

**Report of the Head of Licensing and Registration**

**Report to the Licensing Sub Committee**

**Date: 9th January 2012**

**Subject: Application for the grant of a premises licence for My African Shop Stall  
252 1875 Market Hall, Kirkgate Market, Kirkgate, Leeds, LS2 7RQ**

Are specific electoral Wards affected?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If relevant, name(s) of Ward(s):		
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number:		
Appendix number:		

**Summary of main issues**

This is an application for the grant of a premises licence for My African Shop Stall 252 1875 Market Hall, Kirkgate Market, Kirkgate, Leeds, LS2 7RQ

Responsible authorities and Ward Members have been notified of this application.

The application has attracted representations from interested parties and responsible authorities.

The premises are located within an area covered by a Cumulative Impact Policy.

## **1.0 Purpose of this Report**

- 1.1 To advise Members of an application made under section 17 of the Licensing Act 2003 ("the Act") for a premises licence in respect of the above mentioned premises.
- 1.2 Members are required to consider this application due to the receipt of representations.

## **2.0 History of Premises**

- 2.1 This is the first application for a premises licence.

## **3.0 The Application**

- 3.1 The applicant is Mr Martin Wayne Douglas,
- 3.2 The application form may be found at Appendix A to this report.
- 3.3 In summary the application is for

Sale by retail of alcohol for consumption off the premises

Monday to Saturday      08.00 hours to 17.00 hours

Non Standard Timings:

- i) Sundays in December subject to market opening times and closing times.
- ii) Late night trading on Thursdays effective November subject to market opening and closing times until 19.00 hours.

## **4.0 Other matters relevant to the application**

- 4.1 At the time of writing this report there were no implications for equality and diversity. Any decision taken by the Licensing Sub-Committee will be in accordance with the four licensing objectives as prescribed by the Licensing Act 2003.

## **5.0 Steps to promote the Licensing Objectives**

- 5.1 The applicant proposes to take specific steps to promote the licensing objectives identified in section "P" of the application form.

## **6.0 Proposed Designated Premises Supervisor**

6.1 Jillian Bliss Ambrazaitis intends to be the Designated Premises Supervisor.

## **7.0 Location**

7.1 A map which identifies the location of this premise is attached at Appendix B.

## **8.0 Cumulative Impact Policy**

8.1 The premises are located within the Cumulative Impact Area 1.

8.2 Cumulative impact means the potential impact on the promotion of the licensing objectives here there are a significant number of licensed premises concentrated in one area.

8.3 An applicant wishing to obtain a new licence for premises falling within any of the cumulative impact areas, must identify through the risk assessment process and/or operating schedule, the steps that they intend to take so that the council and responsible authorities can be satisfied that the granting of a new licence will not add to the impact already being experienced.

8.4 Details of the Cumulative Impact Policy specific to Area 1 and an outline of the evidence behind the reason for setting this Policy is attached at Appendix C.

## **9.0 Representations**

9.1 Under the Act representations can be received from responsible authorities or interested parties. Representations must be relevant and, in the case of an interested party, must not be frivolous or vexatious.

### 9.2 Representations from Responsible Authorities

9.2.1 Representations have been received from West Yorkshire Police, in their capacity as a responsible authority.

9.3 Any representations submitted may be agreed prior to a hearing. In this instance, the operating schedule has been amended to include measures agreed with West Yorkshire Police. A copy of which may be found at Appendix D.

### 9.3.1 Representations from Interested parties

9.3.2 The application has attracted representations from interested parties.

9.3.3 The Licensing Section is in receipt of one letter of objection on the grounds that the application is in Area 1 Cumulative Impact Policy.

9.3.4 Copies of the representation will be available at the hearing for Members consideration.

## **10.0 Options Available to Members**

10.1 The Licensing sub-committee must take such of the following steps as it considers necessary for the promotion of the licensing objectives:

- Grant the application as requested.
- Grant the application whilst imposing additional conditions and/or altering in any way the proposed operating schedule.
- Exclude any licensable activities to which the application relates.
- Refuse to specify the said person as the designated premises supervisor.
- Reject the whole or part of the application.

10.2 Members of the licensing sub committee are asked to note that they may not modify the conditions or reject the whole or part of the application merely because it considers it desirable to do so. It must actually be necessary in order to promote the licensing objectives.

## **11.0 Background Papers**

- Guidance issued under s182 Licensing Act 2003
- Leeds City Council Licensing Policy
- Representations received from Interested Parties

3115/001



**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 MARTIN WAYNE DOUGLASS (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**

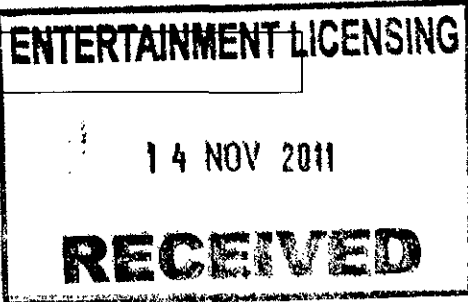
Postal address of premises or, if none, ordnance survey map reference or description <u>MY AFRICAN SHOP, UNIT 252 1875 MARKET HALL, KIRKGATE MARKET, 34 GEORGE STREET, LEEDS.</u>	
Post town <u>LEEDS</u>	Post code <u>LS2 7HY</u>

Telephone number of premises (if any)

N/A - MOBILE - 0740329 8241

Non domestic rateable value of premises

£ 4800



**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)

- 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

DOUGLASS MARTIN WAYNE

Please tick  yes

I am 18 years old or over

Current postal address if different from premises address 8a NEW LANE, DRIGHLINGTON, WEST YORKSHIRE,

Post Town BEADFORD Postcode BD11 1NL

Daytime contact telephone number 01132853453 / 07403298241

Email address (optional) mdouglass37@live.com

**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		
0	9	1	2	2	0	11

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)

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

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

# B

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

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

# F

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

## 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>			
			<b>Will the entertainment take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)</b>		<b>Indoors</b>	<input type="checkbox"/>
					<b>Outdoors</b>	<input type="checkbox"/>
					<b>Both</b>	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here (please read guidance note 3)</b>			
<b>Mon</b>						
<b>Tue</b>			<b>State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</b>			
<b>Wed</b>						
<b>Thur</b>			<b>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)</b>			
<b>Fri</b>						
<b>Sat</b>						
<b>Sun</b>						

I

<b>Provision of facilities for making music</b> 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"/>		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)			
Mon						
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

<b>Provision of facilities for dancing</b> 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			
			Outdoors	<input type="checkbox"/>		
			Both	<input type="checkbox"/>		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)			
Mon						
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						

# M

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>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)</b>	<b>On the premises</b> <input type="checkbox"/>
				<b>Off the premises</b> <input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol (please read guidance note 4)</b>	<b>Both</b> <input type="checkbox"/>
Mon	08:00	17:00		
Tue	08:00	17:00		
Wed	08:00	17:00		
Thur	08:00	17:00		
Fri	08:00	17:00		
Sat	08:00	17:00		
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. (please read guidance note 5)</b>	
			i) SUNDAYS IN DECEMBER SUBJECT TO MARKET OPENING TIMES & CLOSING TIMES	
			ii) LATE NIGHT TRADING ON THURSDAYS EFFECTIVE NOVEMBER SUBJECT TO MARKET OPENING & CLOSING TIMES TILL 19:00	

<b>State the name and details of the individual whom you wish to specify on the licence as premises supervisor</b>	
<b>Name</b>	JILLIAN BLISS AMBRAZAITIS
<b>Address</b>	6 MILLGATE MEWS, MILLGATE, SELBY
<b>Postcode</b>	YO8 3AA
<b>Personal licence number (if known)</b>	L/N 00000 3358
<b>Issuing licensing authority (if known)</b>	SELBY DISTRICT 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)

NIA.

# 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	08:00	17:00	
Tue	08:00	17:00	
Wed	08:00	17:00	
Thur	08:00	17:00	
Fri	08:00	17:00	
Sat	08:00	17:00	
Sun	08:00	17:00	

**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)

i) SUNDAYS IN DECEMBER SUBJECT TO MARKET OPENING & CLOSING TIMES.  
ii) LATE NIGHT TRADING ON THURSDAYS EFFECTIVE NOVEMBER SUBJECT TO MARKET OPENING & CLOSING TIMES. TILL 19:00



## 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)**

To provide imported alcohol to responsible clients that will not pose an immediate threat to themselves or others and ensure that the four objectives are taken into account when issuing alcohol to a customer who meets the legal requirements and will not abuse

**b) The prevention of crime and disorder** any of those objectives

Ensure clients are over the legal age and that they, by their mannerisms, are and will not pose a possible threat and commit a crime or cause public disorder if they seem under the influence of alcohol.

**c) Public safety**

If a customer, through their actions or mannerisms, seem aggressive due to the negative effects of alcohol, refuse to serve such client as they possibly pose a threat to public safety.

**d) The prevention of public nuisance**

Intoxicated customers will not be served and that the safety of public will be deemed a priority. Any clients causing a nuisance will be reported to the authorities if they do not leave the premises and will not be served.

**e) The protection of children from harm**

Ensure all clients are over the legal age limit by requesting proof of age. If no proof available then we reserve the right not to serve that person. Notices will be displayed requiring proof of age.

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>M. Douglas</i>
Date	11-11-2011
Capacity	Applicant / owner of company

**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	

**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)	

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

**Consent of individual to being specified as premises supervisor**

I [ Jillian Bliss Ambrazaitis ] of  
*full name of prospective premises supervisor*

[ 6 Millgate Mews, Millgate, Selby, YO8 3AA ]  
*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

[ off-licence ] by [ MARTIN DOUGLASS ]  
*type of application* *name of applicant*

relating to a premises licence [ N/A ] for  
*number of existing licence, if any*

[ UNIT 252, 1875 MARKET HALL, KIRKGATE MARKET ] 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

[ MARTIN DOUGLASS ] concerning the supply of alcohol at  
*name of applicant*

[ MY AFRICAN STOP, UNIT 252, KIRKGATE MARKET ]. 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 [ LN/ 000003358 ]  
*insert personal licence number, if any*

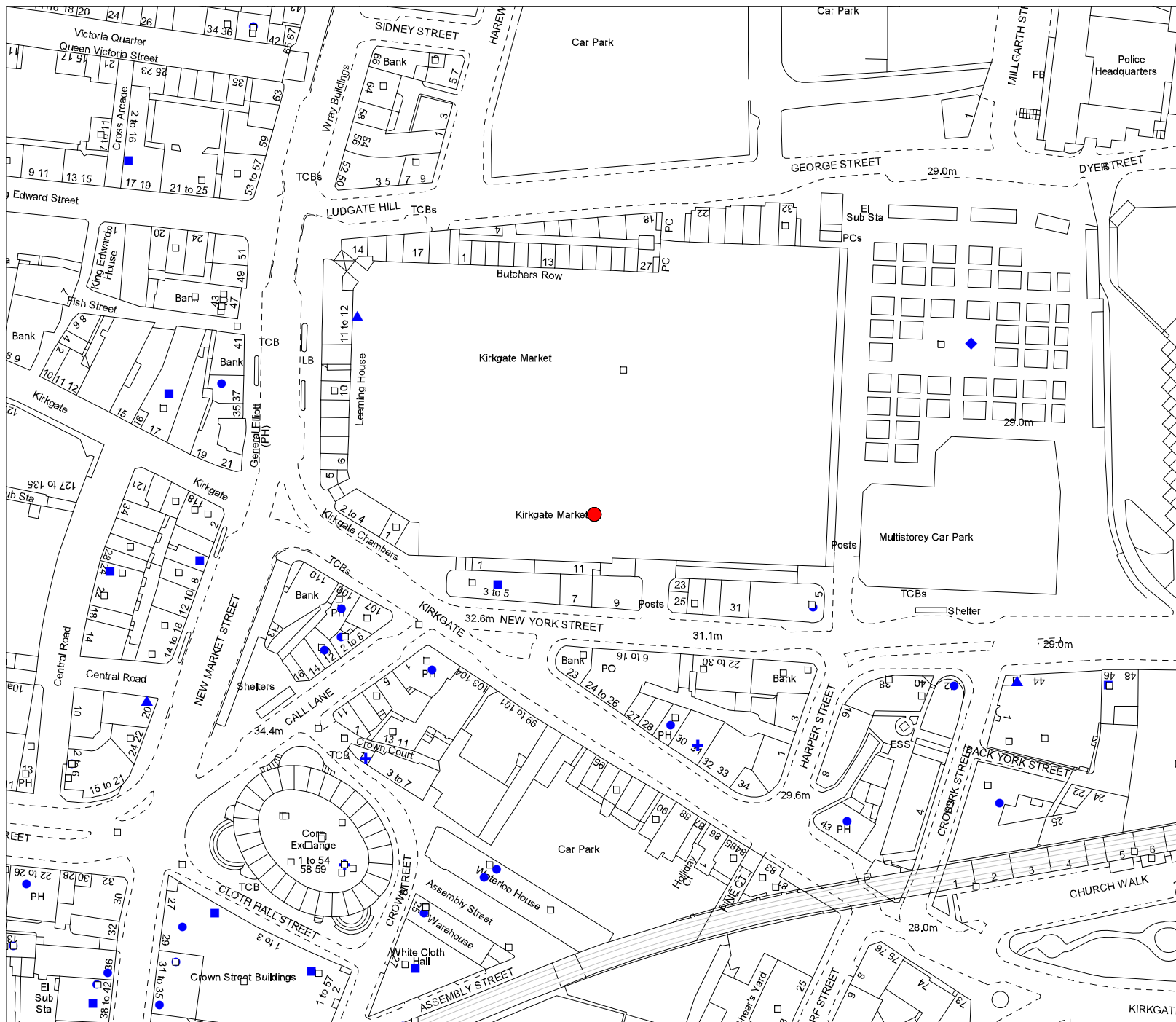
Personal licence issuing authority

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

Jillian Ambrazaitis signed

JILLIAN AMBRAZAITIS name (please print)

31.10.11 dated



**Key**

- - Non-Premises Licence / Terminated Licence
- - Private Members Club
- \* - Community Premises (With Alcohol)
- ☆ - Community Premises (Without Alcohol)
- ◆ - Entertainment Only
- ⋄ - Outdoor Space – High Capacity
- ⊕ - Late Night Refreshment
- ▲ - Off Licence
- - On Licence (Primary Use)
- - On Licence (Secondary Use)

This map is based upon the Ordnance Survey's digital data with the permission of the Ordnance Survey on behalf of the controller of Her Majesty's Stationary Office

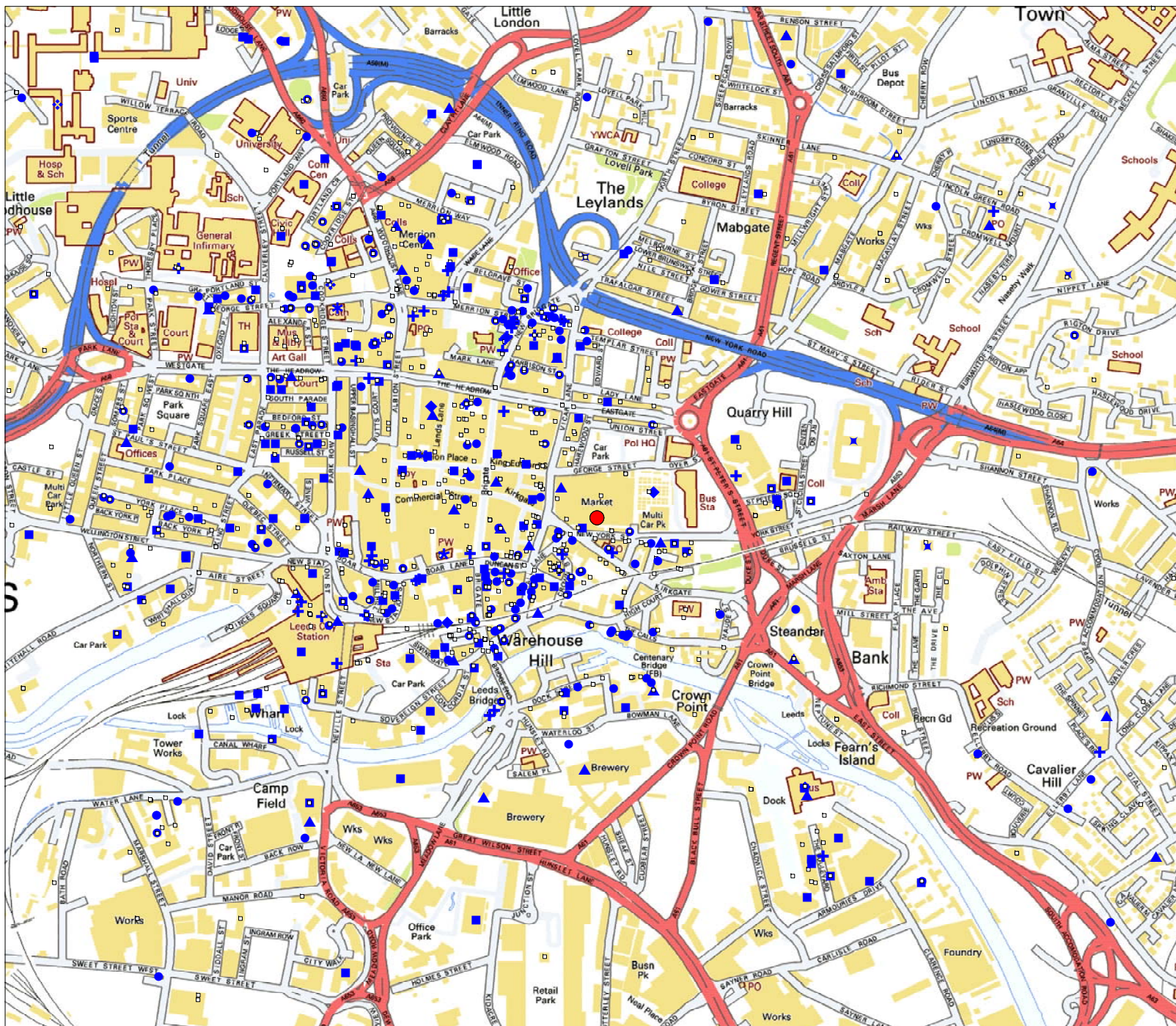
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<b>Title:</b>	<b>PREM/03115/001</b>
<b>Sub Title:</b>	My African Shop, Unit 252 1875 Market Hall, Kirkgate Market, 34 George Street,
<b>Date:</b>	28 December 2011
<b>Scale:</b>	1:1200







**Key**

- - Non-Premises Licence / Terminated Licence
- ✦ - Private Members Club
- \* - Community Premises (With Alcohol)
- ☆ - Community Premises (Without Alcohol)
- ◆ - Entertainment Only
- ❖ - Outdoor Space – High Capacity
- ⊕ - Late Night Refreshment
- ▲ - Off Licence
- - On Licence (Primary Use)
- - On Licence (Secondary Use)

This map is based upon the Ordnance Survey's digital data with the permission of the Ordnance Survey on behalf of the controller of Her Majesty's Stationary Office

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<b>Title:</b>	<b>PREM/03115/001</b>
<b>Sub Title:</b>	My African Shop, Unit 252 1875 Market Hall, Kirkgate Market, 34 George Street,
<b>Date:</b>	28 December 2011
<b>Scale:</b>	1:8000

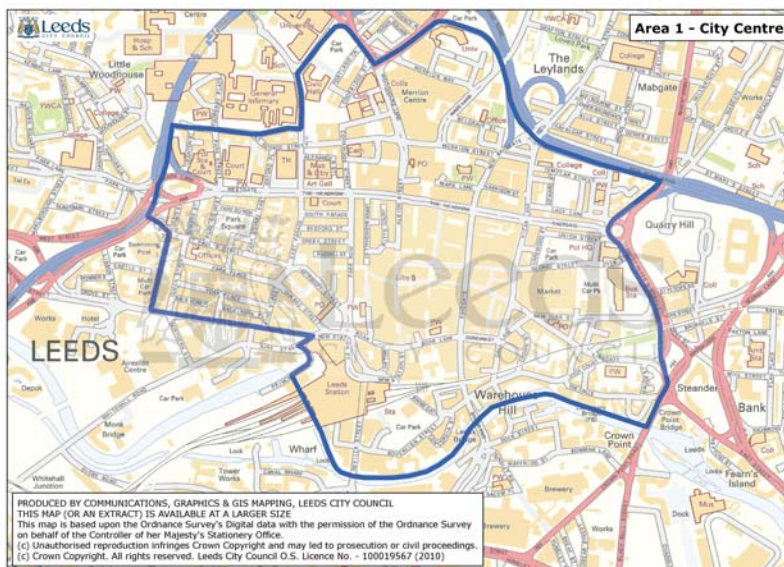




### Cumulative Impact Policy

Area 1 as defined on the map relates to the city centre.

Fig 1



It is the council's policy, on receipt of relevant representations, to refuse new and variation applications in Area 1 for alcohol led premises such as bars, pubs and nightclubs and for premises seeking late night refreshment such as takeaways and late opening restaurants, unless the applicant can demonstrate that their application would not impact on the cumulative effect of such licensed premises in the area.

### Rationale

In the five years since the cumulative impact policy for the city centre was introduced, the City Centre has changed. Recent crime statistics show three main hot spots for crime and disorder:

1. Call Lane, Boar Lane and the area behind the Corn Exchange
2. Woodhouse Lane, Merrion Way and Wade Lane
3. The east end of The Headrow and New Briggate

Other areas of concern include the Eastgate area and Briggate.

The council has noticed an increase in applications for premises licences in the Park Square area. It is feasible that this is due to displacement from the East Parade/Greek Street/Park Row part of the cumulative impact policy.

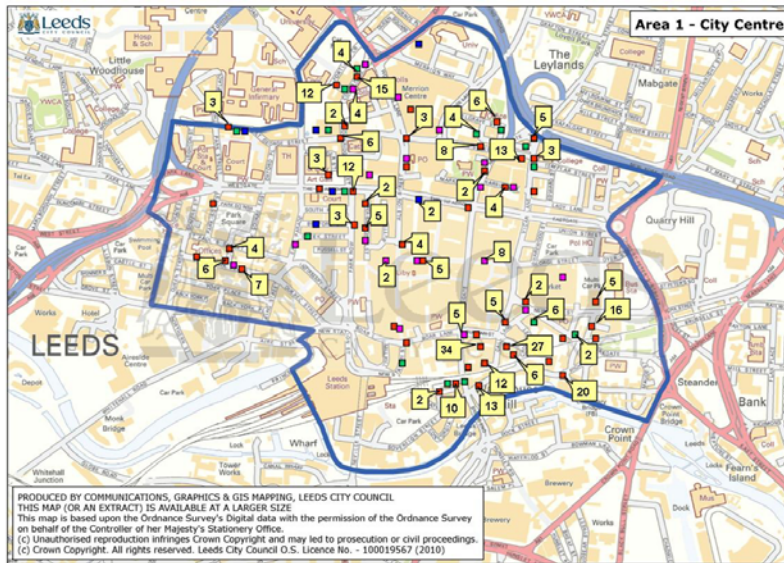
On reviewing these facts and the previous cumulative impact policy, the council has amended the geographical area of the cumulative impact policy to incorporate the crime hotspots and the Park Square area.

In addition there is rising concern about premises which have not been included within the scope of the previous policy, such as restaurants serving hot food and drink after 11pm. These premises have also contributed to crime, disorder and public nuisance in the city centre.

The previous policy referenced high volume vertical drinking establishments. This reference has been removed as it is recognised that all alcohol led licensed premises can contribute to crime and disorder in the area, not just those that are classified as "high volume vertical drinking" establishments.

## Evidence

Fig 2



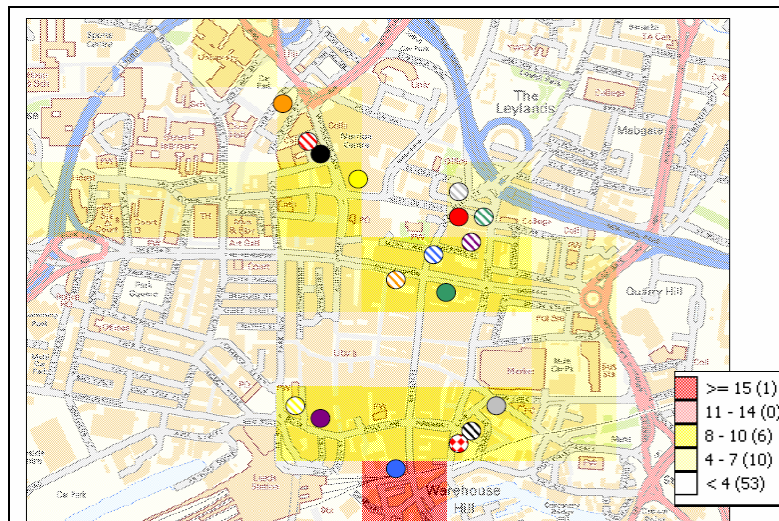
**Nuisance reports in Area 1 (2005 – 2010)**

Fig 2 shows the number and location of nuisance reports received by Leeds City Council, relevant to licensed premises in Area 1 since 2005.

Police analysis has shown the following key findings relating to serious crime in Area 1:

- 94% of serious violent offences have been committed in the night-time economy (NTE) period.
- 63% of offences committed in the NTE are affected by alcohol
- 20% of offences committed in the NTE are committed within licensed premises
- Between 2008 and 2009 incidents have increased by 26 equating to a 32% rise.

Fig 3

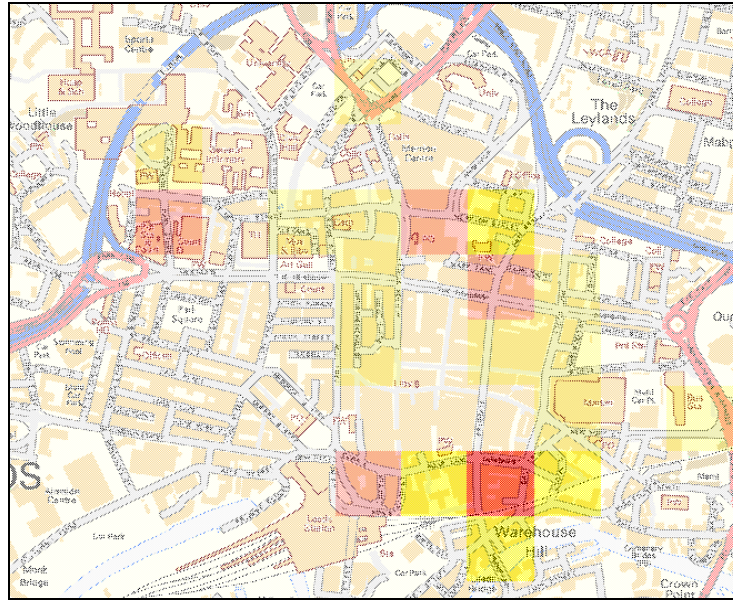


**Serious Violent Crime hot-spots**

Fig 3 shows density of serious violent crime offences in Area 1. The coloured dots are licensed premises however, have not been identified individually by name.



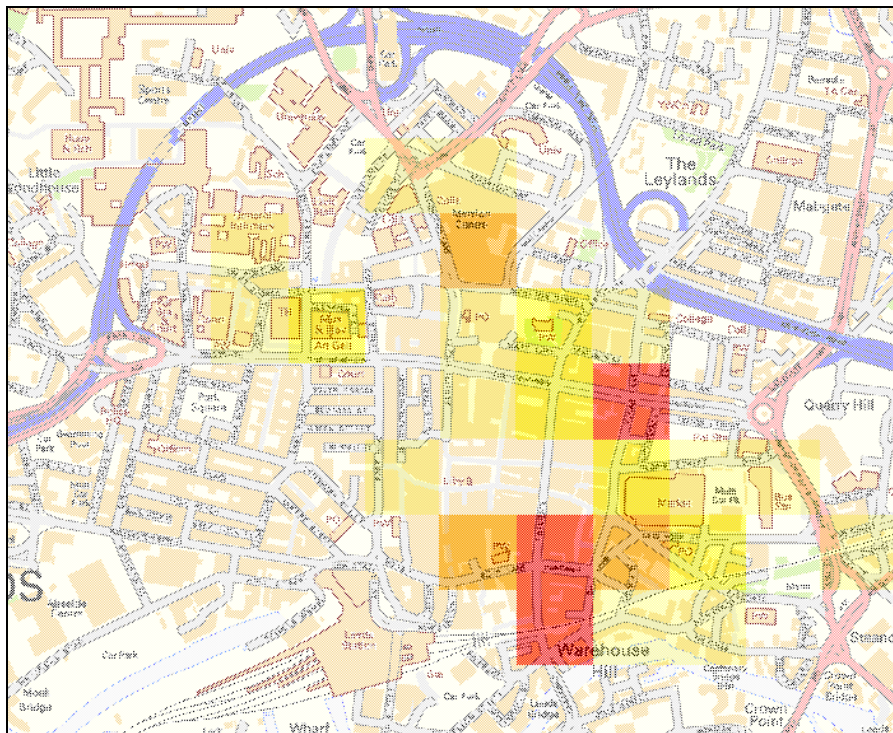
**Fig 4**



**Assault hot-spots**

Fig 4 shows density of assault offences in Area 1.

**Fig 5**



**Anti-Social Behaviour hot-spots**

Fig 5 shows density of anti-social behaviour offences in Area 1.

The current CIP for Area 1 (Licensing Act 2003 Statement of Licensing Policy 2008-2010) does not cover large parts of the city centre which currently suffer from nuisance and crime attributable to licensed premises.

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Extracted from the Final Consultation Report published in December 2010 which presented the findings of the review of the cumulative impact policies and the subsequent public consultation on the amended Statement of Licensing Policy which took place in 2010. The full report is available from Entertainment Licensing.

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NOT PROTECTIVELY MARKED

**Licensing Department**

Millgarth Police Station  
Millgarth Street  
Leeds  
LS2 7HX

***Leeds District Licensing Department***

Tel: 0113-2413072

Fax: 0113-2413123

Email:

catherine.arkle@westyorkshire.pnn.police.uk

Website:

Your ref:

Our ref:

8<sup>th</sup> December 2011

**Mr. Martin Wayne Douglass**  
8a, New Lane  
Drighlington  
Bradford  
BD11 1NL

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

**RE: MY AFRICAN SHOP, UNIT 252 1875 MARKET HALL, KIRKGATE MARKET, LS2 7HY**  
**APPLICATION FOR NEW PREMISES LICENCE – LICENSING ACT 2003:**  
**POLICE QUALIFIED OBJECTION**

Thank you for submitting your application for the above premises.

West Yorkshire Police are of the opinion that your application contains insufficient information about how you intend to meet the licensing objectives.

We therefore confirm that we are submitting a formal representation against your application on the grounds of:-

1. the prevention of crime & disorder
2. the prevention of public nuisance
3. the protection of children from harm; and
4. public safety

However, West Yorkshire Police are also of the opinion that the said objectives could be met should you be prepared to incorporate certain identified measures within your operating schedule as conditions

Please find enclosed a document which at **Part 1** contains the suggested measures which this authority considers are proportionate and appropriate to the nature of your application.Should you be in agreement with the suggested measures then please signify this by completing and signing **Part 2** of the enclosed form and return the complete document to this office as soon as possible.

NOT PROTECTIVELY MARKED

## NOT PROTECTIVELY MARKED

Upon receipt of your consent at **Part 2**, it will be taken that you signify your wishes for the licensing authority to amend your operating schedule to incorporate the proposed measures as conditions.

Alternatively should you disagree with the proposed measures, then please complete **Part 3** and again return the complete document to this office as soon as possible.

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### PART 1 - to be completed by the Responsible Authority:

West Yorkshire Police propose the following control measures / conditions under the Licensing Act 2003 (in addition to those that you may have already offered), for the premises:-

MY AFRICAN SHOP  
UNIT 252 1875 MARKET HALL  
KIRKGATE MARKET  
LS2 7HY

Having considered the application under the Licensing Act 2003 for the above premises, West Yorkshire Police considers that the following measures are relevant, proportionate and necessary in order to promote the following licensing objectives:-

- the prevention of crime & disorder;
- the prevention of public nuisance;
- the protection of children from harm; and
- public safety

#### Measures / Additional measures proposed:

- The PLH/DPS will ensure that an Incident Report Register is maintained on the premises to record incidents such as anti social behaviour, admissions refusals and ejections from the premises.
- The Incident Report Register will contain consecutively numbered pages, the date time and location of the incident, details of the nature of the incident, the names and registration numbers of any door staff involved or to whom the incident was reported, the names and personal licence numbers (if any) of any other staff involved or to whom the incident was reported, the names and numbers of any police officers attending, the police incident and / or crime number, names and addresses of any witnesses and confirmation of whether there is CCTV footage of the incident.
- The Incident Report Register will be produced for inspection immediately on the request of an authorised officer.
- The PLH/DPS staff will ask for proof of age from any person appearing to be under the age of 21/25 who attempts to purchase alcohol at the premises(**please choose 21 or 25**)
- No sales of alcohol shall be made to any person who has been identified to the operators by West Yorkshire Police as being 'street drinkers'(**this is to help combat the issues arising around 'street drinkers' targeting off licences in the city centre, especially the market, and leading to an increase in anti social behaviour in the area**).

West Yorkshire Police are satisfied that the proposed measures are not adequately dealt with by other legislation.

By signing the declaration enclosed overleaf at **Part 2**, the applicant agrees to incorporate the proposed measures as conditions within the Operating Schedule for the said premises.

NOT PROTECTIVELY MARKED

## **NOT PROTECTIVELY MARKED**

Upon the satisfactory completion of the declaration, West Yorkshire Police will provide notice to the Licensing Authority that our representation is withdrawn in accordance with schedule 10(a) of the Licensing Act 2003 (Hearings) Regulations 2005.

*PC Cath Arkle  
Divisional Licensing Officer  
City & Holbeck  
West Yorkshire Police*

**NOT PROTECTIVELY MARKED**

**NOT PROTECTIVELY MARKED**

**PART 2 – to be completed by the applicant or applicant’s representative:**

Consent for all proposed control measures / conditions under the Licensing Act 2003.

Name & Address of Premises:

**MY AFRICAN SHOP  
UNIT 252 1875 MARKET HALL  
KIRKGATE MARKET  
LS2 7HY**

I / We .....

confirm that I am / we are the applicant / the applicants representative (delete as appropriate) for the premises as stated above.

In signing this document-:

- I / we agree with the measures proposed by West Yorkshire Police,
- I / we provide our consent for the Licensing Authority to incorporate the said measures into the operating schedule for the stated premises as conditions, and furthermore,
- I / we confirm the premises will then operate in accordance with those conditions agreed to.

Signed:

Dated:

**NOT PROTECTIVELY MARKED**

**PART 3 – to be completed by the applicant or applicant’s representative:**

Proposed control measures / conditions under the Licensing Act 2003

Name & Address of Premises:

**MY AFRICAN SHOP  
UNIT 252 1875 MARKET HALL  
KIRKGATE MARKET  
LS2 7HY**

I / We .....

confirm that I am / we are the applicant / the applicants representative (delete as appropriate) for the premises as stated above.

I / We formally advise that we are not prepared to accept the proposed measures as suggested by the West Yorkshire Police.

In this instance we understand that West Yorkshire Police will maintain their representation to my /our application, which will now proceed to a hearing before the Licensing Sub-Committee, at which I / we will be required to attend.

Signed:

Dated:

**NOT PROTECTIVELY MARKED**