

Leeds City Council

**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 Ossett Brewery Taverns Limited

*(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 Archies (formerly Wasabi Teppan-Yaki Restaurant) Arches V and W Granary Wharf Dark Neville Street Neville Street			
<b>Post town</b>	Leeds	<b>Postcode</b>	LS1 4BR



Telephone number at premises (if any)	
Non-domestic rateable value of premises	£27,000.00

**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  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 type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal address if different from premises address					
Post town		Postcode			
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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 Ossett Brewery Taverns Limited
Address Kings Yard Low Mill Road Ossett WF5 8NB
Registered number (where applicable) 06153577
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
A S	A P	

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

DD	MM	YYYY

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

Café bar with open kitchen with all day dining, full drinks menu and entertainment.

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
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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)

Provision of regulated entertainment

Please tick any that apply

- 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 late night refreshment** (if ticking yes, fill in box I)

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

**In all cases complete boxes K, L and M**

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)	
			<b>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</b> (please read guidance note 5)	

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b>Please give further details</b> (please read guidance note 3)		
Day	Start	Finish			
Mon					
Tue			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)		
Wed					

Thur			<p><b><u>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</u></b> (please read guidance note 5)</p>
Fri			
Sat			
Sun			

**D**

<p><b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)</p>			<p><b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<p><b><u>Please give further details here</u></b> (please read guidance note 3)</p>		
Tue					
Wed			<p><b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)</p>		
Thur					
Fri			<p><b><u>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</u></b> (please read guidance note 5)</p>		
Sat					
Sun					

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Wed					
Thur			<b>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</b> (please read guidance note 5)		
Fri					
Sat					
Sun					



**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	07.30	00.00	<b>Please give further details here</b> (please read guidance note 3)		
Tue	07.30	00.00			
Wed	07.30	00.00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur	07.30	00.00			
Fri	07.30	01.00	<b>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</b> (please read guidance note 5)		
Sat	07.30	01.00	From the end of permitted hours on New Year’s Eve, to the start of permitted hours on New Year’s Day.		
Sun	07.30	00.00			

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read		

			guidance note 4)
Thur			<b><u>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</u></b> (please read guidance note 5)
Fri			
Sat			
Sun			

## H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> 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	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri					
Sat			<b><u>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</u></b> (please read guidance note 5)		
Sun					

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**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Thur					
Fri					
			<b><u>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</u></b> (please read guidance note 5)		
Sat					
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	07.30	00.00			
Tue	07.30	00.00			
Wed	07.30	00.00			
Thur	07.30	00.00			
Fri	07.30	01.00			
Sat	07.30	01.00			
Sun	07.30	00.00			
			<b>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</b> (please read guidance note 5)		
			From the end of permitted hours on New Year’s Eve, to the start of permitted hours on New Year’s Day.		

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

Name ██████████	
Address ██████████	
Postcode	██████████
Personal licence number (if known) ██████████	
Issuing licensing authority (if known) ██████████	

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).**

N/A

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	07.30	00.00	
Tue	07.30	00.00	
Wed	07.30	00.00	
Thur	07.30	00.00	
Fri	07.30	01.00	
Sat	07.30	01.00	
Sun	07.30	00.00	

**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)

From the end of permitted hours on New Year's Eve, to the start of permitted hours on New Year's Day.



**M** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)**

Please see b) to e) below.

**b) The prevention of crime and disorder**

1. A suitable Closed-Circuit Television (CCTV) system will be operational at the premises at all times when licensable activities are being carried out and at any other times where members of the public are present in the premises.
2. The CCTV system will cover all areas of the premises occupied by the public under the terms of the licence, including corridors and stairways (excluding WCs and changing rooms).
3. The CCTV system will cover the main entrance/s and exit/s and designated emergency egress routes from the premises.
4. The CCTV system will be of a satisfactory resolution quality which will enable the identification of persons and activities, and other fine details such as vehicle registration number plates.
5. The CCTV system will contain the correct time and date stamp information.
6. The CCTV system will have sufficient storage retention capacity for a minimum of 31 days' continuous footage which will be of good quality.
7. The CCTV footage will be controlled and kept in a secure environment to prevent tampering or unauthorised viewing. A record will be kept of who has accessed the system, the reason why and when.
8. A designated member/members of staff at the premises will be authorised to access the CCTV footage and be conversant with operating the CCTV system. At the request of an authorised officer of the Licensing Authority or a Responsible Authority (under the Licensing Act 2003) any CCTV footage, as requested, will be downloaded immediately or secured to prevent any overwriting. The CCTV footage material will be supplied, on request, to an authorised officer of the Licensing Authority or a Responsible Authority.
9. The Premises Licence Holder (PLH)/Designated Premises Supervisor (DPS) will ensure that a 'Daily Record Register' is maintained on the premises by the door staff.
10. The Daily Record Register will contain consecutively numbered pages, the full name and registration number of each person on duty, the employer of that person and the date and time he/she commenced duty and finished duty (verified by the individual's signature).
11. The Daily Record Register will be retained on the premises for a period of twelve months from the date of the last entry.
12. Security staff/designated supervisor will be familiar with the premises policy concerning the admission, exclusion and safeguarding of customers whilst in the premises.

13. The PLH/DPS will ensure that an Incident Report Register is maintained on the premises to record incidents such as anti social behaviour, admission refusals and ejections from the premises.
14. The Incident Report Register will contain consecutively numbered pages, the date time and location of the incident, details of the nature of the incident, the name and registration numbers of any door staff involved or to whom the incident was reported, the names and personal licence numbers (if any) of any other staff involved or to whom the incident was reported, the names and numbers of any police officers attending, the police incident and/or crime number, names and addresses of any witnesses and confirmation of whether there is CCTV footage of the incident.
15. The Incident Report Register will be produced for inspection immediately on the request of an authorised officer.
16. A suitable purpose-made receptacle for the safe retention of illegal substances will be provided and arrangements made for the safe disposal of its contents as agreed with West Yorkshire Police or British Transport Police.
17. There will be a communication link via radio to other venues in the city centre. This will be the system recognised by the current Business Crime Reduction Partnership for the city, Leeds City Council and West Yorkshire Police.
18. Such communication link will be kept in working order at all times when licensable activities are taking place.
19. The communication link will be available to the Designated Premises Supervisor or other nominated supervisor and be monitored by that person at all times that licensable activities are being carried out.
20. Any police instructions or directions given via the link will be complied with whenever given.
21. All incidents of crime or disorder will be reported via the link to an agreed police contact point.
22. The PLH/DPS will belong to a recognised trade body or Pub Watch Scheme where one exists, whose aims include the promotion of the licensing objectives.
23. A Supervisor's Register will be maintained at the licensed premises, showing the names, addresses and up to date contact details for the DPS and all personal licence holders.
24. The Supervisor's Register will state the name of the person who is in overall charge fo the premises at each time that licensed activities are carried out and this information will be retained for a period of 12 months and produced for inspection on request to an authroised officer.
25. The Incident Report Register will be retained on the premises for a period of 12 months for the date of the last entry.
26. Open bottles and glasses will not be taken from the premises at any time except for when customers are making use of the designated Street Café area.
27. Empty bottles and glasses will becollected regularly and promptly. Glass and other sharp objects will be stored and disposed of safely using suitable receptacles. Receptacles will be secured and not accessible to customers.
28. One SIA registered door supervisor will be on duty from 23:00 hours on Fridays, Saturdays and Bank Holiday Sundays.
29. Food will be available throughout the premises between 12:00 noon and 21:00 hours.



**c) Public safety**

1. Before opening to the public, checks will be undertaken to ensure all access to the premises are clear for emergency vehicles. Regular checks will be undertaken when the premises is open.
2. Written records of all accidents and safety incidents involving members of the public will be kept. These will be made available at the request of an authorised officer.
3. A written spillage policy will be kept to ensure spillages are dealt with in a timely and safe manner.
4. Members of the public will be prevented from accessing hot food and drink preparation areas to prevent risk of scalds or burns.

**d) The prevention of public nuisance**

1. Clear and legible notices will be displayed at exits, car parks and other circulatory areas requesting patrons to leave the premises quietly having regard to the needs of local residents, in particular emphasising the need to refrain from shouting, slamming car doors, sounding horns and loud use of vehicle stereos and anti-social behaviour.

**e) The protection of children from harm**

1. The PLH/DPS staff will ask for proof of age from any person appearing to be under the age of 21 who attempts to purchase alcohol at the premises.

**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 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.**

**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	<i>Woods Whur 2014 Ltd</i>
Date	16 June 2015
Capacity	Woods Whur 2014 Limited – Solicitors for the applicant

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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) Paddy Whur Woods Whur 2014 Limited Devonshire House 38 York Place			
Post town	Leeds	Postcode	LS1 2ED
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) [REDACTED]			