

Ew

03654/001

Appendix A



Leeds
Application for a premises licence
Licensing Act 2003

For help contact
entertainment.licensing@leeds.gov.uk
Telephone: 0113 2474091

* required information

Section 1 of 19

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

Not Currently In Use

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

Your reference

Greek Community Hall

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

Antonios

Family name

Demetriou

E-mail

Main telephone number

Include country code.

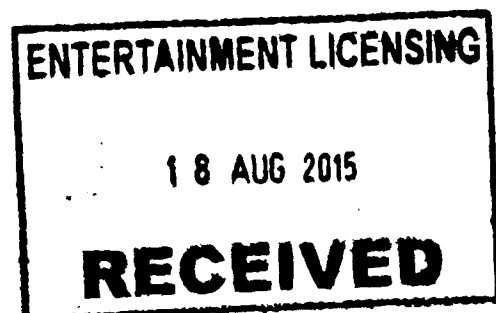
Other telephone number

☐ Indicate here if the applicant would prefer not to be contacted by telephone

As the applicant:

- ☐ 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 the applicant is applying so the applicant can be employed, or for some other personal reason such as following a hobby.



Continued from previous page...

Address

* Building number or name	Greek Community Hall
* Street	Harehills Avenue
District	Harehills
* City or town	LEEDS
County or administrative area	
* Postcode	LS8 4EU
* Country	United Kingdom

Agent Details

* First name	Shaun
* Family name	Ward
* 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:

- ☒ An agent that is a business or organisation, including a sole trader
☐ A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Agent Business

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

* Registration number	07584714
* Business name	Knight Training
* VAT number	GB 924 151 154
* Legal status	Private Limited Company
* Your position in the business	Manager
Home country	United Kingdom

If your business is registered, use its registered name.

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

The country where the headquarters of your business is located.

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Agent Registered Address

Address registered with Companies House.

Building number or name	<div></div> The Barracks, White Cross Business Park
Street	South Road
District	
City or town	LANCASTER
County or administrative area	Lancashire
Postcode	LA1 4XQ
Country	United Kingdom

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REMISES 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	Greek Community Hall
Street	57 Harehills Avenue
District	HAREHILLS
City or town	LEEDS
County or administrative area	
Postcode	LS8 4EU
Country	United Kingdom

Further Details

Telephone number	<div></div>
Non-domestic rateable value of premises (£)	

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APPLICATION DETAILS

At 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?

- ☒ Yes ☐ No

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.

First name

Antonios

Family name

Demetriou

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?

☐ Yes ☒ No

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.

Building number or name	<input type="text" value="10"/>
Street	<input type="text" value="Silver Street"/>
District	<input type="text"/>
City or town	<input type="text" value="Wakefield"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="WF1 1UY"/>
Country	<input type="text" value="United Kingdom"/>

Applicant Contact Details

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

☒ Yes ☐ No

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.

E-mail	<input type="text"/>
Telephone number	<input type="text"/>
Other telephone number	<input type="text"/>

Add another applicant

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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.

The premises is a Greek community hall adjacent to the the Greek Orthodox Church.

The premises will be used for private functions and various community meetings. The premises will be open from 1200 hours to 0000 hours each day, but licensable activities are only being requested between 1700 hours and 0000 hours Monday to Sunday.

Continued from previous page...

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

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 day of the week when you intend the premises to be used for the activity.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

Continued from previous page...

THURSDAY

Start	<input type="text" value="17:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

FRIDAY

Start	<input type="text" value="17:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SATURDAY

Start	<input type="text" value="17:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SUNDAY

Start	<input type="text" value="17:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

Will the performance of live 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.

State any seasonal variations for the performance of live music

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

Non-standard timings. Where the premises will be used for the performance of live 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.

PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

Continued from previous page...

☒ Yes

☐ No

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 day
of the week when you intend the premises
to be used for the activity.

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

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.

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.

Continued from previous page...

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.

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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

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 day
of the week when you intend the premises
to be used for the activity.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

Continued from previous page...

FRIDAY

Start	<input type="text" value="23:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SATURDAY

Start	<input type="text" value="23:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SUNDAY

Start	<input type="text" value="23:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

Will the provision of late night refreshment 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.

State any seasonal variations

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

Non-standard timings. Where the premises will be used for the supply of late night refreshments 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.

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

☒ Yes ☐ No

Continued from previous page...

Standard Days And Timings

MONDAY

Start 17:00

End 00:00

Start

End

Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the day
of the week when you intend the premises
to be used for the activity.

TUESDAY

Start 17:00

End 00:00

Start

End

WEDNESDAY

Start 17:00

End 00:00

Start

End

THURSDAY

Start 17:00

End 00:00

Start

End

FRIDAY

Start 17:00

End 00:00

Start

End

SATURDAY

Start 17:00

End 00:00

Start

End

SUNDAY

Start 17:00

End 00:00

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.

Continued from previous page...

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.

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

Name

First name

Family name

Enter the contact's address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Personal Licence number (if known)

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'.

Continued from previous page...

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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OURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start 12:00

End 00:00

Start

End

Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the day
of the week when you intend the premises
to be used for the activity.

TUESDAY

Start 12:00

End 00:00

Start

End

WEDNESDAY

Start 12:00

End 00:00

Start

End

THURSDAY

Start 12:00

End 00:00

Start

End

FRIDAY

Start 12:00

End 00:00

Start

End

SATURDAY

Start 12:00

End 00:00

Start

End

SUNDAY

Start 12:00

End 00:00

Start

End

State any seasonal variations

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

Continued from previous page...

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.

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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)

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

The premises licence holder/DPS have carried out a risk assessment with consideration of the four licensing objectives.

A documented staff training programme shall be provided to all members of staff at the premises in respect of the:-

- retail sale of alcohol;
- age verification policy;
- conditions attached to the Premises Licence;
- permitted licensable activities;
- the licensing objectives; and
- opening times for the venue.

c) The prevention of crime and disorder

The premises shall only operate as a community centre and not as a bar or vertical drinking establishment.

A Refusal Register and an Incident Report Register shall be maintained for the premises.

Such registers will record incidents of staff refusals to under age or drunk people as well as incidents of any anti-social behaviour and ejections from the premises.

No drinks shall be taken out of the licensed premises (or licensed area)

Alcoholic drinks purchased on the premises may only be taken off the premises in sealed containers.

c:) Public safety

The premises will be maintained in a safe manner at all times.

All repairs and maintenance will be completed at the earliest opportunity.

All exits will be clear of hazards at all times.

d) The prevention of public nuisance

All refuse will be disposed of in an appropriate manner and staff instructed to maintain all external areas in a clean and presentable manner at all times.

All licensable activity shall cease at the appropriate hour

Continued from previous page...

e) The protection of children from harm

The premises shall operate the Challenge 25 policy for the sale of alcohol.

The only acceptable proof of age identification shall be a current passport, Photo card Driving Licence or identification carrying the PASS logo.

Staff will be trained in the understanding of this policy and staff training records will be maintained on site at all times.

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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's 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 not 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

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

Shaun Ward

Capacity

Applicant's Agent

continued from previous page...

Date

18

/

08

/

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" value="Greek Community Hall"/>
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"/>

Consent of individual to being specified as premises supervisor

Antonios Costa Demetriou

[full name of prospective premises supervisor]

of

██████████ Silver Street WAKEFIELD WF1 1UY

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

A Premises Licence

[type of application]

by

Antonios Costa Demetriou

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

Greek Community Hall, The Greek Orthodox Church, 57 Harehills Avenue,
LEEDS, LS8 4EU

[name and address of premises to which the application relates]

ENTERTAINMENT LICENSING

12 AUG 2015

8 *[signature]*

RECEIVED

and any premises licence to be granted or varied in respect of this application made by

Antonios Costa Demetriou

[name of applicant]

concerning the supply of alcohol at

Greek Community Hall, The Greek Orthodox Church, 57 Harehills Avenue,
LEEDS, LS8 4EU

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number



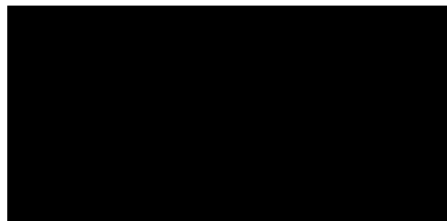
[insert personal licence number, if any]

Personal licence issuing authority

Wakefield

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

Antonios Costa Demetriou

Date

21st July 2015