if ticking yes fill in box I)
- k) Dancing (if ticking yes, fill in box J)
- l) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

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

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

In all cases complete boxes N, O and P

A

Plays Standard days and timings			Will the performance of a play take place indoors or outdoors or both – please tick	Indoors				
				Outdoors				
				Both				
Day	Start	Finish	Please give further details here					
Mon								
Tues								
Wed						State any seasonal variations for performing plays		
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		
Sat								
Sun								

B

Films Standard days and timings			Will the exhibition of films take place indoors or outdoors or both – please tick	Indoors				
				Outdoors				
				Both				
Day	Start	Finish	Please give further details here					
Mon								
Tues								
Wed						State any seasonal variations for performing plays		
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		
Sat								
Sun								

C

Indoors sporting events Standard days and timings		
Day	Start	Finish
Mon		
Tues		
Wed		
Thur		
Fri		
Sat		
Sun		

Please give further details

State any seasonal variations for performing plays

Non-standard timings. Where you intend to use the premises for the indoor sporting events at different times to those listed in the column on the left, please list

D

Boxing or wrestling entertainment Standard days and timings			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick	
Day	Start	Finish	Indoors	Outdoors
Mon				
Tues				
Wed				
Thur				
Fri				
Sat				
Sun				

Please give further details here

State any seasonal variations for boxing or wrestling entertainment

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

E

Live music Standard days and timings			Will the performance of live music take place indoors or outdoors or both – please tick	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here		
Mon					
Tues			State any seasonal variations for the performance of live music		
Wed					
Thur			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		
Fri					
Sat					
Sun					

F

Recorded music Standard days and timings			Will the playing of recorded music take place indoors or outdoors or both – please tick	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here		
Mon					
Tues			State any seasonal variations for playing recorded music		
Wed					
Thur			Non-standard timings. Where you intend to use the playing of recorded music entertainment at different times to those listed in the column on the left, please list		
Fri					
Sat					
Sun					

G

Performance of dance Standard days and timings			Will the performance of dance take place indoors or outdoors or both – please tick	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here		
Mon					
Tues					
Wed					
Thur					
			State any seasonal variations for the performance of dance		
Fri					
Sat					
Sun					
			Non-standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list		

H

Performance of a similar description to that falling within (e), (f) or (g) Standard days and timings			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	Indoors	
Mon				Outdoors	
				Both	
Tues			Please give further details here		
Wed					
			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)		
Thur					
Fri			Non-standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list		
Sat					
Sun					

Provision of facilities for making music Standard days and timings			<u>Please give a description of the type of facilities for making music you will be providing</u>	
Day	Start	Finish	Will the facilities for making music be indoors or outdoors or both – please tick	Indoors
Mon				Outdoors
				Both
Tues			<u>Please give further details here</u>	
Wed			<u>State any seasonal variations for the provision of facilities for making music</u>	
Thur				
Fri			<u>Non-standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list</u>	
Sat				
Sun				

J

Provision of facilities for dancing Standard days and timings			Will the facilities for dancing be indoors or outdoors or both – please tick	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<u>Please give a description of the facilities for dancing you will be providing</u>		
Mon					
Tues			<u>Please give further details here</u>		
Wed			<u>State any seasonal variations for providing dancing facilities</u>		
Thur					
Fri			<u>Non-standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</u>		
Sat					
Sun					

K

Provision of facilities for Entertainment of a similar des to that falling within I or J Standard days and timings			Please give a description of the type of entertainment facility you will be providing	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick	Indoors
Mon				Outdoors
				Both
Tues			Please give further details here	
Wed				
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within J or K	
Fri				
Sat			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of similar description to that falling within J or K at different times to those listed in the column on the left, please list	
Sun				

L

Late night refreshment Standard days and timings			Will the provision of late night refreshment take place indoors or outdoors or both – please tick	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	23:00	01:00	Please give further details here	Both	
Tues	23:00	01:00			
Wed	23:00	01:00	State any seasonal variations for the provision of late night refreshment		
Thur	23:00	01:00	Non-standard timings. Where you intend to use the premises for the provision of late night entertainment at different times, to those listed in the column on the left, please list		
Fri	23:00	02:00			
Sat	23:00	02:00			
Sun	23:00	01:00			

M

Supply of alcohol Standard days and timings			Will the supply of alcohol be for consumption (please tick)	On the premises	
				Off the premises	
				Both	
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u>		
Mon					
Tues					
Wed					
Thur					
Fri					
Sat					
Sun					
			<u>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</u>		

Supply of alcohol only:

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

Name.....

Address.....

.....

Postcode.....

Personal Licence number (if known).....

Issuing licensing authority (if known).....

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

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)

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	
Mon	17.00	01.00	Non standard timings. Where you intend to open 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)
Tue	17.00	01.00	
Wed	17.00	01.00	
Thur	17.00	01.00	
Fri	17.00	02.00	
Sat	17.00	02.00	
Sun	17.00	01.00	

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)

Obscuring all Health and safety act.
Obscuring th. all below to best of ability.

b) The prevention of crime and disorder

NO Alcohol sold.
installation of C.C.T.V

c) Public safety

ELECTRICAL. inspection report. Certificate.
Intelling Fire Extinguisher
KEEP. Anything hot. Away From customers.

d) The prevention of public nuisance

Try to keep noise down.
Try to keep inside and outside premises clean.
No outside flashing light

e) The protection of children from harm

STOP. violence or disorderly behavior in the shop.
not being expose. to excessive noise
not being expose. to tobacco smoke.

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

Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant please state in what capacity.

Signature 

Capacity Date 9-02-12

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. If signing on behalf of the applicant please state in what capacity.

Signature

Capacity Date

Contact name (where not previously given) and address/postcode for correspondence associated with this application	
Telephone number (if any)	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 would 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 i.e. 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 exclusively) nudity or semi-nudity, films for restricted age groups, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

APPENDIX 3 – REPRESENTATION

NOT PROTECTIVELY MARKED

Chester-Le-Street Police Station
Licence Support Officer
Administration Department
Newcastle Road
CHESTER-LE-STREET
County Durham
DH3 3TY

Web Site: www.durham.police.uk
E-mail: NALU@durham.pnn.police.uk

Tel No: 0191 3752308
Fax No: 0191 375 2304
DX: 721661



Your Ref:
Our Ref: Prem/TR/2676

13 February 2012

This matter is being dealt with by **St Tim Robson**
Tel 0845 60 60 365 ext 6632308 or direct 0191 3752308

Dear Sir/Madam

Premises: **Murton Pizza, 1 Cookson Terrace, Murton, Seaham**

Applicant: **Ramin Majidian**

Type of application: **Late Night Refreshment Application**

Date Received: **13.02.2012**

With reference to the above application, please note that the Police object to this application on the grounds of the undermining of the Prevention of Crime and Disorder Objective. Specifically that there have been breaches of the Licensing Act 2003 namely section 136, which is still under investigation by the Responsible Authorities.

Yours faithfully

A handwritten signature in black ink, appearing to be 'I. Butler', written over the typed name.

Chief Inspector. I. Butler

PP

NOT PROTECTIVELY MARKED

Licensing Officer
Durham County County
Easington Office
Council Offices
Seaside Lane
Easington Village
Peterlee
Co Durham
SR8 3TN

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TO- envi health

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