

30631001



Leeds City Council
Application for a premises licence
Licensing Act 2003

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

* required information

Section 1 of 22

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference This is the unique reference for this application generated by the system.

Your reference You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

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

Applying as an individual

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

Applicant Business

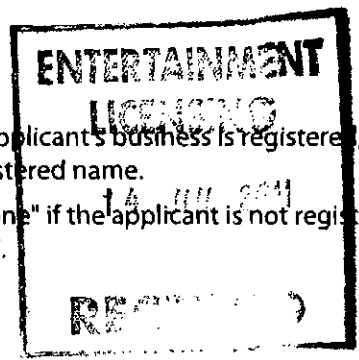
* Is the applicant's business registered in the UK with Companies House? Yes No

* Registration number

* Business name If the applicant's business is registered, use its registered name.

* VAT number Put "none" if the applicant is not registered for VAT.

* Legal status



Continued from previous page...

* Applicant's position in the business

Home country

The country where the applicant's headquarters are.

Registered Address Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Agent Details

* First name

* Family name

* E-mail

Main telephone number

Include country code.

Other telephone number

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

Are you:

An agent that is a business or organisation, including a sole trader

A sole trader is a business owned by one person without any special legal structure.

A private individual acting as an agent

Agent Business

* Is your business registered in the UK with Companies House? Yes No

* Registration number

* Business name

If your business is registered, use its registered name.

* VAT number

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

* Legal status

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Agent Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

The information given here will be saved and will be pre-filled in future forms.

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PREMISES DETAILS

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

Premises Address

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

Address OS map reference Description

Postal Address Of Premises

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Further Details

Telephone number

Continued from previous page... Non-domestic rateable value of premises (£)

3,900

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APPLICATION DETAILS

In what capacity are you applying for the premises licence?

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

Confirm The Following

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

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NON INDIVIDUAL APPLICANTS

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

Non Individual Applicant's Name

Name

PRICEWIZE LTD

Continued from previous page...

Details

Registered number (where applicable)

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

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Contact Details

E-mail

Telephone number

Other telephone number

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OPERATING SCHEDULE

When do you want the premises licence to start? / /
dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end / /
dd mm yyyy

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

Provide a general description of the premises

Continued from previous page...

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.

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PROVISION OF PLAYS

Will you be providing plays?

- Yes No

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PROVISION OF FILMS

Will you be providing films?

- Yes No

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PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

- Yes No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

- Yes No

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PROVISION OF LIVE MUSIC

Will you be providing live music?

- Yes No

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PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

- Yes No

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PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

- Yes No

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Continued from previous page...

PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

Will you be providing anything similar to live music, recorded music or performances of dance?

Yes No

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PROVISION OF FACILITIES FOR MAKING MUSIC

Will you be providing facilities for making music?

Yes No

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PROVISION OF FACILITIES FOR DANCING

Will you be providing facilities for dancing?

Yes No

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PROVISION OF FACILITIES FOR ENTERTAINMENT OF A SIMILAR DESCRIPTION TO THOSE PROVIDED FOR MAKING MUSIC OR DANCING

Will you be providing facilities similar in nature to those provided for making music or dancing?

Yes No

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

Yes No

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

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

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

Continued from previous page...

THURSDAY

Start End

Start End

FRIDAY

Start End

Start End

SATURDAY

Start End

Start End

SUNDAY

Start End

Start End

Will the sale of alcohol be for consumption:

- On the premises Off the premises Both

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

State any seasonal variations

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

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

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

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

Name

First name

Family name

Continued from previous page...

Enter the contact's address

Building number or name	291
Street	HUDDERSFIELD ROAD
District	
City or town	DEWSBURY
County or administrative area	
Postcode	WF13 3RW
Country	United Kingdom
Personal Licence number (if known)	TBA
Issuing licensing authority (if known)	TBA

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- Electronically, by the proposed designated premises supervisor
- As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

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

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

NONE

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start

End

Start

End

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

Continued from previous page...

TUESDAY

Start 07:00

End 22:00

Start

End

WEDNESDAY

Start 07:00

End 22:00

Start

End

THURSDAY

Start 07:00

End 22:00

Start

End

FRIDAY

Start 07:00

End 22:00

Start

End

SATURDAY

Start 07:00

End 22:00

Start

End

SUNDAY

Start 07:00

End 22:00

Start

End

State any seasonal variations

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

[Empty box for seasonal variations]

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

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

[Empty box for non standard timings]

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LICENSING OBJECTIVES

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

a) General – all four licensing objectives (b,c,d,e)

Continued from previous page...

List here steps you will take to promote all four licensing objectives together.

In line with the government guidance we will manage the premises in line with all four of the licensing objectives and all relevant legislation.

b) The prevention of crime and disorder

1) The premises has comprehensive CCTV coverage. The system records, the data is kept for at least 30 days & will be made available to the authorities on request.

2) Whenever the DPS is not at the premises another person shall be nominated by them to be the responsible person to manage the premises.

c) Public safety

1) The licence holder is aware of their responsibilities under the Regulatory Reform (Fire Safety Order) Act 2005.

d) The prevention of public nuisance

Notices will be displayed at the exit door asking customers to leave the area quietly

e) The protection of children from harm

1) Any person who looks or appears to be under the age of 21 shall be asked to provide ID to prove that they are over the age of 18.

2) Only the UK photo driving licence, passport or government approved PASS cards will be accepted as proof of age.

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

The premises licence fee is based on the non domestic rateable value of the premises these fees are:

Non domestic rateable value £4,300 or less - £100

Non domestic rateable value between £4,301 and £33,000 - £190

Non domestic rateable value between £33,001 and £87,000 - £315

Non domestic rateable value between £87,001 and £125,000 - £450

Non domestic rateable value £125,001 or more - £635

If the premise▲ non domestic rateable value is £87,001 or more and the premises is used exclusively or primarily for the supply of alcohol for consumption on the premises the fee for this application is:

Non domestic rateable value between £87,001 and £125,000 - £900

Continued from previous page...

Non domestic rateable value £125,001 or more - £1905

If this application is for a community premises e.g. a village hall or community centre and the application does not include the sale of alcohol as an activity there is no fee payable.

If the premises will have 5,000 people or more in attendance at any one time there is an additional fee payable which we will contact you to pay when you submit your application. Details of these fees are available at http://www.leeds.gov.uk/Business/Licences_and_street_trading/Licence__alcohol_and_entertainment.

* Fee amount (£)

100.00

ATTACHMENTS

Consent form of the proposed premises supervisor electronic

Plans of the Premises electronic

DECLARATION

* I will make payment of the fee on submission of this application.

* I have attached, or will post to Leeds City Council, the plans of the premises.

I have attached, or will post to Leeds City Council, the consent form completed by the individual I wish to be premises supervisor, or

I will ensure the individual I wish to be premises supervisor submits the consent form electronically.

* I understand that I must now advertise my application.

* I understand that if I do not comply with the above requirements, my application will be rejected.

I understand that Leeds City Council is under a duty to protect the public funds it administers, and to this end may use the information I have provided on my application for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

PAUL SHERRATT

* Capacity

AGENT FOR APPLICANT

* Date

15 / 07 / 2011

dd mm yyyy

Add another signatory

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Digital signature

The form must be digitally signed, this will be verified and passed to the authority.

When you are satisfied that you have completed the form correctly, save it and continue with the application process. If the online application screen is no longer available in your browser, [click here](#) to resume.

OFFICE USE ONLY

Applicant reference number	116/11
Fee paid	
Payment provider reference	No response from payment service received
ELMS Payment Reference	46511
Payment status	No response from payment service received
Payment authorisation code	
Payment authorisation date	
Date and time submitted	Jul 14, 2011 1:16:57 PM
Approval deadline	Aug 14, 2011
Error message	
Is Digitally signed	<input checked="" type="checkbox"/>

Digital Signature Information

Signer's name	Paul
Signer's contact information	
Signing time	2011-07-14T12:10:19
Signer status	Identity Unknown - Identity Verification of the
Signature status	Signature Valid but document modified - The
Certificate issuer	O=Licensing Matters Ltd,CN=Paul