

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

Application to vary a premises licence 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 MIA PROPERTIES

(Insert name(s) of applicant)

Being the premises licence holder, apply to vary a premises licence under section 24 of the Licensing Act 2003 for the premises described in part 1 below

Premises licence number

00708004

Part 1 - Premises details

Postal address of premises or, if none, Ordnance Survey map reference or description

WHITE SJAN
15 CECILIA'S KITCHEN
LEEDS

Post town

LEEDS

Post code

LS25 7JP

Telephone number at premises (if any)

0113 2864380

Non-domestic rateable value of premises

£ 15,500

Part 2 - Applicant details

Daytime contact telephone number

0113 2864380

E-mail address (optional)

—

Current postal address if different from premises address

AS ABOVE

Post Town

—

Postcode

ENTERTAINMENT LICENSING

LICENSING

03 AUG 2011

RECEIVED

Do you want the proposed variation to have effect as soon as possible?

Please tick Y yes

If not do you want the variation to take effect from

| Day | | Month | | Year | |
|-----|--|-------|--|------|--|
| | | | | | |

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

| |
|-----|
| N/A |
|-----|

Please describe briefly the nature of the proposed variation (Please see guidance note 1)

To install a bottle bar in the Existing
outside Garage area - for sale and
consumption of alcohol.

(Drawings enclosed)

THIS IS TO EXTEND THE EXISTING LICENCE
TO INCLUDE THE PROPOSED AREA; ALL ACTIVITIES
AND OPENING HOURS ARE TO REMAIN THE SAME.

Part 4 Operating Schedule

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

| | Please tick ✓ yes |
|---|---|
| Provision of regulated entertainment | |
| a) Plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) Films (if ticking yes, fill in box B) | <input checked="" type="checkbox"/> |
| c) Indoor sporting events (if ticking yes fill in box C) | <input checked="" 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 checked="" type="checkbox"/> |
| f) Recorded music (if ticking yes, fill in box F) | <input checked="" 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) (if ticking yes, fill in box H) | <input checked="" type="checkbox"/> |
| <u>Provision of entertainment facilities for:</u> | |
| 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 box K) | <input checked="" type="checkbox"/> |
| <u>Provision of late night refreshment</u> (if ticking yes, fill in box L) | <input type="checkbox"/> |
| <u>Sale by retail of alcohol</u> (if ticking yes, fill in box M) | <input checked="" type="checkbox"/> |

In all cases complete boxes N, O and P

* AS EXISTING - SAME HOURS & LICENCED ACTIVITIES

16 AUG 2011
AB EXHIBITION AB

A

| Plays Standard days and timings (please read guidance note 6) | | | Will the performance of a play take place 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 | | | <u>Please give further details here</u> (please read guidance note 3) | Both <input type="checkbox"/> |
| Tue | | | | |
| Wed | | | <u>State any seasonal variations for performing plays</u> (please read guidance note 4) | |
| Thurs | | | | |
| Fri | | | <u>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</u> (please read guidance note 5). | |
| Sat | | | | |
| Sun | | | | |
| | | | | |

B

| Films Standard days and timings (please read guidance note 6) | | | Will the exhibition of films take place 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 | | | <u>Please give further details here</u> (please read guidance note 3) | Both <input type="checkbox"/> |
| Tue | | | | |
| Wed | | | <u>State any seasonal variations for the exhibition of films</u> please read guidance note 4) | |
| Thurs | | | | |
| Fri | | | <u>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</u> (please read guidance note 5). | |
| Sat | | | | |
| Sun | | | | |
| | | | | |



C

AS EXISTING C & D

| Indoor sporting events Standard days and timings (please read guidance note 6) | | | Please give further details here (please read guidance note 3) |
|--|-------|--------|--|
| Day | Start | Finish | |
| Mon | | | |
| Tue | | | |
| Wed | | | |
| Thurs | | | |
| Fri | | | |
| 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 [Y] (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 boxing or wrestling entertainment (please read guidance note 4) | | |
| Thurs | | | | | |
| Fri | | | | | |
| Sat | | | 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). | | |
| Sun | | | | | |

E

| Live Music Standard days and timings (please read guidance note 6) | | | Will the performance of live music take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2). | Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> |
|--|-------|--------|---|--|
| Day | Start | Finish | | |
| Mon | | | Please give further details here (please read guidance note 3) | |
| Tue | | | | |
| Wed | | | | |
| Thurs | | | State any seasonal variations for the performance of live music (please read guidance note 4) | |
| Fri | | | | |
| Sat | | | 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). | |
| Sun | | | | |

F

| Recorded music Standard days and timings (please read guidance note 6) | | | Will the playing of recorded music take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2). | Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/> |
|--|-------|--------|--|---|
| Day | Start | Finish | | |
| Mon | 10:00 | 00:30 | Please give further details here (please read guidance note 3) Background music to be played inside the bar and new dining area. | |
| Tue | 10:00 | 00:30 | | |
| Wed | 10:00 | 00:30 | State any seasonal variations for playing recorded music (please read guidance note 4) N/A | |
| Thurs | 10:00 | 00:30 | | |
| Fri | 10:00 | 01:00 | 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 (please read guidance note 5). N/A | |
| Sat | 10:00 | 01:00 | | |
| Sun | | | | |

G

As existing G → H

| Performance of dance Standard days and timings (please read guidance note 6) | | | Will the performance of dance take place 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 | | | Please give further details here (please read guidance note 3) | Both | <input type="checkbox"/> |
| Tue | | | | | |
| Wed | | | | State any seasonal variations for the performance of dance (please read guidance note 4) | |
| Thurs | | | | | |
| Fri | | | | 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 (please read guidance note 5). | |
| Sat | | | | | |
| Sun | | | | | |

H

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

AS EXISTING I & J

| 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 | | | Please give further details here (please read guidance note 3) | | |
| Wed | | | | | |
| Thurs | | | State any seasonal variations for the provision of facilities for making music (please read guidance note 4) | | |
| Fri | | | | | |
| Sat | | | 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 (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"/> |
| | | | Please give a description of the facilities for dancing you will be providing | | | |
| Tue | | | Please give further details here (please read guidance note 3) | | | |
| Wed | | | State any seasonal variations for providing dancing facilities (please read guidance note 4) | | | |
| Thurs | | | | | | |
| Fri | | | 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 (please read guidance note 5). | | | |
| Sat | | | | | | |
| Sun | | | | | | |

K

AS EXISTING K & L

| Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6) | | | Please give a description of the type of entertainment facility you will be providing | |
|--|-------|--------|--|--|
| Day | Start | Finish | Will the entertainment facility be indoors or outdoors or both - Please tick [Y] (Please read guidance note 2). | Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 3) | |
| Tue | | | | |
| Wed | | | | |
| Thurs | | | State any seasonal variations for the Provision of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4) | |
| 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

| Late night refreshment 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 [Y] (Please read guidance note 2) | |
|--|-------|--------|---|--|
| Day | Start | Finish | Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> | |
| Mon | | | Please give further details here (please read guidance note 3) | |
| Tue | | | | |
| Wed | | | | |
| Thurs | | | State any seasonal variations for the provision of late night refreshment (please read guidance note 4) | |
| 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 (Please tick <input type="checkbox"/>) Please read guidance note 7). | On the premises | |
|---|-------|--------|---|---|---|
| Day | Start | Finish | | Off the premises <input type="checkbox"/> | |
| Mon | 10:00 | 02:30 | State any seasonal variations for the supply of alcohol (please read guidance note 4) | Both <input checked="" type="checkbox"/> | |
| Tue | 10:00 | 02:30 | | | |
| Wed | 10:00 | 02:30 | | | |
| Thurs | 10:00 | 02:30 | | | 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 | 10:00 | 02:00 | | | |
| Sat | 10:00 | 02:00 | | | |
| Sun | 10:00 | 02:30 | | | |

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)

N/A

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 | 10:00 | 00:30 | 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). |
| Tue | 10:00 | 00:30 | |
| Wed | 10:00 | 00:30 | |
| Thurs | 10:00 | 00:30 | |
| Fri | 10:00 | 01:00 | |
| Sat | 10:00 | 01:00 | |
| Sun | 10:00 | 00:30 | |

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking

N/A

Please tick yes

I have enclosed the premises licence

I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes please fill in reasons for not including the licence, or part of it, below

Reasons why I have failed to enclose the premises licence or relevant part of premises licence

AS EXISTING 0.

| 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 | | | 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). |
| Tue | | | |
| Wed | | | |
| Thurs | | | |
| Fri | | | |
| Sat | | | |
| Sun | | | |

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking

P

Describe any additional steps you intend to take to promote all four licensing objectives as a result of the proposed variation:

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

A door supervisor will be employed to work between the Garage and main bar - to make sure customers can purchase drinks and keep the area tidy -

b) The prevention of crime & disorder

SECURITY STAFF AT BUSY OPERATING TIMES

c) Public safety

Opening a bottle bar in the garage area, will help reduce the crowding in the existing bar area - keeping it safer for customers to buy a drink, as it will not be as crowded outside

d) The prevention of public nuisance

SECURITY STAFF TO MAINTAIN NOISE PREVENTION

e) The protection of children from harm

ALL UNDER 18'S MUST BE ACCOMPANIED BY AN ADULT AND WILL ONLY BE ADMITTED TILL 2030 HRS.


Please tick Yes

- I have made or enclosed payment of the fee
- I have sent you copies of this application, and the plan to responsible authorities and others where 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: 21.7.11
Capacity: OWNER

For joint applications, signature of 2nd applicant or 2nd 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 13) | |
| WHITE SWAN 15 CROSSHILLS KIPPER LEEDS | |
| Post Town <u>LS25 7SE</u> | Postcode <u>LS25 7SE</u> |
| Telephone number (if any) <u>07977 012539 (DARREN MANAGER)</u> | |
| E-mail address (optional) | |