



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/WeHana Matsuri Limited..... (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	
4 Eastgate	
Post town	Post code
Leeds	LS2 7JL

Telephone number of premises (if any)	N/A
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Non domestic rateable value of premises	£16,250.00
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Part 2 – Applicant Details

Please state whether you are applying for a premises licence as:

- | | Please tick as appropriate |
|---|---|
| a) an individual or individuals* | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual* | |
| i. as a limited company/limited liability partnership | <input checked="" type="checkbox"/> please complete section (B) |
| ii. as a partnership (other than limited liability) | <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 | <input type="checkbox"/> 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 (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 (by ticking yes to one box below:

- 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

Please tick yes

Date of Birth I am 18 years old or over

Nationality

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

Email address (optional)

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information).

SECOND INDIVIDUAL APPLICANT (if applicable)

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

Surname

First names

Please tick yes

Date of Birth

I am 18 years old or over

Nationality

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information).

(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

Hana Matsuri Limited

Address 551 Meanwood Road Leeds LS6 4AW
Registered number (where applicable) 10275634
Description of applicant (for example, partnership, company, unincorporated association etc.) Company
Telephone number (if any) [REDACTED]
E-mail address (optional) [REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year		
2	7	0	4	2	0	2 3

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)

Japanese fine dining restaurant, serving Japanese food and alcohol, by reservation only. The premises are split into two areas, a seating area with a bar at the front of the premises and a dining room at the rear. There will be one sitting at lunchtime and two sittings per evening. There will be a maximum of 40 people, including staff and customers, on site during normal opening hours.

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 Schedules 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 late night refreshment (if ticking yes, fill in box I)

Sale by retail of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
			N/A	Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for performing play (please read guidance note 5)		
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 6)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of a films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
			N/A	Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
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 6)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4) N/A
Day	Start	Finish	
Mon			Please give further details here (please read guidance note 4)
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed			
Thur			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 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)	
Wed			State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 5)	
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 6)	
Sat				
Sun				

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
			N/A	Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)		
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 6)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	11:00	01:00	Please give further details here (please read guidance note 4) Recorded music will be played as background music to the restaurant and bar areas, for atmospheric purposes.		
Tue	11:00	01:00			
Wed	11:00	01:00	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	11:00	01:00			
Fri	11:00	01:00	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 6)		
Sat	11:00	01:00			
Sun	11:00	01:00			

G

Performance of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
			N/A		Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon						
Tue			State any seasonal variations for the performance of dance (please read guidance note 5)			
Wed						
Thur			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 6)			
Fri						
Sat						
Sun						

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing			
			N/A			
			Will the entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon						
Tue			State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)			
Wed						
Thur			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 6)			
Fri						
Sat						
Sun						

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	11:00	01:00	<p>Please give further details here (please read guidance note 4)</p> <p>Only hot drinks will be served after 11pm, such as tea or coffee. No hot food will be served after 11pm.</p> <p>State any seasonal variations for the provision of late night refreshment (please read guidance note 5)</p> <p>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 6)</p>	Both	<input type="checkbox"/>
Tue	11:00	01:00			
Wed	11:00	01:00			
Thur	11:00	01:00			
Fri	11:00	01:00			
Sat	11:00	01:00			
Sun	11:00	01:00			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption on or off the premises or both – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	11:00	01:00	<p>State any seasonal variations for the supply of alcohol (please read guidance note 5)</p> <p>N/A</p> <p>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 6)</p>	Both	<input checked="" type="checkbox"/>
Tue	11:00	01:00			
Wed	11:00	01:00			
Thur	11:00	01:00			
Fri	11:00	01:00			
Sat	11:00	01:00			
Sun	11:00	01:00			

State the name and details of the individual whom you wish to specify on the licence as the designated premises supervisor (please see declaration about the entitlement to work in the checklist at the end of the form)

Name Kaoru Nakamura

Address [REDACTED]

Postcode [REDACTED]

Personal licence number (if known) [REDACTED]

Issuing licensing authority (if known) [REDACTED]

K

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 9)

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	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 6)
Mon	11:00	01:00	
Tue	11:00	01:00	
Wed	11:00	01:00	
Thur	11:00	01:00	
Fri	11:00	01:00	
Sat	11:00	01:00	
Sun	11:00	01:00	

M

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 10)

The premises will operate as a restaurant. To promote the licensing objectives, we will keep effective management and training in place. Staff will understand the licensing objectives and the responsibilities for compliance with the licence. There will be a clear Operating Schedule, showing hours of operation and licensable activities during those hours. The DPS will be in day to day control of the premises, will provide training to staff as above and will make or authorise sales of alcohol. Staff will be trained to follow the Challenge 25 process and to prevent sales of alcohol to underage drinkers. Staff will be trained on the Ask for Angela approach. The premises will be fitted with a CCTV system that has a recording option. We understand that a licensed premises must carry out its business with the purpose of promoting these objectives.

b) The prevention of crime and disorder

There will be communication with other local businesses to share information about issues of crime and disorder. The police will be contacted where there is suspected criminal activity or antisocial behaviour. There will be a CCTV system with a recording option. Alcohol will not be sold to those who appear intoxicated. Underage sales will be avoided by following the Challenge 25 process and checking ID of those who appear under the age of 25. Staff will be trained on the Ask for Angela approach. Staff will work to prevent and be vigilant about illegal drug use at the premises. Staff will be able to book taxis for customers to avoid gatherings outside the premises. Staff will be trained to ask customers to leave in an orderly and respectful manner. Closing times shall be displayed and maintained in accordance with the premises licence. There will be no attempts to find customers by personal approaches outside or in the vicinity of the premises.

c) Public safety

The premises has fixed internal and external lighting. Staff will be trained on health and safety and environmental health requirements. Staff will be trained on the licensing objectives and the responsibilities for compliance with the premises licence. Staff will be trained on the Ask for Angela approach. Alcohol will primarily be sold as an accompaniment to food. Alcohol will not be sold to those who appear intoxicated. Underage sales will be avoided by checking ID of those who appear under the age of 25. There will be regular inspections of the premises. These inspections will be recorded and documented in accordance with statutory requirements and the records shall be available for inspection. There will be CCTV systems. Staff will be able to book taxis for customers to avoid gatherings outside the premises.

d) The prevention of public nuisance

The premises will not provide takeaway food, so there will be minimal litter issues. Adequate waste receptacles for use by customers are available in the local vicinity. Off sales of alcohol will be of specialist Japanese alcohol and on the street consumption will be strongly discouraged. Alcohol will not be sold to those who appear intoxicated. The restaurant is located in an area where there is low domestic residency so there will be limited disturbance to residential neighbours. The restaurant will be fitted with CCTV systems. Staff will be able to book taxis for customers to avoid gatherings causing nuisance outside the premises. Customers will be asked to leave the premises in an orderly and respectful manner to avoid disruption to others. Deliveries of goods will be organised so that they are carried out in a manner which avoids public nuisance and disturbance to others. Staff will conduct themselves in an orderly and respectful when arriving and leaving the premises. The movement of bins and rubbish will be kept to a minimum after 11pm, so as to reduce noise impact on others.

e) The protection of children from harm

The premises will not allow children under the age of 13 to visit the premises. Children over the age of 13 will not be able to attend the premises unaccompanied. Staff will be trained to check the age of those thought to be under the age of 25 to ensure sales of alcohol are not made to minors. As a restaurant, there will be no high risk activities taking place on the premises, such as drug taking, gambling or adult entertainment. A training record book will be maintained.

Checklist

Please tick to indicate agreement


- 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 designated 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
- [Applicable to all individual applicants, including those in partnership which is not a limited liability partnership, but not companies or limited liability partnerships]
- I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15)

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION ASYLUM AND NATIONALITY ACT 2006 AND PURUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent. (See guidance note 12). If signing on behalf of the applicant please state in what capacity.

Declaration	<p>[Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership]</p> <ul style="list-style-type: none"> I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if
Signature	
Date	30.03.2023
Capacity	Director, Hana Matsuri Limited

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 13). 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 14)	
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	