

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 ZHU MING WU  
(Insert name(s) of applicant)

Being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in part 1 below

Premises licence number

PREM/01307/002

ENTERTAINMENT LICENSING  
07 NOV 2011  
RECEIVED

**Part 1 - Premises details**

Postal address of premises or, if none, ordnance survey map reference, or other location

Star Chef Takeaway  
15B North Lane  
Headingley

Post town

LEEDS

Post code

LS6 3HW

Telephone number at premises (if any)

01132 787 573

Non-domestic rateable value of premises

£ 8400 -

**Part 2 - Applicant details**

Daytime contact telephone number

07843 681749

E-mail address (optional)

Current postal address if different from premises address

37 FIR TREE APPROACH

Post Town

LEEDS

Postcode

LS17 7EF

ENTERTAINMENT LICENSING  
31 OCT 2011  
RECEIVED

27 NOV 2011

**Part 3 - Variation**

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

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

THE PROPOSED NATURE OF MY VARIATION IS TO EXTEND MY OPENING HOURS FROM 12AM UNTIL 2AM

**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.

**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:**

- l) 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**

<b>Plays</b> 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**

<b>Films</b> 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**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b>Please give further details here</b> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thurs			
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainment</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place</b> Indoors or out doors or both - Please tick [Y] (Please read guidance note 2).	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<b>Please give further details here</b> (please read guidance note 3)	
Thurs			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)	
Fri			<b>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</b> (please read guidance note 5).	
Sat				
Sun				

**E**

<b>Live Music</b> 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"/>
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 live music (please read guidance note 4)	
Thurs				
Fri			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				
Sun				

**F**

<b>Recorded music</b> 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"/>
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 playing recorded music (please read guidance note 4)	
Thurs				
Fri			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				
Sun				

**G**

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

**H**

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

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			<u>Please give further details here</u> (please read guidance note 3)	
Tue				
Wed			<u>State any seasonal variations for the Provision of facilities for entertainment of a similar description to that falling within I or J</u> (please read guidance note 4)	
Thurs				
Fri			<u>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</u> (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	5 Pm	2 AM	<u>Please give further details here</u> (please read guidance note 3)	
Tue	5 Pm	2 AM		
Wed	5 Pm	2 AM	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)	
Thurs	5 Pm	2 AM		
Fri	5 Pm	2 AM	<u>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</u> (please read guidance note 5).	
Sat	5 Pm	2 AM		
Sun	5 Pm	2 AM		

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> (Please tick [Y] Please read guidance note 7).	On the premises <input type="checkbox"/> Off the premises <input type="checkbox"/> Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)	
Mon				
Tue				
Wed				
Thurs				
Fri				
Sat				
Sun			<b>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</b> (please read guidance note 5).	

**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)

THEY ARE NONE TO HIGHLIGHT

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	5pm	2am	<p><b>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).</b></p>
Tue	5pm	2am	
Wed	5pm	2am	
Thurs	5pm	2am	
Fri	5pm	2am	
Sat	5pm	2am	
Sun	5pm	2am	

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

AT THE MOMENT THE CONDITIONS ON THE LICENCE STATE THE SHOP OPENING HOURS ARE TO BE FROM 5PM UNTILL 12AM I WOULD LIKE THIS REMOVED SO I CAN OPEN FROM 5PM UNTILL 2AM

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

**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)

b) The prevention of crime & disorder

I HAVE INSTALLED CCTV ON MY PREMISES

c) Public safety

NOT APPLICABLE

d) The prevention of public nuisance

I AM GOING TO HAVE A SIGN MADE AND DISPLAY THIS ON MY SHOP WINDOW ASKING CUSTOMERS TO REFRAIN FROM MAKING LOUD NOISE LATE AT NIGHT AS RESIDENTS LIVE NEARBY

e) The protection of children from harm

NOT APPLICABLE

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: 吴祝明 Wu Zhu Ming  
Date: 26/10/11  
Capacity: \_\_\_\_\_

For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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: \_\_\_\_\_

<b>Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13)</b>	
<b>Post Town</b>	<b>Postcode</b>
<b>Telephone number (if any)</b>	
<b>E-mail address (optional)</b>	

## Notes for Guidance

This application cannot be used to vary the licence so as to extend the period for which the licence has effect or to vary substantially the premises to which it relates. If you wish to make that type of change to the premises licence you should make a new premises licence application under section 17 of the Licensing Act 2003.

### Notes for Guidance

1. Describe the premises. 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.
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 un-amplified.
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 (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.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to 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 gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. A 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.