



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 FARAH KAZ EMANI (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

81 KIRK GATE

Post town

LEEDS

Post code

LS 2 70J

Telephone number of premises (if any)

0113 2440496

Non domestic rateable value of premises

£ 6000

21 DEC 2011

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

EMANI

PARA MAR Z

Please tick yes

I am 18 years old or over

Current postal address if different from premises address

10 SAXON ROAD
MOORTOWN

Post Town

LEEDS

Postcode

LS17 5EQ

Daytime contact telephone number

07854805502

Email address (optional)

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
07	12	2011

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)

HIGH STREET GROUND FLOOR
RESTAURANT PREMISES

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

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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 type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
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			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
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

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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur					
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

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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

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

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
			Will the entertainment take place 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"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
Sat					
Sun					

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							
			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"/>					
Day	Start	Finish	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

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)		Indoors <input type="checkbox"/>					
					Outdoors <input type="checkbox"/>					
					Both <input type="checkbox"/>					
Day	Start	Finish	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										

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																									
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td></td><td></td></tr> <tr><td>Tue</td><td></td><td></td></tr> <tr><td>Wed</td><td></td><td></td></tr> <tr><td>Thur</td><td></td><td></td></tr> <tr><td>Fri</td><td></td><td></td></tr> <tr><td>Sat</td><td></td><td></td></tr> <tr><td>Sun</td><td></td><td></td></tr> </tbody> </table>			Day	Start	Finish	Mon			Tue			Wed			Thur			Fri			Sat			Sun			Will the entertainment facility be place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	
			Day	Start	Finish																							
			Mon																									
Tue																												
Wed																												
Thur																												
Fri																												
Sat																												
Sun																												
Indoors	<input type="checkbox"/>																											
Outdoors	<input type="checkbox"/>																											
Both	<input type="checkbox"/>																											
			Please give further details here (please read guidance note 3)																									
			State any seasonal variations for the provisions of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)																									
			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)																									
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td>12.00</td><td>2.00</td></tr> <tr><td>Tue</td><td>12.00</td><td>2.00</td></tr> <tr><td>Wed</td><td>12.00</td><td>2.00</td></tr> <tr><td>Thur</td><td>12.00</td><td>2.00</td></tr> <tr><td>Fri</td><td>12.00</td><td>2.00</td></tr> <tr><td>Sat</td><td>12.00</td><td>2.00</td></tr> <tr><td>Sun</td><td>12.00</td><td>2.00</td></tr> </tbody> </table>			Day	Start	Finish	Mon	12.00	2.00	Tue	12.00	2.00	Wed	12.00	2.00	Thur	12.00	2.00	Fri	12.00	2.00	Sat	12.00	2.00	Sun	12.00	2.00	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>	
			Day	Start	Finish																							
			Mon	12.00	2.00																							
Tue	12.00	2.00																										
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Sat	12.00	2.00																										
Sun	12.00	2.00																										
			Please give further details here (please read guidance note 3)																									
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)																									
			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)																									

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"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	12-00	2-00	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	12-00	2-00			
Wed	12-00	2-00			
Thur	12-00	2-00		Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list. (please read guidance note 5)	
Fri	12-00	2-00			
Sat	12-00	2-00			
Sun	12-00	2-00			

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

Name *FALAMAZZ EMANI*

Address
*10 SAKON ROAD
MOORDOWN LEEDS*

Postcode *LS17 5EG*

Personal licence number (if known) *LEEDS/PELL/06133/11*

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)

N/A

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	12.00	2.00	<p>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)</p> <p>PRESENTLY PREMISES OPEN 12-00 TO 23.00.</p>
Tue	12.00	2.00	
Wed	12.00	2.00	
Thur	12.00	2.00	
Fri	12.00	2.00	
Sat	12.00	2.00	
Sun	12.00	2.00	

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)

NO OFF SALES
IN MAIN AREA ONLY WITH TABLE MEALS OR WAITING FOR
AVAILABILITY OF TABLES

b) The prevention of crime and disorder

CCTV INSTALLATION TO UPOLICE SPECIFICATION
RECORDING TO BE MAINTAINED
DPS GENERALLY ON SITE
ALCOHOL TO BE SERVED ONLY WITH MEALS
AGE IDENTIFICATION TO BE UTILISED
STAFF TRAINING

c) Public safety

PRE OPENING SAFETY CHECKS
INCIDENT RECORDS TO BE MAINTAINED
REGULAR EQUIPMENT CHECKS
NO ACCESS TO KITCHEN TO PUBLIC
FIRE SAFETY EQUIPMENT MAINTAINED / SERVICED

d) The prevention of public nuisance

NO LOUD MUSIC TO BE AUDIBLE OUTSIDE PREMISES
NO SALE OF ALCOHOL AS OFFSALES
NO LOUD MACHINERY IN USE

e) The protection of children from harm

NO SALES OF ALCOHOL TO CHILDREN
STRICTLY ADHERED TO.

- 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

Please tick Yes

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

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>[Signature]</i>
Date	<i>14/11/11</i>
Capacity	<i>Solicitor</i>

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)

*DIANA COUSINS
277 ROUNDWAY ROAD
LEEDS*

Post town	<i>LEEDS</i>	Post code	<i>LS 8 KHS</i>
Telephone number (if any)	<i>0113 2896661</i>		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			