



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 Ossett Brewery Taverns Ltd(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 Ground Floor Commercial Unit, Candle House Wharf Approach, Granary Wharf Leeds		ENTERTAINMENT LICENSING 07 NOV 2014 RECEIVED
Post town Leeds	Post code LS1 4GJ	
Telephone number of premises (if any)		
Non domestic rateable value of premises	£ TBC	

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 type="checkbox"/> | please complete section (A) |
| b) a person other than an individual* | | |
| i. as a limited company | <input checked="" 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 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

Mrs

Miss

Ms

Other title (for example, Rev)

Surname

First names

Please tick yes

I am 18 years old or over

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr

Mrs

Miss

Ms

Other title
(for example, Rev)

Surname

First names

Please tick yes

I am 18 years old or over

Current postal address
if different from
premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

(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

Ossett Brewery Taverns Co Ltd

Address

Ossett Brewery
Kings Yard
Low Mill Road
Ossett
West Yorkshire
WF5 8ND

Registered number (where applicable)

06153577

Description of applicant (for example, partnership, company, unincorporated association etc.)

Limited Company

Telephone number (if any) 01924 331999

E-mail address (optional) dawn@ossett-brewery.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
0	1	0	3	2	0	1	5

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

Day		Month		Year			

Please give a general description of the premises (please read guidance note 1)
 Ground floor premises of Candle House. Covering approx. 2300 sqft and overlooking the Leeds Liverpool canal. Candle House is situated on the edge of Granary Wharf. Internal layout to include kitchen, bar, dining and drinking areas as well as WC facilities. External space to be used for dining out and drinking up until 10pm. Off sale of food and drinks at the premises.

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

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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"/>
				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 performing play (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
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"/>
				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 exhibition of films (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
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			
			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)
Sun			
			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)

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)	Indoors	<input type="checkbox"/>	
				Outdoors	<input type="checkbox"/>	
Day	Start	Finish	Both			<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)			
Tue			State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 4)			
Wed						
Thur						
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)			Will the performance of live music 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	Please give further details here (please read guidance note 3)		
Mon	08:00	23:00			
			State any seasonal variations for the performance of live music (please read guidance note 4)		
Tue	08:00	23:00			
			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)		
Wed	08:00	23:00			
Thur	08:00	23:00			
Fri	08:00	23:00			
Sat	08:00	23:00			
Sun	08:00	23:00			

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Amplified recorded background music via MP3 device		
Mon	08:00	00:00			
			State any seasonal variations for the playing of recorded music (please read guidance note 4) The evening before going into the day of all Public Bank Holiday Mon – Sun 08:00 – 00:30		
Tue	08:00	00:00			
			Christmas Eve going into Christmas Day Mon – Sun 08:00 – 00:30		
Wed	08:00	00:00			
			NYE going into NYD Mon – Sun 08:00 – 01:00		
Thur	08:00	00:00			
			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	00:00	00:30			
	08:00	00:00			
Sat	00:00	00:30			
	08:00	00:00			
Sun	00:00	00:30			
	08:00	00:00			

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"/>
				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 dance (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
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		
			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"/>
				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 entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
Sat					
Sun					

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"/>
				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 provision of late night refreshment (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
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"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) The evening before going into the day of all Public Bank Holiday Mon – Sun 08:00 – 00:30		
Mon	08:00	00:00			
Tue	08:00	00:00	Christmas Eve going into Christmas Day Mon – Sun 08:00 – 00:30		
Wed	08:00	00:00			
Thur	08:00	00:00	NYE going into NYD Mon – Sun 08:00 – 01:00 Use of external drinking area up until 22:00		
Fri	00:00	00:30			
Fri	08:00	00:00			
Sat	00:00	00:30	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)		
Sat	08:00	00:00			
Sun	00:00	00:30			
Sun	08:00	00:00			

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

Name

Dawn Howard

Address

5 Parklands Crescent

Horbury Bridge

Wakefield

West Yorkshire

Postcode

WF4 5BS

Personal licence number (if known)

Application in progress

Issuing licensing authority (if known)

Wakefield Council

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)

Use of the external drinking area up until 10pm.

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) The evening before going into the day of all Public Bank Holiday Mon – Sun 08:00 – 01:00 Christmas Eve going into Christmas Day Mon – Sun 08:00 – 01:00 NYE going into NYD Mon – Sun 08:00 – 01:30 Use of external drinking area up until 22:00
Day	Start	Finish	
Mon	00:00	00:30	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)
	08:00	00:00	
Tue	00:00	00:30	
	08:00	00:00	
Wed	00:00	00:30	
	08:00	00:00	
Thur	00:00	00:30	
	08:00	00:00	
Fri	00:00	01:00	
	08:00	00:00	
Sat	00:00	01:00	
	08:00	00:00	
Sun	00:00	01:00	
	08:00	00:00	

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)

Link in with city centre radio scheme
Zero Tolerance towards drugs and warning signs to highlight this.

b) The prevention of crime and disorder

Link in with city centre radio scheme.
Thorough staff training.
Experienced management and team actively policing the venue.

c) Public safety

Staff trained in first aid.
Drug policy & drug safe.
Manager to attend local pub watch schemes if in place.
Regular collection of glasses both inside & out.
Fire Alarm and emergency lighting installed throughout.

d) The prevention of public nuisance

Please leave quietly/respect our neighbour's signs upon exits.
All exit doors and windows to be closed except for ingress and egress after 9pm.
Outside drinking area not in use after 10pm/drinks not allowed outside after 10pm – monitored by management & staff.
Designated smoking area.

e) The protection of children from harm

No admittance to under 18's after 8pm
No admittance to under 18's without supervision at any time.
Strict adherence to Challenge 21 initiative.

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	Dawn Howard
Date	7 th November 2014
Capacity	HR & Compliance

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)

Dawn Howard
c/o The Hop
19 Bank Street
Wakefield
West Yorkshire

Post town	Post code WF1 1EH
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Telephone number (if any)
01924 331999

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)
dawn@ossett-brewery.co.uk