



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...Grace Musinga..... (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 am 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	
8 Church Walk	
Post town	Leeds
Post code	LS2 7EG 1006

Telephone number of premises (if any)

Non domestic rateable value of premises

£ 12,000 (estimated)

Part 2 – Applicant Details

Please state whether you are applying for the licence as:

- Please tick yes
- a) an individual or individuals* please complete section (A)
- b) a person other than an individual*
- i. as a limited company please complete section (B)
- ii. as a partnership please complete section (B)
- iii. as an unincorporated association or please complete section (B)
- iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)

ENTERTAINMENT LICENSING

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- 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

Musinga

Grace

Please tick yes

I am 18 years old or over

Current postal address if different from premises address

25 Haslewood Mews

Post Town

Leeds

Postcode

LS9 7RP

Daytime contact telephone number

07870409833

Email address (optional)

gmusinga@fsmail.net

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			
2	8	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)

Arch 8 Church Walk is remote from residential properties, screened by railway line and trees. Church Walk is a fenced and gated area, property does not face directly on to street. Gated designated bin area located close by. On site parking available.

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

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	0000	0030	Please give further details here (please read guidance note 3) So that customs can sit down, relax and watch with out been disturbed	Both	<input type="checkbox"/>
	1000	0000			
Tue	0000	0230	State any seasonal variations for the exhibition of films (please read guidance note 4)		
	1000	0000			
Wed	0000	0230			
	1000	0000			
Thur	0000	0230			
	1000	0000			
Fri	0000	0330	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)		
	1000	0000			
Sat	0000	0330			
	1000	0000			
Sun	0000	0430			
	1000	0000			


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	<p>To offer the customs a service of indoor sports so that they compete against each other and in teams from surrounding bars.</p> <p>State any seasonal variations for indoor sporting events (please read guidance note 4)</p> <p>None</p> <p>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)</p> <p>No</p>
Mon	0000	0030	
	1000	0000	
Tue	0000	0230	
	1000	0000	
Wed	0000	0230	
	1000	0000	
Thur	0000	0230	
	1000	0000	
Fri	0000	0330	
	1000	0000	
Sat	0000	0330	
	1000	0000	
Sun	0000	0430	
	1000	0000	


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			<p>Please give further details here (please read guidance note 3)</p> <p>State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 4)</p> <p>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)</p>	
Thur				
Fri				
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 <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>		
Day	Start	Finish		Outdoors	<input type="checkbox"/>		
Mon	0000	0030	Please give further details here (please read guidance note 3) Bands and Artists may perform using their own equipment.	Both	<input type="checkbox"/>		
	1000	0000					
Tue	0000	0230					
	1000	0000					
Wed	0000	0230		State any seasonal variations for the performance of live music (please read guidance note 4)	Both	<input type="checkbox"/>	
	1000	0000					
Thur	0000	0230					
	1000	0000					
Fri	0000	0330			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)	Both	<input type="checkbox"/>
	1000	0000					
Sat	0000	0330					
	1000	0000					
Sun	0000	0430				Both	<input type="checkbox"/>
	1000	0000					

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"/>		
Day	Start	Finish		Outdoors	<input type="checkbox"/>		
Mon	0000	0030	Please give further details here (please read guidance note 3) From Amplified background systems etc	Both	<input type="checkbox"/>		
	1000	0000					
Tue	0000	0230					
	1000	0000					
Wed	0000	0230		State any seasonal variations for the playing of recorded music (please read guidance note 4)	Both	<input type="checkbox"/>	
	1000	0000					
Thur	0000	0230					
	1000	0000					
Fri	0000	0330			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)	Both	<input type="checkbox"/>
	1000	0000					
Sat	0000	0330					
	1000	0000					
Sun	0000	0430				Both	<input type="checkbox"/>
	1000	0000					

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 checked="" type="checkbox"/>		
Day	Start	Finish		Outdoors	<input type="checkbox"/>		
				Both	<input type="checkbox"/>		
Mon	0000	0030	Please give further details here (please read guidance note 3)				
	1000	0000					
Tue	0000	0230					
	1000	0000					
Wed	0000	0230		State any seasonal variations for the performance of dance (please read guidance note 4)			
	1000	0000					
Thur	0000	0230					
	1000	0000					
Fri	0000	0330			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)		
	1000	0000					
Sat	0000	0330					
	1000	0000					
Sun	0000	0430					
	1000	0000					

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 Karaoke and Artists on ad hoc basis	Indoors	<input checked="" type="checkbox"/>		
Day	Start	Finish		Outdoors	<input type="checkbox"/>		
				Both	<input type="checkbox"/>		
Mon	0000	0030	Please give further details here (please read guidance note 3)				
	1000	0000					
Tue	0000	0230					
	1000	0000					
Wed	0000	0230		State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)			
	1000	0000					
Thur	0000	0230					
	1000	0000					
Fri	0000	0330			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		
	1000	0000					

Sat	0000	0330	listed in the column on the left, please list. (please read guidance note 5)
Sun	1000	0000	
	0000	0430	


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 Amplification and equipment available for guest artists etc																																													
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Mon</td> <td>0000</td> <td>0030</td> </tr> <tr> <td>1000</td> <td>0000</td> </tr> <tr> <td rowspan="2">Tue</td> <td>0000</td> <td>0230</td> </tr> <tr> <td>1000</td> <td>0000</td> </tr> <tr> <td rowspan="2">Wed</td> <td>0000</td> <td>0230</td> </tr> <tr> <td>1000</td> <td>0000</td> </tr> <tr> <td rowspan="2">Thur</td> <td>0000</td> <td>0230</td> </tr> <tr> <td>1000</td> <td>0000</td> </tr> <tr> <td rowspan="2">Fri</td> <td>0000</td> <td>0330</td> </tr> <tr> <td>1000</td> <td>0000</td> </tr> <tr> <td rowspan="2">Sat</td> <td>0000</td> <td>0330</td> </tr> <tr> <td>1000</td> <td>0000</td> </tr> <tr> <td rowspan="2">Sun</td> <td>0000</td> <td>0430</td> </tr> <tr> <td>1000</td> <td>0000</td> </tr> </tbody> </table>			Day	Start	Finish	Mon	0000	0030	1000	0000	Tue	0000	0230	1000	0000	Wed	0000	0230	1000	0000	Thur	0000	0230	1000	0000	Fri	0000	0330	1000	0000	Sat	0000	0330	1000	0000	Sun	0000	0430	1000	0000	Will the facilities for making music be 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 checked="" 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 checked="" type="checkbox"/>	Outdoors	<input type="checkbox"/>	Both	<input type="checkbox"/>
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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)																																																



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)																											
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Outdoors	<input type="checkbox"/>																													
Both	<input type="checkbox"/>																													
Please give further details here (please read guidance note 3)																														
Area available for dancing																														
State any seasonal variations for providing dancing facilities (please read guidance note 4)																														


	1000	0000	<p>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)</p> 
Fri	0000	0330	
	1000	0000	
Sat	0000	0330	
	1000	0000	
Sun	0000	0430	
	1000	0000	

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																																													
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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)																								
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Tue	0000	0230																									
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Wed	0000	0230																									
	1000	0000																									
Indoors	<input checked="" type="checkbox"/>																										
Outdoors	<input type="checkbox"/>																										
Both	<input type="checkbox"/>																										
Please give further details here (please read guidance note 3) So that people can relax after alcohol stopped been served, and everybody leaves at a steady pace as to health and safety																											
State any seasonal variations for the provision of late night refreshment (please read guidance note 4)																											

Thur	0000	0230	<p>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)</p> 
	1000	0000	
Fri	0000	0330	
	1000	0000	
Sat	0000	0330	
	1000	0000	
Sun	0000	0430	
	1000	0000	

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	0000	0000				
	1000	0000				
Tue	0000	0200				
	1000	0000				
Wed	0000	0230				
	1000	0000				
Thur	0000	0200				<p>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)</p> 
	1000	0000				
Fri	0000	0300				
	1000	0000				
Sat	0000	0300				
	1000	0000				
Sun	0000	0400				
	1000	0000				

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name Kalist Musinga

Address 25 Haslewood Mews

Postcode LS9 7RP

Personal licence number (if known) LEEDS/PERL/06125/11

Issuing licensing authority (if known) Leeds City Council

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)

Not Applicable

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	0000	0030	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)
	1000	0000	
Tue	0000	0230	
	1000	0000	
Wed	0000	0230	
	1000	0000	
Thur	0000	0230	
	1000	0000	
Fri	0000	0330	
	1000	0000	
Sat	0000	0330	

	1000	0000	
Sun	0000	0430	
	1000	0000	

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)

The prevention of crime and disorder

- a) The installation of CCTV.
- b) Door supervisors as appropriate (door supervisors company will advise us on staffing doors and how many we will need). Must be registered with the SIA
- c) We will carry out random drug and weapon search of customers.
- d) Drug found will be stored securely in the drug safe before handing over to the police.
- e) We will be active member of Pubwatch
- f) Use of radio system.

Public safety

- a) Securing containment of empty bottles, e.g. prompt clearing of empty glasses throughout operating times.
- b) Provision of access routes for emergency vehicles, which are kept clear of obstruction, and procedures for emergencies including calling the emergency services.
- c) Electrical system will be inspected and tested annually by a competent person to ensure their safety (The installation will have a full inspection every 3 years or a lesser duration as specify by the competent person and be tested yearly).
- d) Provision of adequate staff trained in evacuation procedures at all times whilst the premises is in use.
- e) We will ensure adequate and appropriate first aid equipment and materials are available on the premises together with trained first aider.

The prevention of public nuisance

- a) Doors and windows will be kept shut during entertainment.
- b) Suitable sign will be positioned at exits to request the co-operation of patrons, in particular to make as little noise as possible when leaving the premises.
- c) Winding down period with reduced levels of music, stopping the sale of alcohol, changing lighting levels within the premises.
- d) The Taxi telephone number will be advertised to customers. The operator, and all drivers will be aware that they should arrive and depart as quietly as possible, should not sound vehicle horns as a signal of their arrival or leave engines idling unnecessarily at night and early in the morning.
- e) Zero tolerance policy towards persons who are persistently rowdy when leaving the premises.
- f) The use of beer gardens will not commence before the start of normal trading hours and will cease at dusk or 22:00 hours, which ever is the earlier.
- g) They will be no external speakers.
- h) Patrons will be asked not to stand around talking in the car park and asked to leave the vicinity quickly and quietly.
- i) An announcement will be made prior to closing requesting patron's co-operation in leaving the premises and vicinity as quietly and quickly as possible.
- j) Door staff will be positioned at exits, particularly at closing time to encourage patrons to move on as quietly as possible.
- k) Management will control the sound levels of the music/entertainment by verbal agreement with performers, setting maximum levels on the sound system.

The protection of children from harm

- a) We will have stated policy about who should be challenged for proof of age i.e anyone who looks under 21 years of age, will also put up poof of age sign.
- b) Display signs and adhere to laws relating to alcohol and children;
- c) Age-identification procedures used – national/local/premises schemes;

- d) Staff should be easily identifiable (uniform or badge) and aware of safeguarding issues;
- e) Policy on clearing glasses to minimise opportunity for children to access left-over alcohol;

b) The prevention of crime and disorder

See pro forma risk assessment

c) Public safety

See pro forma risk assessment

d) The prevention of public nuisance

See pro forma risk assessment

e) The protection of children from harm

See pro forma risk assessment

Please tick Yes

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises

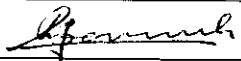
√
√

- 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	
Date	31/10/2011
Capacity	Business 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 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)	

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 (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 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.

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

Consent of individual to being specified as premises supervisor

I **...Kalist Musinga.....** of
full name of prospective premises supervisor

...25 Haslewood Mews, Leeds, LS9 7RP.....]
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

[Premises licence....] by **...Grace Musinga.....**
type of application *name of applicant*

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

...Listce Bar/Night Club, 8 Church Walk, Leeds, LS2 7EG.....] 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

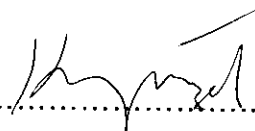
...Grace Musinga] concerning the supply of alcohol at
name of applicant

...Listce Bar/Night Club, 8 Church Walk, Leeds. LS2 7EG.....]. 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 **...LEEDS/PERL/06125/11.....**]
insert personal licence number, if any

Personal licence issuing authority

...Leeds City Council, Civic Hall, LS1 1UR, 01132474095.....]
insert name and address and telephone number of personal licence issuing authority, if any

 signed

Kalist Musinga..... name (please print)

28/10/2011..... dated