

**PART 2 – Agreement with Proposed Measures**

**to be completed by the applicant or applicant's representative**


**Consent for proposed controlled measures under the Licensing Act 2003**

Name & Address of Premises: East African Centre, 11A Cherry Row, Burmantofts, Leeds,  
LS9 7LY,

I / We ..... DLS & Co. S. R. & A. .....

confirm that ~~I am~~ / we are the ~~applicant~~ / the applicants representative (delete as appropriate) for the premises as stated above.

In signing this document I / we agree with the measures proposed by the health and safety service, and we provide our consent for the licensing authority to incorporate the said measures into the operating schedule for the stated premises.

Signed:   
Dated: 5/3/2012

Please return this document to:

**Ms Tania Shiffer  
Health and safety service  
Leeds City Council  
Millshaw Park Way  
Leeds  
LS11 0LS  
Fax: 0113 247 6282**