



SCANNED

PREM10 Appendix C  
3  
EU

PREM7

ENTERTAINMENT LICENSING

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

Application to vary a premises licence under the Licensing Act 2003.

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

RECEIVED

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 that  
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 SARDAR AMJAD YOUSAF  
(Insert name(s) of applicant)

Being the premises licence holder, apply to vary a premises licence under section 14 of the  
Licensing Act 2003 for the premises described in part 1 below

Premises licence number

PREM/03070/001

ENTERTAINMENT LICENSING  
22  
RECEIVED

Part 1 - Premises details

Postal address of premises or, if none, ordnance survey map reference, or description

343- HAREHILLS LANE

Post town LEEDS

Post code LS9 6AX

Telephone number at premises (if any)

01132350010

Non-domestic rateable value of premises

£ 7900/=

Part 2 - Applicant details

Daytime contact telephone number

[REDACTED]

E-mail address (optional)

[REDACTED]

Current postal address if different from premises address

5 CROSS GRASMERE STREET

Post Town

LEEDS

Postcode

LS12 1PU

**Part 3 - Variation**

Do you want the proposed variation to have effect as soon as possible? Please tick Y yes

If not do you want the variation to take effect from 

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

**Please describe briefly the nature of the proposed variation (Please see guidance note 1)**

*It is a ~~small~~ shop on the ground floor in a medium size. we sell grocery, vegetables, Tobaccos, snacks, and alcohol. But we don't have consumption place. we just want to be authorized for 24 hours alcohol license.*

**Part 4 Operating Schedule**

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

|   | Please tick ✓ yes                   |
|---|-------------------------------------|
| <b>Provision of regulated entertainment</b>   |                                     |
| a) Plays (if ticking yes, fill in box A)  | <input type="checkbox"/>            |
| b) Films (if ticking yes, fill in box B)  | <input type="checkbox"/>            |
| c) Indoor sporting events (if ticking yes fill in box C)  | <input type="checkbox"/>            |
| d) Boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/>            |
| e) Live music (if ticking yes, fill in box E)   | <input type="checkbox"/>            |
| f) Recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/>            |
| g) Performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/>            |
| h) Anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/>            |
| <br><b><u>Provision of entertainment facilities for:</u></b>  |                                     |
| i) Making music (if ticking yes, fill in box I)   | <input type="checkbox"/>            |
| j) Dancing (if ticking yes, fill in box J)  | <input type="checkbox"/>            |
| k) Entertainment of a similar description to that falling within (I) or (J) (if ticking yes, fill in box K) | <input type="checkbox"/>            |
| <br><b><u>Provision of late night refreshment</u></b> (if ticking yes, fill in box L)                       | <input type="checkbox"/>            |
| <br><b><u>Sale by retail of alcohol</u></b> (if ticking yes, fill in box M)                                 | <input checked="" type="checkbox"/> |

In all cases complete boxes N, O and P

**A**

| <b>Plays</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | Will the performance of a play take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).  | Indoors  | <input type="checkbox"/> |
|--|-------|--------|---|----------|--------------------------|
| Day  | Start | Finish |   | Outdoors | <input type="checkbox"/> |
| Mon  |       |        | <b>Please give further details here</b> (please read guidance note 3)   | Both     | <input type="checkbox"/> |
| Tue  |       |        |   |          |                          |
| Wed  |       |        | <b>State any seasonal variations for performing plays</b> (please read guidance note 4)   |          |                          |
| Thurs  |       |        |   |          |                          |
| Fri  |       |        | <b>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</b> (please read guidance note 5). |          |                          |
| Sat  |       |        |   |          |                          |
| Sun  |       |        |   |          |                          |
|  |       |        |   |          |                          |

**B**

| <b>Films</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | Will the exhibition of films take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).   | Indoors  | <input type="checkbox"/> |
|--|-------|--------|--|----------|--------------------------|
| Day  | Start | Finish |  | Outdoors | <input type="checkbox"/> |
| Mon  |       |        | <b>Please give further details here</b> (please read guidance note 3)  | Both     | <input type="checkbox"/> |
| Tue  |       |        |  |          |                          |
| Wed  |       |        | <b>State any seasonal variations for the exhibition of films</b> , please read guidance note 4)  |          |                          |
| Thurs  |       |        |  |          |                          |
| Fri  |       |        | <b>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</b> (please read guidance note 5). |          |                          |
| Sat  |       |        |  |          |                          |
| Sun  |       |        |  |          |                          |
|  |       |        |  |          |                          |

C

| Indoor sporting events<br>Standard days and timings<br>(please read guidance note 6) |       |        | Please give further details here (please read guidance note 3)   |
|--|-------|--------|--|
| Day  | Start | Finish |  |
| Mon  |       |        | State any seasonal variations for indoor sporting events (please read guidance note 4)   |
| Tue  |       |        |  |
| Wed  |       |        |  |
| Thurs  |       |        | Non standard timings. Where you intend to use the premises indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 5). |
| Fri  |       |        |  |
| Sat  |       |        |  |
| Sun  |       |        |  |

D

| Boxing or wrestling entertainment<br>Standard days and timings<br>(please read guidance note 6) |       |        | Will the boxing or wrestling entertainment take place indoors or out doors or both - Please tick [Y] (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 boxing or wrestling entertainment (please read guidance note 4) |                          |
| Thurs   |       |        |   |   |                          |
| 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**

| <b>Live Music</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the performance of live music take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).</b>  | Indoors  | <input type="checkbox"/> |
|---|-------|--------|--|----------|--------------------------|
| Day   | Start | Finish |  | Outdoors | <input type="checkbox"/> |
| Mon   |       |        | <b>Please give further details here (please read guidance note 3)</b>  | Both     | <input type="checkbox"/> |
| Tue   |       |        |  |          |                          |
| Wed   |       |        | <b>State any seasonal variations for the performance of live music (please read guidance note 4)</b>   |          |                          |
| Thurs   |       |        |  |          |                          |
| Fri   |       |        | <b>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).</b> |          |                          |
| Sat   |       |        |  |          |                          |
| Sun   |       |        |  |          |                          |

**F**

| <b>Recorded music</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the playing of recorded music take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).</b>  | Indoors  | <input type="checkbox"/> |
|---|-------|--------|--|----------|--------------------------|
| Day   | Start | Finish |  | Outdoors | <input type="checkbox"/> |
| Mon   |       |        | <b>Please give further details here (please read guidance note 3)</b>  | Both     | <input type="checkbox"/> |
| Tue   |       |        |  |          |                          |
| Wed   |       |        | <b>State any seasonal variations for playing recorded music (please read guidance note 4)</b>  |          |                          |
| Thurs   |       |        |  |          |                          |
| Fri   |       |        | <b>Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5).</b> |          |                          |
| Sat   |       |        |  |          |                          |
| Sun   |       |        |  |          |                          |

## G

| Performance of dance<br>Standard days and timings<br>(please read guidance note 6) |       |        | Will the performance of dance take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).   | Indoors <input type="checkbox"/> |
|--|-------|--------|---|----------------------------------|
| Day  | Start | Finish | Outdoors <input type="checkbox"/>   | Both <input type="checkbox"/>    |
| Mon  |       |        | <b>Please give further details here</b> (please read guidance note 3)   |                                  |
| Tue  |       |        |   |                                  |
| Wed  |       |        | <b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)   |                                  |
| Thurs  |       |        |   |                                  |
| Fri  |       |        | <b>Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5). |                                  |
| Sat  |       |        |   |                                  |
| Sun  |       |        |   |                                  |

## H

| Anything of a similar description to that falling within (e), (f) or (g)<br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Please give a description of the type of entertainment you will be providing</b>  |                                  |
|--|-------|--------|--|----------------------------------|
| Day  | Start | Finish | Will this entertainment take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).  | Indoors <input type="checkbox"/> |
| Mon  |       |        | Outdoors <input type="checkbox"/>  | Both <input type="checkbox"/>    |
| Tue  |       |        | <b>Please give further details here</b> (please read guidance note 3)  |                                  |
| Wed  |       |        |  |                                  |
| Thurs  |       |        | <b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)   |                                  |
| Fri  |       |        |  |                                  |
| Sat  |       |        | <b>Non standard timings. Where you intend to use the premises for 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</b> (please read guidance note 5). |                                  |
| Sun  |       |        |  |                                  |

| <b>Provision of facilities for making music</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Please give a description of the facilities for making music you will be providing</b>   |         |                          |
|---|-------|--------|---|---------|--------------------------|
| Day   | Start | Finish | <b>Will the facilities for making music be indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).</b>   | Indoors | <input type="checkbox"/> |
| Mon   |       |        |   |         | Outdoors                 |
|   |       |        |   | Both    | <input type="checkbox"/> |
| Tue   |       |        | <b>Please give further details here (please read guidance note 3)</b>   |         |                          |
| Wed   |       |        |   |         |                          |
| Thurs   |       |        | <b>State any seasonal variations for the provision of facilities for making music (please read guidance note 4)</b>   |         |                          |
| Fri   |       |        |   |         |                          |
| Sat   |       |        | <b>Non standard timings. Where you intend to use the premises for 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).</b> |         |                          |
| Sun   |       |        |   |         |                          |

J

| <b>Provision of facilities for dancing</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the facilities for dancing be indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).</b>   |          | Indoors                  | <input type="checkbox"/> |
|--|-------|--------|--|----------|--------------------------|--------------------------|
| Day  | Start | Finish |  | Outdoors | <input type="checkbox"/> |                          |
| Mon  |       |        |  |          | Both                     | <input type="checkbox"/> |
|  |       |        | <b>Please give a description of the facilities for dancing you will be providing</b>   |          |                          |                          |
| Tue  |       |        | <b>Please give further details here (please read guidance note 3)</b>  |          |                          |                          |
| Wed  |       |        | <b>State any seasonal variations for providing dancing facilities (please read guidance note 4)</b>  |          |                          |                          |
| Thurs  |       |        |  |          |                          |                          |
| Fri  |       |        | <b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5).</b> |          |                          |                          |
| Sat  |       |        |  |          |                          |                          |
| Sun  |       |        |  |          |                          |                          |



## K

| <b>Provision of facilities for entertainment of a similar description to that falling within I or J</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Please give a description of the type of entertainment facility you will be providing</b>  |                                   |
|---|-------|--------|---|-----------------------------------|
| Day   | Start | Finish | <b>Will the entertainment facility be indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).</b>  | Indoors <input type="checkbox"/>  |
| Mon   |       |        |   | Outdoors <input type="checkbox"/> |
|   |       |        |   | Both <input type="checkbox"/>     |
| Tue   |       |        | <b>Please give further details here</b> (please read guidance note 3)   |                                   |
| Wed   |       |        |   |                                   |
| Thurs   |       |        | <b>State any seasonal variations for the Provision of facilities for entertainment of a similar description to that falling within I or J</b> (please read guidance note 4)   |                                   |
| Fri   |       |        |   |                                   |
| Sat   |       |        | <b>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</b> (please read guidance note 5). |                                   |
| Sun   |       |        |   |                                   |

## L

| <b>Late night refreshment</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the provision of late night refreshment take place indoors or outdoors or both - please tick [Y] (Please read guidance note 2)</b>   |                                   |
|---|-------|--------|--|-----------------------------------|
| Day   | Start | Finish |  | Indoors <input type="checkbox"/>  |
| Mon   |       |        |  | Outdoors <input type="checkbox"/> |
|   |       |        |  | Both <input type="checkbox"/>     |
| Tue   |       |        | <b>Please give further details here</b> (please read guidance note 3)  |                                   |
| Wed   |       |        | <b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)   |                                   |
| Thurs   |       |        |  |                                   |
| Fri   |       |        | <b>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</b> (please read guidance note 5). |                                   |
| Sat   |       |        |  |                                   |
| Sun   |       |        |  |                                   |

M



| Supply of alcohol<br>Standard days and timings<br>(please read guidance note 6) |       |        | Will the supply of alcohol be for consumption<br>(Please tick [Y])<br>Please read guidance note 7).   | On the premises <input type="checkbox"/>             |
|---|-------|--------|---|--|
| Day   | Start | Finish |   | Off the premises <input checked="" type="checkbox"/> |
| Mon   | 00.00 | 23.59  | State any seasonal variations for the supply of alcohol (please read guidance note 4)   | Both <input type="checkbox"/>                        |
| Tue   | 00.00 | 23.59  |   |  |
| Wed   | 00.00 | 23.59  |   |  |
| Thurs   | 00.00 | 23.59  | 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   | 00.00 | 23.59  |   |  |
| Sat   | 00.00 | 23.59  |   |  |
| Sun   | 00.00 | 23.59  |   |  |

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)

*we don't intend to have any other activity apart from sale of alcohol. we follow 21 years old policy.*

0

~~A~~

| Hours premises are open to the public<br>Standard days and timings<br>(please read guidance note 6) |       |        | State any seasonal variations (please read guidance note 4)             |
|---|-------|--------|---|
| Day   | Start | Finish |   |
| Mon   | 00.00 | 23.59  | <p>24 hours seven days a week.<br/>24/7 license is being requested.</p> |
| Tue   | 00.00 | 23.59  |   |
| Wed   | 00.00 | 23.59  |   |
| Thurs   | 00.00 | 23.59  |   |
| Fri   | 00.00 | 23.59  |   |
| Sat   | 00.00 | 23.59  |   |
| Sun   | 00.00 | 23.59  |   |

**Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 5).**

Please identify those conditions currently imposed on the licence which you believe could be remove as a consequence of the proposed variation you are seeking

currently, we hold license for the sale of alcohol from 7-11, 7 days a week. Time restrictions could be over.

Please tick  yes

I have enclosed the premises licence

I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes please fill in reasons for not including the licence, or part of it, below

Reasons why I have failed to enclose the premises licence or relevant part of premises licence

**P**

Describe any additional steps you intend to take to promote all four licensing objectives as a result of the proposed variation:

a) General--all four licensing objectives (b, c, d, e) (please read guidance note 9)

" see pro forma risk assessment "

b) The prevention of crime & disorder

\* request for ID (Already doing so)  
 \* CCTV installment (Already implemented)  
 \* Trained staff (" )  
 \* Maintaining refusal book (" ) ~~XXXXXXXX~~  
 " see pro forma risk assessment "

c) Public safety

" see pro forma risk assessment "

d) The prevention of public nuisance

" see pro forma risk assessment "

e) The protection of children from harm

" see pro forma risk assessment "

- Please tick  Yes
- I have made or enclosed payment of the fee
  - I have sent you copies of this application, and the plan to responsible authorities and others where 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 OF UP TO LEVEL 5 ON THE STANDARD SCALE [ £5000 ], 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: 7-5-12

Capacity: PREMISES SUPERVISOR

For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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: \_\_\_\_\_

|   |                 |
|---|-----------------|
| <b>Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13)</b> |                 |
|   |                 |
| <b>Post Town</b>  | <b>Postcode</b> |
| <b>Telephone number (if any)</b>  |                 |
| <b>E-mail address (optional)</b>  |                 |



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

Consent of individual to being specified as premises supervisor

I [SARDAR AMJAD YOUSAF] of full name of prospective premises supervisor

[Redacted]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

[variation] by [SARDAR AMJAD YOUSAF] type of application name of applicant

relating to a premises licence [PREM/03070/001] for number of existing licence, if any

[PAUL R COOK, 343 HARHILLS LANE] 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

[SARDAR AMJAD YOUSAF] concerning the supply of alcohol at name of applicant

[PAUL R COOK, 343 HARHILLS LANE] 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

[LONDON BOROUGH SOUTHWARK, THURLOW STREET SE17 2D6] insert name and address and telephone number of personal licence issuing authority, if any

[Redacted] signed

SARDAR AMJAD YOUSAF name (please print)

07-05-2012 dated