



**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 **Nicholas James Lofts** ..... (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 <b>BLOCK B THE GATEWAY NORTH          CROWN POINT ROAD</b>	
Post town <b>LEEDS</b>	Post code <b>LS9 8BZ</b>

Telephone number of premises (if any)

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Non domestic rateable value of premises

£ **23,000**

**Part 2 – Applicant Details**

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

- Please tick as appropriate
- a) an individual or individuals\*  please complete section (A)
- b) a person other than an individual\*
- i. as a limited company/limited liability partnership  please complete section (B)
- ii. as a partnership (other than limited liability)  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)

- d) a charity  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:

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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
1	0	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)

TO OPEN THE BUSINESS AS A NEIGHBOURHOOD FOOD BAR/EATERY FOR THE LOCAL AREA AND HOTEL GUESTS.  
 WE PLAN TO RUN THE BAR/BUSINESS AND GET A LOCAL FOOD TRADER FOR FOOD AND A COFFEE SHOP FOR MORNING AND LUNCH TIMES

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

<b>Plays</b> 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"/>
				Outdoors	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>		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

<b>Films</b> 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"/>
				Outdoors	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>		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)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed			
Thur			
Fri			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)
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 5)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
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

<b>Live music</b> 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"/>			
				Outdoors	<input type="checkbox"/>			
			Both	<input type="checkbox"/>				
Day	Start	Finish	Please give further details here (please read guidance note 4)					
Mon								
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

<b>Recorded music</b> 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"/>
				Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>	
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	0800	0100			
Tue	0800	0100			
Wed	0800	0100	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	0800	0100			
Fri	0800	0100	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	0800	0100			
Sun	0300	0100			



## G

<b>Performance of dance</b> 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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur					
Fri			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)		
Sat					
Sun					

## H

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

**I**

<b>Late night refreshment</b> 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 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 provision of late night refreshment (please read guidance note 5)			
Wed						
Thur			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)			
Fri						
Sat						
Sun						

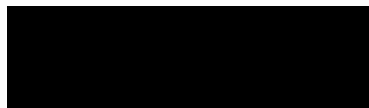
**J**

<b>Supply of alcohol</b> 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"/>	
				Off the premises	<input type="checkbox"/>	
			Both			<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)			
Mon	1100	0100				
Tue	1100	0100	N/A			
Wed	1100	0100				
Thur	1100	0100	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)			
Fri	1100	0100				
Sat	1100	0100	N/A			
Sun	1100	0100				

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 MR NICHOLAS JAMES LOFTS

Address



Postcode



Personal licence number (if known)



Issuing licensing authority (if known)



**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)

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		
Mon	0800	0130	N/A	
Tue	0800	0130		
Wed	0800	0130		
Thur	0800	0130		
			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)	
Fri	0800	0130		
Sat	0800	0130		N/A
Sun	0800	0130		

## 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)

We will ensure at all times enough staff are present to satisfy the terms of licence. We will ensure all staff have undertaken relevant training regarding the sale of alcohol particularly in regard to drunkenness and underage drinking. We will keep records of training and refresh training.

b) The prevention of crime and disorder

Any incidents of a criminal nature will be reported to the police. We will install CCTV which will be maintained and staff will be trained to use.

c) Public safety

Appropriate fire safety procedures will be in place including fire extinguishers, fire blanket, illuminated fire exit signs, smoke detectors and emergency lighting. All emergency exits shall be kept free from obstruction at all times.

d) The prevention of public nuisance

All customers will be asked to leave quietly. Clear notices will be displayed to remind customers to leave quietly and have regard for our neighbours.

e) The protection of children from harm

All staff will ask people who appear to be under the age of 25 for approved photo ID. All staff trained for underage sales prevention regularly. A log to be kept of refused sales.



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**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]

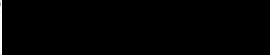
- I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15)

**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"> <li>• 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).</li> <li>• 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 appropriate (please see note 15).</li> </ul>
Signature	
Date	1/8/23
Capacity	DIRECTOR

**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 13). If signing on behalf of the applicant please state in what capacity.

Signature		Signature	
Date		Date	
Capacity		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)**

### Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. In terms of specific regulated entertainments please note that:
  - Plays: no licence is required for performances between 08:00 and 23:00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
  - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
  - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
  - Live music: no licence permission is required for:
    - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
    - a performance of amplified live music between 08.00 and 23.00 on any day, in a workplace that is not licensed to sell alcohol on those premises, provided that the audience does not exceed 500.
    - a performance of amplified live music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.