

**Report of the Head of Licensing and Registration Service**

**Report to the Licensing Sub Committee**

**Date:** 6th June 2011

**Subject:** Application for the Grant of a premises licence for Grocery Store, 253 Dewsbury Road, Hunslet, Leeds, LS11 5HZ

**Report author:** Miss Victoria O'Brien      **Contact telephone number:** 0113 2474095

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**Does the report contain information which has been identified as confidential or exempt?**

**Yes** (if exempt, please see the public interest test in section 4)

Relevant section of the report:

In accordance with Access to Information Procedure Rule:

**No**, this report does not contain information identified as confidential or exempt.

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**Is the decision eligible for call-in?**     **Yes**       **No – exempt**       **Not applicable**

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**Summary of main issues and corporate governance considerations**

This report informs members of an application for the grant of a premises licence for premises situated at 253 Dewsbury Road, Hunslet, Leeds, LS11 5HZ, trading as Grocery Store.

This is an application for a premises licence which wishes to provide the sale of alcohol for consumption off the premises. The premises' proposal is to trade as a retail grocery shop.

Please see point 3.3.2 for proposed timings of operation.

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

**Recommendations**

The committee is asked to:

1. Consider the application and any relevant representations.
2. Take any of the steps detailed at 6, if any, they consider necessary for the promotion of the licensing objectives.

## **1 Purpose of this report**

- 1.1 To advise Members of an application made under section 17 of the Licensing Act 2003 ("the Act") for a premises licence in respect of the above mentioned premises.
- 1.2 The Committee is required to consider this application due to the receipt of representations.

## **2 History of the Premises**

- 2.1 This is the first application for a premises licence for these premises.

## **3 The Application**

- 3.1 The applicant is Mr Omer Kondu,
- 3.2 The location of the premises can be found on the map attached as Appendix A.
- 3.3 A copy of the application is attached as Appendix B to this report. For the assistance of members, the operating schedule shows:

### **3.3.1 Proposed licensable activities**

Sale by retail of alcohol

### **3.3.2 Proposed hours of licensable activities**

The proposed hours of licensable activities are as follows:

Sale by retail of alcohol	
Every Day	09:00 - 23:00

### **3.3.3 Proposed times when the premises is open to the public**

Everyday	09:00 - 23:00
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### **3.3.4 Steps to promote the licensing objectives**

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

### **3.3.5 Proposed Designated Premises Supervisor**

Mr Omer Kondu is nominated as the designated premises supervisor.

## **4 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 Representations have been received from interested parties. Members are invited to consider Appendix C of this report.

## **5 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 the making of 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 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 the 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.

## **7 Background Papers**

- Guidance issued under s182 Licensing Act 2003
- Leeds City Council statement of licensing policy

**Grocery Store, 253 Dewsbury Road, Hunslet, Leeds, LS11**

**PREM/03022/001**



Miles 0.0025 0.005 0.0075 0.01 0.0125 0.015 0.0175 0.02 0.0225 0.025 0.0275 0.03 0.0325 0.035

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>	25 May 2011
<b>Scale:</b>	1:356

PREM/03022/001

RECEIVED



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 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 OMER KONDU (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>253 DEWSBURY ROAD,</u>	
Post town <u>LEEDS</u>	Post code <u>LS11 5HZ</u>

Telephone number of premises (if any)

[Empty box for telephone number]

Non domestic rateable value of premises

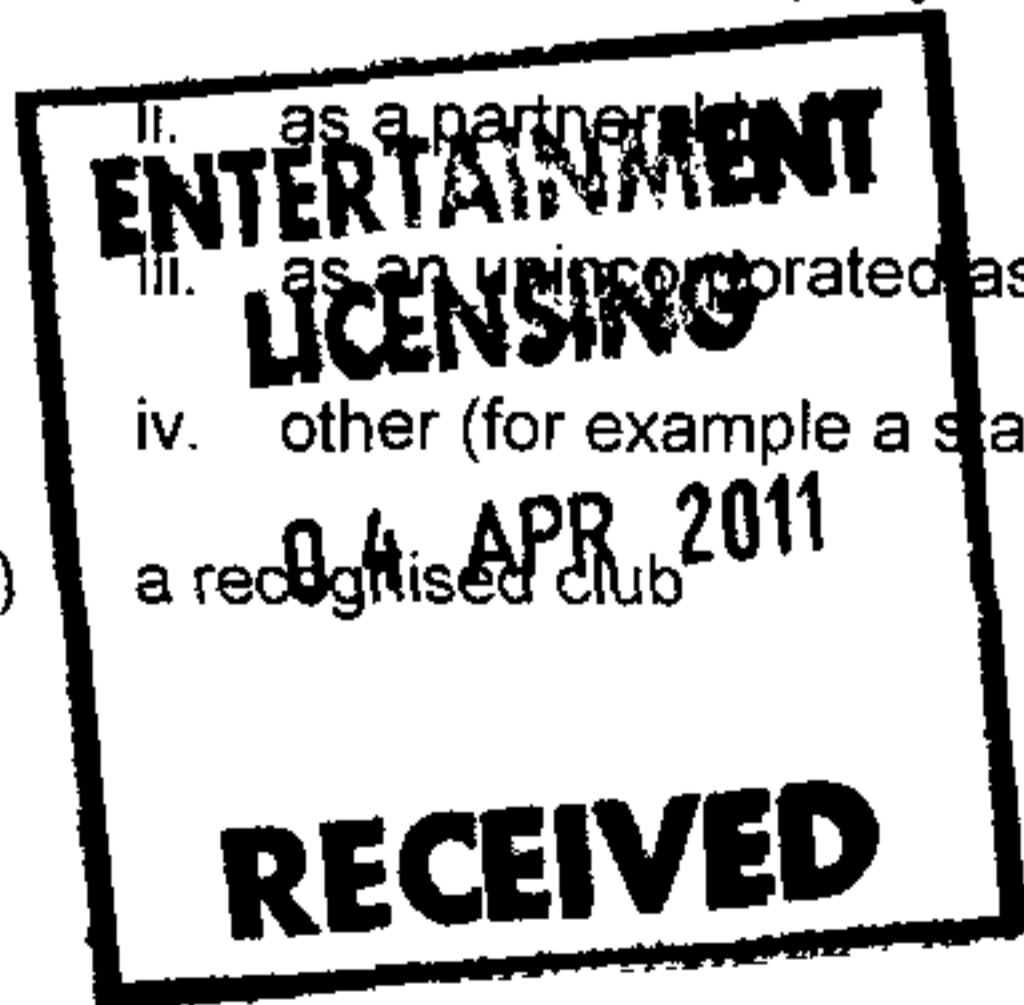
£ 6900.00

*[Handwritten signature]* *5/4/11*

Part 2 - Applicant Details

Please state whether you are applying for the 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 partner  please complete section (B)
    - iii. as 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 in Wales  please complete section (B)
- ga) a person who is registered under Chapter 2 of part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

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

Please tick  yes

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

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr  Mrs  Miss  Ms  Other title (for example, Rev)

Surname

First names

KONDU

OMER

Please tick  yes

I am 18 years old or over

Current postal address if different from premises address

159 REEVES WAY, ARMTHORPE

Post Town

DONCASTER

Postcode

DN3 2FB

Daytime contact telephone number

0794 423 4507

Email address (optional)

omerrsheriff@hotmail.com

**SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)**

Mr

Mrs

Miss

Ms

Other title  
(for example, Rev)

Surname

First names

Please tick  yes

I am 18 years old or over

Current postal address  
if different from  
premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In 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)
E-mail address (optional)



**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year			
0	1	0	5	2	0	1	1

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

Day		Month		Year			

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

My new shop located in the shopping parade in dewsbury road. Wide of the shop nearly 4.5m and 9m long the retail area and also there are 35m<sup>2</sup> storage area at the back side of the shop. My next door is green grocery shop the other side is empty old Quicksave store. There is a emergency exit at the back side of the shop.

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

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)

Please tick  yes

**Provision of regulated entertainment**

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performance of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

**Provision of entertainment facilities for:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

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

**Sale by retail of alcohol** (if ticking yes, fill in box M)

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 <input checked="" type="checkbox"/> (please read guidance note 2)</b>	<b>Indoors</b>	<input type="checkbox"/>
				<b>Outdoors</b>	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>		<b>Both</b>	<input type="checkbox"/>
<b>Mon</b>			<b>Please give further details here (please read guidance note 3)</b>		
<b>Tue</b>					
<b>Wed</b>			<b>State any seasonal variations for performing play (please read guidance note 4)</b>		
<b>Thur</b>					
<b>Fri</b>			<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 (please read guidance note 5)</b>		
<b>Sat</b>					
<b>Sun</b>					

# B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of a films take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)</b>	<b>Indoors</b>	<input type="checkbox"/>
				<b>Outdoors</b>	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>		<b>Both</b>	<input type="checkbox"/>
<b>Mon</b>			<b>Please give further details here (please read guidance note 3)</b>		
<b>Tue</b>					
<b>Wed</b>			<b>State any seasonal variations for the exhibition of films (please read guidance note 4)</b>		
<b>Thur</b>					
<b>Fri</b>			<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 (please read guidance note 5)</b>		
<b>Sat</b>					
<b>Sun</b>					

### C

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

### D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick <input type="checkbox"/> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed				State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 4)	
Thur					
Fri			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. (please read guidance note 5)		
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 <input checked="" type="checkbox"/> (please read guidance note 2)</b>	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here (please read guidance note 3)</b>	Both	<input type="checkbox"/>
Tue					
Wed				<b>State any seasonal variations for the performance of live music (please read guidance note 4)</b>	
Thur					
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. (Please read guidance note 5)</b>	
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 <input checked="" type="checkbox"/> (please read guidance note 2)</b>	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here (please read guidance note 3)</b>	Both	<input type="checkbox"/>
Tue					
Wed				<b>State any seasonal variations for the playing of recorded music (please read guidance note 4)</b>	
Thur					
Fri				<b>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list. (please read guidance note 5)</b>	
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 <input checked="" type="checkbox"/> (please read guidance note 2)</b>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here (please read guidance note 3)</b>		
Mon					
Tue			<b>State any seasonal variations for the performance of dance (please read guidance note 4)</b>		
Wed					
Thur			<b>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list. (please read guidance note 5)</b>		
Fri					
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>		
			<b>Will the entertainment take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)</b>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here (please read guidance note 3)</b>		
Mon					
Tue			<b>State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</b>		
Wed					
Thur			<b>Non standard timings. Where you intend to use the premises for the 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. (please read guidance note 5)</b>		
Fri					
Sat					
Sun					

I

<b>Provision of facilities for making music</b> Standard day and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing																									
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr> <td>Mon</td> <td></td> <td></td> </tr> <tr> <td>Tue</td> <td></td> <td></td> </tr> <tr> <td>Wed</td> <td></td> <td></td> </tr> <tr> <td>Thur</td> <td></td> <td></td> </tr> <tr> <td>Fri</td> <td></td> <td></td> </tr> <tr> <td>Sat</td> <td></td> <td></td> </tr> <tr> <td>Sun</td> <td></td> <td></td> </tr> </tbody> </table>			Day	Start	Finish	Mon			Tue			Wed			Thur			Fri			Sat			Sun			Will the facilities for making music be indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors <input type="checkbox"/>
			Day	Start	Finish																							
			Mon																									
Tue																												
Wed																												
Thur																												
Fri																												
Sat																												
Sun																												
Outdoors <input type="checkbox"/>																												
Both <input type="checkbox"/>																												
			Please give further details here (please read guidance note 3)																									
			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)																									
			Non standard timings. Where you intend to use the premises for the provision of facilities for making music at different times to those listed in the column on the left, please list. (please read guidance note 5)																									

J

<b>Provision of facilities for dancing</b> Standard timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)																								
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr> <td>Mon</td> <td></td> <td></td> </tr> <tr> <td>Tue</td> <td></td> <td></td> </tr> <tr> <td>Wed</td> <td></td> <td></td> </tr> <tr> <td>Thur</td> <td></td> <td></td> </tr> <tr> <td>Fri</td> <td></td> <td></td> </tr> <tr> <td>Sat</td> <td></td> <td></td> </tr> <tr> <td>Sun</td> <td></td> <td></td> </tr> </tbody> </table>			Day	Start	Finish	Mon			Tue			Wed			Thur			Fri			Sat			Sun			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
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Tue																											
Wed																											
Thur																											
Fri																											
Sat																											
Sun																											
Please give further details here (please read guidance note 3)																											
State any seasonal variations for providing dancing facilities (please read guidance note 4)																											
			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list. (please read guidance note 5)																								

# 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)			Please give a description of the type of entertainment facility you will be providing				
			Will the entertainment facility be place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	<table border="1"> <tr> <td>Indoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>	Indoors	<input type="checkbox"/>	Outdoors
Indoors	<input type="checkbox"/>						
Outdoors	<input type="checkbox"/>						
Both	<input type="checkbox"/>						
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)				
Mon							
Tue							
Wed					State any seasonal variations for the provisions of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)		
Thur							
Fri					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. (please read guidance note 5)		
Sat							
Sun							

# L

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)			
			<table border="1"> <tr> <td>Indoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>	Indoors	<input type="checkbox"/>	Outdoors
Indoors	<input type="checkbox"/>					
Outdoors	<input type="checkbox"/>					
Both	<input type="checkbox"/>					
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed					State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	
Thur						
Fri					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. (please read guidance note 5)	
Sat						
Sun						

# M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption on or off the premises or both – please tick <input checked="" type="checkbox"/> (please read guidance note 7)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
Mon	09.00	23.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	09.00	23.00			
Wed	09.00	23.00			
Thur	09.00	23.00		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. (please read guidance note 5)	
Fri	09.00	23.00			
Sat	09.00	23.00			
Sun	09.00	23.00			

<p><b>State the name and details of the individual whom you wish to specify on the licence as premises supervisor</b></p> <p>Name <b>OMER KONDU</b></p> <p>Address <b>159 Reeves Way, Armthorpe, Doncaster</b></p> <p>Postcode <b>DN3 2FB</b></p> <p>Personal licence number (if known) <b>DN1 1RN 2174</b></p> <p>Issuing licensing authority (if known) <b>Doncaster Metropolitan Borough Council Licensing Section.</b></p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



# 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)

Our Premises going to be grocery shop. We are not going to be held any adult entertainment or relatives activities, in the premises Our customer when they come they would make their shopping and they will go within all this time they would accompanied ~~they~~ their children with themselves. The children they do not have any right or chance to get any age restricted products.

# 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	09.00	23.00	
Tue	09.00	23.00	
Wed	09.00	23.00	
Thur	09.00	23.00	
Fri	09.00	23.00	
Sat	09.00	23.00	
Sun	09.00	23.00	

Non standard timings. Where you intend to open the premises to be open to the public at different times from those listed in the column on the left, please list.  
(please read guidance note 5)

## P

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

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

Dear Sir or Madam, I would like to confirm that I am going to be DPS and premises licence holder if I granted the premises licence. I held my personal licence since 2010 and I had before premises licence as well from the Leeds city council. (Old Premises licence Number - PREM/02846.) If you check all my records I never sell any alcohol or age restriction products to any underage person. I always try to make as much as

b) The prevention of crime and disorder I can regarding of this matter.

Also in this premises again I will put 8 camera CCTV system which is at least 60 day recordable capacity. And also I already agree with the ADT alarm company which is they would install the premises redcare Grade 2 alarm system with undercounter panic button which connected straight the police station. Any one child or drunk adults if they insist to me supply any restrict

c) Public safety products. I will contact straight with police

forces. Also I would train my staff whatever they teach me in the personal licence training and I also explain to all my knowledge to my staff. Without my authorisation they will not supply any relative products to anyone else. either child or drunk adult. In my all previous experience I saw that anyone can try to get alcohol or relative products. Important things in here to say simple word.

d) The prevention of public nuisance

Simply No ID No sell even customer looks over 18. Also in my premises. I will put lots of sticker or Warning Label to explain the customer without ID I can not supply any age restricted product. I would follow governments new scheme which is call "Challenge 25" someone look younger straight I would ask ID. If they

e) The protection of children from harm not provide I would refuse them.

We will only accept, a credit ID's Such a passport or Driving licence not bus pass ID. If I realize some try to get alcohol behalf of children I will refuse this person and I show the sign which is clearly visible behind the counter, over the counter or nearly display fridge. Maximum five 5000 pound. I will supply the spirits

behind the counter to make difficult access. Simply our worlds going to be No ID No sell. whoever for us does not matter. Even some one over age but seems to be over limit I will refuse to sell alcohol to them. And also I confirm that I will always follow the police forces orders and I accompanied with them.

Please tick  Yes

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed 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 UP TO LEVEL 5 ON THE STANDARD SCALE UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**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	<i>Kandu</i>
Date	<i>01/04/2011</i>
Capacity	<i>Owner</i>

**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 address for correspondence associated with this application** (please read guidance note 19)

Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	

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

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

I, OMER KONDU ] of  
*full name of prospective premises supervisor*

[ 159 Reeves Way, Armthorpe, Doncaster, DN4 2FB  
*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

[ Sale by retail of alcohol ] by [ OMER KONDU ]  
*type of application* *name of applicant*

relating to a premises licence [ PREM102846 ] for  
*number of existing licence, if any*

[ Dewsbury Food, 253 Dewsbury Road, Leeds LS11 5HZ ] 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

[ OMER KONDU ] concerning the supply of alcohol at  
*name of applicant*

[ Dewsbury Food, 253 Dewsbury Road, Leeds LS11 5HZ ]. I also LS11 5HZ.  
*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 [ DN1 1RN 2174 ] EXP 7/3/2020  
*insert personal licence number, if any*

Personal licence issuing authority  
[ Doncaster Metropolitan Borough Council ] PO Box 257  
*insert name and address and telephone number of personal licence issuing authority, if any*  
Doncaster  
DN1 1RN

Kondu signed  
OMER KONDU name (please print)  
01/04/2011 dated

**ENTERTAINMENT LICENSING**  
04 APR 2011  
**RECEIVED**

Prem/03022/001

23.04.11

Sanwar Ali  
3. stratford  
st Leeds  
LS11 6JP

Dear Sir/Madam

I am writing this letter to tell you that Mr. Omer Kundu (253 Dewsbury Road Leeds LS11 5HZ) has chosen to sell alcohol which may cause danger to children who live near the shop. During the day people will be walking in and out of the shop causing public nuisance and a lot of noise. This will frighten adults and children who live nearby. I refer to alcohol license by Mr. Omer khundu. Should this be acceptable? The shop will be open from till 11pm, children will be walking by the shop

at dam for school at the  
same time the shop will  
be open. On Dewsbury <sup>road</sup> it is  
a peace and quite environment  
where people might want to  
shop and would not want  
to be frightened. Now I  
have told you all about this  
harmful situation, I  
would like to stop this  
dangerous case.

Your sincerely

SANWAR ALI





3022/001

ENTR	ENT
LL	ING
27 APR 2011	
RE	D

26/4/2011

MR ABAB MIAH.

2 STRATFORD ST

LEEDS LS11 6SP.

TEL 07999494732

Dear Sir / madam.

I refer to a Sale by Retail  
of Alcohol Licence application by a  
MR OMER KONDU OF 253 Dewsbury  
Road Leeds LS11 5HZ

I would like to first of all point  
out to you in the strongest terms  
that I can find that Dewsbury  
Road is NOT a commercial area  
but a busy Residential Area. My  
House is just 50 yards from this  
shop I have 2 little children  
who play in the Garden and on  
the Street I would like to  
point out to you that should it  
a Alcohol License be given  
that would put not just my  
children but other children on this  
area in danger. it would expose  
them to all kinds of danger.

P.T.O.



where people would be coming in  
the area and in this shop all hours  
of the day it would bring with  
it noise ALCOHOL Abuse they would  
be drinking outside the shop  
and youngsters shouting Fighting  
and swearing my children go to  
bed at 7pm I feel that the  
noise this shop would bring  
would disrupt the peace that they  
enjoy this shop is too close to LOCAL  
streets where there are lots of  
children. please let me let you  
know that should a license be  
give I will seek LEGAL HELP in  
this matter and hold the Leeds  
City Council and License committee  
liable I hope that it does not  
come to that and common sense  
prevails and the Safety of children  
First and foremost be taken  
into consideration. Women. Men  
children walk freely in the streets  
at night without FEAR and danger  
should a license be given that will  
no longer be the case people will  
be scared to come out of their  
House's at night due to FEAR OF  
Abuse and crime

Yours Sincerely,



BRITISH  
POST

UK  
POST

1285470011

RECEIVED

24/04/2011

ABBAS MIAH

16 camberely street

Leeds

LS11 6JN

Dear Madam/Sir

I would like to point out to you that this is a residential area and on top of that a dangerous alcoholic shop will be placed in this very safe area.

Mr Omer kondus, the owner of <sup>253</sup>if this shop on Deushbury road has picked to be ~~be~~ fully alcoholic shop. Children, residents every single day go pass this shop, and they want to go passed it safely.

This shop will be open 9am till late. 9am, Children go to school, my children go to bed very early and i want them to sleep peacefully. When my children play outside i am very very concerned if they get harmed, some of my parents are ~~want~~ public safety, children protection. etc This is not acceptable at all. In order of residents and children

to be out of danger and to be safe,  
I would like to object this case.

Your sincerely

MR ABBAS MIAH.

A handwritten signature in black ink, appearing to read 'Abbas Miah', written over a horizontal line.

**Glover, Barry**

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**From:** faruk miah [fmiah786@hotmail.co.uk]  
**Sent:** 28 April 2011 21:56  
**To:** Entertainment Licensing  
**Subject:** liquer licensing

mr faruk miah  
33 coupland road, beeston,ls11 6al

to whom it may concern

i have been made aware that mr omer konu has applied for a liquor license on the property 253 dewsbury road.

i am writing in objection to this as i feel that granting the liquor licence to mr omer konu would increase the public disorder in this area as people always drinking and causing trouble from the pub and off licence few doors down.

i also want to point out a few more reasons why i object to this are

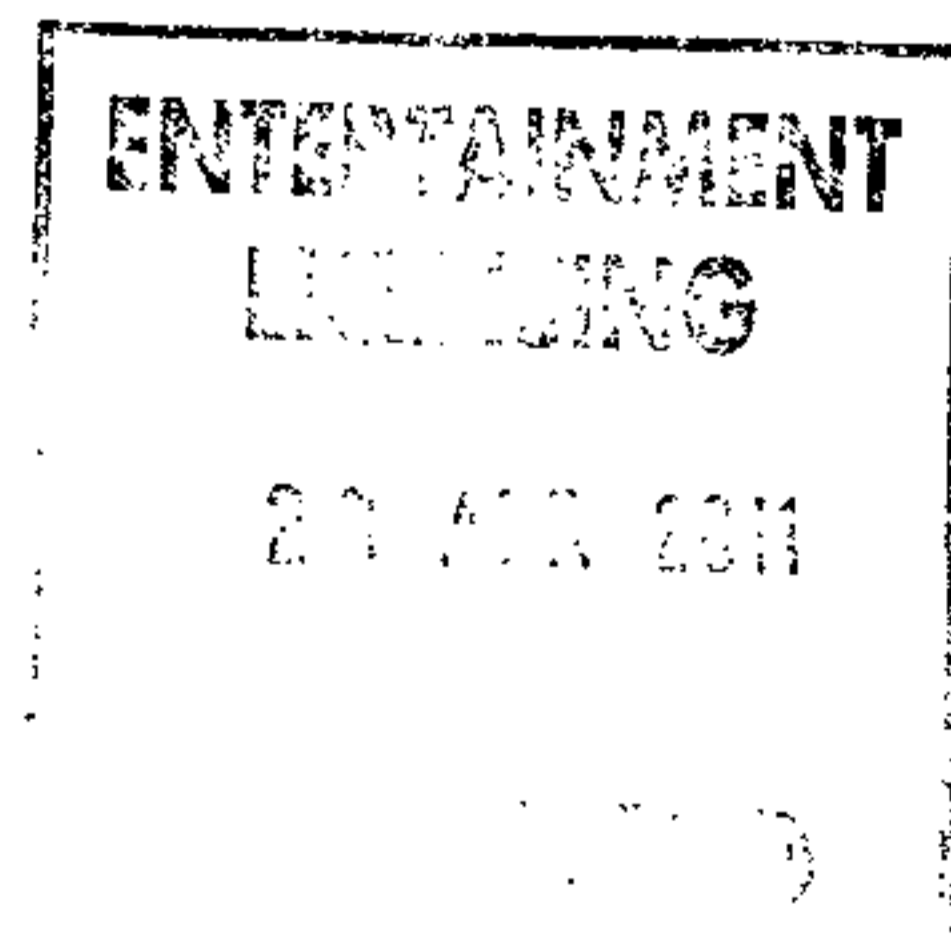
public nuisance and noise  
increase of crime and disorder  
public safety and childrens safety

i hope you take time to consider my objection and understand that i and my family and all residents off beeston would like to reside in a safe and friendly environment and not have to put up to more drunk and disorderly people

thank you and please let me know of the outcome

yours faithfully

faruk miah



**Glover, Barry**

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**From:** aesdf sad [fatlum@yahoo.com]  
**Sent:** 02 May 2011 13:54  
**To:** Entertainment Licensing  
**Subject:** ref:Licence Application - PREM/03022/001 - 253 Dewsbury Road

Hi there,  
I tried but was unable to submit comments on the website in regards to the above license application.

Case Officer - Victoria O'Brian

As a neighbour I am writing to object to the application: Sale by Retail of Alcohol every day from 09:00 - 23:00

This objection is on the grounds of:

Public Nuisance  
Noise Disturbance  
Protection of Childeren from Harm

- a. We are already facing a lot of disturbances from the Pub next door to 253 Dewsbury Road and with the grunting another licence for sale of alcohol till late hours is going to increase into this.
- b. Most effected will be ourselves as neighbours and children.
- c. Alcohol will be a prime factor to attract and increase further on youth activities in the area till late hours and as a result there will be more disturbances.

*Please note:*

Having made the points of objection above I can add that I do not object to the sale of the international food as this will bring a benefit to the local users.

Many thanks  
Fatlum

