



Leeds
Application for a premises licence
Licensing Act 2003

For help contact
entertainment.licensing@leeds.gov.uk
Telephone: 0113 2474095

* required information

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

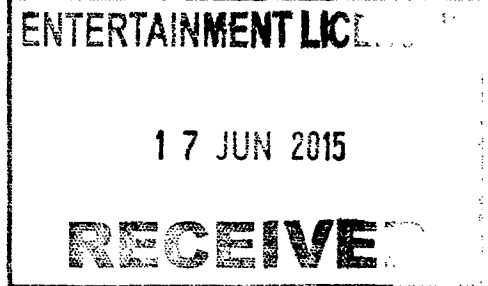
System reference This is the unique reference for this application generated by the system.

Your reference 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

* 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:

- 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 you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

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

* Is your business registered outside the UK? Yes No

* Business name If your business is registered, use its registered name.

* VAT number Put "none" if you are not registered for VAT.

* Legal status

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Business Address

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

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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

Street

District

City or town

County or administrative area

Postcode

Country

Further Details

Telephone number

Non-domestic rateable value of premises (£)

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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

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INDIVIDUAL APPLICANT DETAILS

Applicant Name

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

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.

Yes No

First name

Family name

Is the applicant 18 years of age or older?

Yes No

Continued from previous page...

Applicant Postal Address

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

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.

Yes No

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

Applicant Contact Details

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

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.

Yes No

E-mail
Telephone number
Other telephone number

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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.

Cafe/snack bar serving hot and cold food and soft beverages. Single unit with seating for 32 diners based on a parade of shops.

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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

Standard Days And Timings

MONDAY

Start

End

Start

End

TUESDAY

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.

Continued from previous page...

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

Will the playing of recorded music take place indoors or outdoors or both?

- Indoors Outdoors Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

State 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.

Playing of recorded and streamed music inside the property only through amplified system with 4 ceiling mounted speakers. Volume will be maintained at a level considered background.

State any seasonal variations for playing recorded music

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

None

Non-standard timings. Where the premises will be used for the playing of recorded music 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.

None

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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

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

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.

Continued from previous page...

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

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.

None

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.

None.

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

Name

First name

Family name

Continued from previous page...

Enter the contact's address

Building number or name

[Redacted]

Street

[Redacted]

District

[Redacted]

City or town

[Redacted]

County or administrative area

[Redacted]

Postcode

[Redacted]

Country

[Redacted]

Personal Licence number
(if known)

[Redacted]

Issuing licensing authority
(if known)

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.

None.

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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.

Continued from previous page...

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

State any seasonal variations

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

None

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.

None

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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)

Continued from previous page...

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

We will not be operating as a bar as such. Customers will be served drinks only with food and seated only, no vertical sales. On sales only. We will be installing cctv by 1/8/15 for the prevention of crime and disorder, public nuisance and public safety and to protect children from harm as we are also a family friendly business.

b) The prevention of crime and disorder

We will be operating a Check 25 protocol which will be displayed when entering and also inside the premises.

c) Public safety

There are provisions for fire safety on the premises and as this is a new venture the fire safety team have been to assess the property and found it to be safe and have given the premises a pass.

d) The prevention of public nuisance

Due to the premises being more food related with alcohol beverages being served only to diners I believe this will not be an issue.

e) The protection of children from harm

Children will not be allowed on the premises after 20:00 on any given day and all of the above covered with the installation of a new cctv system.

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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.

The premises licence fee is based on the non domestic rateable value of the premises these fees are:

Non domestic rateable value £4,300 or less - £100

Non domestic rateable value between £4,301 and £33,000 - £190

Non domestic rateable value between £33,001 and £87,000 - £315

Non domestic rateable value between £87,001 and £125,000 - £450

Non domestic rateable value £125,001 or more - £635

If the premise▲ non domestic rateable value is £87,001 or more and the premises is used exclusively or primarily for the supply of alcohol for consumption on the premises the fee for this application is:

Non domestic rateable value between £87,001 and £125,000 - £900

Non domestic rateable value £125,001 or more - £1905

If this application is for a community premises e.g. a village hall or community centre and the application does■ t include the sale of alcohol as an activity there is no fee payable.

If the premises will have 5,000 people or more in attendance at any one time there is an additional fee payable which we will contact you to pay when you submit your application. Details of these fees are available at http://www.leeds.gov.uk/Business/Licences_and_street_trading/Licence__alcohol_and_entertainment.

* Fee amount (£)

100.00

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DECLARATION

* I will make payment of the fee on submission of this application.

* I have attached, or will post to Leeds City Council, the plans of the premises.

* I have attached, or will post to Leeds City Council, the consent form completed by the individual I wish to be premises supervisor, or I will ensure the individual I wish to be premises supervisor submits the consent form electronically.

* 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.

I understand that Leeds City Council is under a duty to protect the public funds it administers, and to this end may use the information I have provided on my application for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

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

<input type="text" value="17"/>	/	<input type="text" value="06"/>	/	<input type="text" value="2015"/>
dd		mm		yyyy

[Add another signatory](#)

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/leeds/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"/>
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"/>