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## REPORT OF THE ASSISTANT CHIEF EXECUTIVE (CORPORATE GOVERNANCE)

### REPORT TO THE LICENSING SUB COMMITTEE

DATE: Monday 1<sup>st</sup> March 2010

SUBJECT: APPLICATION FOR THE GRANT OF A PREMISES LICENCE FOR:  
Leeds Road Post Office, 13a Syke Road, Tingley, Leeds, WF3 1BP.

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#### Electoral Wards Affected:

Morley South

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

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### Executive Summary

This report informs members of an application for the grant of a Premises Licence for a premises situated at 13a Syke Road, Tingley, Leeds trading as Leeds Road Post Office.

The Premises currently operate as a Post Office and have applied for the Sale of Alcohol for consumption off the premises to allow the premises to trade as a general store in conjunction with the Postal service.

The activities and timings of operation are noted at paragraph 3.2.

The responsible authorities are served with copies of the application by the applicant and Ward Members have been notified of the application.

#### 1.0 Purpose of this Report

To advise Members of an application made under section 17 of the Licensing Act 2003 ("the Act") for a Premises Licence in respect of 13a Syke Road, Tingley, Leeds, WF3 1BP. The Licensing Sub-Committee is required to consider this application due to the receipt of representations.

#### 2.0 History of Premises

2.1 This is the first application for a Premises Licence for these premises

#### 3.0 The Application

3.1 The applicant is Mr Sukhvir Singh Sandhu

3.2 The location and the proximity to neighboring premises can be seen on the map provided; Members attention is drawn to **Appendix A**.

3.3 A copy of the application and operating schedule are attached as **Appendix B** to this report. For the assistance of members, the Operating Schedule shows:

i) **Proposed licensable activities**

- Sale by Retail of Alcohol for consumption OFF the premises

ii) **Proposed hours of licensable activities**

The proposed hours of licensable activities are as follows:

- **Sale of Alcohol**  
Every Day 06:00 – 23:00

iii) **Proposed times when the premises is open to the public**

The premises propose to open to the public between the following hours:

Every Day 06:00 – 23:00

iv) **Proposed Designated Premises Supervisor**

Mr Sukhvir Singh Sandhu

v) **Steps to promote licensing objectives**

The applicant proposes to take the steps to promote the licensing objectives identified in section "P" of the application form.

#### 4.0 **Relevant Representations**

4.1 Under the Act representations can be received from responsible authorities or interested parties. Representations must be relevant and, in the case of an interested party, must not be frivolous or vexatious.

4.2 Interested Parties have made the following representations:

- Members of the public

Members are invited to consider **Appendix C** of this report.

- West Yorkshire Police – Agreement reached between applicant and WYP.

Members are invited to consider **Appendix D** of this report.

#### 5.0 **Matters Relevant to the Application**

5.1 Members of the Licensing sub committee must make decisions with a view to promoting the licensing objectives which are:

- the prevention of crime and disorder
  - public safety
  - the prevention of public nuisance
  - the protection of children from harm
- 

5.2 In making their decision, Members are obliged to have regard to the national Guidance and the Council's Licensing Policy. Members will be aware they must also have regard to the relevant representations made and evidence they hear.

## 6.0 Options Available to Members

6.1 The licensing sub-committee must take such of the following steps as it considers necessary for the promotion of the licensing objectives:

- Grant the application as requested.
- Grant the application whilst imposing additional conditions and/or altering in any way the proposed operating schedule
- Exclude any licensable activities to which the application relates
- Refuse to specify the said person as the Designated Premises Supervisor.
- Reject whole or part of the application

6.2 Members of the Licensing sub committee are asked to note that they may not modify the conditions or reject the whole or part of the application merely because it considers it desirable to do so. It must actually be necessary in order to promote the licensing objectives.

## Background Papers

- Guidance issued under s182 Licensing Act 2003
- Leeds City Council Licensing Policy

### Grant of a Premises Licence: PREM 02830

Leeds Post Office, 13a Syke Road, Tingley, Leeds, WF3 1BP



Miles 0.002 0.004 0.006 0.008 0.01 0.012 0.014 0.016 0.018 0.02 0.022 0.024 0.026

This map is based upon the Ordnance Survey's Digital Data with the Permission of the Ordnance Survey on behalf of the Controller of Her Majesty's Stationary Office

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<b>Date:</b>	16 February 2010
<b>Scale:</b>	1:267



2230

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

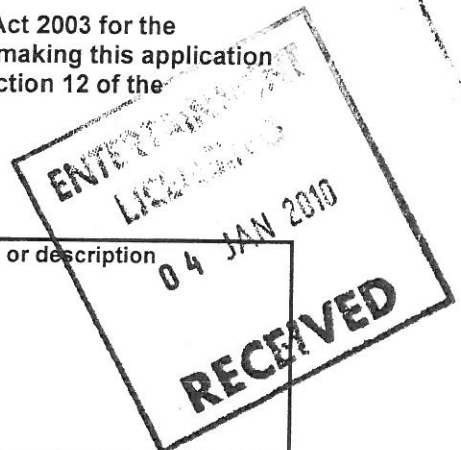
**Application for a premises licence to be granted under the Licensing Act 2003**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I/We SUKHVIR SINGH SANDHU  
(Insert name(s) of applicant)

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



**Part 1 - Premises details**

Postal address of premises or, if none, Ordnance Survey map reference or description <u>LEGOS ROAD POST OFFICE</u> <u>13A SYKE ROAD</u> <u>TINGLEY</u>	
Post Town <u>WAKEFIELD</u>	Postcode <u>WF3 1BP</u>

Telephone number at premises (if any) 0113 2532789

Non-domestic rateable value of premises £ 6900

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as

Please tick  Yes

- a) An individual or individuals\*  please complete section (A)
- b) a person other than an individual\*
  - i) as a limited company  please complete section (B)
  - ii) as a partnership  please complete section (B)
  - iii) an unincorporated association or  please complete section (B)
  - iv) other (for example, a statutory corporation)  please complete section (B)
- c) a recognised club  please complete section (B)
- d) a charity  please complete section (B)
- e) the proprietor of an educational establishment  please complete section (B)

- f) a health service body  please complete section (B)
- g) a person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an Independent hospital  please complete section (B)
- h) the chief officer of a police force in England & Wales  please complete section (B)

\*If you are applying as a person described in (a) or (b), please confirm:

- I am carrying on or proposing to carry on a business which involves the premise for licensable activities, or:
- I am making the application pursuant to a
  - statutory function or Please tick  Yes
  - a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS (fill in as applicable)**

Mr  Mrs  Miss  Ms  Other title   
(Rev, Dr, etc)

Surname:  First Name:

I am 18 years old or over. Please tick  Yes

Current postal address if different from premises address

Post Town  Postcode

Daytime contact telephone number

E-mail address (optional)

**SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)**

Mr  Mrs  Miss  Ms  Other title   
Rev, Dr, etc)

**Surname:**  **First Name:**

I am 18 years old or over. Please tick  Yes

**Current postal address if different from premises address**

**Post Town**  **Postcode**

**Daytime contact telephone number**

**E-mail address (optional)**

**(B) OTHER APPLICANTS**

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

<b>Name:</b>
<b>Address:</b>
Registered number (where applicable)
Description of applicant (for example partnership, company, unincorporated association etc)
Telephone number (if any)
Email address (optional)

**Part 3 - Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year			
0	1	1	2	2	0	0	9

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

Day		Month		Year			

If more than 5000 people are expected to attend the premises at any one time, please state the number expected to attend.

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

POST OFFICE + GENERAL STORES

What licensable activities do you intend to carry on from the premises?  
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the  
Licensing Act 2003)

Provision of regulated entertainment:

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

Provision of entertainment facilities for:

- |   |                                     |
|---|-------------------------------------|
| i) making music (if ticking yes, fill in box I)   | <input type="checkbox"/>            |
| j) dancing (if ticking yes, fill in box J)  | <input type="checkbox"/>            |
| k) entertainment of a similar description to that falling within (i) or (j)(if ticking yes, fill in<br>box K) | <input type="checkbox"/>            |
| L) <u>Provision of late night refreshment</u> (if ticking yes, fill in box L)                                 | <input type="checkbox"/>            |
| M) <u>Supply of alcohol</u> (if ticking yes, fill in box M)   | <input checked="" type="checkbox"/> |

**In all cases, complete boxes N, O, and P**

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).</b>	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thurs					
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</b> (please read guidance note 5).		
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).</b>	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thurs					
Fri			<b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</b> (please read guidance note 5).		
Sat					
Sun					

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<u>Please give further details here</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)
Wed			<b>Non standard timings. Where you intend to use the premises indoor sporting events at different times to those listed in the column on the left, please list</b> (please read guidance note 5).
Thurs			
Fri			
Sat			
Sun			

**D**

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



**E**

<b>Live Music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).</b> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	
Mon			<b>Please give further details here</b> (please read guidance note 3)
Tue			
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)
Thurs			
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</b> (please read guidance note 5).
Sat			
Sun			

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).</b> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	
Mon			<b>Please give further details here</b> (please read guidance note 3)
Tue			
Wed			<b>State any seasonal variations for playing recorded music</b> (please read guidance note 4)
Thurs			
Fri			<b>Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5).
Sat			
Sun			

**G**

<b>Performance of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).</b>	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>	
Mon			<b>Please give further details here</b> (please read guidance note 3)	
Tue				
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)	
Thurs				
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5).	
Sat				
Sun				

**H**

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment you will be providing</b>	
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).</b>	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
			Both <input type="checkbox"/>	
Tue			<b>Please give further details here</b> (please read guidance note 3)	
Wed				
Thurs			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)	
Fri				
Sat				
Sun			<b>Non standard timings. Where you intend to use the premises for entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</b> (please read guidance note 5).	

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing		
Day	Start	Finish	Will the facilities for making music be indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).	Indoors	<input type="checkbox"/>
Mon					Outdoors
				Both	<input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 3)		
Wed					
Thurs			<b>State any seasonal variations for the provision of facilities for making music</b> (please read guidance note 4)		
Fri					
Sat			<b>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</b> (please read guidance note 5).		
Sun					

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).		Indoors	<input type="checkbox"/>
Day	Start	Finish			Outdoors	<input type="checkbox"/>
Mon					Both	<input type="checkbox"/>
			<b>Please give a description of the facilities for dancing you will be providing</b>			
Tue			<b>Please give further details here</b> (please read guidance note 3)			
Wed			<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)			
Thurs						
Fri			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5).			
Sat						
Sun						

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within I or J</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment facility you will be providing</b>		
Day	Start	Finish	<b>Will the entertainment facility be indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).</b>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 3)		
Wed					
Thurs			<b>State any seasonal variations for the Provision of facilities for entertainment of a similar description to that falling within J or K</b> (please read guidance note 4)		
Fri					
Sat			<b>Non standard timings. Where you intend to use the premises for the Provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list</b> (please read guidance note 5).		
Sun					

**L**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both - please tick [Y] (Please read guidance note 2)</b>		
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>		
Mon				<b>Please give further details here</b> (please read guidance note 3)	
Tue					
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thurs					
Fri			<b>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</b> (please read guidance note 5).		
Sat					
Sun					

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> (Please tick [Y]) Please read guidance note 7).	On the premises <input type="checkbox"/>		
				Off the premises <input checked="" type="checkbox"/>		
				Both <input type="checkbox"/>		
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)			
Mon	<del>10:00</del> 06:00	<del>22:00</del> 23:00				
Tue	<del>10:00</del> 06:00	<del>22:00</del> 23:00				
Wed	<del>10:00</del> 06:00	<del>22:00</del> 23:00				
Thurs	<del>10:00</del> 06:00	<del>22:00</del> 23:00				
Fri	<del>10:00</del> 06:00	<del>22:00</del> 23:00				
Sat	<del>10:00</del> 06:00	<del>22:00</del> 23:00				
Sun	<del>10:00</del> 06:00	<del>22:00</del> 23:00				
					<b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 5).	

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

Name SUKHVIR SINGH SANDHU

Address 23 EDEN MOUNT, LEEDS

Postcode LS4 2TD

Personal Licensing Number (if known) LEEDS/PERL/05223/09

Issue Licensing Authority (if known) \_\_\_\_\_

N

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

(This area is currently blank for input.)

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	06:00	23:00	<p><u>Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 5).</u></p>
Tue	06:00	23:00	
Wed	06:00	23:00	
Thurs	06:00	23:00	
Fri	06:00	23:00	
Sat	06:00	23:00	
Sun	06:00	23:00	

N

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	06:00	22:00	<p><b>Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list</b> (please read guidance note 5).</p>
Tue	06:00	22:00	
Wed	06:00	22:00	
Thurs	06:00	22:00	
Fri	06:00	22:00	
Sat	06:00	22:00	
Sun	07:00	22:00	



## P

Describe the steps you intend to take to promote all four licensing objectives:

a) General--all four licensing objectives (b, c, d, e) (please read guidance note 9)

The premises will be installed, maintained and operated under a CCTV system which will be connected to the police.

b) The prevention of crime & disorder

The premises will be installed, maintained and operated under a CCTV system which will be connected to the police. Any footage will be kept secure to prevent any future misconduct of any person or particular party.

c) Public safety

Premises and car park will be kept tidy and inspected on a daily basis. Regular safety checks will be conducted which will include checking of floor surfaces and equipment. Any accidents or incidents will be acted upon to prevent any future incidence.

d) The prevention of public nuisance

Any person or party causing a nuisance or intimidate other customers will be monitored. Clear + presentable notices will be put throughout the shop floor for the restrictions of alcohol related issues.

e) The protection of children from harm

Identification will be asked for any person trying to purchase alcohol who seem to be under the age of 18. Written notices will be displayed, all staff will be fully trained on each category on the sale of alcohol on this premises to meet compliance.

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

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE OF UP TO LEVEL 5 ON THE STANDARD SCALE [ £5000 ], UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**Part 4--Signatures** (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent. (see guidance note 11). If signing on behalf of the applicant, please state in what capacity.

Signature:  \_\_\_\_\_

Date: 30/12/09 \_\_\_\_\_

Capacity: \_\_\_\_\_

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 12) If signing on behalf of the applicant, please state in what capacity.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Capacity: \_\_\_\_\_

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b>	
<b>Post Town</b>	<b>Postcode</b>
<b>Telephone number (if any)</b>	
<b>E-mail address (optional)</b>	

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

**Consent of individual to being specified as premises supervisor**

I, SUKHVIR SINGH SANDHU ] of  
*full name of prospective premises supervisor*

[23 BOEN MOUNT, LEEDS, LS4 2TD ]  
*home address of prospective premises supervisor*

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

[PREMISES LICENCE] by [SUKHVIR SINGH SANDHU]  
*type of application* *name of applicant*

relating to a premises licence [.....] for  
*number of existing licence, if any*

[LEEDS ROAD POST OFFICE, 13A SYKE ROAD, TINGLEY, WAKEFIELD, WF3 1BP] and any  
*name and address of premises to which the application relates*  
premises licence to be granted or varied in respect of this application made by

[SUKHVIR SINGH SANDHU] concerning the supply of alcohol at  
*name of applicant*

[LEEDS ROAD POST OFFICE, 13A SYKE ROAD, TINGLEY, WAKEFIELD, WF3 1BP] I also  
*name and address of premises to which application relates*  
confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number [LEEDS/PECL/OS223/09]  
*insert personal licence number, if any*

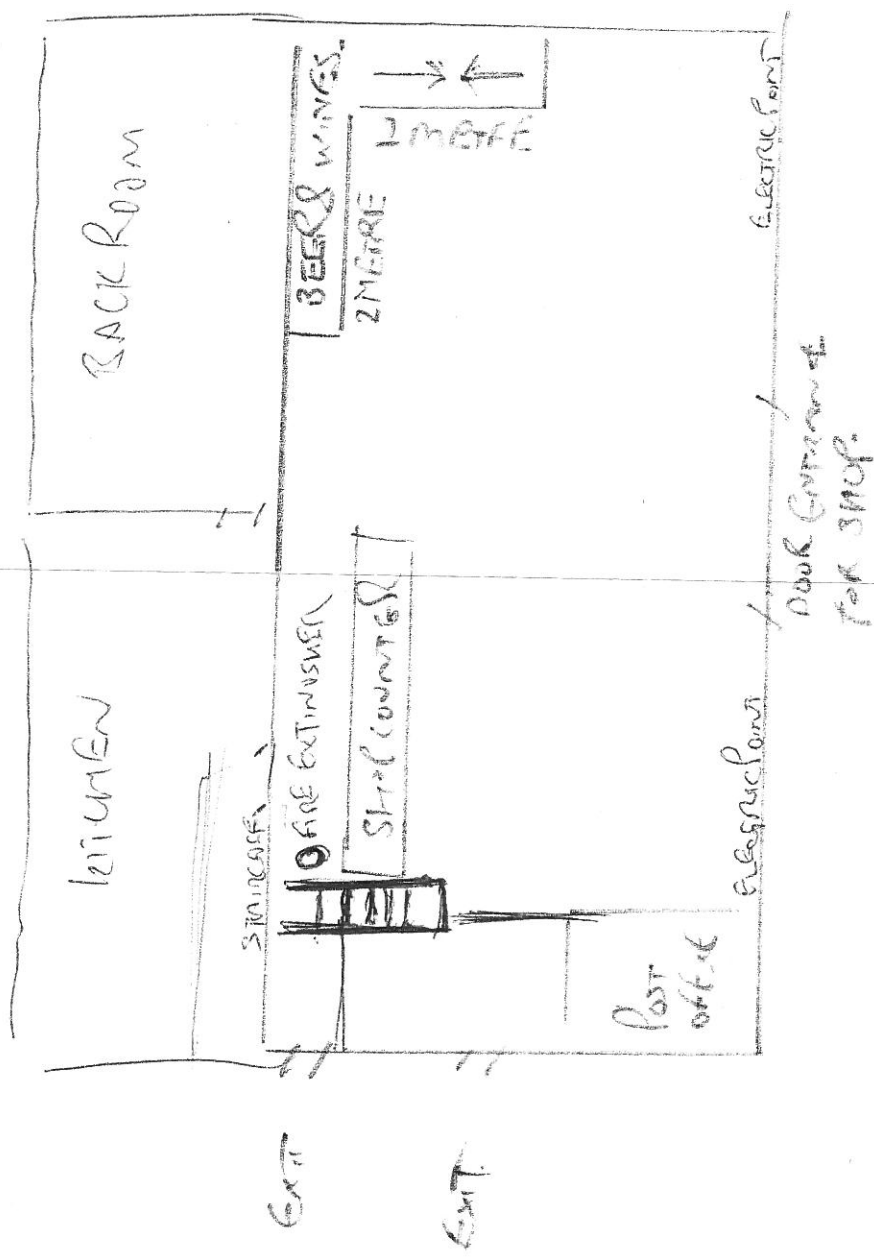
Personal licence issuing authority

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

 signed

SUKHVIR SINGH SANDHU name (please print)

03/11/09 dated



90B Wharfedale Rise  
Tingley  
Wakefield  
WF3 1AZ

25 January 2010

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

28 JAN 2010

Dear Sir/Madam

We write to strongly oppose the application of a licence to sell alcohol at the Post Office and Convenience Store, 13a Syke Road, Tingley, Wakefield WF3 1BP.

We have lived at the above address, which is next door to this Post Office, for 40 years and have always picked up litter, cans and bottles discarded by customers using this shop. With longer opening hours and a licence to sell alcohol this problem will escalate.

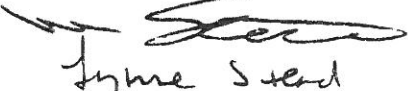
Much worse than the rubbish are the gangs of young people who hang around while they eat and drink their purchases. These gangs are a nuisance to us and our neighbours and can be very intimidating. Both we and our neighbours have telephoned the police because of their behaviour over the years.

There is already an Off Licence shop about 300 yards further along Syke Road and we have seen gangs congregate outside there regularly.

We feel that the problem will deteriorate further with a second Off Licence with longer opening hours in such close proximity to the existing Off Licence.

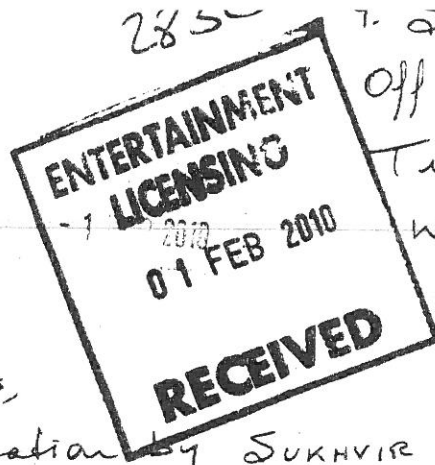
We await your comments.

Yours faithfully

  
Lynne Stead  
Lynne and Malcolm Stead



3.



T. St. Mary's Lane,  
Off Syke Road,  
Tingley,  
WF 3 1BL.  
28<sup>th</sup> January 2010.

Dear Sirs,

Application by SUKHVIR SINGH SANDHU  
to sell alcohol at Syke Road Post Office.

I wish to register my objection to the granting of the above application to sell alcohol.

Syke Road is only approx 450/500 yds in length from its junction with Dewsbury Road, where stands the Black Bull public house, to its junction with Baghill Road & Westerton Road where there is an off-licence shop. I feel that another off-licence is quite unnecessary.

It is widely acknowledged that much of the anti-social behaviour today is alcohol related, & a further alcohol

outlet would only increase this  
problem in our neighborhood.

Yours faithfully,  
Joyce Dickinson (Mrs)



WE, THE UNDERSIGNED OBJECT TO SUBHIR SING  
 SANDHU HAVING A LICENCE TO SELL ALCOHOL  
 AT LEEDS ROAD POST OFFICE:  
 THERE IS ALREADY AN OFF LICENCE SHOP 200 YDS  
 ALONG THE ROAD AND ~~AN~~ ANOTHER ONE WOULD ADD  
 TO ANTI-SOCIAL BEHAVIOUR, IS QUITE UNNECESSARY

NAME	ADDRESS	SIGNATURE
<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>
Gennie Waller	477 Westerton Road	Gennie ✓
<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>
STEVE DIXON	20 WEST LEA CRESCENT	Steve ✓
Peter FURMAN	1 WEST LEA CRESCENT WFS10J	Peter ✓
MAGS FURMAN	1 WEST LEA CRESCENT	Mags ✓
JAMES HOLLOWAY	<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>
<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>
Sophie Fletcher	1 Westlea Crescent	S. Fletcher ✓
<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>
<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>
<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>
S. Richardson	11A Baghill Rd Tonley	S. Richardson ✓
H. Giffiths		H. Giffiths ✓
S. Shaw	5 Baghill Road	S. Shaw ✓
M. Buckless	20 Baghill Rd.	M. Buckless ✓
B. Bucklan		B. Bucklan ✓
<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>



Rob Holmes.

4754 Waterloo rd

0-80-000

~~Tom Barber~~

~~IT [unclear] [unclear]~~

ALAN POUNDER #21 TURNBERRY GARDENS

STUART ANDERSON - 3 SYKE ROAD, TINGLEH

~~[unclear]~~

~~[unclear]~~

~~[unclear]~~

~~[unclear]~~

~~[unclear]~~

WEST-105105105

~~[unclear]~~

~~[unclear]~~

~~[unclear]~~

~~[unclear]~~

~~[unclear]~~

~~[unclear]~~

WE, THE UNDERSIGNED OBJECT TO THE APPLICATION MADE BY SUKHWIR SINGH SANDHU FOR A LICENSE TO SELL ALCOHOL AT THE POST OFFICE, SYKE ROAD, TINGLEY. THERE IS AN OFF LICENSE STORE JUST 200 YARDS ALONG SYKE ROAD AND WE BELIEVE THAT ANOTHER OFF LICENSE WOULD CAUSE MORE ANTI BEHAVIOUR.



NAME	ADDRESS	SIGNATURE
J. Dickinson	X 4 St Mary's Close, Tingley	J. Dickinson
D. DAVIES	✓ 419, Westerton Rd, Tingley	D. Davies
B. Jefferies	✓ 2 Jakeman Close Tingley	B. Jefferies
N. Grosland	✓ 8 Wharfedale Rise	N. Grosland
MRS BARKER	✓ 73 HESKETH LANE	M. Barker
B. Smith	✓ 77 TURNBERRY GARDENS	B. Smith
M. S. FRANCE	✓ 14 THORNEFIELD CRESC W.F. 3. LEW.	M. S. France
M. Meek	✓ 37 Hesketh Lane, Tingley	M. Meek
E. Summerscales	✓ 33 PERTH DRIVE TINGLEY	E. Summerscales
J. FRANCE	✓ 14 THORNEFIELD CRESC TINGLEY	J. France
E. MEER	✓ 37 Hesketh Lane Tingley	E. Meek
J. A. SUMMERSCALES	✓ 33 PERTH DRIVE TINGLEY	J. A. Summerscales
J. BROOKE	✓ 43 Hesketh Lane Tingley	J. Brooke
J. Kinder	✓ 73 Ryedale Way Tingley	J. Kinder
C. E. Booker	✓ 10 Fairfield Avd.	C. E. Booker
S. Hemingway	✓ 4 Wellcroft Grove	S. Hemingway
A. Seaman	✓ 5 Woodlands Drive W.F. 3. LEW.	A. Seaman
B. HAIGH	X 516 Westerton Rd	B. Haigh
J. WHITELEY	X 5 West Lea Drive	J. Whiteley
	X 23 Upper Green Ave.	

NOT PROTECTIVELY MARKED



RECEIVED  
06 FEB 2010

**WEST YORKSHIRE  
POLICE**

*Leeds District Licensing Department*

Licensing Department  
Millgarth Police Station  
Millgarth Street  
Leeds  
LS2 7HX

Tel: 0113-2414023  
Fax: 0113-2413123  
Email:  
bob.patterson@westyorkshire.pnn.police.uk  
Website:

Your ref:  
Our ref: BP/LICENSING OFFICER/LEEDSROADPOSTOFFICE

1<sup>ST</sup> February 2010

Sukhvir Singh Sandhu  
Leeds Road Post Office  
13A Syke Road  
Tingley  
WF3 1BP

cc. Sukhvir Singh Sandhu. 23 Eden Mount, Leeds. LS4 2TD  
cc. Entertainment Licensing Section. Leeds City Council, Civic Hall, Leeds. LS1 1UR

RE: LEEDS ROAD POST OFFICE. 13A SYKE ROAD TINGLEY WF3 1BP  
NEW PREMISES LICENCE – LICENSING ACT 2003:  
POLICE – LETTER OF REPRESENTATION – ‘QUALIFIED’ OBJECTION:

Thank you for submitting your application for the above premises, received at the address above on 4<sup>th</sup> January 2010.

West Yorkshire Police are of the opinion that your application contains insufficient information about how you intend to meet the licensing objectives.

We therefore confirm that we are submitting a formal representation against your application on the grounds of:-

1. the prevention of crime & disorder
2. the prevention of public nuisance, and
3. the protection of children from harm.

However, West Yorkshire Police are also of the opinion that the said objectives could be met should you be prepared to incorporate certain identified measures within your operating schedule as conditions, in addition to what you may have offered in your application.

Please find enclosed a document which at **Part 1** contains the suggested measures which this authority considers are proportionate and appropriate to the nature of your application.

Should you be in agreement with the suggested measures then please signify this by completing and signing **Part 2** of the enclosed form and return the complete document to this office as soon as possible, but no later than 11<sup>th</sup> December 2009.

NOT PROTECTIVELY MARKED

## NOT PROTECTIVELY MARKED

Upon receipt of your consent at **Part 2**, it will be taken that you signify your wishes for the licensing authority to amend your operating schedule to incorporate the proposed measures as conditions.

Alternatively should you disagree with the proposed measures, then please complete **Part 3** and again return the complete document to this office as soon as possible, but no later than 11<sup>th</sup> December 2009.

### PART 1 - to be completed by the Responsible Authority:

West Yorkshire Police propose the following control measures / conditions under the Licensing Act 2003 (in **addition** to those that you may have already offered), for the premises:-

LEEDS ROAD POST OFFICE.  
13A SYKE ROAD  
TINGLEY  
WF3 1BP

Having considered the application under the Licensing Act 2003 for the above premises, West Yorkshire Police considers that the following measures are relevant, proportionate and necessary in order to promote the following licensing objectives:-

- the prevention of crime & disorder
- the prevention of public nuisance
- the protection of children from harm

#### Measures / Additional measures proposed:

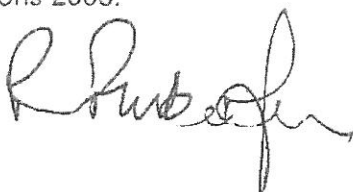
- A suitable CCTV system will be maintained and be operational on the premises at all times when licensed activities are being carried out, to cover both inside and outside the premises;
- CCTV security footage will be made secure and retained for a minimum period of 31 days time to the satisfaction of WYP;
- A Supervisors Register will be maintained at the licensed premises, showing the names, addresses and up-to-date contact details for the DPS and all personal licence holders;
- The Supervisors Register will state the name of the person who is in overall charge of the premises at each time that licensed activities are carried out, and this information will be retained for a period of twelve months and produced for inspection on request to an authorised officer;
- The PLH/DPS and all other members of staff will ask for acceptable evidence (as agreed by WYP / WYTSS) from any person appearing to be under the age of 21 who attempts to purchase alcohol at the premises.

West Yorkshire Police are satisfied that the proposed measures are not adequately dealt with by other legislation.

By signing the declaration enclosed overleaf at **Part 2**, the applicant agrees to incorporate the proposed measures as conditions within the Operating Schedule for the said premises.

Upon the satisfactory completion of the declaration, West Yorkshire Police will provide notice to the Licensing Authority that our representation is withdrawn in accordance with schedule 10(a) of the Licensing Act 2003 (Hearings) Regulations 2005.

Bob Patterson  
Leeds District Licensing Officer



Date: 1/2/10

NOT PROTECTIVELY MARKED

**NOT PROTECTIVELY MARKED**

PART 3 – to be completed by the applicant or applicant's representative:

Proposed control measures / conditions under the Licensing Act 2003

Name & Address of Premises:  
**LOFTHOUSE STORES LTD.  
253 LEEDS ROAD,  
LOFTHOUSE  
WAKEFIELD  
WF3 3LW**

I / We .....

confirm that I am / we are the applicant / the applicants representative (delete as appropriate) for the premises as stated above.

I / We formally advise that we are not prepared to accept the proposed measures as suggested by the West Yorkshire Police.

In this instance we understand that West Yorkshire Police will maintain their representation to my /our application, which will now proceed to a hearing before the Licensing Sub-Committee, at which I / we will be required to attend.

Signed:

Dated:

**NOT PROTECTIVELY MARKED**



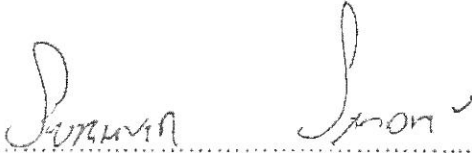
**NOT PROTECTIVELY MARKED**

PART 2 – to be completed by the applicant or applicant's representative:

Consent for all proposed control measures / conditions under the Licensing Act 2003.

Name & Address of Premises:  
LOFTHOUSE STORES LTD.  
253 LEEDS ROAD,  
LOFTHOUSE  
WAKEFIELD  
WF3 3LW

I / We .....



confirm that I am / we are the applicant / the applicants representative (delete as appropriate) for the premises as stated above.

In signing this document:-

- I / we agree with the measures proposed by West Yorkshire Police,
- I / we provide our consent for the Licensing Authority to incorporate the said measures into the operating schedule for the stated premises as conditions, and furthermore,
- I / we confirm the premises will then operate in accordance with those conditions agreed to.

Signed:



Dated:

06/02/10

**NOT PROTECTIVELY MARKED**



NOT PROTECTIVELY MARKED



**WEST YORKSHIRE  
POLICE**

**LEEDS DISTRICT LICENSING DEPARTMENT**

Licensing Department  
Millgarth Police Station  
Millgarth Street  
Leeds  
LS2 7HX

Tel: 0113-2414023  
Fax: 0113-2413123  
Email:  
bob.patterson@westyorkshire.pnn.police.uk  
Website:

Your ref:  
Our ref: bp/part2/agreement/conditions

Entertainment Licensing Section  
Leeds City Council  
Civic Hall  
Leeds  
LS1 1UR.

9<sup>th</sup> February 2010

To whom it may concern,

**RE: LEEDS ROAD POST OFFICE. 13A SYKE ROAD TINGLEY WF3 1BP  
GRANT OF A NEW PREMISES LICENCE – LICENSING ACT 2003:  
AGREEMENT ON CONDITIONS / CRIME PREVENTION MEASURES:**

Please see attached correspondence between the applicant and ourselves on the above matter.

As you can see, a Part 2 declaration has been signed by the applicant and agreement has been reached on certain measures to be incorporated within the operating schedule of the premises licence / club premises certificate as conditions, to promote licensing objectives.

Therefore on this basis alone, Leeds City Council are now put on notice that West Yorkshire Police withdrawn our representations in relation to this application, in accordance with schedule 10(a) Licensing Act 2003 (Hearing) Regulations 2005.

I trust this is to your satisfaction.

Yours truly,

Bob Patterson.  
Leeds District Licensing Officer.  
West Yorkshire Police.

NOT PROTECTIVELY MARKED