



1107/003

PREM7

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**

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 **UNIQUE TRADE LTD**  
(Insert name(s) of applicant)

Being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in part 1 below

Premises licence number

PREM/01107/003

OS  
CD

**Part 1 - Premises details**

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

434 DEWSBURY ROAD

Post town **LEEDS**

Post code **LS11 7LJ**

Telephone number at premises (if any)

01132716835

Non-domestic rateable value of premises

£

**Part 2 - Applicant details**

Daytime contact telephone number

01132716835

E-mail address (optional)

mYousefzai@sky.com

Current postal address if different from premises address

Post Town

Postcode

**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)

Extention of hours for the sale  
of alcohol, from  
Monday to Saturday  
08:00 to 23:00  
Sunday 10:00 to 22:30  
to  
Monday to Sunday  
From, 08:00 to 02:00

**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

**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) Performances 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**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> (Please tick [Y]) 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	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)	
Mon	08:00	02:00	N/A	
Tue	08:00	02:00		
Wed	08:00	02:00		
Thurs	08:00	02:00	<b>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</b> (please read guidance note 5).	
Fri	08:00	02:00	N/A	
Sat	08:00	02:00		
Sun	08:00	02:00		

**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)

N/A

0

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	08:00	02:00	
Tue	08:00	02:00	
Wed	08:00	02:00	
Thurs	08:00	02:00	
Fri	08:00	02:00	
Sat	08:00	02:00	
Sun	08:00	02:00	

**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

To extend the hours for the sale of alcohol.

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

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:

*1813*

Date:

*5/7/12*

Capacity:

*owner (manager)*

**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</b> (please read guidance note 13)	
<b>Post Town</b>	<b>Postcode</b>
<b>Telephone number (if any)</b>	
<b>E-mail address (optional)</b>	