

31361001

Appendix A



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 AISHA BULBUUA (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

1 BONS NEWS

Postal address of premises or, if none, ordnance survey map reference or description <u>10A STRATHMORE DRIVE HAREHILLS LEEDS LS9 6AB</u>	
Post town <u>LS9 6AB</u>	Post code <u>5 - JAN 2012</u>

Telephone number of premises (if any)

[Empty box for telephone number]

Non domestic rateable value of premises

£ 500.00 PA - 2,600

ENTERTAINMENT LICENSING
05 JAN 2012
RECEIVED

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:

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:

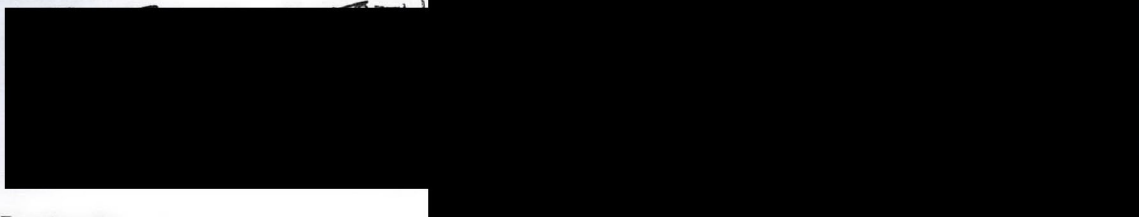
Email address (optional):

M

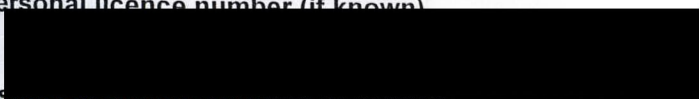
Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption on or off the premises or both – please tick <input checked="" type="checkbox"/> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	06:00	23:00 20:00 11B			
Tue	06:00	23:00 20:00 11B			
Wed	06:00	23:00 20:00 11B			
Thur	06:00	23:00 20:00 11B			
Fri	06:00	23:00 20:00 11B			
Sat	06:00	23:00 20:00 11B			
Sun	06:00 08:00	20:00 23:00 14:00 11B			
			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)		

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

Name


Address


Postcode
 WF7 7AD

Personal licence number (if known)


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)

(This area is currently blank for section N.)

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	06:00	24:00 24:00 7/8	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)
Tue	06:00	24:00 24:00 7/8	
Wed	06:00	24:00 24:00 7/8	
Thur	06:00	24:00 24:00 7/8	
Fri	06:00	24:00 24:00 7/8	
Sat	06:00	24:00 24:00 7/8	
Sun	08:00	24:00 24:00 7/8	

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)

~~Keep~~ Incorporate ~~to~~ Age 25 ID incentive.
train staff to with selling Alcohol to
minors and to customers under the influence
of Alcohol.

b) The prevention of crime and disorder

Setup CCTV to monitor Anti Social behaviour
keeping logs of individuals ~~known to have~~
who are a nuisance in the store.
calling police ~~to~~ if trouble occurs within
the store.

c) Public safety

put ~~up~~ POS describing the harmfulness of
drinking too much.
Putting up preventive measured posters.

d) The prevention of public nuisance

Contact Authorities if public nuisance occurs
and remove individuals from store who are
causing the nuisance, whilst keeping a log
of their description.

e) The protection of children from harm

displaying Alcoholic products away from
childrens reach.

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	[REDACTED]
Date	18.12.2011
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)	



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

Consent of individual to being specified as premises supervisor

I, AMARJIT JHAGRA] 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 AMARJIT JHAGRA]
type of application name of applicant

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

[IBSONS NEWS 10A STRATHMORE DRIVE LS9 6AB] 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

[AMARJIT JHAGRA] concerning the supply of alcohol at
name of applicant

[IBSONS NEWS 10A STRATHMORE DRIVE LS9 6AB]. 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 [[REDACTED]]
insert personal licence number, if any

Personal licence issuing authority

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

[[REDACTED]] signed

[[REDACTED]] name (please print)

04-01-2011 dated