



PREM1

Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR

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 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 CYNDOSEY JONES (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

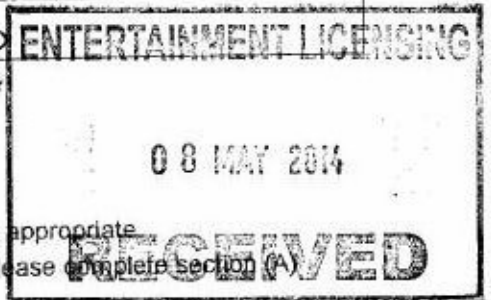
Postal address of premises or, if none, ordnance survey map reference or description <u>HOLBECK BARGAIN STORE</u> <u>59 TOP MOOR SIDE</u> <u>LEEDS</u>	
Post town <u>LEEDS</u>	Post code <u>LS11 9LH</u>

Telephone number of premises (if any)

01133 182216

Non domestic rateable value of premises

£ 6600



Part 2 – Applicant Details

Please state whether you are applying for a premises licence as:

- a) an individual or individuals*
- b) a person other than an individual*
 - i. as a limited company
 - ii. as a partnership
 - iii. as an unincorporated association or
 - iv. other (for example a statutory corporation)
- c) a recognised club
- d) a charity

Please tick as appropriate

- please complete section (A)
- please complete section (B)
- please complete section (B)
- please complete section (B)
- please complete section (B)
- please complete section (B)
- 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:

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or Please tick yes
- 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 First names

JONES

LYNDSLEY

I am 18 years old or over Please tick yes

Current postal address if different from premises address 15 CROW NEST MEWS LEEDS

Post Town LEEDS Postcode LS11 8JQ

Daytime contact telephone number [REDACTED]

Email address (optional) [REDACTED]

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

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

Surname First names

I am 18 years old or over Please tick yes

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

Email address (optional)

N/A

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In 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)

N/A

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
01	06	2014

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

Day	Month	Year

PERM

Please give a general description of the premises (please read guidance note 1)

SHOP RETAIL PREMISES ALSO SELLING HARDWARE FOR LOCAL COMMUNITY - NOTHING HARMFUL BUT ALL RESPONSIBILITIES MET WHEN SELLING SUCH AS ASKING ID ETC

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

N/A

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)

Please tick yes

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) performance of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

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

Sale by retail 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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for performing play (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)			Will the exhibition of a films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
Thur			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. (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainment 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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			Please give further details here (please read guidance note 3)	
Thur				
Fri			State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 4)	
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)			Will the performance of live music 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			State any seasonal variations for the performance of live music (please read guidance note 4)		
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. (Please read guidance note 5)		
Fri					
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music 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			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Wed					
Thur			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. (please read guidance note 5)		
Fri					
Sat					
Sun					

G

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

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

Name **LYNDSY JONES**

Address



Postcode **LS11 8JA**

Personal licence number (if known)

BD/PCR 1828 - AUTH BFD

Issuing licensing authority (if known)

BRADFORD LICENSING - TOWN HALL - BFD

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)

I

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 type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri			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					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption on or off the premises or both – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
Mon	00:00	23:59	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	<input type="checkbox"/>
	00:00	23:59			
Tue	00:00	23:59			
	00:00	23:59			
Wed	00:00	23:59	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)		
	00:00	23:59			
Thur	00:00	23:59			
	00:00	23:59			
Fri	00:00	23:59			
	00:00	23:59			
Sat	00:00	23:59			
	00:00	23:59			
Sun	00:00	23:59	10:00 - 22:00 Sat 8/5/14		

or
19:00 - 23:00

L

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	00:00	23:59	<p>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)</p> <p>APPLYING FOR 24 HR ACCESS TO BE OPEN TO THE PUBLIC</p> <p>SHOP WILL BE OPEN 24 HR</p> <p>00:00 - 23:59</p>
	00:00	23:59	
Tue	00:00	23:59	
	00:00	23:59	
Wed	00:00	23:59	
	00:00	23:59	
Thur	00:00	23:59	
	00:00	23:59	
Fri	00:00	23:59	
	00:00	23:59	
Sat	00:00	23:59	
	00:00	23:59	
Sun	00:00	23:59	
	00:00	23:59	

SUN 10:00 22:00 also 8/5/14

M

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)

- CCTV ALREADY INSTALLED WITHIN SHOP (ALSO VIEWING FOR OUTSIDE)
- TWO MEMBERS OF STAFF HOLD PERSONAL LICENSES
- WE WILL KEEP A REFUSALS REGISTER AND AN INCIDENTS REGISTER
- WE WILL ENSURE SOUTH LEEDS GUIDELINES ARE ROLLED OUT TO STAFF AS WE BELIEVE THAT IT IS IMPORTANT THEY ARE AWARE OF THE INFORMATION THAT IT HOLDS
- STOCKING ALL ALCOHOL BEHIND THE COUNTER

b) The prevention of crime and disorder

- WE AIM TO BUILD RELATIONSHIPS WITH THE LOCAL AUTHORITIES (POLICE ETC) AND TO HAVE CLOSE RELATIONSHIPS WITH THE ARGAS (COMM SUPPORT OFFICERS)
- WE WILL DISPLAY SIGNS SHOWING THAT WE HAVE CCTV
- HAPPY TO PROVIDE ANY CCTV NEEDED TO THE POLICE, EVEN IF NOT AN INCIDENT INVOLVING THE SHOP
- KEEP CCTV FOOTAGE FOR AS LONG AS REQUIRED

c) Public safety

- ALL STAFF EMPLOYED HAVE BEEN BRIEFED ON PUBLIC SAFETY
- COMPLY WITH ANY AUTH SUCH AS FIRE SERVICE AND ENSURE ALL FIRE REGULATIONS ARE COMPLIED WITH

d) The prevention of public nuisance

- OPENING TIMES WILL NOT AFFECT NEIGHBOURS OR LOCAL COMMUNITY IN THAT OPENING SHUTTERS ETC MAY WAKE THEM - MOST NEIGHBOURS ARE BUSINESSES
- THE DESIGN, STRUCTURE AND LAYOUT OF THE PREMISES WILL ALL HAVE CORRECT ACCESS ETC
- BIN EITHER WITHIN THE STORE OR OUTSIDE TO PREVENT LITTERING

- STORE WILL BE FULLY LIT TO AVOID ACCIDENTS

e) The protection of children from harm

- WE DO NOT ALLOW NUMBERS OF CHILDREN AT ONCE WITHIN THE SHOP
- WE WILL ID ANYONE WHO LOOKS UNDER THE AGE OF 25
- UNACCOMPANIED CHILDREN WILL NOT BE ALLOWED ON THE PREMISES AT ANY TIME THAT LICENSING OR THE POLICE WANT TO IMPOSE ON US
- ANY INCIDENTS INVOLVING CHILDREN WILL BE REPEALED TO THE CORRECT RESPONSIBLE PARTY

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 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	[REDACTED]
Date	
Capacity	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 address for correspondence associated with this application (please read guidance note 19)

LYNDSLEY JONES
15 CROWN NTR MCHS
LEEDS

Post town	Post code LS11 8JQ
Telephone number (if any)	[REDACTED]
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) NO - LETTER OR TELEPHONE PLEASE	

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 is 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 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, 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.

Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR.

Consent of individual to being specified as premises supervisor

I, LYNDSEY JONES of

[REDACTED] ✓

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

[PREMISES LICENSE] by [HOLBECK BARGAIN STORE (LJSMS)]

relating to a premises licence [N/A] for

[HOLBECK BARGAIN STORE] and any premises licence to be granted or varied in respect of this application made by

[LYNDSEY JONES] concerning the supply of alcohol at

[HOLBECK BARGAIN STORE]. 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 [BD/PCR 1828] [REDACTED]

Personal licence issuing authority [BRADFORD COUNCIL]

[REDACTED] signed
[REDACTED] name (please print)
29/4/14 dated



