

Insert name and address  
of relevant licensing  
authority and its  
reference number  
(optional)

Entertainment Licensing Department  
Leeds City Council  
Civic Hall  
Leeds  
LS1 1UR

3388/001

**Application for a premises licence to be granted under the Licensing Act 2003**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

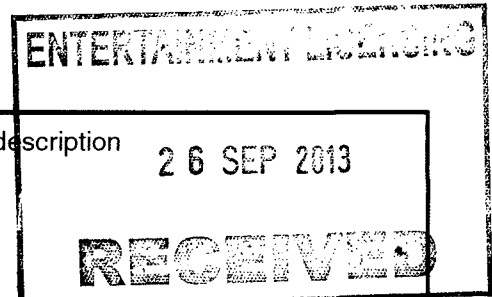
Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

**XWe** WM MORRISON SUPERMARKETS PLC  
(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 Xwe 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 MORRISONS 25-27 ARNDALE CENTRE HEADINGLEY	
Post town LEEDS	Post code LS6 2UE
Telephone number at premises (if any)	
Non-domestic rateable value of premises	£

**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                            | <input checked="" type="checkbox"/> | please complete section (B) |
| ii as a partnership                               | <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 | <input type="checkbox"/>            | 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:

Please tick yes

- 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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname			First names	
I am 18 years old or over	<input type="checkbox"/>			Please tick yes
Current postal address if different from premises address				
Post town			Post code	
Daytime contact telephone number				
E-mail address (optional)				

**SECOND INDIVIDUAL APPLICANT** (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname			First names	
I am 18 years old or over	<input type="checkbox"/>		Please tick yes	
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 WM MORRISON SUPERMARKETS PLC
Address HILMORE HOUSE GAIN LANE BRADFORD BD3 7DL
Registered number (where applicable) 00358949
Description of applicant (for example, partnership, company, unincorporated association etc.) COMPANY
Telephone number (if any) 0845 611 5000
E-mail address (optional)

### Part 3 - Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
A		S		A	P		

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD		MM		YYYY			

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

Please give a general description of the premises (please read guidance note 1)

SUPERMARKET

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 any that apply

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

Supply 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 6)			<b>Will the performance of a play take place indoors or outdoors or both - please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed				<b>State any seasonal variations for performing plays</b> (please read guidance note 4)	
Thur					
Fri					
Sat				<b>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</b> (please read guidance note 5)	
Sun					

# B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both - please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed				<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)	
Thur					
Fri					
Sat				<b>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</b> (please read guidance note 5)	
Sun					

### C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)
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 5)
Fri			
Sat			
Sun			

### D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed					
Thur			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Fri					
Sat					
Sun					
			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 5)		

# E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both - please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>	
Day	Start	Finish		Outdoors	<input type="checkbox"/>	
Mon				Both	<input type="checkbox"/>	
Tue				<b>Please give further details here</b> (please read guidance note 3)		
Wed				<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur						
Fri			<b>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</b> (please read guidance note 5)			
Sat						
Sun						

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both - please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>	
Day	Start	Finish		Outdoors	<input type="checkbox"/>	
Mon				Both	<input type="checkbox"/>	
Tue				<b>Please give further details here</b> (please read guidance note 3)		
Wed				<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur						
Fri			<b>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</b> (please read guidance note 5)			
Sat						
Sun						

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both - please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Wed					
Thur			<b>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</b> (please read guidance note 5)		
Fri					
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 6)			<b>Please give a description of the type of entertainment you will be providing</b>		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both - please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
Tue				Both	<input type="checkbox"/>
Wed			<b>Please give further details here</b> (please read guidance note 3)		
Thur					
Fri			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)		
Sat					
Sun					



<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both - please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed				<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)	
Thur					
Fri				<b>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</b> (please read guidance note 5)	
Sat					
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption - please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
Mon	0700	2300	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	0700	2300			
Wed	0700	2300			
Thur	0700	2300		<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	0700	2300			
Sat	0700	2300			
Sun	0700	2300			

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

Name NICOLA WOOD	
Address 12 WEST STREET DRIGHLINGTON BRADFORD	
Post code	BD3 7DL
Personal licence number (if known) LEEDS/PERL/05817/11	
Issuing licensing authority (if known) LEEDS CITY COUNCIL	

## 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 8).**

NONE

**L**

<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	0700	2300	<b>Non standard timings. Where you intend the premises to be open to the public at different times to those listed in the column on the left, please list</b> (please read guidance note 5)
Tue	0700	2300	
Wed	0700	2300	
Thur	0700	2300	
Fri	0700	2300	
Sat	0700	2300	
Sun	0700	2300	

**M - Describe the steps you intend to take to promote the four licensing objectives:**

**a) General - all four licensing objectives (b, c, d and e)** (please read guidance note 9)

THE APPLICANT IS MINDFUL OF THE LOCAL AUTHORITY'S POLICY DOCUMENT AND IN THIS REGARD WOULD REFER TO THE OVERVIEW DOCUMENT ATTACHED WHICH DETAILS THE APPLICANT'S PROCESSES AND PROCEDURES FOR PROMOTING THE LICENSING OBJECTIVES.

THE PREMISES WILL BE CONSTRUCTED IN ACCORDANCE WITH DRAWING NO. SK02 REV A AS SERVED WITH THE APPLICATION OR IN THE CASE OF ALTERATION TO THOSE PLANS ANY FURTHER PLANS SERVED ON THE RESPONSIBLE AUTHORITIES AND LICENSING AUTHORITY PRIOR TO COMPLETION OF THE PREMISES.

ALL STAFF ENGAGED IN THE SALE OF ALCOHOL WILL BE TRAINED IN ACCORDANCE WITH THE PREMISES LICENCE HOLDER'S TRAINING PROCEDURES.

**b) The prevention of crime and disorder**

ALL STAFF WILL RECEIVE SUITABLE TRAINING (INCLUDING REFRESHER TRAINING) IN RELATION TO THE PROOF OF AGE "CHALLENGE 25" SCHEME TO BE APPLIED ON THE PREMISES. THE FOLLOWING FORMS OF IDENTIFICATION ARE ACCEPTABLE; PHOTO DRIVING LICENCE, PASSPORT, PROOF OF AGE STANDARDS SCHEME (PASS) CARD AND ANY OTHER LOCALLY OR NATIONALLY APPROVED FORM OF IDENTIFICATION.

CCTV SHALL BE PROVIDED ON THE PREMISES AND SHALL BE KEPT IN GOOD WORKING ORDER.

ALL CHECKOUT OPERATORS WILL OPERATE A REFUSAL LOG.

**c) Public safety**

THE PREMISES LICENCE HOLDER UNDERTAKES ONGOING RISK ASSESSMENTS IN ORDER TO COMPLY WITH HEALTH & SAFETY LEGISLATION.

**d) The prevention of public nuisance**

THE PREMISES ARE RESPONSIBLY MANAGED AND SUPERVISED. NO ADDITIONAL MEASURES ARE BELIEVED NECESSARY.

**e) The protection of children from harm**

ALL STAFF WILL RECEIVE SUITABLE TRAINING (INCLUDING REFRESHER TRAINING) IN RELATION TO THE PROOF OF AGE "CHALLENGE 25" SCHEME TO BE APPLIED ON THE PREMISES. THE FOLLOWING FORMS OF IDENTIFICATION ARE ACCEPTABLE; PHOTO DRIVING LICENCE, PASSPORT, PROOF OF AGE STANDARDS SCHEME (PASS) CARD AND ANY OTHER LOCALLY OR NATIONALLY APPROVED FORM OF IDENTIFICATION.

TILL PROMPTS ARE IN USE AT THE STORE.

**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.

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	<i>Gosschalks</i>
Date	25 SEPTEMBER 2013
Capacity	SOLICITORS ON BEHALF OF THE APPLICANT

**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	
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13) Gosschalks Solicitors Queens Gardens Hull East Yorkshire	
Post town	Post code HU1 3DZ
Telephone number (if any)	01482 324252
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) mcj@gosschalks.co.uk	