## Prem103411/001

## Appendix A



\* Legal status

Leeds
Application for a premises licence
Licensing Act 2003

For help contact entertainment.licensing@leeds.gov.uk Telephone: 0113 2474095

\* required information Section 1 of 19 You can save the form at any time and resume it later. You do not need to be logged in when you resume. This is the unique reference for this Not Currently In Use System reference application generated by the system. You can put what you want here to help you Your reference track applications if you make lots of them. It is passed to the authority. Put "no" if you are applying on your own Are you an agent acting on behalf of the applicant? behalf or on behalf of a business you own or Yes No work for. **ENTERTAINMENT LICENSING Applicant Details** 3 0 OCT 2013 \* First name SHAZIA **AKHTER** \* Family name RECEIVED gemma.goodwin@licensingmatters.net \* E-mail Include country code. 01282 500322 Main telephone number Other telephone number Indicate here if the applicant would prefer not to be contacted by telephone Is the applicant: A sole trader is a business owned by one Applying as a business or organisation, including as a sole trader person without any special legal structure. Applying as an individual Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby. **Applicant Business** \* Is the applicant's business Yes C No registered in the UK with Companies House? 08134517 \* Registration number If the applicant's business is registered, use \* Business name FS 99 LTD its registered name. Put "none" if the applicant is not registered \* VAT number NONE for VAT.

Private Limited Company

Continued from previous page		
* Applicant's position in the business	DIRECTOR	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
* Building number or name	2	
* Street	ASH RD	
District	HEADINGLEY	
* City or town	LEEDS	
County or administrative area		
* Postcode	LS6 3JF	
* Country	United Kingdom	
Agent Details		_
* First name	GEMMA	
* Family name	GOODWIN	
* E-mail	gemma.goodwin@licensingmatters.net	
Main telephone number	01282 500322	Include country code.
Other telephone number		
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
• An agent that is a busing	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
	ng as an agent	person manager of a section of
Agent Business		
* Is your business registered in the UK with Companies House?		
* Registration number	05822732	•
* Business name	LICENSING MATTERS LTD	If your business is registered, use its registered name.
* VAT number	NONE	Put "none" if you are not registered for VAT.
* Legal status	Private Limited Company	

Continued from previous page		
* Your position in the business	ADMIN ASSISTANT	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Registered Address		Address registered with Companies House.
* Building number or name	TIME TECHNOLOGY PARK	
* Street	BLACKBURN RD	
District		
* City or town	SIMONSTONE	
County or administrative area		
* Postcode	BB12 7TW	
* Country	United Kingdom	
Section 2 of 19		
PREMISES DETAILS		
I/we, as named in section 1, ap described in section 2 below (t in accordance with section 12 of	ply for a premises licence under section 17 of the premises) and I/we are making this applicate of the Licensing Act 2003.	he Licensing Act 2003 for the premises ion to you as the relevant licensing authority
Premises Address		
Are you able to provide a post	al address, OS map reference or description of	the premises?
♠ Address	p reference C Description	
Postal Address Of Premises		
Building number or name	NISA LOCAL	
Street	2 ASH RD	
District	HEADINGLEY	
City or town	LEEDS	
County or administrative area		
Postcode	LS6 3JF	
Country	United Kingdom	
Further Details		
Telephone number		
Non-domestic rateable value of premises (£)	21,500	

Sect	ion 3 of 19						
APPI	LICATION DETAILS						
In w	nat capacity are you apply	ng for the premises lice	nce?				
	An individual or individuals						
$\boxtimes$	A limited company						
	A partnership						
	An unincorporated asso	iation					
	A recognised club						
	A charity						
	The proprietor of an edu	cational establishment					
	A health service body						
	A person who is register 2000 (c14) in respect of a	•					
	A person who is registered under Chapter 2 of Part 1 of the Health and  Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England						
	The chief officer of police	of a police force in Eng	land and Wales				
	Other (for example a sta	utory corporation)					
Con	firm The Following						
	I am carrying on or prop the use of the premises t		ness which involves				
	] I am making the application pursuant to a statutory function						
	I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative						
Sect	ion 4 of 19		a.				
NON	I INDIVIDUAL APPLICAN	'S					<del></del>
	ride name and registered a nership or other joint ven						
Non	Individual Applicant's N	ame					
Nam	ne	FS 99 LTD					
Deta	ails						
-	stered number (where licable)	08134517					
Desc	cription of applicant (for e	kample partnership, con	npany, unincorpora	ted association etc	<u>:</u> )		

Continued from previous page	
LIMITED COMPANY	
Address	
Building number or name	2
Street	ASH RD
District	HEADINGLEY
City or town	LEEDS
County or administrative area	
Postcode	LS6 3JF
Country	United Kingdom
Contact Details	
E-mail	
Telephone number	
Other telephone number	
	Add another applicant
Section 5 of 19	
OPERATING SCHEDULE	
When do you want the premises licence to start?	28 / 11 / 2013 dd mm yyyy
If you wish the licence to be valid only for a limited period, when do you want it to end	dd mm yyyy
Provide a general description	of the premises
licensing objectives. Where yo	ises, its general situation and layout and any other information which could be relevant to the our application includes off-supplies of alcohol and you intend to provide a place for oplies you must include a description of where the place will be and its proximity to the
THE PREMISES HAS CURRENTL FEBRUARY 2013.	Y BEEN TRADING (WITH THE CURRENT OWNERS) AS A 24 HOUR CONVENIENCE STORE SINCE
THE SHOP DID BENEFIT FROM PREVIOUS OWNERS.	THE USE OF A PREMISES LICENCE UNTIL THE LICENCE WAS SURRENDERED LAST YEAR BY
If 5,000 or more people are expected to attend the premises at any one time, state the number expected to	

Continued from previous page												
Section 6 of 19				.:		-	<u> </u>					
PROVISION OF PLAYS					th.						· · · · · · · · · · · · · · · · · · ·	
Will you be providing plays?												
← Yes	•	No										
Section 7 of 19		1384										
PROVISION OF FILMS		19 B <sup>19</sup>	'.		1						<del></del>	<u> </u>
Will you be providing films?												
← Yes	•	No										
Section 8 of 19					· · · · · · · · · · · · · · · · · · ·							
PROVISION OF INDOOR SPO	ORTIN	NG EVENT	S		· · · · · · · · · · · · · · · · · · ·			·-		15.	· · · ·	
Will you be providing indoor												
C Yes		No										
7.0		INO	1		**				s 6s	1.1	4.4	
Section 9 of 19 PROVISION OF BOXING OR	WDE	STI ING ER	UTERTAI	NMENT	<u> </u>	***						
					·····							
Will you be providing boxing			itertairiii	ients:								
← Yes	•	No									<del></del>	
Section 10 of 19				<u> </u>		H.				•.	·	: 
PROVISION OF LIVE MUSIC			· · · · · · · · · · · · · · · · · · ·	- 41				· · · · · · · · · · · · · · · · · · ·				
Will you be providing live m	usic?											
	•	No										
Section 11 of 19		·								11 P. 1 11 B		: 11
PROVISION OF RECORDED	MUSI	IC										
Will you be providing record	led m	usic?										
	•	No										
Section 12 of 19		P.				1.		*.	1.14			·
PROVISION OF PERFORMAI	NCES	OF DANC	E		<del> </del>							
Will you be providing perfor	manc	es of danc	:e?									-
← Yes	<b>(</b>	No										
Section 13 of 19	3											
PROVISION OF ANYTHING O	OF A	SIMILAR	DESCRIP'	TION TO	LIVE M	USIC,	RECORI	DED M	USIC OF	RPERFO	RMAN	CES OF
Will you be providing anythi performances of dance?	ng sii	milar to liv	e music,	recorded	d music	or					*** ··· ··· ··· ·· · · · · · · · · · ·	
← Yes	•	No										
Section 14 of 19	2 11 2 2 3 4 3 4				e ju					:	4	
LATE NIGHT REFRESHMENT	r											
Will you be providing late ni	ght re	efreshmen	t?									

Continued from previous page	•••			C No
<b>Standard Days And Timing</b>	S			
MONDAY			Give timings in 24 hour clock.	
Stai	rt 23:00	End 05:00	(e.g., 16:00) and only give det of the week when you intend	ails for the days
Star	rt	End	to be used for the activity.	·
TUESDAY				
Sta	rt 23:00	End 05:00		
Star	rt	End		
WEDNESDAY				
Sta	rt 23:00	End 05:00		
Sta	rt	End		
THURSDAY				
Sta	rt 23:00	End 05:00		
Sta	rt	End		
FRIDAY				
Sta	rt 23:00	End 05:00		
Sta	rt	End		
SATURDAY				
Sta	rt 23:00	End 05:00		!
Sta	rt	End		
SUNDAY				
Sta	rt 23:00	End 05:00		
Sta	rt	End		
   Will the provision of late nig   both?	ht refreshment take place indoo	rs or outdoors or		
( Indoors	C Outdoors C	Both	Where taking place in a build structure tick as appropriate. include a tent.	ling or other Indoors may
State type of activity to be a exclusively) whether or not	uthorised, if not already stated, a music will be amplified or unam	and give relevant f plified.	urther details, for example (bu	t not
HOT DRINKS & SNACKS				

State any seasonal variations

Continued from previous	page					
For example (but not ex	clusive	ely) where the	activity will occur o	on a	ndditional da	ys during the summer months.
L						
Non-standard timings. Vectors those listed in the column				sup	oply of late ni	ight refreshments at different times from
For example (but not ex	clusive	ely), where you	wish the activity t	o g	o on longer o	on a particular day e.g. Christmas Eve.
			and the state of t			
Section 15 of 19		·. :				
SUPPLY OF ALCOHOL						
Will you be selling or su	pplying					
Yes		○ No				
Standard Days And Tir	mings					
MONDAY						Give timings in 24 hour clock.
	Start	05:00	En	nd	00:00	(e.g., 16:00) and only give details for the days of the week when you intend the premises
	Start		En	nd		to be used for the activity.
TUESDAY						
	Start	05:00	Er	nd	00:00	
	Start		En	nd		
WEDNESDAY						
	Start	05:00	En	nd	00:00	
	Start		En			
THURSDAY			_	-		
ואספאווו	Start	05:00	Fn	nd	00:00	
		05.00			00.00	
	Start		En	ıu		
FRIDAY			_			
		05:00	Er	nd	00:00	
	Start		En	nd		
SATURDAY						
	Start	05:00	En	nd	00:00	

End [

Start [

Continued from previous page			
SUNDAY			
Start	05:00	End 00:00	
Start		End	
Will the sale of alcohol be for c	onsumption:		If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol
○ On the premises		Both	is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.
State any seasonal variations			
•	ely) where the activity will occ	ur on additional da	ays during the summer months.
Non-standard timings. Where to column on the left, list below	the premises will be used for	the supply of alcoh	nol at different times from those listed in the
	du) whore you wish the activi	ty to go on longer	on a particular day e.g. Christmas Eve.
For example (but not exclusive	ely), where you wish the activi	ty to go on longer	on a particular day e.g. Christinas Eve.
State the name and details of t licence as premises supervisor	·	n to specify on the	
Name			
First name	MOHAMMED		
Family name	ASIF		
Enter the contact's address			
Building number or name	FLAT ABOVE		
Street	2 ASH RD		
District			
City or town	HEADINGLEY		
County or administrative area			
Postcode	L36 3JF		
Country	United Kingdom		

Continued from previous	page		
Personal Licence number (if known)	TBC		
Issuing licensing author (if known)	LEEDS COUNCIL		
PROPOSED DESIGNATE	D PREMISES SUPERVISOR	CONSENT	
How will the consent fo be supplied to the author	rm of the proposed designa ority?	ted premises supervisor	
← Electronically, by t	he proposed designated pr	emises supervisor	
<ul> <li>As an attachment</li> </ul>	to this application		
Reference number for co form (if known)	onsent		If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.
Section 16 of 19			
ADULT ENTERTAINME	NT		
Give information about rise to concern in respec	rise to concern in respect of anything intended to occur ct of children, regardless of v dity or semi-nudity, films for	at the premises or ancill whether you intend child	ary to the use of the premises which may give ren to have access to the premises, for example c gambling machines etc.
Section 17 of 19			
HOURS PREMISES ARE			,
Standard Days And Ti	Start 00:00	End 23:59	Give timings in 24 hour clock.  (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
TUESDAY			·
	Start 00:00	End 23:59	
	Start	End	
WEDNESDAY			
	Start 00:00	End 23:59	
	Start	End	

Continued from previous page	•••	
THURSDAY		
Sta	rt 00:00	End 23:59
Sta	rt	End
FRIDAY		
Sta	rt 00:00	End 23:59
Sta	rt	End
SATURDAY		
Sta	rt 00:00	End 23:59
Sta	rt	End
SUNDAY		
Sta	rt 00:00	End 23:59
Sta	rt	End
State any seasonal variations	S	
For example (but not exclusi	ively) where the activity will occ	ur on additional days during the summer months.
Non standard timings. Wher those listed in the column o		s to be open to the members and guests at different times from
		ty to go on longer on a particular day e.g. Christmas Eve.
To example (but not exclus	- Treity, where you man are dealer	, to get an engage and part of the part of
	,	
Section 18 of 19		
LICENSING OBJECTIVES		
Describe the steps you inter	nd to take to promote the four li	censing objectives:
a) General – all four licensing	g objectives (b,c,d,e)	
• •	to promote all four licensing ob	
THE PREMISES WILL BE MAN	IAGED IN LINE WITH THE FOUR L	ICENSING OBJECTIVES.
b) The prevention of crime a	and disorder	

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Continued from previous page
MINIMUM OF 30DAYS. DOWNLOADS WILL BE MADE AVAILABLE TO THE RA'S UPON REASONABLE REQUEST.
2) A TILL PROMPT & ELECTRONIC REFUSALS REGISTER WILL BE IN PLACE AT THE PREMISES, DATA WILL BE MADE AVAILABLE TO THE RA'S UPON REQUEST.
c) Public safety
CCTV AS ABOVE
d) The prevention of public nuisance
1) A NOTICE WILL BE ON DISPLAY ASKING CUSTOMERS TO RESPECT NEIGHBOURS WHEN LEAVING THE PREMISES.
e) The protection of children from harm
1) A CHALLENGE 25 POLICY WILL BE IN PLACE. WHENEVER A PERSON APPEARS TO BE UNDER THE AGE OF 25 THEY WILL BE CHALLENGED FOR ID TO PROVE THAT THEY ARE 18 YEARS OR OLDER.  2) THE ONLY TYPES OF ID TO BE ACCEPTED ARE PASSPORTS/ UK PHOTO CARD DRIVING LICENCES & PASS APPROVED CARDS.  3) ALL STAFF WILL BE TRAINED BEFORE MAKING SALES OF ALCOHOL WITHIN THEIR RESPONSIBILITIES UNDER THE LICENSING ACT 2003. THE TRAINING WILL BE DOCUMENTED & MADE AVAILABLE TO THE RA'S UPON REQUEST.
Section 19 of 19
PAYMENT DETAILS
This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.  The premises licence fee is based on the non domestic rateable value of the premises these fees are:  Non domestic rateable value £4,300 or less - £100  Non domestic rateable value between £4,301 and £33,000 - £190  Non domestic rateable value between £33,001 and £87,000 - £315  Non domestic rateable value between £87,001 and £125,000 - £450  Non domestic rateable value £125,001 or more - £635  If the premise A non domestic rateable value is £87,001 or more and the premises is used exclusively or primarily for the supply of alcohol for consumption on the premises the fee for this application is:  Non domestic rateable value between £87,001 and £125,000 - £900  Non domestic rateable value £125,001 or more - £1905  If this application is for a community premises e.g. a village hall or community centre and the application does t include the sale of alcohol as an activity there is no fee payable.  If the premises will have 5,000 people or more in attendance at any one time there is an additional fee payable which we wi contact you to pay when you submit your application. Details of these fees are available at http://www.leeds.gov.uk/  Business/Licences_and_street_trading/Licence_alcohol_and_entertainment.
* Fee amount (£) 190.00
ATTACHMENTS

**AUTHORITY POSTAL ADDRESS** 

C4i	
Continued from previous page	
Address	
Building number or name	
Street	
District	
City or town	
County or administrative area	
Postcode	
Country	United Kingdom
DECLARATION	
* I will make payment of the fe	e on submission of this application.
* I have attached, or will post to	Leeds City Council, the plans of the premises.
* I have attached, or will post to supervisor, or I will ensure the	D Leeds City Council, the consent form completed by the individual I wish to be premises e individual I wish to be premises supervisor submits the consent form electronically.
* I understand that I must now	advertise my application.
* I understand that if I do not c	omply with the above requirements, my application will be rejected.
* information I have provided o	Council is under a duty to protect the public funds it administers, and to this end may use the on my application for the prevention and detection of fraud. It may also share this s responsible for auditing or administering public funds for these purposes.
☐ Ticking this box indicat	es you have read and understood the above declaration
This section should be completed behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	
* Capacity	
Date (dd/mm/yyyy)	
	Add another signatory
2. Go back to https://www.gov your application	o do the following: uter by clicking to file/save asuk/apply-for-a-licence/premises-licence/leeds/apply-1 to upload this file and continue with have all your supporting documentation to hand.
	I SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION

WITH THIS APPLICATION