Public Document Pack

Supplementary Information 27th February 2014 Licensing Sub Committee Review





Devonshire House 38 York Place Leeds LS1 2ED 33 Cavendish Square London W1 oPW



Licensing Section Leeds City Council Entertainment Licensing Civic Hall LEEDS LS1 1UR Our ref CRG/KB/URB001-1-0/1595

Your ref

26 February 2014

Dear Sir

La Boheme, Cross York Street - Premises Licence Transfer

We act on behalf of Urban Edge Group Limited and we are instructed to submit an application to transfer the premises licence in respect of the above named premises.

Accordingly, we enclose the following:

- Notice of application
- 2 Consent form
- 3 Cheque in the sum of £33.50

If there are any issues with the completion of the attached forms which cause you concern or if you believe there is some omission, please contact Christopher Rees-Gay at this office.

We should be obliged if you would acknowledge safe receipt of this letter and enclosures.

Yours faithfully

Enc

Application to transfer 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 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. Urban Edge Group Limited (Insert name of applicant) apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below PREM/02505/007 Premises licence number Part 1 - Premises details Postal address of premises or, if none, ordnance survey map reference or description La Boheme. Cross York Street, Post town Post code Leeds LS2 7EE Telephone number at premises (if any) Please give a brief description of the premises Bar/Restaurant Name of current premises licence holder Wildcard Leisure Limited Part 2 - Applicant details In what capacity are you applying for the premises licence to be transferred to you? Please tick yes a) an individual or individuals* please complete section (A) b) a person other than an individual * please complete section (B) 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)

(c) a reco	gnised c	lub						please complete section (B)	
(d) a char	ity							please complete section (B)	
(e) the pro	oprietor	of an ed	lucationa	l estab	lishmen	ıt		please complete section (B)	
i	f) a healt	h servic	e body						please complete section (B)	
(andards	Act 20	egistered 100 (c14 Wales					please complete section (B)	
]	Part 1 c	of the I the mea	Health a	gistered and Soc that Par England	ial Car	e Act	2008		please complete section (B)	
	n) the c England			police o	f a po	lice for	ce in		please complete section (B)	
*If	you are a	applying	g as a pe	rson des	cribed i	n (a) or	(b) pl	ease (confirm:	
									Please tick yes	
	-	_		ng to car	ry on a	busine	ss whi	ch in	volves the use of the	
I an	n making	g the app	olication	pursuar	t to a					
	utory fur nction d			tue of H	er Maje	esty's p	reroga	tive		
(A)	INDIVI	IDUAL	APPLI	CANTS	(fill in	as app	licable	e)		
Mr		Mrs		Miss		Ms			Other title (for example, Rey)	
Sur	name						First n	ames		
							/			
I an	n 18 year	rs old or	· over						Please tick yes	
add diff	rent post ress if erent mises ad	from								
Pos	t town					P	ost co	de		

Daytime contact telephone number				
E-mail address (optional)				
SECOND INDIVIDUAL APPLICANT (fill in as applicable)				
Mr Mrs Miss Ms Other title (for example, Rev)				
Surname First names				
I am 18 years old or over				
Current postal address if different from premises address				
Post town Post code				
Daytime contact telephone number				
E-mail address (optional)				
(B) OTHER APPLICANTS Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.				
Name Urban Edge Group Limited				
Address URBAN EDGE GROUP LIMITED 16 - 24 UNDERWOOD STREET LONDON N1 7JQ				
Registered number (where applicable) 02795728				

Description of applicant (for example partnership, company, unincorporated association e Limited Company	tc.)
Telephone number (if any)	
E-mail address (optional)	
Part 3 Please tick	yes
Are you the holder of the premises licence under an interim authority notice?	
Do you wish the transfer to have immediate effect?	\boxtimes
If not when would you like the transfer to take effect? Day Month Year Please tick	yes
I have enclosed the consent form signed by the existing premises licence holder	\boxtimes
If you have not enclosed the consent form referred to above please give the reasons why What steps have you taken to try and obtain the consent?	not.
Please tick	yes
If this application is granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)	
Please tick	yes
I have enclosed the premises licence	

If you have not enclosed premises licence referred to above please give the reasons why not. It is not held by the proposed Premises Licence Holder. As such an extra fee of £10.50 has been paid for a re-issue of the premises licence.			
 I have made or enclosed payment of the fee I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed I have enclosed the premises licence or relevant part of it or explanation I have sent a copy of this application to the chief officer of police today 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 2)			
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Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)

Chris Rees-Gay Woods Whur LLP Devonshire House

38 York Place

Post town	Post Code
Leeds	LS1 2ED

Telephone number (if any) 0113 234 3055

If you would prefer us to correspond with you by e-mail your e-mail address (optional) chris@woodswhur.co.uk

Consent of premises licence holder to transfer

I/we	Wildcard Leisure Limited	
[fi	ull name of premises licence holder(s)	
the prem	nises licence holder of premises licence number	PREM/02505/007
		[insert premises licence number]
relating	to	
La Bo	oheme, Cross York Street, Leeds, LS2 7EE	
	d address of premises to which the application relates/	
hereby g	give my consent for the transfer of premises licence	e number
PRE	M/02505/007	
/insert pro	emises licence number/	
to		
	1 Edge Group Limited	
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signed	9760110	le!
name	d. A (?.	/ 4 / 6
(please p	orint) NICLAZI ST	M LO
dated	25 February 2014	