

Prem/03638/01

ENTERTAINMENT LICENSING

24 JUN 2015

RECEIVED

(Insert name and address of relevant licensing authority and its reference number (optional))

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 Ali Kanberoglu
(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			
La Petite 39 Street Lane Roundhay			
Post town	Leeds	Postcode	LS8 1AP

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£17,000

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- 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 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Kanberoglu			First names Ali		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		La Petite 39 Street Lane Roundhay			
Post town	Leeds		Postcode	LS8 1AP	
Daytime contact telephone number [REDACTED]					
E-mail address (optional) [REDACTED]					

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

DD	MM	YYYY
25	06	2015

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)

Currently a coffee shop and restaurant.

Located on a corner location of Street Lane within a very nice neighbourhood. It is a licensed restaurant which serves Mediterranean food to the local neighbourhood.

The premises are on a parade of shops which include a take away, shop and a licensed restaurant.

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)

- | Provision of regulated entertainment | Please tick any that apply |
|---|----------------------------|
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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

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

D

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

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						
Wed					State any seasonal variations for the performance of live music (please read guidance note 4)	
Thur						
Fri					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)	
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"/>
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 playing of recorded music (please read guidance note 4)			
Wed						
			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)			
Thur						
Fri						
Sat						
Sun						

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)	
Mon				
Tue				
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)	
Thur				
Fri				
Sat			<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> (please read guidance note 5)	
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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	-----	-----		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	-----	-----	<u>Please give further details here</u> (please read guidance note 3)		
Wed	-----	-----			
Thur	-----	-----	<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri	-----	-----			
Sat	-----	-----	<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> (please read guidance note 5)		
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					
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 – please tick (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	State any seasonal variations for the supply of alcohol (please read guidance note 4) 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)		
Mon	11:00	22:00			
	11:00	22:00			
Tue	11:00	22:00			
	11:00	22:00			
Wed	11:00	22:00			
	11:00	22:00			
Thur	11:00	22:00			
	11:00	22:00			
Fri	11:00	22:00			
	11:00	22:00			
Sat	11:00	22:00			
	11:00	22:00			
Sun	11:00	21:00			
	11:00	21:00			

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

Name Ali Kanberoglu	
Address La Petite 39 Street Lane Roundhay Leeds	
Postcode	LS8 1AP
Personal licence number (if known) Accreditation no: 100/4865/0 , Serial Number 11081107 , issued 01 April 2009	
Issuing licensing authority (if known) EDI	

K

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	11:00	22:00	
Tue	11:00	22:00	
Wed	11:00	22:00	
Thur	11:00	22:00	
Fri	11:00	22:00	
Sat	11:00	22:00	
Sun			
	11:00	22:00	

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)

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)

I am a responsible licensee for personal alcohol consumption and have held this license for over 5 years. I also have an a3 license for the restaurant which I have held for over 1 year. I have read and understood section 17 of the licensing Act 2003, and abide by these rules through the daily running of my business. I am a mature adult with responsibilities as a business owner. I also have enough employees to meet the demands and expectations of my current and future cliental.

b) The prevention of crime and disorder

When the premises alcohol license is permitted then there will be a strict door policy upon entry into the premises. If there any circumstances where any unreasonable behaviour is displayed by the customer then this will not be tolerated by staff and the customer will be asked to leave. All staff will be trained to abide by the "Are you 25+" rule and ask for relevant identification to confirm age in order to be served alcohol on the premises. All staff will also be trained to ensure the customers drink sensibly upon the premises to avoid drunk and disorderly issues.

c) Public safety

As a business owner we work within the neighbouring business and look after each other within the community. We currently operate a neighbouring policy where we look after each other's business. The door policy that will be operated on the premises license will have a polite notice for customers to ensure that we do not disturb any neighbouring businesses or homes within the vicinity.

d) The prevention of public nuisance

Upon entry into the premises for alcohol consumption all staff will ask for relevant identification to ensure that we are abiding with the 'Are you 25+?' policies. We currently have good relationships with our current businesses within the neighbourhood. We have a really good cliental within the community who use our business regularly and they are well aware of our expected codes of behaviour.

e) The protection of children from harm

We will abide by the ID regulations for under age minors who attempt to purchase alcohol. As previously stated there is a strict door policy which will be enforced by a notice stating that no one under the age of 18 can be served alcohol unless the ID is shown in the evening. Respect and co-operation from the neighbouring businesses regarding moral virtues will be expected by customers.

Checklist:


Please tick to indicate agreement

- I have made or enclosed payment of the fee. x
- I have enclosed the plan of the premises. x
- I have sent copies of this application and the plan to responsible authorities and others where applicable. x
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. x
- I understand that I must now advertise my application. x
- I understand that if I do not comply with the above requirements my application will be rejected. x

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	
Date	05/06/2015
Capacity	Owner of La Petite.

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 postal address for correspondence associated with this application (please read guidance note 13)

Post town			Postcode	
Telephone number (if any)				
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)				

Notes for Guidance