

17741004

Appendix A



PREM3

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

Application to vary a premises license to specify an individual as designated premises supervisor 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.

NAME ARMAN AMIRI

(Insert name of applicant)

being the premises license holder, apply to vary a premises license to specify the individual named in this application as the premises supervisor under Section 37 of the Licensing Act 2003 DEC 2011

ENTERTAINMENT LICENSING RECEIVED

Premises licence number

PREM/01774/V01

Part 1 - Premises details

|  |                           |                           |         |
|--|---------------------------|---------------------------|---------|
| Name of Premises   |                           | IBIZA BAR (STARLIGHT BAR) |         |
| Postal address of premises or, if none, ordnance survey map reference or description |                           |                           |         |
| UNIT 10 SHAFSBURY PARADE,<br>HAREHILLS LANE.   |                           |                           |         |
| Post Town  | LEEDS                     | Postcode                  | LS9 6PJ |
| Telephone number (if any)  | 07516924466               |                           |         |
| E-mail address (optional)  | ARMAN_AMIRI81@YAHOO.CO.UK |                           |         |

Description of premises (please read guidance note 1)

THE PREMISES OF THE PLACE IS CURRENTLY A BAR. WHICH THE BAR IS LOCATED UPSTAIR AROUND THERE PREMISES ARE SHOPS AND STORES DOWNSTAIRS.

Part 2

Full name of proposed designated premises supervisor

ARMAN AMIRI

Personal license number of proposed designated premises supervisor and issuing authority of that license (if any)

LEEDS / PERL 105997 / 11

Full name of existing designated premises supervisor (if any)

Please tick ✓ Yes

I would like this application to have immediate effect under Section 38 of the Licensing Act 2003

I have enclosed the premises license or relevant part of it

(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)

Reasons why I have failed to enclose the premises licence or relevant part of it

THE PREVIOUS LICENCE HOLDER, HAS LOST HIS PREMISES LICENCE.

Please tick ✓ Yes

I have made or enclosed payment of the fee

I will give a copy of this application to the chief officer of police

I have enclosed the consent form completed by the proposed premises supervisor

I have enclosed the premises licence, or the relevant part of it or explanation

I will give a copy of this form to the existing premises supervisor, if any

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 [ £5000 ], UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**PART 3 - SIGNATURES** (please read guidance note 2)

Signature of applicant or applicant's solicitor or other duly authorised agent. (please read guidance note 3) If signing on behalf of the applicant please state in what capacity.

Signature \_\_\_\_\_

Date 7-12-2011

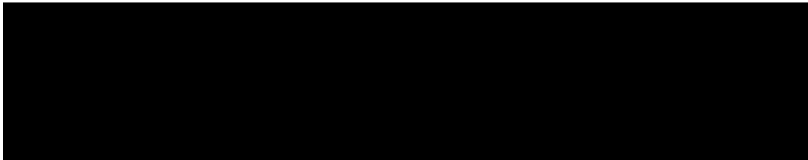
Capacity \_\_\_\_\_

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 4). 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</b> (please read guidance note 5) |                         |
|    |                         |
| Post Town <u>LEED</u>  | Postcode <u>LS9 7RS</u> |
| Telephone number (if any) _____  |                         |
| E-mail address (optional) _____  |                         |

**Guidance notes**

1. Describe the premises. For example the type of premises it is.
2. The application form must be signed.
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
5. 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, ARMAN AMIRI ] of  
*full name of prospective premises supervisor*

[REDACTED]  
*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 ARMAN AMIRI ]  
*type of application* *name of applicant*

relating to a premises licence [PREM / 01774 / VO1] for  
*number of existing licence, if any*

[IBIZA BAR (STARLIGHT BAR) UNIT 10 SHAFTSBURY PARADE, LEEDS] and any  
*name and address of premises to which the application relates* LS9 6PJ  
premises licence to be granted or varied in respect of this application made by

[ARMAN AMIRI] concerning the supply of alcohol at  
*name of applicant*

[IBIZA BAR (STARLIGHT BAR) UNIT 10 SHAFTSBURY PARADE] I also  
*name and address of premises to which application relates* LEEDS, LS9 6PJ  
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/05997/11]  
*insert personal licence number, if any*

Personal licence issuing authority  
[LICENSING DEPARTMENT, LEEDS CITY COUNCIL]  
*insert name and address and telephone number of personal licence issuing authority, if any*

[REDACTED] signed

ARMAN AMIRI name (please print)

7-12-2011 dated