



# 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 ASSEMBLY BAR GROUP 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 1 Terminus Parade Station Road Crossgates Leeds		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;">             ENTERTAINMENT LICENSING               31 JAN 2018               RECEIVED           </div>
Post town Leeds	Post code LS15 7JZ	

Telephone number of premises (if any)

Non domestic rateable value of premises

£8900

### 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 ☐ 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)

**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)

**(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 **Assembly Bar Group Ltd**

Address  
**104 Green Lane  
Crossgates  
Leeds  
LS15 7DX**

Registered number (where applicable)

**1158022**

Description of applicant (for example partnership company unincorporated association etc )

**Private Limited Company**

Telephone number (if any) [REDACTED]
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
2	8	0	2	2	0	1	8

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)

The existing premises is not currently operating. It is proposed that the premises will re-open as a bottle shop, cafe and bar. A small premises of approx 15 covers. We aim to be a hub of the community, offering a bottle shop (selling wine of trade) and cafe bar. We aim to do coffee, bar food, wine pairing with a range of cheese boards with a selection of craft beers and spirits.

The new licence application is to permit the sale of alcohol, provision of regulated entertainment and late night refreshment. It is proposed that there will be a substantial food offering throughout the hours of licensable activity which will be mostly table service.

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**

## 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					
Thur			State any seasonal variations for the performance of live music (please read guidance note 5)		
Fri					
Sat					
Sun					
			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)		

## 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	08 00	23 30			
Tue	08 00	23 30			
Wed	08 00	23 30			
Thur	08 00	23 30	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Fri	08 00	00 00			
Sat	08 00	00 00			
Sun	08 00	22 30			
			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)		

I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)</b>	<b>Indoors</b>	<input checked="" type="checkbox"/>
				<b>Outdoors</b>	<input type="checkbox"/>
				<b>Both</b>	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here (please read guidance note 4)</b>		
<b>Mon</b>	12 00	23 00			
<b>Tue</b>	12 00	23 00			
<b>Wed</b>	12 00	23 00	<b>State any seasonal variations for the provision of late night refreshment (please read guidance note 5)</b>		
<b>Thur</b>	12 00	23 00			
<b>Fri</b>	12 00	23 30			
<b>Sat</b>	12 00	23 30	<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 (please read guidance note 6)</b>		
<b>Sun</b>	12 00	22 30			

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption on or off the premises or both – please tick (please read guidance note 8)</b>	<b>On the premises</b>	<input type="checkbox"/>
				<b>Off the premises</b>	<input type="checkbox"/>
				<b>Both</b>	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol (please read guidance note 5)</b>		
<b>Mon</b>	12 00	23 00			
<b>Tue</b>	12 00	23 00			
<b>Wed</b>	12 00	23 00	<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 (please read guidance note 6)</b>		
<b>Thur</b>	12 00	23 00			
<b>Fri</b>	12 00	23 30			
<b>Sat</b>	12 00	23 30			
<b>Sun</b>	12 00	22 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**

**MATTHEW JAMES CLIFFE**



## **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)**

NONE

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
<b>Day</b>	<b>Start</b>	<b>Finish</b>	
<b>Mon</b>	08 00	23 30	
<b>Tue</b>	08 00	23 30	
<b>Wed</b>	08 00	23 30	
<b>Thur</b>	08 00	23 30	
<b>Fri</b>	08 00	00 00	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)
<b>Sat</b>	08 00	00 00	
<b>Sun</b>	08 00	22 30	

# 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 Licence holder will install and maintain a CCTV system Images will be retained for minimum period of 31 days and provided to officers of the responsible authorities on request

The premises licence holder will operate a Challenge 25 policy

Notices will be displayed in a prominent position both inside and outside the premises asking patrons to leave quietly

The premises licence holder will offer a refusals register

All doors and windows will be closed whenever amplified entertainment is operated after 23 00

All staff shall receive induction training at the commencement of their employment at the premises including drug awareness, underage sales and serving alcohol to people under the influence of alcohol Regular training to all staff shall be undertaken on a 6 monthly basis and recorded

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

Please see a)

**c) Public safety**

Please see a)

**d) The prevention of public nuisance**

Please see a)

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

Please see a)

**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

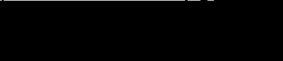
- I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15) ☐

**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 PURSUANT 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	30/01/2018
Capacity	Director of Assembly Bar Group Ltd