

31421001



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 SULTAN MESGNA & TSEHAIE ZERAY (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	
11A CHERRY ROW LEEDS	
Post town	Post code
LEEDS	LS9 7LY

Telephone number of premises (if any)

Non domestic rateable value of premises

£ < 3500

**Part 2 – Applicant Details**

Please state whether you are applying for the licence as:

Please tick yes

- | | |
|---|---|
| a) an individual or individuals* | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual* | |
| i. as a limited company | <input type="checkbox"/> please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> please complete section (B) |
| c) a recognised club | <input type="checkbox"/> 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

MEGNA

SULTAN

Please tick yes

I am 18 years old or over

Current postal address if different from premises address

91 BERIGNALL CROFT

Post Town

LEEDS

Postcode

LS9 7EY

Daytime contact telephone number

07944 999129

Email address (optional)

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr

Mrs

Miss

Ms

Other title (for example, Rev)

Surname

ZERAY

First names

TSEHAYE

Please tick yes

I am 18 years old or over

Current postal address if different from premises address

40 APPLETON COURT
LEEDS

Post Town

LEEDS

Postcode

LS9 7RS

Daytime contact telephone number

07908742910

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

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)

GROUND FLOOR AND BASEMENT 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	State any seasonal variations for indoor sporting events (please read guidance note 4)
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 checked="" type="checkbox"/> (please read guidance note 2)	Indoors <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	Outdoors <input type="checkbox"/>
Mon				
Tue			State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 4)	Both <input type="checkbox"/>
Wed				
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	Please give further details here (please read guidance note 3)					
Mon								
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 checked="" type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon	10.00	23.30						
Tue	10.00	23.30						
Wed	10.00	23.30				State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	10.00	23.30						
Fri	10.00	23.00				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) SUNDAY BANK HOLIDAY WEEKENDS 10.00 to 3.00		
Sat	10.00	23.30 4.00						
Sun	10.00	23.30						

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"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri			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)		
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"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

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 <i>BACKGROUND MUSIC NOW AVAILABLE TO EXTENSION OF PREMISES</i>		
			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 checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	10.00	23.30			
Tue	10.00	23.30			
Wed	10.00	23.30	State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Thur	10.00	23.30			
Fri	10.00	23.00	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	10.00	4.00	<i>SUNDAY BANK HOLIDAY WEEKENDS 10.00 to 3.00</i>		
Sun	10.00	23.30			

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 checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
			<i>SMALL DANCE AREA</i>		
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	10.00	23.30			
Tue	10.00	23.30			
Wed	10.00	23.30	State any seasonal variations for providing dancing facilities (please read guidance note 4)		
Thur	10.00	23.30			
Fri	10.00	3.00	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	10.00	4.00	<i>SUNDAY BANK HOLIDAY WEEKENDS 10.00 to 3.00</i>		
Sun	10.00	23.30			

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								
			Will the entertainment facility be place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)		<table border="1"> <tr> <td>Indoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>	Indoors	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>	Both	<input type="checkbox"/>
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 provisions of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)								
Thur											
Fri			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)								
Sat											
Sun											

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"> <tr> <td>Indoors</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>	Indoors	<input checked="" type="checkbox"/>	Outdoors	<input type="checkbox"/>	Both	<input type="checkbox"/>
Indoors	<input checked="" type="checkbox"/>										
Outdoors	<input type="checkbox"/>										
Both	<input type="checkbox"/>										
Day	Start	Finish									
Mon	22.00	23.30	Please give further details here (please read guidance note 3)								
Tue	23.00	23.30									
Wed	23.00	23.30	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)								
Thur	23.00	23.30									
Fri	23.00	3.00	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)								
Sat	23.00	4.00									
Sun	23.00	23.30									

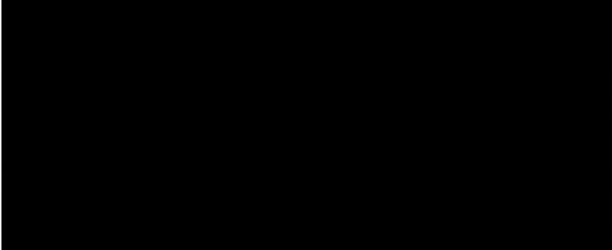
SUNDAY
BANK HOLIDAY WEEKENDS
23.00 to 3.00

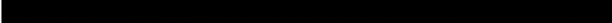
M

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"/>
				Off the premises <input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both <input type="checkbox"/>
Mon	10.00	23.30		
Tue	10.00	23.30		
Wed	10.00	23.30		
Thur	10.00	23.30	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) SUNDAY BANK HOLIDAY WEEKENDS 10.00 to 3.00	
Fri	10.00	23.30 3.00		
Sat	10.00	4.00		
Sun	10.00	23.30		

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

Name 

Address 

Postcode 

Personal licence number (if known)

Issuing licensing authority (if known) *LEEDS*

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)

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	10.00	23.30	<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>SUNDAY BANK HOLIDAY WEEKENDS 10.00 to 3.00</p>
Tue	10.00	23.30	
Wed	10.00	23.30	
Thur	10.00	23.30	
Fri	10.00	23.30 3.00	
Sat	10.00	4.00	
Sun	10.00	23.30	

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)

REFUSE REGISTER INCIDENT REGISTER DPS CONTACT DETAILS	} AVAILABLE AS PREMISES
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b) The prevention of crime and disorder

CCTV CAMERAS INSTALLED TO COVER ALL PUBLIC AREAS AND EXITS/ENTRANCES FOOTAGE RETAINED FOR 31 DAYS DOOR STAFF ON MAJOR EVENTS DPS ON SITE NIL TOLERANCE DRUGS/WEAPONS
--

c) Public safety

STAFF TRAINING REGULAR SAFETY CHECKS PRIOR TO OPENING AND DURING OPENING PHASES FIRST AID AVAILABLE APPLIANCE CHECKS NO ACCESS TO KITCHEN AREAS NO STROBES / FIREWORKS

d) The prevention of public nuisance

NON RESIDENTIAL AREA NOTICES RE LITTER AND NOISE EXHIBITED RECEPTACLES FOR LITTER PROVIDED NO AUDIBLE MUSIC OUTSIDE
--

e) The protection of children from harm

PROOF OF AGE CHECK 21 IMPLEMENTED NO GAMBLING STAFF TRAINING
--

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	11/1/12
Capacity	Solicitor

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	[Redacted]
Date	11/1/12
Capacity	Solicitor

Contact Name (where not previously given) and address for correspondence associated with this application (please read guidance note 19)

DIGWA DOUSINS SOLICITORS
277 Roundhay Road Harehills
Leeds West Yorkshire LS8 4HS
Tel: 0113 249 6661 Fax: 0113 249 6300

Post town	LEEDS	Post code	LS 8 4HS
Telephone number (if any)	0113 249 6661		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
digwa@btinternet.com			

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

Consent of individual to being specified as premises supervisor

I, ^{YOHANNES} TESFAY BERTHANE of
[.....] of
full name of prospective premises supervisor

[.....]
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

ALCOHOL LICENCE by SULTAN MESGNA AND TSEHAYE ZERTY
type of application *name of applicant*

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

EAST AFRICAN CENTRE
11A CHERRY ROW LEEDS LS9 7LY 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

SULTAN MESGNA AND TSEHAYE ZERTY concerning the supply of alcohol at
name of applicant

EAST AFRICAN CENTRE
11A CHERRY ROW LEEDS LS9 7LY 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 [.....]
insert personal licence number, if any

Personal licence issuing authority

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

[.....]
[.....]

9/1/12 dated

exp. 6-2-20-22
6-2-12