



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 RASHAD MAHMOOD (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
4 STAINBECK LANE, LEEDS
BRADFORD
Post town LEEDS Post code LS1 3DY

Telephone number of premises (if any) 01133459297

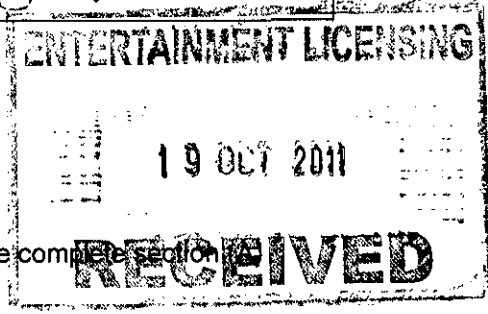
Non domestic rateable value of premises £ 14,250.00 ✓ J.O.B

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

Please tick [x] yes [] 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

MAHMOOD

RASHAD

Please tick yes

I am 18 years old or over

Current postal address if different from premises address

341 KILLINGHALL ROAD.
BRADFORD.

Post Town

BRADFORD

Postcode

BD3 7JF

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
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
01	11	2011

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)

HOT FOOD TAKEAWAY

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

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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"/>
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 performing play (please read guidance note 4)		
Thur					
Fri			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)		
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"/>
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 exhibition of films (please read guidance note 4)		
Thur					
Fri			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)		
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			
Sat			
Sun			
			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)

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					
Sat					
Sun					
			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 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 playing of recorded music (please read guidance note 4)		
Wed					
Thur			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					
Sat					
Sun					

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"/>
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)	
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		
Day	Start	Finish	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"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
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					

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"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			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)	

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"/>	
			Both <input type="checkbox"/>	
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			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

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																																
<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 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	<input type="checkbox"/>	Both	<input type="checkbox"/>
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Both	<input type="checkbox"/>																																		
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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)																																			
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)																																			

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"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td>11.0AM</td><td>01.0AM</td></tr> <tr><td>Tue</td><td>11.0AM</td><td>01.0AM</td></tr> <tr><td>Wed</td><td>11.0AM</td><td>01.0AM</td></tr> <tr><td>Thur</td><td>11.0AM</td><td>01.0AM</td></tr> <tr><td>Fri</td><td>11.0AM</td><td>03.0AM</td></tr> <tr><td>Sat</td><td>11.0AM</td><td>03.0AM</td></tr> <tr><td>Sun</td><td>11.0AM</td><td>01.0AM</td></tr> </tbody> </table>			Day	Start	Finish	Mon	11.0AM	01.0AM	Tue	11.0AM	01.0AM	Wed	11.0AM	01.0AM	Thur	11.0AM	01.0AM	Fri	11.0AM	03.0AM	Sat	11.0AM	03.0AM	Sun	11.0AM	01.0AM	Indoors <input checked="" type="checkbox"/>		Outdoors <input type="checkbox"/>
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Fri	11.0AM	03.0AM																											
Sat	11.0AM	03.0AM																											
Sun	11.0AM	01.0AM																											
Please give further details here (please read guidance note 3)																													
State any seasonal variations for the provision of late night refreshment (please read guidance note 4)																													
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)																													

Hot food Takeaway.

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"/>
				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					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			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 MR RASHAD MAHMOOD

Address 4 STAINBECK LANE
BLEEDS

Postcode LS7 30Y

Personal licence number (if known)

Issuing licensing authority (if known)

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	11.0AM	01.0AM	
Tue	11.0AM	01.0AM	
Wed	11.0AM	01.0AM	
Thur	11.0AM	01.0AM	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)
Fri	11.0AM	03.0AM	
Sat	11.0AM	03.0AM	
Sun	11.0AM	01.0AM	

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)

Licensing activities ie preparation & selling of food will not cause a problem to our neighbourhood.

Will also work in Partnership with other agencies to promote the four licensing objectives

b) The prevention of crime and disorder

please " see pro forma risk assessment"
Provide good customer care
make sure customers are not kept waiting and therefore good & fast service.

c) Public safety

please " see pro forma risk assessment "
Staff will have food and hygiene certificate.
No smoking zone (no one smokes inside - against the law)
make sure premises are clean.
Fire blanket & fire extinguisher

d) The prevention of public nuisance

please " see pro forma risk assessment "
Provide good customer care

e) The protection of children from harm

please " see pro forma risk assessment "
no smoking inside the takeaway.
will report any child related concerns to police.

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>[Handwritten Signature]</i>
Date	<i>10.10.11.</i>
Capacity	<i>owner</i>

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 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)	