

M:1

03754/001



Leeds
Application for a premises licence
Licensing Act 2003

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

* 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

DOC APPLICATION

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

Geoff

* Family name

Thornton

* E-mail

[REDACTED]

Main telephone number

[REDACTED]

Include country code.

Other telephone number

[REDACTED]

Indicate here if you would prefer not to be contacted by telephone

Are you:

 Applying as a business or organisation, including as a sole trader Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

* Is your business registered in the UK with Companies House?

 Yes No

* Registration number

09168688

* Business name

Wellington Pizza Co Ltd

If your business is registered, use its registered name.

* VAT number

[REDACTED]

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

* Legal status

Private Limited Company

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Section 2 of 19

PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

Address OS map reference Description

Postal Address Of Premises

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Further Details

Telephone number

Non-domestic rateable value of premises (£)

Section 3 of 19

APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales
- Other (for example a statutory corporation)

Confirm The Following

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- I am making the application pursuant to a statutory function
- I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

Section 4 of 19

NON INDIVIDUAL APPLICANTS

Provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), give the name and address of each party concerned.

Non Individual Applicant's Name

Name

Details

Registered number (where applicable)

Description of applicant (for example partnership, company, unincorporated association etc)

Continued from previous page...

Company Director of Wellington Pizza Co

Address

Building number or name

[Redacted]

Street

[Redacted]

District

[Redacted]

City or town

[Redacted]

County or administrative area

[Redacted]

Postcode

[Redacted]

Country

[Redacted]

Contact Details

E-mail

[Redacted]

Telephone number

[Redacted]

Other telephone number

[Redacted]

Add another applicant

Section 5 of 19

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.

DOC will be a small Cicchetti and Prosecco bar situated above our existing Pizzeria 'Buca di Pizza'. It will serve as a holding bar for the restaurant as well as a cafe-bar in its own right. It will open in the morning for breakfast and coffee with a Tapas style lunch offering as well as drinks and some cocktails.

If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend

Continued from previous page...

Section 6 of 19

PROVISION OF PLAYS

Will you be providing plays?

Yes No

Section 7 of 19

PROVISION OF FILMS

Will you be providing films?

Yes No

Section 8 of 19

PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

Yes No

Section 9 of 19

PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

Yes No

Section 10 of 19

PROVISION OF LIVE MUSIC

Will you be providing live music?

Yes No

Section 11 of 19

PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

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

Continued from previous page...

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.

Recorded music will be for the sole purpose of background music. It will come from a household music system and not be audible outside of the venue.

State any seasonal variations for playing recorded music

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

None

Non-standard timings. Where the premises will be used for the playing of recorded music at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

NYE 01:00

Section 12 of 19

PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

Continued from previous page... Yes No

Section 13 of 19

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

Section 14 of 19

LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?
 Yes No

Section 15 of 19

SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?
 Yes No

Standard Days And Timings

MONDAY	Start	<input type="text" value="11:00"/>	End	<input type="text" value="23:00"/>	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.
	Start	<input type="text"/>	End	<input type="text"/>	
TUESDAY	Start	<input type="text" value="11:00"/>	End	<input type="text" value="23:00"/>	
	Start	<input type="text"/>	End	<input type="text"/>	
WEDNESDAY	Start	<input type="text" value="11:00"/>	End	<input type="text" value="23:00"/>	
	Start	<input type="text"/>	End	<input type="text"/>	
THURSDAY	Start	<input type="text" value="11:00"/>	End	<input type="text" value="23:00"/>	
	Start	<input type="text"/>	End	<input type="text"/>	
FRIDAY	Start	<input type="text" value="11:00"/>	End	<input type="text" value="23:00"/>	
	Start	<input type="text"/>	End	<input type="text"/>	
SATURDAY	Start	<input type="text" value="11:00"/>	End	<input type="text" value="23:00"/>	
	Start	<input type="text"/>	End	<input type="text"/>	

Continued from previous page...

SUNDAY

Start

End

Start

End

Will the sale of alcohol be for consumption:

- On the premises Off the premises Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

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

None

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

New Years Eve - 01:00

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

Continued from previous page...

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'.

Section 16 of 19

ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc.

There will be no activity conducted that falls under adult entertainment

Section 17 of 19

HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start

End

Start

End

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

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

Continued from previous page...

THURSDAY

Start End
Start End

FRIDAY

Start End
Start End

SATURDAY

Start End
Start End

SUNDAY

Start End
Start End

State any seasonal variations

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

NONE

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

NEW YEARS EVE 02:00

Section 18 of 19

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 is designed with the licensing objectives in mind and we use systems, equipment and training to assist us. The training we give to our staff also ensures we uphold the licensing objectives and maintain good levels of diligence and safety for both staff, customers and the local area in which we operate.

b) The prevention of crime and disorder

We are responsible retailers of alcohol, as such we operate a challenge 21 policy. People under the influence of alcohol will

Continued from previous page...

not be served. CCTV will cover all the public areas of the premises to ensure all activity is recorded. There is a zero tolerance policy to drugs. We will train our staff and operate with a strong awareness of the premises and its customers at all times. Any illegal activity recorded will be passed onto the Police.

c) Public safety

The premise will be fully risk assessed to ensure all steps are taken to keep the public safe. The premises will be limited to a safe number of patrons at any one time to prevent over crowding. Exits will always be clear and well signposted. Staff are trained to spot hazards and either report them or remove them to prevent putting the public at risk.

d) The prevention of public nuisance

The premises will only play back ground music that will not be audible outside of the premises. Customers will be reminded to leave the premises with consideration towards the local residents. All external signage will be lit downwards and switched off outside of trading hours. Refuse will be removed during daytime hours to prevent disturbance.

e) The protection of children from harm

The challenge 21 policy will be implemented. No potentially harmful activities will be undertaken on the premises. Children will be welcome in the premises until 20:00 to facilitate the relationship with the restaurant beneath it.

Section 19 of 19

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 £37,000 - £315

Non domestic rateable value between £37,001 and £125,000 - £450

Non domestic rateable value £125,001 or more - £631

If the premise's non domestic rateable value is £37,001 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 £37,001 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 (£)

190.00

ATTACHMENTS

AUTHORITY POSTAL ADDRESS

Continued from previous page...

Address

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

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	<input type="text"/>
* Capacity	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/>

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