



PREM1

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

30921001

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 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 Alexander William Neil
(Insert name(s) of applicant)

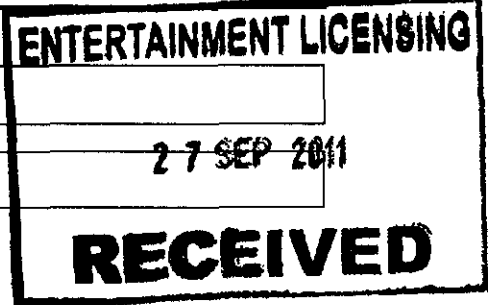
apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 --Premises details

Postal address of premises or, if none, Ordnance Survey map reference or description	
39 Call Lane, Leeds	
Post Town <u>Leeds</u>	Postcode <u>LS1 7BT</u>

Telephone number at premises (if any)

Non-domestic rateable value of premises

£ 19500**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as

Please tick Yes

- | | |
|---|---|
| a) An individual or individuals* | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual* | <input type="checkbox"/> please complete section (B) |
| i) as a limited company | <input type="checkbox"/> please complete section (B) |
| ii) as a partnership | <input type="checkbox"/> please complete section (B) |
| iii) an unincorporated association or | <input type="checkbox"/> please complete section (B) |
| iv) other (for example, a statutory corporation) | <input type="checkbox"/> please complete section (B) |
| c) a recognised club | <input type="checkbox"/> please complete section (B) |
| d) a charity | <input type="checkbox"/> please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> 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 please complete section (B)
- h) the chief officer of a police force in England & Wales please complete section (B)

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

- I am carrying on or proposing to carry on a business which involves the premise for licensable activities, or:
- I am making the application pursuant to a
 - statutory function or Please tick Yes
 - a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr Mrs Miss Ms Other title
(Rev, Dr, etc)

Surname:

Neil

First Name:

Alexander

I am 18 years old or over.

Please tick Yes

Current postal address if different from premises address

14 Bridge Lofts,
24-32 Bridge End

Post Town

Leeds

Postcode

LS1 4DJ

Daytime contact telephone number

07960013264

E-mail address (optional)

aneil1983@gmail.com

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr

Mrs

Miss

Ms

Other title
Rev, Dr, etc)

Surname:

First Name:

I am 18 years old or over.

Please tick Yes

**Current postal
address if different
from premises
address**

Post Town

Postcode

Daytime contact telephone number

**E-mail address
(optional)**

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate, please give any registered number. In the 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)
Email address (optional)

Part 3 - Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
2	4	1	0	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			

If more than 5000 people are expected to attend the premises at any one time, please state the number expected to attend.

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

Small cocktail bar located on Call Lane serving discerning customers premium beverages.

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)

Provision of regulated entertainment:

Please tick ✓ Yes

- 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) performances 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)
- L) Provision of late night refreshment (if ticking yes, fill in box L)
- M) Supply 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 [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 performing plays (please read guidance note 4)		
Thurs					
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 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			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)		
Thurs					
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 here (please read guidance note 3)	
Day	Start	Finish		
Mon				
Tue				State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed				
Thurs				Non standard timings. Where you intend to use the premises indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 5).
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 out doors 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			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

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	11:00	02:30	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	11:00	02:30			
Wed	11:00	02:30	State any seasonal variations for the performance of live music (please read guidance note 4) new years eve until 04:30, regardless of the day it falls		
Thurs	11:00	04:30			
Fri	11:00	04:30	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).		
Sat	11:00	04:30			
Sun	11:00	02:30			

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	11:00	02:30	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	11:00	02:30			
Wed	11:00	02:30	State any seasonal variations for playing recorded music (please read guidance note 4) new years eve until 04:30, regardless of the day it falls		
Thurs	11:00	04:30			
Fri	11:00	04:30	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).		
Sat	11:00	04:30			
Sun	11:00	02:30			

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 [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			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				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)	
Wed				
Thurs			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)	
Fri				
Sat			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).	
Sun				

I

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 checked="" type="checkbox"/>
Day	Start	Finish	Please give a description of the facilities for dancing you will be providing		Outdoors	<input type="checkbox"/>
Mon	11:00	02:30			small wooden dance floor approximately 2 metre x 2 metre, immediately in front of dj booth	
Tue	11:00	02:30	Please give further details here (please read guidance note 3)			
Wed	11:00	02:30	State any seasonal variations for providing dancing facilities (please read guidance note 4)			
Thurs	11:00	04:30	new years eve until 04:30, regardless of the day it falls on			
Fri	11:00	04:30	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	11:00	04:30				
Sun	11:00	02:30				

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	
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			State any seasonal variations for the Provision of facilities for entertainment of a similar description to that falling within J or K (please read guidance note 4)	
Thurs				
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 checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>	
Mon	11:00	02:00	Please give further details here (please read guidance note 3)	
Tue	11:00	02:00		
Wed	11:00	02:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4) new years eve until 04:00, regardless of the day it falls on	
Thurs	11:00	04:00		
Fri	11:00	04:00	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	11:00	04:00		
Sun	11:00	02:00		

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick [Y]) Please read guidance note 7).	On the premises <input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises <input type="checkbox"/>
Mon	11:00	02:00	State any seasonal variations for the supply of alcohol (please read guidance note 4) new years eve until 04:00, regardless of the day it falls on	Both <input type="checkbox"/>
Tue	11:00	02:00		
Wed	11:00	02:00		
Thurs	11:00	04:00	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	11:00	04:00		
Sat	11:00	04:00		
Sun	11:00	02:00		

State the name and details of the individual whom you wish to specify on the licence as premises supervisor	
Name	Alexander Neil
Address	14 Bridge Lofts, 24-32 Bridge End, Leeds
Postcode	LS1 4DJ
Personal Licensing Number (if known)	SBC027409
Issue Licensing Authority (if known)	Stockton-on-Tees

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)

none

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon	11:00	02:30	new years eve until 04:30, regardless of the day it falls on
Tue	11:00	02:30	
Wed	11:00	02:30	
Thurs	11:00	04:30	<u>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</u> (please read guidance note 5).
Fri	11:00	04:30	
Sat	11:00	04:30	
Sun	11:00	02:30	

P

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

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

The premises will be ran along similar lines to Boutique, Hirsts Yard Leeds, another outlet in our group.

b) The prevention of crime & disorder

CCTV, barstaff trained in 'Conflict Management', doorstaff as required

c) Public safety

As above, where practically possible a First Aider will be in attendance

d) The prevention of public nuisance

No glasses and bottles allowed onto street, CCTV, 'Respect' signs at all exits

e) The protection of children from harm

No children under 18 allowed into the premises

- Please tick Yes
- I have made or enclosed payment of the fee
 - I have enclosed the plans of the premises
 - I have sent you copies of this application, and the plan to responsible authorities and others where applicable
 - I have enclosed the consent form produced 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 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: *AW-S*
 Date: 26/09/11
 Capacity: DIRECTOR

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 postal address for correspondence associated with this application (please read guidance note 13)	
Post Town	Postcode
Telephone number (if any)	
E-mail address (optional)	

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

Consent of individual to being specified as premises supervisor

I [..... **Alexander Neil**] of
full name of prospective premises supervisor

[..... **14 Bridge Lofts, 24-32 Bridge End, Leeds, LS1 4DJ**]
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

[.....] by [.....] by [.....]
type of application *name of applicant*

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

[..... **39 Call Lane, Leeds, LS1 7BT**] 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

[..... **Alexander Neil**] concerning the supply of alcohol at
name of applicant

[..... **39 Call Lane, Leeds, LS1 7BT**]. I also
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 [..... **SBC027409**]
insert personal licence number, if any

Personal licence issuing authority

[..... **01642393939**]
insert name and address and telephone number of personal licence issuing authority, if any

A. Neil signed

~~26/02/11~~ name (please print) **A. NEIL** .

26/02/11 dated