

Spinneyfield Court
Leeds, LS9 8JS

Date 18 12 2017

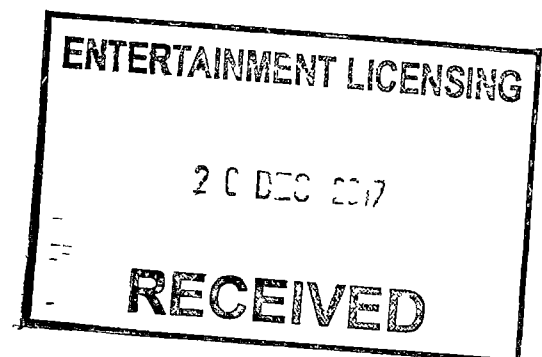
Licencing Officer
Entertainment Licensing
Leeds City Council
Civic Hall
Leeds, LS1 1UR

Dear Sir/Madam

RE Representation about licensing application
Reference PREM/04107/001
Tereza Yosef, Richmond Hill Shopping Mart
9A Upper Accommodation Road, Leeds LS9 8RZ

I am the instigator of the petition Please accept the enclosed petition All who have signed are
opposing the above mentioned application If you need any more information please do not hesitate
to contact me

Many Thanks



20 DEC 2017

Petition to a premises licence application

RECEIVED

We under-sign this petition to object to an application being granted to a new licensee for the sale of alcohol, under the name of 'Tereza Yosef' of 'Richmond Hill Shopping Mart, 9A Upper Accommodation Road, Cross Green, Leeds LS9 8RZ'. The grounds of this objection include

- Prevention of crime and disorder – we believe, if this application is granted, that it could potentially pose a threat of bringing more acts of crime and disorder into the area
- Prevention of public nuisance/public safety – an increase in the availability of alcohol could lead to an increase in public nuisance which in turn could impact on public safety
- Protection of children from harm – increased risk of minors and youths obtaining and/or being impacted by the adverse effects of alcohol

Name	Address	Signature
	<div> <div></div> <div>Crick Lane Cross Green Leeds LS9 8RN</div> </div>	
	<div> <div></div> <div>SPRING GARDENS</div> </div>	
	<div> <div></div> <div>Meadow Court New Leeds LS9 8JY</div> </div>	
	<div> <div></div> <div>Millner Gardens</div> </div>	
	<div> <div></div> <div>Torre View Leeds LS9</div> </div>	
	<div> <div></div> <div>THORNLEIGH GARDENS</div> </div>	
	/	
	<div> <div></div> <div>Spring Close Walk LS9 8R</div> </div>	

21 DEC 2017

Petition to a premises licence application

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Name	Address	Signature
	██████ MULLIN COURT LS9 8NN	
	██████ Anker Flats LS9	
	██████ CUTHBERTSON	
	██████ DE	
	██████ Carr close	
	██████ Spenny Field Court LS9 8JF	
	██████ FLAX PLACE LS9 8HG	
	██████ Spring close Sds LS9 8RS	
	██████ cavity rd	

2000 07

Petition to a premises licence application

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Name	Address	Signature
	Mullins court	
	Mullins court	
	CAIN CLOSE	
	CAIN CLOSE	
	SPRING CLOSE GARDENS	
	Kitson st.	
	Mullins Court	
	GILTON APPROACH	

Petition to a premises licence application

20 DEC 7

We under-sign this petition to object to an application being granted to a new licensee for the sale of alcohol, under the name of 'Tereza Yosef' of 'Richmond Hill Shopping Mart, 9A Upper Accommodation Road, Cross Green, Leeds LS9 8RZ'. The grounds of this objection include

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Name	Address	Signature
	CAVALIER MEWS LEEDS LS9 0AL	/
	MULLIN = COURT LS9 8NN	
	THE SPINNEY LS9 8JZ	
	DENT ST LS9 8PQ	
	SPRING CHASE GDS	
	RICHMOND HILL CLOSE LS9 8SU	
	MULLINS COURT LS9-8NN	
	SPRING CLOSE LS9	

Section 17 of parts 3 of licencing act of 2003 for grant of premises licence. Those signing this petition put forth personal details including, names, addresses and signatures which will be shared with the relevant authorities and will be of public knowledge.

20070 227

Petition to a premises licence application

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Name	Address	Signature
	SPINNY FIELD COURT LS9	
	Thornleigh mount	
	CAN CLOSE	
	SPINNY FIELD COURT	
	CAN CLOSE RICHMOND HILL	
	DENT Street	
	MULLINS COURT RICHMOND HILL	

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ENTERED 12/10/03 5
2003

Petition to a premises licence application

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Name	Address	Signature
	Mullins Court LS9 8RN	
	CAVALIER VIEW LS9 0SY	
	MEADOWCROFT MEWS LS9 8DY	
	Fewston Court Leeds LS9 0AG	
	SPRING CLOSD WALK LS9 8RP	
	MILNER GARDENS EASY ROAD	
	SPRING CLOSD AVE	
	CROSS GREEN	

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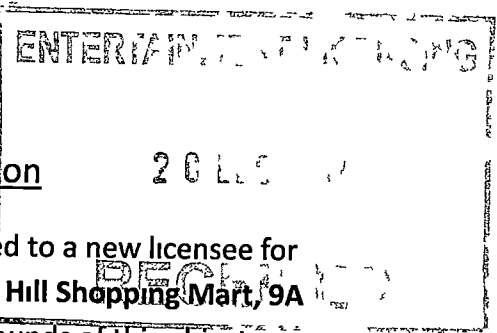
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Name	Address	Signature
	Spring Close ave	
	SPINNEYFIELD CR LEEDS LS9 8JS	
	Spinney Field Court LS9 8JS	
	SPRING CLOSE GARDENS LS9 8RS	
	"	
	LS9	
	LS9	
	Fewston Court LS9 0AG	

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Petition to a premises licence application

2015

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Name	Address	Signature
	Can Close Leeds 9 LS9 8NL	
	Cavalier mews	
	Cavalier mews LS9	
	ST HILDAS PLACE LS9 8BX	
	Clark Lane	
	HAMPTON CRES Leeds 9	
	CARNALION GATE LEEDS LS9 0AJ	
	CAN CLOSE LS9 8NL	

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Petition to a premises licence application

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	SPRING CLOSE GARDEN LS9 8RS	
	FENSTON COURT LEEDS LS9 0AF	
	RICHMOND HILL APPROACH LS9	
	FLAX PLANT SPAXON GARDENS	
	THORNES FARM WAY LEEDS 9 LS9 0AN	
	CAVALIER MENS LEEDS	
	NASEBY CRANIE LEEDS	
	12 WISTON COURT LS9	

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Petition to a premises licence application

26 Dec 2011

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Name	Address	Signature
	MEADOWCROFT MEWS	
	Windmill House	
	Eastgrange Road	
	Orchard Way	
	Orchard Road	
	RICHMOND CLOSE	
	Richmond Hill c	
	Richmond Hill Close	

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Petition to a premises licence application

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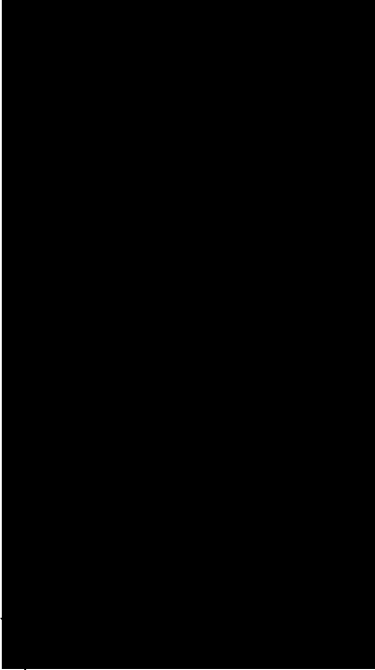






Name	Address	Signature
	Richmond Hill APPROX	
	RICHMOND HILL	
	Dolphin Street	
	MULLINS COURT	
	DENE STREET	
	AYS GARTH WALK	
	HAMPTON CRESCENT	
	CAVALIER COURT LS9 8RD	

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Petition to a premises licence application

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Name	Address	Signature
	 THE VINE	
	 15 LEE	
	 Upper Accommodation Road	
	 Spring Close Avenue Leeds 9.	
	 Richmond Hill Close	

Section 17 of parts 3 of licensing act of 2003 for grant of premises licence. Those signing this petition put forth personal details including, names, addresses and signatures which will be shared with the relevant authorities and will be of public knowledge.

[REDACTED]
Spinneyfield Court
Leeds, LS9 8JS

Date 18 12 2017

Licensing Officer
Entertainment Licensing
Leeds City Council
Civic Hall
Leeds, LS1 1UR

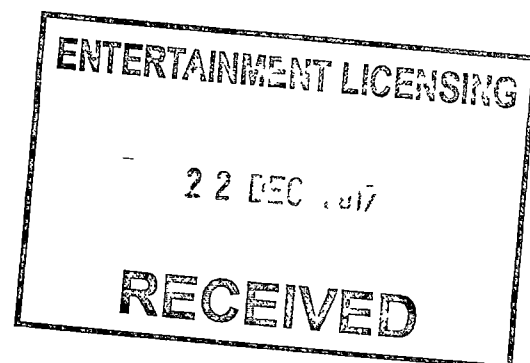
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9A Upper Accommodation Road, Leeds LS9 8RZ

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[REDACTED]



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Name	Address	Signature
	Hampton Crescent LS9 8NH	
	Hampton Crescent LS9 8NH	
	Hampton Crescent LS9 8NH	
	Hampton Crescent LS9 8NH	
	Hampton Crescent Leeds LS 9 8NH	

ENTERTAINMENT LICENSING
22 DEC 2017
RECEIVED

Section 17 of parts 3 of licencing act of 2003 for grant of premises licence Those signing this petition put forth personal details including, names, addresses and signatures which will be shared with the relevant authorities and will be of public knowledge

Interested Party Representation (Form IPR1)



Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

Applicant name (if known)

Teraze Yosef

Applicant premises name and address

Richmond Hill Shopping centre
 9a Upper accommodation road W9 8AZ

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title

Mr ☐ Mrs ☒ Miss ☐ Other _____

Surname

First name(s)

Address (incl postcode)

Hampton Crescent
 Leeds W9 8AZ

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

Please refer to our Guidance Note – GN-M Guidance on making representations for further information and alternative options

Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/
Organisation

Full postal address
(incl postcode)

Please indicate capacity

☐ Representative of Residents Association

☐ Ward Councillor

☐ Parish Council

☐ MP

☐ Trade Association

☐ Other (please

specify) _____

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

- Don't want youths outside the shop
In gangs
- Drunk people congregating outside
- Old people home we want
it quiet not disturbed.

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation

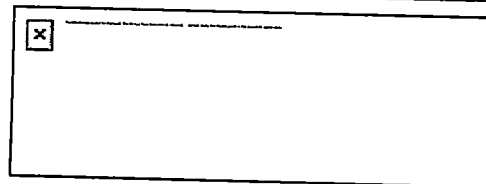
Please attach supporting documents/further pages as necessary – please number all additional pages

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Signed

Date 21-12-17

Interested Party Representation (Form IPR1)



Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

Applicant name (if known) Teraza yosef

Applicant premises name and address

Richmond hill Shopping mart, 9A upper accommodation Road
LSA 823

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Mr ☒ Mrs ☐ Miss ☐ Other _____

Address (incl postcode)

ELLERBY LANE

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Organisation

Full postal address
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Please indicate capacity

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☐ MP

☐ Ward Councillor
☐ Trade Association

☐ Parish Council
☐ Other (please specify) _____

Section 4 – Representation grounds

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Please tick relevant box(es)

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

I am a takeaway owner, around the corner from this business, I do not want Richmond Hill Shopping Mart License to sell alcohol because it can attract the wrong crowd & customers

I have owned my business nearly 30 years & understand the needs of the area very well & I do not wish for any anti-social behaviour issues to arise from the sale of alcohol in the neighborhood or into my establishment

This will not prevent crime & disorder, but will only enhance the rate

For the safety of the public & surrounding businesses I politely request you reject this application for an alcohol license

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary – please number all additional pages

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents.

Signed

Date

12/12/17

Interested Party Representation (Form IPR1)

Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
- ☐ I wish to support the following application

Tereza yosef

Applicant name (if known)

Tereza yosef

Applicant premises name and address

Richmond Hill Shopping Mart
9A Upper Accommodation Rd
Leeds LS9 8RZ

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title

Mr ☐ Mrs ☒ Miss ☐ Other _____

Surname

First name(s)

Address (incl postcode)

Hampton Crescent
Leeds LS9 8NH

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Full postal address
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ENTERTAINMENT LICENSING

22 DEC 2017

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Please indicate capacity

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- ☐ MP

- ☐ Ward Councillor
- ☐ Trade Association

- ☐ Parish Council
- ☐ Other (please specify) _____

Section 4 - Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

Please select

☒ I object to the application being granted at all

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*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

I live opposite this shop in Hampton Court
I object to this application present -
young people in this area have no where
to congregate They are likely to stand
outside this shop and create nuisance.
It will bring more crime and disorder to
the area we old people mostly live in this
area. we do not want any more off licence
shop here Lots of children pass through
this area. It is no good for them. It
will attract wrong kind of crowd opposite
Hampton Court - Do not grant this license
please. Present

You need to complete this box as fully as possible If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary - please number all additional pages

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Signed

Date

21 12 17

Interested Party Representation (Form IPR1)



Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

Applicant name (if known) *TERAZA Yusef*

Applicant premises name and address *9A, LS9 8RZ*

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title Mr ☐ Mrs ☒ Miss ☐ Other _____

Surname

First name(s)

Address (incl postcode) *cain close*
Leeds LS9 8NL

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☐ Parish Council

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☐ Trade Association

☐ Other (please

specify) _____

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety

<input checked="" type="checkbox"/>
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Please select

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*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

I do not want another off license in my area This area has just become safe after many years of high crime Youths hanging around another off license will not be safe for me or other people living in the area I have lived in the area for over 15 years I know what is good for my community and what we need Another off license will increase crime especially when these shop owners don't know how to run a business responsibly I do not want you to give them a license to sell alcohol

You need to complete this box as fully as possible If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary – please number all additional pages

Try to be as specific as possible and give examples, e g on 1 February I could hear loud music from the premises between 10pm and 1am I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Signature

Date

21/12/17

PRGM/04/JA/001

Interested Party Representation (Form IPR1)

☒ The linked image cannot be displayed. The file may have been moved, renamed, or deleted. Verify that the link points to the correct file and location.

21

Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

Applicant name (if known)

Applicant premises name and address:

RICHMOND HILL SHOPPING MALL

ENTERTAINMENT LICENSING

1905

RECEIVED

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title

Mr ☒ Mrs ☐ Miss ☐ Other _____

Surname

First name

Address (incl postcode)

SPRING CLOSE, GARDENS.

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- ☐ Representative of Residents Association
☐ MP
specify) _____

- ☐ Ward Councillor
☐ Trade Association

- ☐ Parish Council
☐ Other (please

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

I HAVE FOUND WHERE ALCOHOL IS SOLD FROM LOCAL SHOPS TILL LATE EVENING TO BE A PLACE WHERE YOUNG PEOPLE CONGRADATE CAUSING LITTER EVERYWHERE, INTIMIDATION TO OLDER PEOPLE IF THERE IS A LARGE GROUP OF TEENAGERS WHO MIGHT BE NOISY, UNDERAGE DRINKING, LACK OF POLICING DUE TO LESS POLICE ABOUT SO NO ONE TO ATTEND ANY DISTURBANCES SURELY WHEN WE ARE TRYING TO STOP EXCESSIVE DRINKING THIS WILL NOT HELP THIS PROBLEM, AND MAY CAUSE MORE CRIME HAS THEY SEEM TO GO HAND IN HAND.

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation

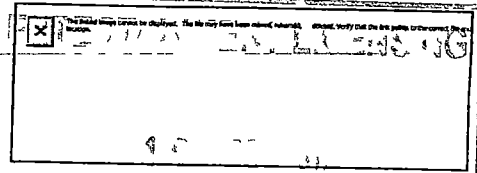
Please attach supporting documents/further pages as necessary – please number all additional pages.

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Signed

Date 12-12-17

Interested Party Representation (Form IPR1)



Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

Applicant name (if known)

Applicant premises name and address:

9A Richmond Hill shopping mart
 Upper Accommodation Rd
 Leeds LS9 8RJ

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title	Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Other _____
Surname	
First	

Address (incl postcode) [REDACTED] Daphin Street
 Richmond Hill Leeds LS9 8SF

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

Please refer to our Guidance Note – GN-M Guidance on making representations for further information and alternative options.

Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/ Organisation		
Full postal address (incl postcode)		
Please indicate capacity		
<input type="checkbox"/> Representative of Residents Association	<input type="checkbox"/> Ward Councillor	<input type="checkbox"/> Parish Council
<input type="checkbox"/> MP	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Other (please specify) _____

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder ☐

Prevention of public nuisance ☒

Protection of children from harm ☐

Public safety ☐

Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

* If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

I do not agree to the application because there will be disruption to the surrounding areas where people live with children, plus if they can buy alcohol up to midnight what kind of trouble ~~that~~ would that bring to the area, as there is a lot of pensioners living in that area including my mum. and plus the care home which is straight opposite the shop do not allow, more trouble for the police

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary – please number all additional pages.

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Signed

Date

11-12-07

Interested Party Representation (Form IPR1)

Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

Applicant name (if known) **Teraza Yosef**

Applicant premises name and address: **Richmond Hill Shopping Mart
9a Upper Accomodation Road LS9 8RT**

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title

Mr ☐ Mrs ☐ Miss ☒ Other _____

Surname

First name

Address (incl postcode)

Richmond Hill Close LS9 8JU

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

Please refer to our Guidance Note – GN-M Guidance on making representations for further information and alternative options.

Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/
Organisation

Full postal address
(incl postcode)

Please indicate capacity

☐ Representative of Residents Association

☐ Ward Councillor

☐ Parish Council

☐ MP

☐ Trade Association

☐ Other (please

specify) _____

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives.

Please tick relevant box(es)

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety

☒
☒
☒
☒

Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

I object for a licence Mr Saandal has had that shop for many years It would not be fair to him this other shop is only two doors away Why would we want another license Premises The hoping hours is just Stupid it would Cause trouble.

Please Put A Stop to the Licence

Thank You

You need to complete this box as fully as possible If you do not the Licensing Authority may not be able to assess the relevance of your representation

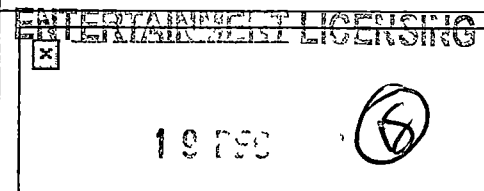
Please attach supporting documents/further pages as necessary – please number all additional pages.

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Signed

Date 11/12/17

Interested Party Representation (Form IPR1)



Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

Applicant name (if known) TERAZA YOSEF

Applicant premises name and address RICHMOND HILL SHOPPING MART
9A UPPER ACCOMMODATION ROAD CROSS GREEN LEEDS LS9 8RZ

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title Mr ☒ Mrs ☐ Miss ☐ Other _____

Surname

First name(s)

Address (incl postcode) RICHMOND HILL CLOSE
LEEDS LS9 8JU

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

Please refer to our Guidance Note – GN-M Guidance on making representations for further information and alternative options

Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/
Organisation

Full postal address
(incl postcode)

Please indicate capacity

☐ Representative of Residents Association
☐ MP

☐ Ward Councillor
☐ Trade Association

☐ Parish Council
☐ Other (please

specify) _____

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please tick relevant box(es)

Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

ONE OF THE LOCAL SHOPS CLOSES EARLY TO STOP
PEOPLE CONGREGATING OUTSIDE THERE SHOP AS A
LOT OF THE PEOPLE THAT LIVE NEAR THE SHOP ARE
ELDERLY AS RICHMOND HILL SHOPPING MART RENTS THE
PREMISES FROM ST SAVIDOURS CHURCH

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary – please number all additional pages

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the area.

Signed

Date

14/12/17

PR 4m / 04107/001

Interested Party Representation (Form IPR1)

☒

11

Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

ENTERTAINMENT LICENSING

19 DEC

Applicant name (if known) TERAZA VOSEK

Applicant premises name and address

RICHMOND HILL SHOPPING MART LS9 8RZ

RECEIVED

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title

Mr ☒ Mrs ☐ Miss ☐ Other _____

Surname

First name

Address (incl postcode)

RICHMOND HILL CLOSE
LS9 8JU

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

Please refer to our Guidance Note – GN-M Guidance on making representations for further information and alternative options

Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/
Organisation

Full postal address
(incl postcode)

Please indicate capacity

- ☐ Representative of Residents Association
☐ MP
specify) _____

- ☐ Ward Councillor
☐ Trade Association

- ☐ Parish Council
☐ Other (please

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder ☐
Prevention of public nuisance ☒
Protection of children from harm ☐
Public safety ☒

Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

SIXTEEN YEARS AGO THIS WAS PETITIONED FOR PUBS &
STOP SALE OF ALCOHOL AND BEER TILL 11 AM AND NO WE
ARE LOOKING AT 1140 AM TO THURSDAY
1140 AM TO 11 PM MONDAY TO THURSDAY I DO THINK ¹²⁵ MUCH
WHY WENT THE RESOLUTIONS ADOPTED ABOUT THIS
WE HAVE PLAYS OF BUSINESS WITH A MA SANDAL
HE DOES A GOOD SERVICE TO THE PUBLIC.

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary – please number all additional pages

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Signed

Date

15-12-17

Interested Party Representation
(Form IPR1)

PRG/04/07/001

Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

19 DEC 2017

RECEIVED

Applicant name (if known) Teresa


Shelly met

Applicant premises name and address

GA Upper accommodation road Leeds


Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title  Mr ☐ Mrs ☒ Miss ☐ Other _____

Surname 

First name 

Address  Mullins Court

LS9 8NN

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

Please refer to our Guidance Note – GN-M Guidance on making representations for further information and alternative options

Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/
Organisation

Full postal address
(incl postcode)

Please indicate capacity

☐ Representative of Residents Association

☐ Ward Councillor

☐ Parish Council

☐ MP

☐ Trade Association

☐ Other (please

specify) _____

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

Do not give this Shop a license
more crime will come
more youths hanging around
old people living here will be fearful
Bad for Public Safety
Please reject this application
thank you

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary – please number all additional pages

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Signed

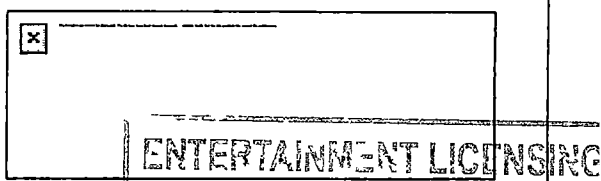
Date

14-12-17

15

PERM/04107/001

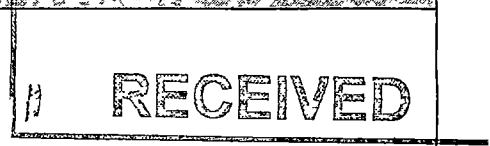
Interested Party Representation (Form IPR1)



Section 1 – Licence application details

Please indicate as appropriate


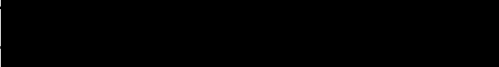
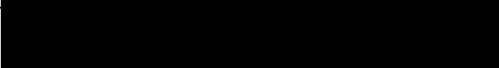
- ☒ I wish to object to the following application
☐ I wish to support the following application




Applicant name (if known) **TERAZA XOSEP**
Applicant premises name and address **RICHMOND SHOPPING MART**
9A, UPPER ACCOMMODATION ROAD, LEGOS, LS98RZ

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title  Mr ☒ Mrs ☐ Miss ☐ Other _____
Surname 
First 

Address (incl postcode)  **UPPER ACCOMMODATION ROAD,**
RICHMOND MEDICAL CENTRE **LEGOS, LS98RZ**

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

Please refer to our Guidance Note – GN-M Guidance on making representations for further information and alternative options

Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/ Organisation	
Full postal address (incl postcode)	

Please indicate capacity

<input type="checkbox"/> Representative of Residents Association	<input type="checkbox"/> Ward Councillor	<input type="checkbox"/> Parish Council
<input type="checkbox"/> MP	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Other (please specify) _____

Section 4 - Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety

☒
☒
☒
☒

Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

I urge Leeds City Council to reject the application of
9 A UPPER Accommodation Road for a premises off license
we are already over saturated with off license shops in this area and
this will bring more crime and disorder to RICHMOND HILL
therefore we do not need another shop selling ALCOHOL.

Another shop will not be any benefit. Local people health
lots of young people use this area & another off license will
cause disruption & public safety & disorder & potential risk
of crime in our area.

This is children's, cafe, gym boxing club children use
the facility at regular basis, there is bus stop they bus service
every day, it is busy place & promoting alcohol
among young people is not good practice people
living in the area will be health & I do not want new off
license on UPPER Accommodation Road, application will be
granted

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary - please number all additional pages

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Signed

Interested Party Representation (Form IPR1)

<input checked="" type="checkbox"/>	
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Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

Applicant name (if known)

Applicant premises name and address

ENTERTAINMENT LICENSING

19 DEC 2011

RECEIVED

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title [REDACTED] Mr ☒ Mrs ☐ Miss ☐ Other _____

Surname

First name

Address (incl postcode) [REDACTED] SPRING CLOSE GARDENS L59 8RS

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

Please refer to our Guidance Note – GN-M Guidance on making representations for further information and alternative options

Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/
Organisation

Full postal address
(incl postcode)

Please indicate capacity

☐ Representative of Residents Association

☐ MP

specify) _____

☐ Ward Councillor

☐ Trade Association

☐ Parish Council

☐ Other (please

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder ☒
Prevention of public nuisance ☒
Protection of children from harm ☐
Public safety ☐

Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

I know its AS BEEN a lot of shop lifers,
and Beer and Alcohol like will have lots a
disorder? our estate will have more shit
with young idiots

P.S MR Sanoh has a good shop
with C.C.T.V and he will not take any
shit of the young ones

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary – please number all additional pages

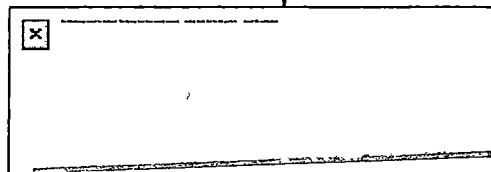
Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Signature

Date 13/12/17

13
PRG/04/07/001

Interested Party Representation (Form IPR1)



ENTERTAINMENT LICENSING

Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

19 DEC 2017

RECEIVED

Applicant name (if known)

Tereza Yosef

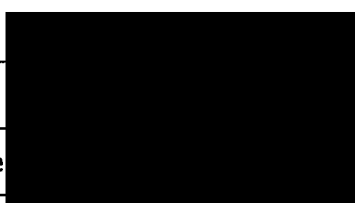
Applicant premises name and address

Richard Hill Shopping Mart
9th Upper Ricardaton Road CROSS GREEN LEEDS LS9

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title



Mr ☒ Mrs ☐ Miss ☐ Other _____

Surname

First name

Address (incl postcode)

SPRING CLOSE WALK LS9 8AR RP

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

Please refer to our Guidance Note – GN-M Guidance on making representations for further information and alternative options

Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/
Organisation

Full postal address
(incl postcode)

Please indicate capacity

☐ Representative of Residents Association

☐ Ward Councillor

☐ Parish Council

☐ MP

☐ Trade Association

☐ Other (please

specify) _____

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety



Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

I don't want the Newton Shop
to have a Licence

It could bring more crime
a nuisance

Not Good for Safety

Please Reject

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary – please number all additional pages

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street.

Signed

Date

17-12-17

12

PR26m/04107/001

Interested Party Representation (Form IPR1)

☒ ☐

Section 1 - Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

Applicant name (if known)

Applicant premises name and address

Richmond Hill Shopping Mart

ENTERTAINMENT LICENSING

19 DEC 017

RECEIVED

Section 2 - Your personal details

NB If you are acting as a representative, please go to Section 3

Title

Mr ☐ Mrs ☒ Miss ☐ Other

Surname

First name(s)

Address (incl postcode)

THE CLOSE
SAXTON GARDENS

LEEDS
LS9 8HW

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

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Section 3 - Representative details

If you are representing someone else please complete details below

Name of Representative/
Organisation

Full postal address
(incl postcode)

Please indicate capacity

☐ Representative of Residents Association

☐ Ward Councillor

☐ Parish Council

☐ MP

☐ Trade Association

☐ Other (please

specify) _____

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Prevention of crime and disorder ☒
Prevention of public nuisance ☒
Protection of children from harm ☒
Public safety ☒

Please tick relevant box(es)

Please select

- ☒ I object to the application being granted at all
☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

I object to the Richmond Hill Shopping mart getting a alcohol licence has there is already a shop Mr Sandaals that sells alcohol which is situated in a few blocks from the Shopping mart I am concerned that groups of young people ect may start to hang around. I do not think that there is a need nor must for another shop to be allowed to sell alcohol

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary – please number all additional pages

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Signed

Date

18/12/17

Interested Party Representation (Form IPR1)

☒

Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

Applicant name (if known) **TERAZA YOSEF**

Applicant premises name and address
RICHMONDHILL SHOPPING MART LS9 8RZ

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title Mr ☐ Mrs ☒ Miss ☐ Other _____

Surname [REDACTED]

First name [REDACTED]

Address (incl postcode) **RICHMONDHILL APP
LS9 8JX**

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

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Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/
Organisation

Full postal address
(incl postcode)

Please indicate capacity

- ☐ Representative of Residents Association
☐ MP
specify) _____
- ☐ Ward Councillor
☐ Trade Association
- ☐ Parish Council
☐ Other (please

ENTERTAINMENT LICENSING

19 DEC 2017

RECEIVED

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

THE LONG HOURS OF OPENING AS IT WILL ENCOURAGE YOUNG UNDER AGE CHILDREN TO HANG AROUND AND THERE IS A BOXING CLUB IN THE SAME BUILDING WHICH WILL ENCOURAGE DRINK TO BE SOLD THE BUILDING BELONGS TO THE CHURCH SO THEY SHOULD BE TOLD I DONT WANT TO BE FRIGHTENED IN MY OWN HOME WITH PEOPLE GETTING DRUNK. AS THIS AREA IS MOSTLY OVER 50'S AND THERE IS ENOUGH OFF LICENCES IN THIS AREA WHICH SERVES THE PURPOSE I DONT WANT TO GET OFF THE BUS AND BE ABUSED BY DRUNKS IVE LIVED ROUND HERE FOR OVER 53 YEARS AND NOW AGED 70 I WISH TO BE LEFT IN PEACE DRINK ENCOURAGES MORE CRIME

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary – please number all additional pages

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Sign

Date 13-12-2017

PR61/04107/001/10

Interested Party Representation (Form IPR1)

×

Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
- ☐ I wish to support the following application

Applicant name (if known) *TELEZA*

Applicant premises name and address
9A

Richmond Hill Shopping Mart LS9 8RZ

ENTERTAINMENT LICENSING

19 DEC 2017

RECEIVED

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title

Mr ☐ Mrs ☐ Miss ☒ Other _____

Surname

First name(s)

Address (incl postcode)



*Spring Close Avenue
Heads
LS9 8RR*

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

Please refer to our Guidance Note – GN-M Guidance on making representations for further information and alternative options

Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/
Organisation

Full postal address
(incl postcode)

Please indicate capacity

- ☐ Representative of Residents Association
- ☐ MP
specify) _____

- ☐ Ward Councillor
- ☐ Trade Association

- ☐ Parish Council
- ☐ Other (please

CONTINUED ON BACK SHEET

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety



Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

The Shopping mart that are asking for a alcohol licence is situated directly outside below a boxing club that children of very young ages attend, there is also a church above that is used on several occasions for religious purposes. Also the applicants already have to let school children into their shop early morning and evening at two or three persons at a time has there is no-one other than the shop owner and if they were granted a licence these children would have to engage with maybe people who are drunk. I am also concerned that the owners may serve to underage has they do not seem to care.

You need to complete this box as fully as possible If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary – please number all additional pages

Try to be as specific as possible and give examples, e g on 1 February I could hear loud music from the premises between 10pm and 1am I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Signed

Date

16/12/17

Or understand ~~can~~ the laws has;
they have on occasions sold
false nails that includes the glue
to my 11 year old daughter, they
sell all hardware goods which
includes solvents and i think that
they would quite easily sell this
to children. I also object to
another shop been allowed to
sell alcohol has there is a shop
that is no more than 8 metres
away that sell alcohol so i
disagree with another shop all
been allowed a licence has there
is not a need for one within
such a close distance. The shop
that has the alcohol licence are
very strict on the sales of tobacco
and alcohol and have a good
honest trusty relationship with
the community Thankyou for taking
the time to read this and hope my
opinions will be considered.

Thankyou



16/12/17-

PRG/04/07/001 9

Interested Party Representation (Form IPR1)

☒

Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

Applicant name (if known) Teraza Yosef

Applicant premises name and address Richmond Hill Shopping Mart
9A Upper Accommodation Road LEEDS LS9 8RZ

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title _____ Mr ☐ Mrs ☒ Miss ☐ Other _____

Surname [REDACTED]

First name [REDACTED]

Address (incl postcode) [REDACTED] Cain Close
LEEDS
LS9 8NL

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

Please refer to our Guidance Note – GN-M Guidance on making representations for further information and alternative options

Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/
Organisation

Full postal address
(incl postcode)

Please indicate capacity

☐ Representative of Residents Association

☐ MP

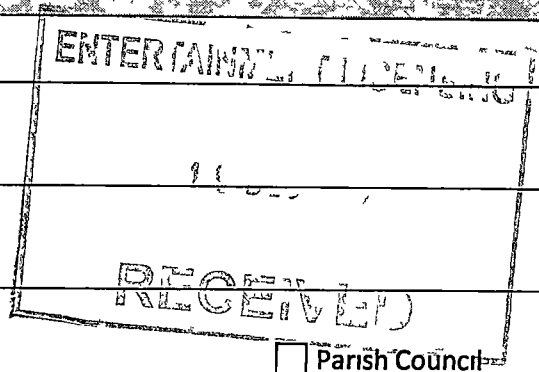
specify) _____

☐ Ward Councillor

☐ Trade Association

☐ Parish Council

☐ Other (please



Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety



Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

I have lived and worked in Richmond Hill for the last 25¹⁴ years I have seen and witnessed the issue first hand Antisocial behaviour, crime, groups of youths hanging around, Disorder. Having another off licence in this area will bring more trouble and is unwanted by the local community. In the same building there is a boxing club in which children attend classes, we need to save children from the bad effects of alcohol. The potential of more drunk people and underage people trying to buy alcohol will not help public safety. Not only do we need to protect our youth of the area but also our elderly, not only is there an independent living complex already opposite the shopping mart but many many of the surrounding houses are homes to our elderly I feel this will cause not only upset but fear.

I ask Leeds City Council to reject this application

Thank you.

You need to complete this box as fully as possible If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary – please number all additional pages

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Signed

[Redacted Signature]

Date

18-12-17

Prem / 04/07/001 8

Interested Party Representation (Form IPR1)

×

Section 1 – Licence application details

Please indicate as appropriate

☒ I wish to object to the following application

☐ I wish to support the following application

Applicant name (if known)

Terazer Yosef.

Applicant premises name and address

9A UPPER Accommodation Road

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title

Mr ☒ Mrs ☐ Miss ☐ Other _____

Surname

First name(s)

Address (incl postcode)

PLACES ROAD
LS9 8AS.

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

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Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/
Organisation

Full postal address
(incl postcode)

Please indicate capacity

☐ Representative of Residents Association

☐ MP

specify) _____

☐ Ward Councillor

☐ Trade Association

☐ Parish Council

☐ Other (please

ENTERTAINMENT LICENSING

10 DEC 2014

RECEIVED

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

Anti Social behavior
BY CHILDREN

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary – please number all additional pages

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Signed

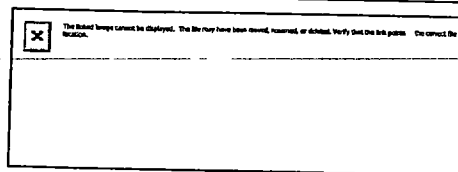


Date

18-12-17

PR6M/04/07/001

Interested Party Representation (Form IPR1)



Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

Applicant name (if known)

Applicant premises name and address:

SHOPPING MART Richmond hill
9A Acomodation Rd

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title

Mr ☒ Mrs ☐ Miss ☐ Other _____

Surname

First name

Address (incl post code)

Spring Close Street
LS9 8RT

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

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Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/
Organisation

Full postal address
(incl post code)

Please indicate capacity

☐ Representative of Residents Association

☐ MP

specify) _____

☐ Ward Councillor

☐ Trade Association

☐ Parish Council

☐ Other (please

ENTERTAINMENT LICENSING

10 DEC 2017

RECEIVED

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives.

Please tick relevant box(es)

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety



Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

* If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

PLEASE Decline because of crime I live in this area I know the trouble it can bring crime is already very high. This is an old Peoples area we dont need any more alcohol here I want it declined altogether.

Thank you

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary – please number all additional pages.

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between [REDACTED] concerned that if the premises open until 2am this will cause a nuisance to me and other residents.

Signed

Date 19/12/17

Interested Party Representation (Form IPR1)

☐

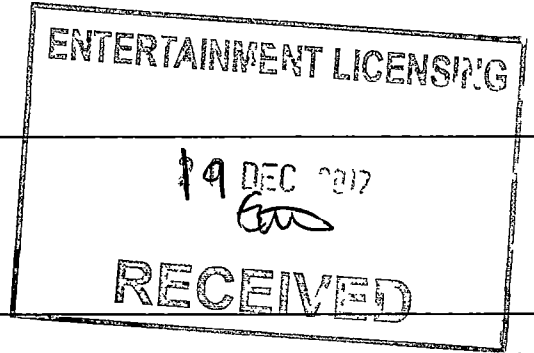
Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

Applicant name (if known)

Applicant premises name and address



Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title	<div></div>	Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Other _____
Surname	<div></div>	
First name	<div></div>	

Address (incl postcode) Spring Close Wake LS9 8EP

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

Please refer to our Guidance Note – GN-M Guidance on making representations for further information and alternative options

Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/ Organisation			
Full postal address (incl postcode)			
Please indicate capacity <input type="checkbox"/> Representative of Residents Association <input type="checkbox"/> MP specify) _____			
<input type="checkbox"/> Ward Councillor <input type="checkbox"/> Trade Association		<input type="checkbox"/> Parish Council <input type="checkbox"/> Other (please	

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder
Prevention of public nuisance
Protection of children from harm
Public safety

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

I live in the area and do not want another off license in the area, it will bring lots of crime and bad people hanging around kids play in the street and it will not be safe people are already with bad behavior more alcohol available will bring this area down even more I am elderly and will not feel safe

Thank you

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation

Please attach supporting documents/further pages as necessary – please number all additional pages

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the area.

Signed

Date

12 12 17

Entertainment Licensing

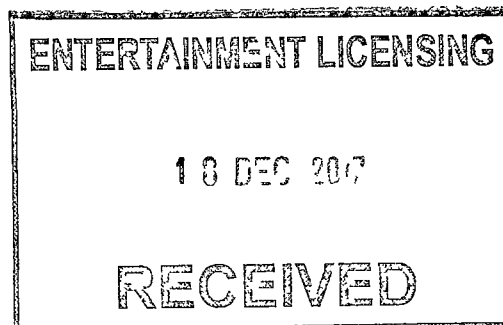
Prem10410708 ①

From [REDACTED]
Sent 18 December 2017 11:34
To Entertainment Licensing
Subject Form IPR1
Attachments GN-P LA2003 Making a representation doc

Objection to licence - form IPR1 attached

Regards

[REDACTED]
[REDACTED]
Mount St Mary's Catholic High School, Leeds
[REDACTED]



Interested Party Representation (Form IPR1)



Section 1 – Licence application details

Please indicate as appropriate

- ☐ **XX I wish to object to the following application** Premises Licence - New Application
- ☐ I wish to support the following application

Applicant name (if known) Teraza Yosef (Ref No PREM/04107/001)

Applicant premises name and address Richmond Hill Shopping Mart

Section 2 – Your personal details

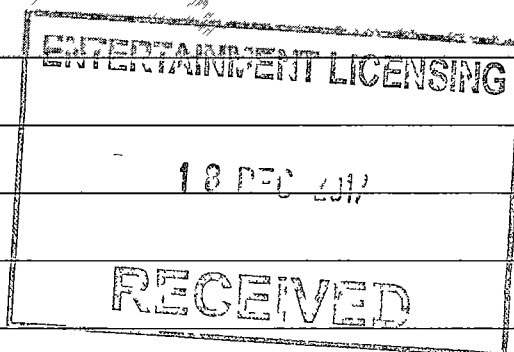
NB If you are acting as a representative, please go to Section 3

Title

Surname

First name(s)

Address (incl postcode)



Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

Please refer to our Guidance Note – GN-M Guidance on making representations for further information and alternative options

Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/
Organisation

Mount St Mary's Catholic High School

Full postal address
(incl postcode)

Ellerby Road, Leeds LS9 8LA

Please indicate capacity

☐ Representative of Residents Association

☐ Ward Councillor

☐ Parish Council

☐ MP

☐ Trade Association

X ☒ Other (please

specify) [REDACTED]

Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder ☒

Prevention of public nuisance ☒

Protection of children from harm ☒

Public safety ☐

Please select

☒ X I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

[REDACTED] high school, with the Shopping Mart sitting less than 400m from the school, I believe further licensed properties and sales are not required. There are two licensed premises within a 1 minute and a 5 minute walk of 9A Upper Accommodation, a further store would be to the detriment of the local community, which includes our students and parents.

Whilst under age, our students do not need the temptation of another licensed property in the area, nor do they need to be exposed to any public nuisance caused by further access to alcohol in the vicinity of a high school. Many of our students access this shop before and after school and I believe alcohol sales would have an impact upon them both directly and indirectly.

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation.

Please attach supporting documents/further pages as necessary – please number all additional pages.

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street.

Signed

[REDACTED]

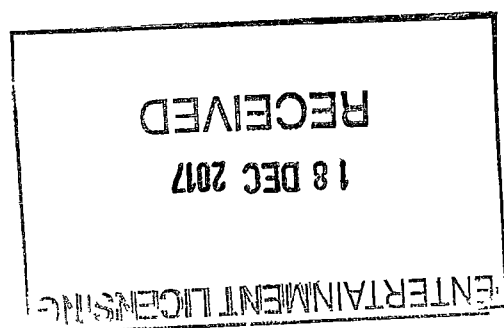
Date 18/12/17

From [REDACTED]
Sent 18 December 2017 21:21
To Entertainment Licensing
Cc [REDACTED]
Subject Re: Objection to the sale by retail alcohol licence PREM/04107/001 Richmond Hill Shopping Mart, 9A Upper Accommodation Road, Cross Green, Leeds, LS9 8RZ
Attachments First letter 1.docx ATT00001.htm

Dear Emma,

I wish to register an objection to the sale by retail alcohol licence application reference PREM/04107/001 at Richmond Hill Shopping Mart, 9A Upper Accommodation Road, Cross Green, Leeds, LS9 8RZ. Please see attached document for further information.

Kind regards



Labour Councillor Asghar Khan
Burmantofts & Richmond Hill Ward
Civic Hall
Leeds
LS1 1UR

Contact
Civic Tel
Mobile Tel

Your Ref
Our Ref
Date

AK/1
18th December 2017

Dear [REDACTED]

I wish to register an objection to the sale by retail alcohol licence application reference PREM/04107/001 at Richmond Hill Shopping Mart, 9A Upper Accommodation Road, Cross Green, Leeds, LS9 8RZ

As an elected ward member, together with Hilary Benn (MP for Leeds Central), we have been contacted by a number of constituents who have expressed concern about the potentially negative impact the sale of alcohol 7 days a week could have on the surrounding community

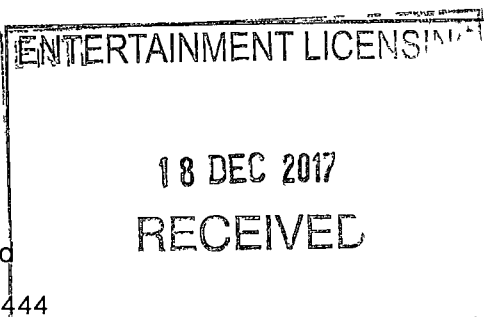
This particular location has been a hot spot for youth ASB. I am concerned that having a shop in this location supplying alcohol until late at night will inevitably increase the amount of people hanging about on the street in this location. The old Butterfield Manor site opposite the shop has been a major magnet for youth ASB in the area. Thankfully this site is currently being redeveloped into a residential care home, but I am concerned about the potential negative impact that late night alcohol sales could have on these residents.

There is already an off licence on the same parade of shops, so increasing the sale of alcohol in this location seems unnecessary. I am also concerned about the potentially negative impact increased access to alcohol could have on local young people living in the area. Bethlehem Boxing Gym operate from a unit next door to the shop. This establishment does some excellent work with local young people giving them an avenue to engage in a positive structured activity, I would not want the granting of this licences to in anyway undermine this. Similarly LCC Youth Service run a youth club from Richmond Hill Community Centre, just a 1 minute walk away.

The people running this shop have in the past been subject to anti-social behaviour themselves, and I think selling alcohol will only increase the risk that they will be targeted again.

Your sincerely

[REDACTED]
Councillor Asghar Khan, Burmantofts and Richmond Hill Ward



White, Emma

From [REDACTED]
Sent 18 December 2017 20:51
To Entertainment Licensing
Cc [REDACTED]
Subject Re: Objection to PREM/04107/001 Richmond Hill Shopping Mart, 9A Upper Accommodation Road, Cross Green, Leeds, LS9 8RZ

Hi

I wish to register an objection to the sale by retail alcohol licence application reference PREM/04107/001 at Richmond Hill Shopping Mart, 9A Upper Accommodation Road, Cross Green, Leeds, LS9 8RZ

As an elected ward member, together with Hilary Benn (MP for Leeds Central), we have been contacted by a number of constituents who have expressed concern about the potentially negative impact the sale of alcohol 7 days a week could have on the surrounding community

This particular location has been a hot spot for youth ASB. I am concerned that having a shop in this location supplying alcohol until late at night will inevitably increase the amount of people hanging about on the street in this location. The old Butterfield Manor site opposite the shop has been a major magnet for youth ASB in the area. Thankfully this site is currently being redeveloped into a residential care home, but I am concerned about the potential negative impact that late night alcohol sales could have on these residents.

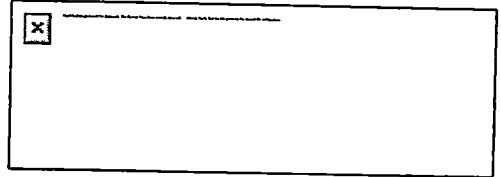
There is already an off licence on the same parade of shops, so increasing the sale of alcohol in this location seems unnecessary. I am also concerned about the potentially negative impact increased access to alcohol could have on local young people living in the area. Bethlehem Boxing Gym operates from a unit next door to the shop. This establishment does some excellent work with local young people giving them an avenue to engage in a positive structured activity. I would not want the granting of this licence to in any way undermine this. Similarly LCC Youth Service runs a youth club from Richmond Hill Community Centre, just a 1 minute walk away.

The people running this shop have in the past been subject to anti-social behaviour themselves, and I think selling alcohol will only increase the risk that they will be targeted again.

Kind regards

Cllr Asghar Khan
Chairman of Inner East
Community Committee
Burmantofts & Richmond Hill ward
Leeds City Council
4th floor East, Civic Hall

Interested Party Representation (Form IPR1)



Section 1 – Licence application details

Please indicate as appropriate

- ☒ I wish to object to the following application
☐ I wish to support the following application

Applicant name (if known) **Richmond Hill Shopping Mart**
 Applicant premises name and address **9A Upperaccommodation RD
 LEEDS LS9 8RZ**

Section 2 – Your personal details

NB If you are acting as a representative, please go to Section 3

Title **[REDACTED]** Mr ☐ Mrs ☐ Miss ☐ Other _____
 Surname **[REDACTED]**
 First name **[REDACTED]**
 Address (incl postcode) **[REDACTED] SPINNEY FIELD COURT
 LEED LS9 8JS**

Please note that a full copy of your representation (including your name and address) will be sent to the applicant and will be a public document at any hearing of this matter

Please refer to our Guidance Note – GN-M Guidance on making representations for further information and alternative options

Section 3 – Representative details

If you are representing someone else please complete details below

Name of Representative/
Organisation

Full postal address
(incl postcode)

Please indicate capacity

☐ Representative of Residents Association

☐ MP

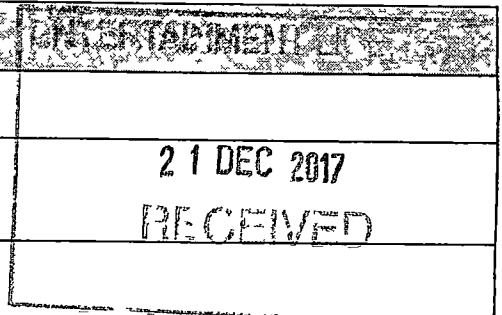
specify) _____

☐ Ward Councillor

☐ Trade Association

☐ Parish Council

☐ Other (please



Section 4 – Representation grounds

The representation is relevant to one or more of the following licensing objectives

Please tick relevant box(es)

Prevention of crime and disorder ☒
Prevention of public nuisance ☒
Protection of children from harm ☐
Public safety ☒

Please select

☒ I object to the application being granted at all

☐ I object to the application being granted in its current form*

*If you choose this option remember to tell us in the next section what changes you would prefer to see

The grounds of the representation is based on the following

I personally as a single lady. ~~Do~~ feel
Scared There will be more unruly people
hanging around. It's not the kind of
area that needs such a thing as
late licenses ect. There's alot of old
people in this area. It's bad enough
when all the school children are hanging
around. It's a church building where
young people go to practice boxing. So
it's going to be intimidating for young
people also if there's going to be a load
of drunks and children hanging round. I would
appreciate if you would look into this

You need to complete this box as fully as possible. If you do not the Licensing Authority may not be able to assess the relevance of your representation. Please

Please attach supporting documents/further pages as necessary – please number all additional pages

Try to be as specific as possible and give examples, e.g. on 1 February I could hear loud music from the premises between 10pm and 1am. I am concerned that if the premises open until 2am this will cause a nuisance to me and other residents of the street

Signed

Date

14.12.2017