



SCANNED

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 PHILIP WHITELEY (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

37 HOUGHT LANE

Post town

LEEDS

Post code

LS13 3PS

Telephone number of premises (if any)

0113 2171101

Non domestic rateable value of premises

£ 3950

ENTERTAINMENT LICENSING

23 FEB 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
 - o Statutory function or ☐
 - o 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

WHITELEY

PHILIP

Please tick ☒ yes

I am 18 years old or over



Current postal address if different from premises address

85A COAL HILL LANE

Post Town

LEEDS

Postcode

LS13 1DD

Daytime contact telephone number

01984 251587 / 013 2563136

Email address (optional)

SMANDRA AND PHIL WHITELEY@HOTMAIL.COM

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
0	1	0	4	2	0	1	2

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)

TAKE AWAY SANDWICH SHOP WITH A
CONVENIENCE STORE

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

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"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon	8.00	2.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	8.00	2.00			
Wed	8.00	2.00			
Thur	8.00	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	8.00	2.00			
Sat	8.00	2.00			
Sun	8.00	2.00			

State the name and details of the individual whom you wish to specify on the licence as premises supervisor	
Name	MR DEAN WEBSTER
Address	9 SURREY GROVE RUDSEY LEEDS
Postcode	LS28 7NH
Personal licence number (if known)	LEEDS/PERL/05512/10
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)

NONE

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	8.00	21.00	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)
Tue	8.00	21.00	
Wed	8.00	21.00	
Thur	8.00	21.00	
Fri	8.00	21.00	
Sat	8.00	21.00	
Sun	8.00	21.00	

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)

I FEEL TO PREVENT PROBLEMS YOU NEED TO KEEP YOUR EYES OPEN AND ALSO TALK TO THE LOCALS I HAVE RUN THE ADJOINING SANDWICH SHOP FOR 3 YEARS AND LIVED ROUND THE CORNER WHEN YOUNGER. SO KNOW THE AREA WELL

b) The prevention of crime and disorder

C.C.T.V. IS INSTALLED WITH 30 DAY BACK UP WITH SIGNAGE IN PLACE TO PREVENT THEFT

c) Public safety

SIGNAGE IS IN PLACE TO PREVENT OR WARN OF SLIPAGE ETC. HOWEVER THE SHOP AREA IS QUITE SMALL AND I DO NOT FEEL WE WILL HAVE A PUBLIC SAFETY ISSUE

d) The prevention of public nuisance

I WOULD NOT SELL ALCOHOL TO GROUPS OF PEOPLE EVEN WITH CORRECT I.D. ALSO AM WITH I.D. GIVING TO MINORS OUTSIDE SHOP. I KNOW THE AREA AND QUITE A FEW OF THE LOCALS AND WILL KEEP MY EYES OPEN.

e) The protection of children from harm

AS STATED IN (d) I WOULD BE VERY CAREFUL WITH I.D. CHECKS AND NOT SERVE PEOPLE WHO MAY SUPPLY MINORS.

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>Heathley</i>
Date	<i>7/2/12</i>
Capacity	<i>SOLE TRADER</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)

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) <i>SANDRA AND PHIL WALTERLEY@HOTMAIL.COM</i>	