

11 OCT 2011



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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/WeThe Spice Box Limited..... (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
152 High Street,
Boston Spa,
Post town Wetherby Post code LS23 6BW

Telephone number of premises (if any) 01937 844644

Non domestic rateable value of premises £ 12,750

Part 2 – Applicant Details

Please state whether you are applying for the licence as:

- a) an individual or individuals*
b) a person other than an individual*
i. as a limited company
ii. as a partnership
iii. as an unincorporated association or
iv. other (for example a statutory corporation)
c) a recognised club

Appendix

- 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
 - o Statutory function or
 - o 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

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)

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	The Spice Box Limited
Address	152 High Street Boston Spa Wetherby LS23 6BW
Registered number (where applicable)	7779376
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited Company
Telephone number (if any)	01937 844644 or 07818 427601 mobile
E-mail address (optional)	Neil.Ewin@Gmail.com

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
2	0	1	1	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)

Ground floor 'bistro' style restaurant seating a maximum of 50 covers

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

N/A

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

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

B

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

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

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 <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the performance of live music (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
Sat					
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 <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Appropriate background music (e.g. soft jazz) to enhance atmosphere for diners		
Mon	10:00	23:00			
Tue	10:00	23:00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Wed	10:00	23:00			
Thur	10:00	23:00	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)		
Fri	10:00	23:00			
Sat	10:00	23:00			
Sun	10:00	23:00			

G

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 <input checked="" type="checkbox"/> (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			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri			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)		
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		
			Will the entertainment take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (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			State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

I

Provision of facilities for making music Standard day and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing		
			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	Both <input type="checkbox"/>		
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

J

Provision of facilities for dancing 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)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for providing dancing facilities (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

SCANNED

K

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					
			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"/>							
Day	Start	Finish	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

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 <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"/>					
Day	Start	Finish	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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	12:00	23:00			
Tue	12:00	23:00			
Wed	12:00	23:00			
Thur	12:00	23:00			
Fri	12:00	23:00			
Sat	12:00	23:00			
Sun	12:00	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)		

State the name and details of the individual whom you wish to specify on the licence as premises supervisor	
Name	Gildas Blin
Address	74 Glebe Field Drive, Wetherby,
Postcode	LS22 6WG
Personal licence number (if known)	LEEDS/PERL/002241/05
Issuing licensing authority (if known)	Licensing Department, Leeds City Council

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)

- Ensuring all staff are aware of the 4 licensing objectives and trained appropriately e.g.
 - o Health and Safety is a paramount concern of all staff
 - o Adherence to proof of age policy
- The design of the restaurant has incorporated these objectives e.g.
- Provision of fire exits with appropriate signage
 - o Sound proofed ceilings
 - o External venting through building roof
 - o Provision of disabled toilets

b) The prevention of crime and disorder

- Alcohol will only be served to diners
- Staff will be trained to identify and refuse to serve alcohol to disorderly diners

c) Public safety

- Numbers will be limited to available covers and limited waiting area
- Booking system in place
- Fire exits clearly marked
- Trained first aider on site

d) The prevention of public nuisance

- Music to only be played at background volume
- Kitchen extractors vent through chimney on roof
- Restaurant Ceilings sound proofed

e) The protection of children from harm

- Proof of age policy in place and staff trained appropriately

Notes for guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which would be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and provide a place for consumption of these off-supplies you must include a description of where the place is 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 unamplified.
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 (eg 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 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 gambling machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An 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.

