

ENTERTAINMENT LICENSING

APPENDIX A

01 AUG 2012



RECEIVED

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 New World Cafe Ltd *active* (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
26-30 New BRIGGATE

Post town LEGS Post code LS1 6NU

Telephone number of premises (if any) 07730 546732

Non domestic rateable value of premises £ 45,000-00 *checked*

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)

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr Mrs Miss Ms Other title (for example, Rev)

Surname First names

I am 18 years old or over yes

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

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	<i>NEW WORLD CAFE LTD.</i>
Address	<i>REGISTERED OFFICE 129 ALLENBY ROAD LEEDS. LS11 5RR.</i>
Registered number (where applicable)	<i>8101191</i>
Description of applicant (for example, partnership, company, unincorporated association etc.)	<i>LIMITED COMPANY</i>
Telephone number (if any)	<i>07730 546732.</i>
E-mail address (optional)	<i>GEEWAHCHAN@LIVE.CO.UK.</i>

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
08	09	2012

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)

THE PREMISES IS LOCATED IN THE HEART OF THE CITY CENTRE. THE PREMISES IS OVER 5 FLOORS. BASEMENT IS THE MAIN FEMALE/GENTS TOILET; THE GROUND FLOOR IS THE MAIN RESTAURANT AREA; 1/2 & 3/4 ARE PRIVATE VIP DINING ROOMS WITH KARAOKE FACILITIES. THE KITCHEN IS LOCATED ON THE 3/F.

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

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) <i>SOFT RECORDED MUSIC IN THE RESTAURANT ARGA.</i>		
Mon	08:00	03:00			
Tue	08:00	03:00	State any seasonal variations for the playing of recorded music (please read guidance note 4) <i>NONE</i>		
Wed	08:00	03:00			
Thur	08:00	03:00	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) <i>NONE</i>		
Fri	08:00	03:00			
Sat	08:00	03:00			
Sun	08:00	03:00			

I

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 <p style="text-align: center;"><i>KARAOKE.</i></p>																									
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr> <td>Mon</td> <td>13:00</td> <td>05:00</td> </tr> <tr> <td>Tue</td> <td>13:00</td> <td>05:00</td> </tr> <tr> <td>Wed</td> <td>13:00</td> <td>05:00</td> </tr> <tr> <td>Thur</td> <td>13:00</td> <td>05:00</td> </tr> <tr> <td>Fri</td> <td>13:00</td> <td>05:00</td> </tr> <tr> <td>Sat</td> <td>13:00</td> <td>05:00</td> </tr> <tr> <td>Sun</td> <td>13:00</td> <td>05:00</td> </tr> </tbody> </table>			Day	Start	Finish	Mon	13:00	05:00	Tue	13:00	05:00	Wed	13:00	05:00	Thur	13:00	05:00	Fri	13:00	05:00	Sat	13:00	05:00	Sun	13:00	05:00	Will the facilities for making music be indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	
			Day	Start	Finish																							
			Mon	13:00	05:00																							
Tue	13:00	05:00																										
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Thur	13:00	05:00																										
Fri	13:00	05:00																										
Sat	13:00	05:00																										
Sun	13:00	05:00																										
Indoors		<input checked="" type="checkbox"/>																										
Outdoors		<input type="checkbox"/>																										
Both		<input type="checkbox"/>																										
Please give further details here (please read guidance note 3)			<p style="text-align: center;"><i>THE USE OF KARAOKE MACHINE WITH PRE RECORDED CD'S.</i></p>																									
State any seasonal variations for the provision of facilities for making music (please read guidance note 4)			<p style="text-align: center;"><i>NONE</i></p>																									
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)			<p style="text-align: center;"><i>NONE</i></p> <div style="text-align: right; font-size: 2em;">✓</div>																									

J

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 type="checkbox"/> (please read guidance note 2)																										
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			Day	Start	Finish																								
			Mon																										
Tue																													
Wed																													
Thur																													
Fri																													
Sat																													
Sun																													
Outdoors		<input type="checkbox"/>																											
Both		<input type="checkbox"/>																											
Please give further details here (please read guidance note 3)																													
State any seasonal variations for providing dancing facilities (please read guidance note 4)																													
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)																													

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)	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)	
			Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>	
Day	Start	Finish	<i>HOT FOOD CONSUMING ON PREMISES.</i>	
Mon	08:00	03:00	Please give further details here (please read guidance note 3) <i>RESTAURANT WITH SEATS.</i>	
Tue	08:00	03:00		
Wed	08:00	03:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4) <i>NONE</i>	
Thur	08:00	03:00		
Fri	08:00	03:00	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) <i>NONE</i>	
Sat	08:00	03:00		
Sun	08:00	03:00		

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	Both <input type="checkbox"/>		
Mon	11:00	05:00	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	11:00	05:00			
Wed	11:00	05:00			
Thur	11:00	05:00	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	11:00	05:00			
Sat	11:00	05:00			
Sun	11:00	05:00			

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

Name *MR. MAN KWONG LAU.*

Address

*78 WHARF STREET
HALIFAX*

Postcode *HX6 2AF*

Personal licence number (if known) *VEPERS 1203*

Issuing licensing authority (if known) *CALDER DALE MBC*

*EXP
4-7-17*

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	<p><i>NONE</i></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)
Mon	08:00	05:00	
Tue	08:00	05:00	
Wed	08:00	05:00	
Thur	08:00	05:00	
Fri	08:00	05:00	
Sat	08:00	05:00	
Sun	08:00	05:00	

NONE

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)

STAFF ARE TRAINED TO REMAIN CALM IN DEALING WITH TROUBLESOME CUSTOMERS AND IN FULL CONTROL OF SITUATION. LOCAL POLICE NUMBER ARE ON QUICK AND ONLY USE AS LAST RESORT. STAFF TRAINED TO BREAK UP TENSION & IDENTIFY WHERE CUSTOMER HANG TOO MUCH TO DRINK. FULL CCTV WITH RECORDING FACILITIES INSTALLED AND TO PREVENT CRIME.

b) The prevention of crime and disorder

THE RESTAURANT OPERATE ZERO TOLERANCE TO:-
 THE USE OR SALE OF DRUGS ON PREMISES. -
 THE USE OF FORGE BANKNOTES. ✓
 THE SALES OF STOLEN GOODS. ✓
 IN ALL INSTANCES. THE POLICE WILL BE CALLED. ✓

c) Public safety

ALL GLAZING IN PUBLIC AREA ARE SAFETY GLASS. ✓
 PREMISES MAINTAINING TO ENSURE NO TRIP HAZARD/DANGER. ✓
 OPERATE A SEE IT REPORT IT POLICY. ✓
 FULL FIRE ALARM SYSTEM - STAFF TRAINED IN EVACUATION PROCEDURES. ✓
 GAS & ELECTRIC CERTIFICATED TESTED BY SPECIALIST CONTRACTOR. ✓

d) The prevention of public nuisance

COMPANY POLICY:-
 ENSURE EXTRACTION SYSTEM ARE FULL MAINTAINED PERIODICALLY BY SPECIALIST. TO ELIMINATE NOISE & VIBRATION. ✓
 MANAGE TO CHECK EXTERNAL PATH & PAVING, AT CLOSING TIME TO ENSURE NO RUBBISH IS LEFT BY CUSTOMERS. ✓
 SIGNS DISPLAY REQUESTING CUSTOMERS TO LEAVE THE PREMISES AS QUIET AS POSSIBLE. ✓

e) The protection of children from harm

COMPANY POLICY:-
 ALL MINOR MUST BE ACCOMPANIED BY AN ADULT. ✓
 BOOSTER CUSHION & BABY CHAIRS AVAILABLE


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	
Date	26-07-12.
Capacity	AGENT.

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)

MR. GEE CHAN.
 NEW WORLD CAFE
 28 NEWBRIGGATE .

Post town	LEEDS.	Post code	LS1 6NU.
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Telephone number (if any)	01132 303030 .
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	GEEWAICHAN@LIVE.CO.UK.
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