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## Report of the Assistant Chief Executive (Corporate Governance)

### Report to the Licensing Sub Committee

Date: Monday 28<sup>th</sup> February 2011

Subject: Application for the Grant of a Premises Licence in respect of World Foods,  
272 Harehills Lane, Harehills, Leeds, LS9 7BD

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#### Electoral Wards Affected:

Gipton & Harehills



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 the premises situated at 272 Harehills Lane, Harehills, Leeds, LS9 7BD, trading as World Foods.

This application relates to a retail premises proposing the Sale of Alcohol, for consumption off the premises only.

The intended hours of operation are noted at 3.3 of this report.

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 World Foods, 272 Harehills Lane, Harehills, Leeds, LS9 7BD. The Licensing Sub-Committee is required to consider this application due to the receipt of a representation.

### 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. Salam Mohamed.

3.2 The location and 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 is attached at **Appendix B** to this report. For the assistance of members, the Operating Schedule shows:

i) **Proposed licensable activities**

**M** Supply of Alcohol for consumption 'OFF' the Premises

ii) **Proposed hours of licensable activities**

The proposed hours of licensable activities are as follows:

**Supply of Alcohol**

Monday to Sunday 09:00 – 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:

Monday to Sunday 09:00 – 23:00

iv) **Proposed Designated Premises Supervisor**

Osman Tofke Sleman intends to be the Designated Premises Supervisor.

v) **Steps to promote licensing objectives**

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

### **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 Responsible Authorities have made the following representations:

- **West Yorkshire Police**

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

West Yorkshire Police have provided a witness statement on behalf of HM Revenue & Customs in support of their representation. Member's attention is drawn to **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
- 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



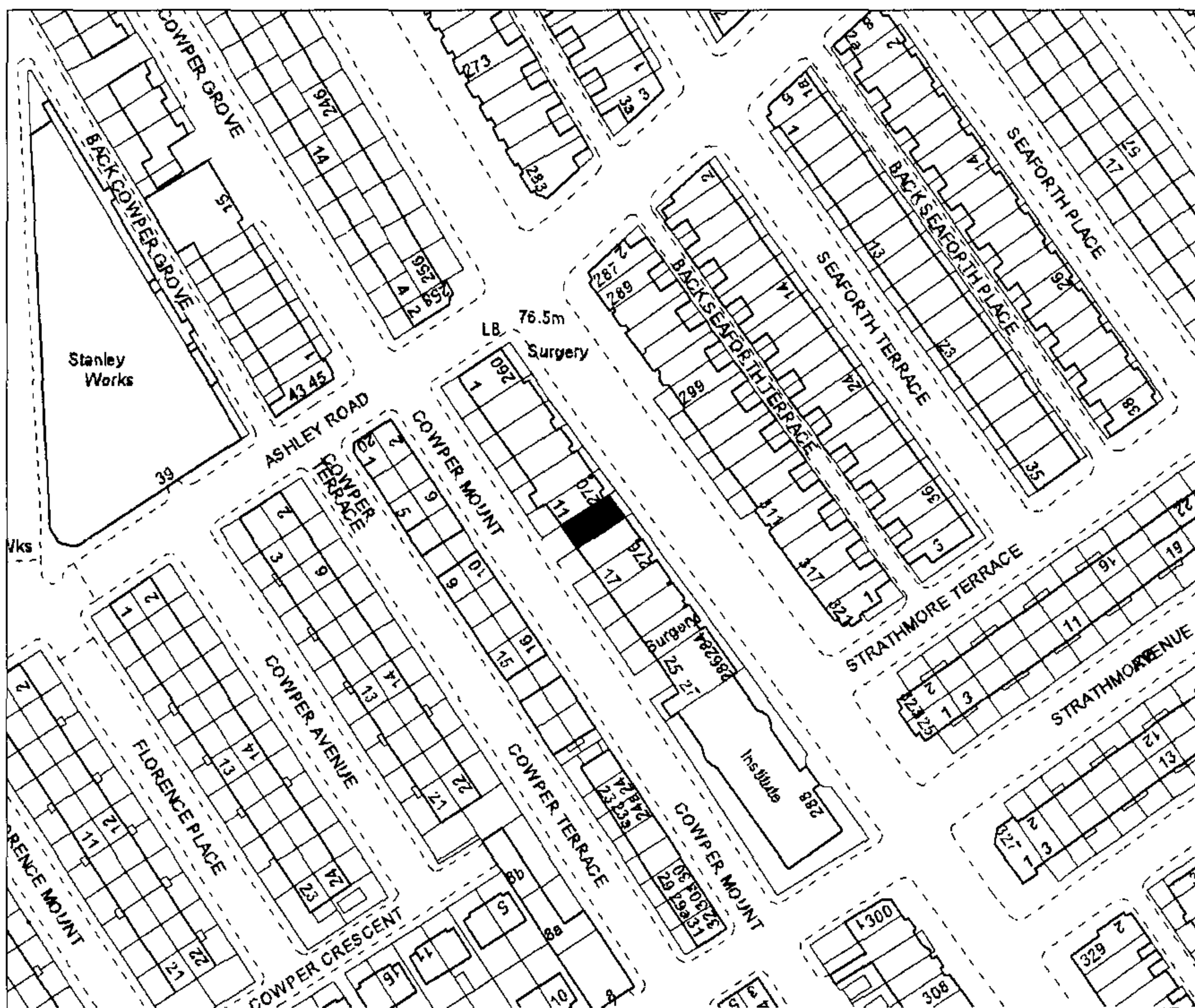
**Leeds**  
CITY COUNCIL

## Appendix A

**Leeds City Council**  
Entertainment Licensing

### **PREM/02974 - World Foods**

**272 Harehills Lane, Harehills, Leeds, LS9 7BD**



Km 0.02 0.04 0.06 0.08 0.1 0.12 0.14 0.16 0.18 0.2

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>	09 February 2011
<b>Scale:</b>	1:1250
<b>Comments:</b>	Appendix A



# PREM1

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

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

## PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure 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 SALEH MOHAMED  
(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>WORLD FOODS</u> <u>272 HAREHILLS LANE</u> <u>LEEDS</u>	
Post Town <u>LEEDS</u>	Postcode <u>LS9 7BD</u>

ENTERTAINMENT  
LICENSING

28 OCT 2010

RECEIVED

Telephone number at premises (if any)

0113 2 487212

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*                  | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual*             |   |
| i) as a limited company                           | <input type="checkbox"/> please complete section (B)            |
| ii) as a partnership                              | <input type="checkbox"/> please complete section (B)            |
| iii) an unincorporated association or             | <input type="checkbox"/> please complete section (B)            |
| iv) other (for example, a statutory corporation)  | <input type="checkbox"/> please complete section (B)            |
| c) a recognised club                              | <input type="checkbox"/> please complete section (B)            |
| d) a charity                                      | <input type="checkbox"/> please complete section (B)            |
| e) the proprietor of an educational establishment | <input type="checkbox"/> please complete section (B)            |

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- 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:

MOHAMMED

First Name:

SALAM

I am 18 years old or over.

Please tick ☒ Yes

Current postal address if different from premises address

272 HARKHILLS LANE

Post Town

LEES

Postcode

LS9 7BD

Daytime contact telephone number

07759274519

E-mail address (optional)

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**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.

Name:
Address:
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			

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)

TERRACED GROUNDFLOOR RETAIL  
PREMISES



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) Provision of late night refreshment (if ticking yes, fill in box L) ☐

M) Supply of alcohol (if ticking yes, fill in box M) ☒

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

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# 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"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)	
Mon				
Tue				
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)	
Thurs				
Fri				
Sat			<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).	
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"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)	
Mon				
Tue				
Wed			<b>State any seasonal variations for the exhibition of films</b> please read guidance note 4)	
Thurs				
Fri				
Sat			<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).	
Sun				

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**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b>Please give further details here</b> (please read guidance note 3)
Day	Start	Finish	<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)
Mon			
Tue			
Wed			
Thurs			
Fri			
Sat			
Sun			<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).

**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"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)	
Mon				
Tue				
Wed				
Thurs				
Fri				
Sat				
Sun			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)	
			<b>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5).	

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# 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"/>
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 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"/>
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 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				

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**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"/> 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 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"/> 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 entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)	
Thurs				
Fri			<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).	
Sat				
Sun				

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**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	9.00	23.00		
Tue	9.00	23.00		
Wed	9.00	23.00		
Thurs	9.00	23.00		
Fri	9.00	23.00		
Sat	9.00	23.00		
Sun	9.00	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).	

<b>State the name and details of the individual whom you wish to specify on the licence as premises supervisor</b>	
Name	OSMAN TOFKE SLEMAN
Address	126 CROSWELL HEIGHTS TREASURY PLACE LEEDS
Postcode	LS9 7SJ
Personal Licensing Number (if known)	LEEDS / PERL / 05517 / 10
Issue Licensing Authority (if known)	LEEDS

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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)

ONLY SALE OF ALCOHOL RESTRICTED TO PERSONS  
OVER AGE OF 18 - STRICT GUIDELINES ON  
10 TO BE FOLLOWED

O

Hours premises are open  
to the public  
Standard days and timings  
(please read guidance note 6)

Day	Start	Finish
Mon	9	23.00
Tue	9	23.00
Wed	9	23.00
Thurs	9	23.00
Fri	9	23.00
Sat	9	23.00
Sun	9	23.00

State any seasonal variations (please read guidance note 4)

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).

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## 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)

b) The prevention of crime & disorder

CCTV TO BE INSTALLED  
TAPES TO BE RETAINED FOR 31 DAYS

c) Public safety

PREMISES TO BE PERIODICALLY CHECKED DURING  
DAY FOR HAZARDS

d) The prevention of public nuisance

NOISE : ALL ACTIVITIES WITHIN PREMISES  
NO NOISY MACHINERY IN USE  
LITTER BINS TO BE PROVIDED FOR RUBBISH  
NOISE NUISANCE NOTICE TO BE EXHIBITED

e) The protection of children from harm

UTILISE CHECK 21  
REFUSAL REGISTER TO BE MAINTAINED  
ALL STAFF TO BE TRAINED RE CHECK 21  
(MAINTAIN TRAINING REGISTER)


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- 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: 29/9/10  
 Capacity: Solicitor

**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: \_\_\_\_\_

**Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)**

**Post Town**

**Postcode**

**Telephone number (if any)**

**E-mail address (optional)**

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### Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or un-amplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day i.e. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. A applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

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NOT PROTECTIVELY MARKED

**Licensing Department**

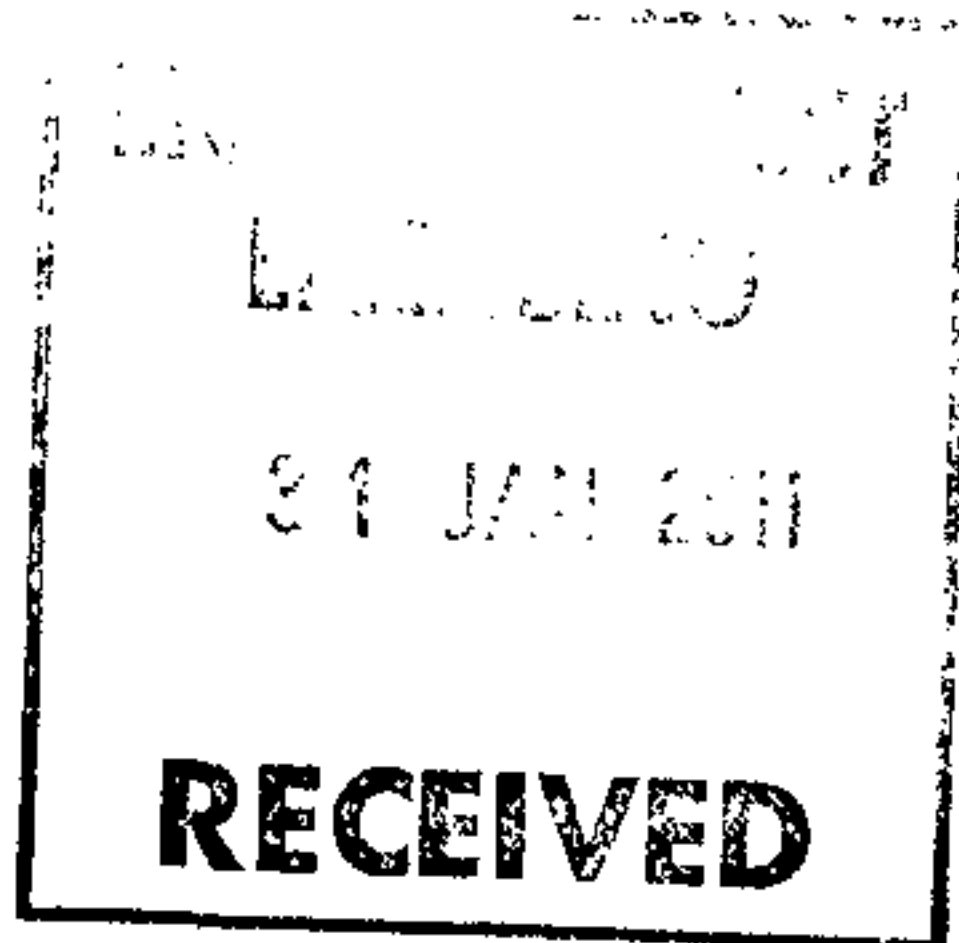
Millgarth Police Station  
 Millgarth Street  
 Leeds  
 LS2 7HX

**Leeds District Licensing**

Tel: 0113-2414023

Fax: 0113-2413123

Email: lynn.dobson@westyorkshire.pnn.police.uk



30 January 2011

**Mr Salam Mohamed**  
**272 Harehills Lane**  
**Leeds**  
**LS9 7BD**

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

Dear Mr Mohamed

**RE: 272 HAREHILLS LANE, HAREHILLS, LEEDS LS9 7BD**  
**GRANT OF NEW PREMISES LICENCE – LICENSING ACT 2003**  
**POLICE – LETTER OF REPRESENTATION – FULL OBJECTION**

Thankyou for your application which is dated 29 September 2010 which was only been received at Millgarth Police Station on 7 January 2011. This application was received electronically, via Leeds City Council, and is the second submission. The first application was returned to you for errors in the application process.

This application is for the grant of a new premises licence for the above named premises. This is a new application and seeks the grant of a premises licence for the following activities:

**Sale of Alcohol****Every day 0900hrs x 2300hrs**

It is the opinion of West Yorkshire Police, that your application contains insufficient information on how you will achieve the licensing objectives. In particular, we cannot be satisfied at this stage that, if granted the premises would not adversely affect crime and disorder and/or public nuisance in the locality.

Attached to this letter is a statement from Jai Vantoch-Wood, a HMRC Officer who deals with the seizure of illicit cigarettes, tobacco and alcohol. The statement is self explanatory and it is our belief that this application has been received purely to try and legitimise unlawful licensable activity. From the quantites seized and the regularity you have come to the attention of HMRC it is clear that you have no intention of stopping illegally importing goods into the country. To allow this premises to have a premises licence would only provide a licensed outlet for illegally imported stock.

NOT PROTECTIVELY MARKED

## **NOT PROTECTIVELY MARKED**

**FOR THE REASONS SET OUT ABOVE WEST YORKSHIRE POLICE ARE OF THE OPINION THAT THIS APPLICATION SHOULD BE REFUSED IN FULL.**

However, if the licensing Sub-Committee are mindful to grant this application, the following conditions are attached for their consideration:

### **Conditions / Crime Prevention Measures to read-:**

**A suitable CCTV system will be maintained and be operational on the premises at all times when licensed activities are being carried out**

**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 will ensure that an Incident Report Register is maintained on the premises to record incidents such as anti social behaviour, admissions refusals and ejections from the premises.**

**The Incident Report Register will contain consecutively numbered pages, the date time and location of the incident, details of the nature of the incident, the names and registration numbers of any door staff involved or to whom the incident was reported, the names and personal licence numbers (if any) of any other staff involved or to whom the incident was reported, the names and numbers of any police officers attending, the police incident and / or crime number, names and addresses of any witnesses and confirmation of whether there is CCTV footage of the incident.**

**The Incident Report Register will be produced for inspection immediately on the request of an authorised officer**

**The PLH/DPS staff will ask for proof of age from any person appearing to be under the age of 21 who attempts to purchase alcohol at the premises.**

***Lynn Dobson  
PC 5783  
Leeds District Licensing  
West Yorkshire Police.***

**NOT PROTECTIVELY MARKED**

**WITNESS STATEMENT****ENGLAND AND WALES ONLY**

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3)(a) and 5B; MC Rules 1981, r.70, CP Rules Part 27.1)

Statement of: Jai Vantoch-Wood

Age if under 18:

(If over 18 insert 'over 18')

Customs

Occupation: Officer of HM Revenue &amp; Customs

This statement (consisting of 2 page(s) each signed by me is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Signature:


Date: 18<sup>th</sup> January 2011

HMRC officers have made several seizures of illegal sales of illicit cigarettes and tobacco from World Foods, 272 Harehills Lane, Leeds.

I have noted the dates and seizure amounts below for your information which I have taken from our Inland Detection Seizure file. These are not all seizures of goods I have been involved in personally:-

26/08/2008

278 Harehills Lane (Gihan Stores). Salam Mohamad present. Seizure of 142,520 cigarettes, 42.6kg tobacco.

06/09/2009

278 Harehills Lane (Gihan Stores). Salam Mohamad present. Seizure of 6360 cigarettes, 11.83kg tobacco, 16kg Shisha pipe tobacco.

25/06/2010

272 Harehills Lane (World Foods). During the inspection Salam Mohamad entered the shop to see what is happening. He states he owns Gihan Stores and his cousin owns World Foods. He refused to give his cousins details.

29/10/2010

278 Harehills Lane (Gihan Stores). Seizure of 19800 cigarettes and an Audi Q7 (restored for £5,000).

29/10/2010

272 Harehills Lane (World Foods). Seizure of 3140 cigarettes 2.95kg tobacco.

29/10/2010

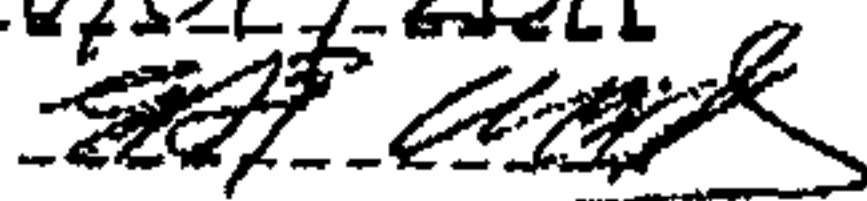
Rear of 272 Harehills Lane (World Foods). Seizure of 91370 cigarettes, 31.35kg tobacco and a Mercedes Sprinter Van. The vehicle was insured to Salam Mohamad at 278 Harehills Lane LS97BD.

31/10/2010

Coquelles, France. Seizure of 36160 cigarettes, 226.5litres beer, 3litres champagne, 5.4litres vodka, 1.4litres whiskey and a Mercedes Sprinter Van driven by Salam Mohamad.

Date: 18/01/2011

Signature:



(signature of witness)

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

(signature witnessed by)

**STATEMENT OF WITNESS: ENGLAND AND WALES ONLY**

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Fax: 0113-3894482

HMRC IT TEAM

**WITNESS STATEMENT**  
**ENGLAND AND WALES ONLY**

(CJ Act 1987, s.9; MC Act 1980, ss.5A(3)(a) and 5B; MC Rules 1981, r.70, CP Rules Part 27.1)

Statement of: **Jai Vantoch-Wood**

08/11/2010 – Rear of 278 Harehills Lane (Gihan Stores). Seizure of 16080 cigarettes, 17.5kg tobacco, 4.75kg Shisha tobacco and a Ford Mondeo.  
Shop worker states vehicle belongs to shop.

10/11/2010 – Rear 278 Harehills Lane (Gihan Stores). Seizure 3360 cigarettes, 2.25kg shisha tobacco, Vauxhall Vectra.  
Salam Mohamad seen by 2 HMRC officers leaving 16 Cowper Mount and entering the rear of 278 Harehills Lane with a bag containing cigarettes.

In total 318,790 cigarettes have been seized, which is approximately £55389.76 in evaded duty plus VAT at 17.5% at £9693.20 = £65082.96. The duty calculated at the current duty rate of equal to 24% of the retail price plus £119.03 per thousand cigarettes as per Budget day of 24 March 2010.

In total 129.23 Kilos of HRT has been seized. This comes to £16748.20 in evaded duty plus VAT at 17.5% at £2930.93 = £19679.13 The duty is calculated at the current duty rate £129.59 per kilo of hand rolling tobacco as per budget day of 24 March 2010.

In total, Salam Mohamad, and his businesses, World Foods and Gihan Stores have had tobacco goods seized evading £84762.09 in duty and VAT between 26<sup>th</sup> August 2008 to 10<sup>th</sup> October 2010 on the few times that HMRC have visited.

Date: 18/01/2011

Signature: [Signature]

(signature of witness)

Signature: [Signature]

(signature witnessed by)

**STATEMENT OF WITNESS: ENGLAND AND WALES ONLY**

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29 Jan 2011 10:42 P.03/03

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HMCE IT TEAM  
CEP (Sep 2008)