



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 RANJ RASHID RAZA (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>4 BRANCH ROAD</u> <u>ARMLEY</u>		
Post town <u>LEEDS</u>	Post code <u>LS12 3AS</u>	

Telephone number of premises (if any) N/A

Non domestic rateable value of premises £ 4301-33000 BAND B £190

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
 - o statutory function or
 - o 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

RAZA

RANJ RASHID

Please tick yes

I am 18 years old or over

Current postal address if different from premises address

19 [REDACTED] TOWERS, LINCOMBE DRIVE
GLEDHOW

Post Town

LEEDS

Postcode

L58 [REDACTED]

Daytime contact telephone number

[REDACTED]

Email address (optional)

N/A

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)

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)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
02	11	2015

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

Day	Month	Year
	N/A	

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

GENERAL PROVISIONS STORE FOR CONTINENTAL FOODS MAINLY - SALE OF ALCOHOL IS SECONDARY TO THE FOOD STORE

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			
Fri			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)
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			State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 4)	
Fri			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)	
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			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			N A		
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"/>
				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					

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			
Mon			Please give further details here (please read guidance note 3)		
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					

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 checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	09.00	23.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	09.00	23.00			
Wed	09.00	23.00			
Thur	09.00	23.00	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)		
Fri	09.00	23.00			
Sat	09.00	23.00			
Sun	09.00	23.00			

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

Name DARA ALI PORAN

Address [REDACTED] DATLAND HEIGHTS LEEDS 2

Postcode [REDACTED] [REDACTED]

Personal licence number (if known) PERL/08124/15

Issuing licensing authority (if known) LEED CITY ENTERTAINMENT LICENSING

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)

~~NA~~

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	N/A	
Mon	08.00	24.00		
Tue	08.00	24.00		
Wed	08.00	24.00		
Thur	08.00	24.00		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)
Fri	08.00	24.00		N/A
Sat	08.00	24.00		
Sun	08.00	24.00		

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)

There will be Personal licence holder on premises at all times
Staff will be trained on Licensing issues
There will be a CCTV system installed and recordings will be available for 30 days for authorities on Request.

b) The prevention of crime and disorder

Entry will be refused who is under the influence of alcohol threatening or violent. Offences, will be reported to the Local Constabulary there will be signs for no sale U25

c) Public safety

Will ensure a personal licence holder at all times on premises while the sale of Alcohol is taking place
Will maintain safety certificates
Provide facilities for first aid
Sufficient light in both entrance and exits provided
There will be fire alarms and extinguishers installed
Floor will be kept dry and clean at all times

d) The prevention of public nuisance

Premises will be ventilated
Will ensure that deliveries are 7 AM - 19 PM
The surrounding Area will be free from rubbish
Will keep all waste bins covered

e) The protection of children from harm

Will not allow children U12 on to premises unless accompanied by an adult
U18's will not be sold tobacco products U25 will not be sold alcohol. PROVE IT SCHEME will be deployed and a record of attempts will be kept

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		RANJ RASHID RAZA
Date	30.7.2015	
Capacity	SELF	APPLICANT

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	A	
Capacity		

Contact Name (where not previously given) and address for correspondence associated with this application (please read guidance note 19)	
RANJ RASHID RAZA	
 GLEDHOW	
LINCOMBE DRIVE	
GLEDHOW	
Post town	LEEDS
Post code	 1QJ
Telephone number (if any)	074637 00005
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	
N/A	

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.

PREM/03647/001

Parties Notice of Intention

Licensing Act 2003



Leeds

BM.
CITY COUNCIL

Application No: PREM/03647/001

Name of Applicant/premises: Mr Ranj Rashid Raza / Convenience Store/Off Licence

Date of Hearing: 29 September 2015

I am:

- The applicant/licence holder
- A responsible authority
- An interested party

Name:	RANJ RASHID RAZA		
Address:		LINCOMBE DRIVE	GREEDHOW
	LEEDS		TKT

I will be attending the hearing

I will not be attending the hearing

I will be represented at the hearing by:	Mr. YMIT SINA - GDL
--	---------------------

NB if you complete this section all further correspondence will be sent to your representative

Note to interested parties

If you say that you will not be attending the hearing the committee will make it's decision based upon your written representation.

If you wish to withdraw your representation please tick here

or

If you consider that a hearing can be dispensed with please tick here

Please give details as to why you think a hearing can be dispensed with. (e.g. because you have reached agreement with the other party on conditions)

WITNESSES

Please set out below the name of any person you wish to appear at the Hearing (other than your representative) and give brief details of what you want the witness to tell the Committee. You will only be allowed to call the witness if the Committee gives permission.

Name	Evidence to be given

DOCUMENTS

Please list below and attach any documents (other than your application or written objections) that you wish the Committee to consider and indicate whether copies have already been sent to the other parties.

Document	Copy sent
MEMOR / STATEMENT FROM YMIT SINA UNDERTAKING GIVEN TO WY. POLICE	INCLUDED ENCLOSED

Please return this form to:

Entertainment Licensing
Leeds City Council
Civic Hall
Leeds
LS1 1UR

Fax: 0113 224 3885

Email: entertainment.licensing@leeds.gov.uk

Leeds City Council
Entertainment Licensing Section
Civic Hall
Leeds LS1 1LR

09.9.2015

Dear Sir/Madam

REF: Premises Licence Application of Ranj Rashid RAZA @ 4 Branch Road Armley LS 12 3AR

In reference to above premises my pro bono client Mr Ranj Rashid Raza has a valid personal licence Leeds/Perl/07368/14 from Leeds City Council in 2014 and has previous been granted a premises licence for Beeston Maxi Foods SYRENKA Store at 305 Dewsbury Road in May 2014

He is a conscientious young naturalised immigrant from Iraq with Jewish descent – He fully observes the law of his adopted country and has been very responsible in his previous activities as a licensee and a provisions store proprietor that he has not been involved in a single breach of licensing regulations at all.

At 305 Dewsbury Road he successfully applied U25 PROVE IT Scheme and now he promises to do the same at the Branch Road premises. For that he regularly trains the staff he employs and strictly adheres to prevention of crime and disorder policy which is indicated at section M subsection b of his application.

In addition this premises will have minimum 12 CCTV cameras recording 24 hrs 7 days a week and recordings will be available for 30 days for West Yorkshire Police for whom Mr Raza has given an undertaking for their further additional measures.

This application is made for a sizeable store and it is expected that the alcohol sales will not be more than 5 % of the turnover. So it is such a minute level that the predictions of 4 Branch Road store will be a cause for concern is rather premature to say the least.

Furthermore although the store will trade between 8 - 24 hours everyday the alcohol sales will start at 9 AM and finish full one hour before the closing time at 11PM.

Therefore Mr Ranj Rashid Raza's Premises Licence if granted will not harm the neighbouring community in any shape or form – In fact it will provide over 30 jobs at the store and will serve the community supplying continental foods that is to an extent not yet available in the area .

It must be noted that Mr Ranj Rashid Raza is a very sensible entrepreneur that he has never been involved in any illegal or illicit alcohol or tobacco trade - He pays his taxes and contributes to the society in general in many ways. In fact he is an asset to the City and should not be turned down in his application.

Finally it is appreciated that his premises license is granted without any reservation.

Ymt Sina - GDL


LEGAL AUTHORISATION

I - *Ranj Rashid Raza* of [REDACTED] Leeds LS8 [REDACTED]

duly authorize **Mr Ymit Sina - GDL** from **SINA PROBONO** of 164 Street Lane
Leeds LS8 2AA *as my legal counsel* to resolve the matter on
my behalf stemming from *Alcohol licence for A Branch Rd. LS12 3AR.*

[REDACTED]

Signature

Date *07/09/2015*

