

JW

PREM/04336/001

Appendix A

Leeds City Council

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.

I/We Bospa 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 | | ENTERTAINMENT LICENSING | |
| 181A High Street | | 15 APR 2013 RECEIVED | |
| Post town | Boston Spa | Postcode | LS23 6AA |

| | |
|---|---------|
| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | £11,000 |

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <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 ☐ 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:

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 | | |
| Date of birth | | | | | |
| Nationality | | | | | |
| I am 18 years old or over | | | | <input type="checkbox"/> | Please tick yes |
| Current postal address if different from premises address | | | | | |
| Post town | | | | Postcode | |
| Daytime contact telephone number | | | | | |
| E-mail 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 <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other Title (for example, Rev) | |
| Surname | | | First names | | |
| Date of birth | | | | | |
| Nationality | | | | | |
| I am 18 years old or over | | | | <input type="checkbox"/> | Please tick yes |
| Current postal address if different from premises address | | | | | |
| Post town | | | | Postcode | |
| Daytime contact telephone number | | | | | |
| E-mail 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 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 Bospa Limited |
| Address 181A High Street Boston Spa LS23 6AA |
| Registered number (where applicable) 11823659 |

| |
|--|
| Description of applicant (for example, partnership, company, unincorporated association etc.) Private Limited Company |
| Telephone number (if any) |
| 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 |
| | | |

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

Café bar and deli with accompanying alcohol offer.

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

N/A

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)

Provision of regulated entertainment

Please tick any that apply

- | | |
|--|--------------------------|
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |

- 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

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

B

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

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|---|-------|--------|--|--|
| 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 | | | | |
| | | | State any seasonal variations for indoor sporting events (please read guidance note 4) | |
| Tue | | | | |
| 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"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| Day | Start | Finish | | | Both | <input type="checkbox"/> |
| Mon | | | <u>Please give further details here</u> (please read guidance note 3) | | | |
| | | | | | | |
| Tue | | | | | | |
| | | | | | | |
| Wed | | | State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4) | | | |
| | | | | | | |
| Thur | | | 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) | | | |
| | | | | | | |
| Fri | | | | | | |
| | | | | | | |
| Sat | | | | | | |
| Sun | | | | | | |

E

| | | | | | | |
|---|-------|--------|---|--|----------|--------------------------|
| Live music Standard days and timings (please read guidance note 6) | | | Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2) | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| Day | Start | Finish | | | Both | <input type="checkbox"/> |
| Mon | | | <u>Please give further details here</u> (please read guidance note 3) | | | |

| | | | |
|------|--|--|---|
| Tue | | | <u>State any seasonal variations for the performance of live music</u> (please read guidance note 4) |
| Wed | | | |
| Thur | | | |
| Fri | | | <u>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</u> (please read guidance note 5) |
| Sat | | | |
| Sun | | | |

F

| | | | | | |
|---|-------|--------|---|----------|-------------------------------------|
| Recorded music Standard days and timings (please read guidance note 6) | | | <u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input checked="" type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | |
| Mon | 08:00 | 23:00 | | | |
| Tue | 08:00 | 23:00 | | | |
| Wed | 08:00 | 23:00 | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4) | | |
| Thur | 08:00 | 23:00 | | | |
| Fri | 08:00 | 00:00 | | | |
| Sat | 08:00 | 00:00 | <u>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</u> (please read guidance note 5) | | |
| Sun | 08:00 | 23:00 | | | |
| | | | | | |

G

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

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|---|-------|--------|---|--|----------|--------------------------|
| Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6) | | | Please give a description of the type of entertainment you will be providing | | | |
| Day | Start | Finish | Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2) | | Indoors | <input type="checkbox"/> |
| Mon | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| Tue | | | Please give further details here (please read guidance note 3) | | | |
| | | | | | | |
| Wed | | | | | | |
| | | | | | | |

| | | | |
|------|--|--|--|
| Thur | | | State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4) |
| Fri | | | |
| Sat | | | |
| Sun | | | |

I

| | | | | | | |
|---|-------|--------|--|--|----------|-------------------------------------|
| Late night refreshment Standard days and timings (please read guidance note 6) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2) | | 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 3) | | | |
| Mon | | | | | | |
| Tue | | | | | | |
| Wed | | | State any seasonal variations for the provision of late night refreshment (please read guidance note 4) | | | |
| Thur | | | | | | |
| Fri | 23:00 | 00:00 | 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 5) | | | |
| Sat | 23:00 | 00:00 | | | | |
| Sun | | | | | | |

J

| | | | | | | | | |
|--|-------|--------|--|------------------|-------------------------------------|---|--|--|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the supply of alcohol be for consumption – please tick (please read guidance note 7) | 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 4) | | | | | |
| Mon | 08:00 | 23:00 | | | | | | |
| | | | | | | | | |
| Tue | 08:00 | 23:00 | | | | | | |
| | | | | | | | | |
| Wed | 08:00 | 23:00 | | | | | | |
| | | | | | | | | |
| Thur | 08:00 | 23:00 | | | | 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 5) | | |
| | | | | | | | | |
| Fri | 08:00 | 00:00 | | | | | | |
| | | | | | | | | |
| Sat | 08:00 | 00:00 | | | | | | |
| | | | | | | | | |
| Sun | 08:00 | 23:00 | | | | | | |
| | | | | | | | | |

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

| | |
|---|---|
| Name: | |
| <div style="background-color: black; width: 100%; height: 20px;"></div> | |
| <div style="background-color: black; width: 100%; height: 20px;"></div> | |
| <div style="background-color: black; width: 100%; height: 20px;"></div> | |
| <div style="background-color: black; width: 100%; height: 20px;"></div> | |
| Postcode | <div style="background-color: black; width: 100%; height: 20px;"></div> |
| Personal licence number (if known) | <div style="background-color: black; width: 100%; height: 20px;"></div> |
| Issuing licensing authority (if known) | <div style="background-color: black; width: 100%; height: 20px;"></div> |

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).

N/A

L

| | | | |
|--|-------|--------|---|
| Hours premises are open to the public Standard days and timings (please read guidance note 6) | | | State any seasonal variations (please read guidance note 4) |
| Day | Start | Finish | |
| Mon | 08:00 | 23:30 | |
| | | | |
| Tue | 08:00 | 23:30 | |
| | | | |
| Wed | 08:00 | 23:30 | |
| | | | |
| Thur | 08:00 | 23:30 | |
| | | | |
| Fri | 08:00 | 00:30 | Non standard timings. Where you intend 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) |
| | | | |
| Sat | 08:00 | 00:30 | |
| | | | |
| Sun | 08:00 | 23:30 | |
| | | | |

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)

Please see b), c), d) and e) below.

b) The prevention of crime and disorder

1. A suitable CCTV system will be operational at the premises at all times when licensable activities are being carried out and at any other time when members of the public are present on the premises.
2. The CCTV system will cover all areas of the premises occupied by the public under the terms of the premises licence, including corridors and stairways (excluding WC's and changing rooms).
3. The CCTV system will cover the main entrances and exits and designated emergency egress routes from the premises.
4. The CCTV system will contain the correct time and date stamp information.
5. The CCTV system will have sufficient storage retention capacity for a maximum of 31 days continuous footage which will be of good quality.
6. The CCTV system will be capable of securing relevant pictures for review or export at a later date.
7. A designated member/members of staff at the premises will be authorised to access the CCTV footage and be conversant with operating the CCTV system. At the request of an authorised officer of the Licensing Authority or a responsible authority (under the Licensing Act 2003), any CCTV footage, as requested, will be downloaded immediately or secured to prevent any overwriting. The CCTV footage material will be supplied, on request to an authorised officer of the Licensing Authority or a responsible authority.
8. The SIA registered door supervisors will be used when risk assessed as being necessary.
9. The PLH/DPS will ensure that an incident report register is maintained on the premises to record incidents such as anti-social behaviour, admissions, refusals and ejections from the premises.
10. The incident report register will contain consecutively numbered pages, the date, time and location of the incident, details of the nature of the incident, the names and registration number of any door staff involved or to whom the incident was reported, the names and personal licence numbers (if any) of any other staff involved or to whom the incident was reported, the names and numbers of any police officers attending, the police incident and/or crime number, names and addresses of any witnesses and confirmation of whether there is a CCTV footage of the incident.
11. The incident report register will be produced for inspection immediately upon the request of an authorised officer.
12. The PLH/DPS will belong to a recognised trade body or PubWatch scheme where one exists, whose aims include the promotion of the licensing objectives.
13. No drinks shall be taken outside the premises, unless it is to be consumed in a designated outdoor area or it is in a sealed container.

c) Public safety

14. Written records of all accidents and safety incidents involving members of the public will be kept. These will be made available upon the request of an authorised officer.
15. A written spillage policy will be kept to ensure spillages are dealt with in a timely and safe manner.

d) The prevention of public nuisance

16. Licensable activities will be conducted and the facilities for licensable activities will be designed and operated so as to prevent the transmission of audible noise or perceptible vibration through the fabric of the building or structure to adjoining properties.
17. There shall be no glass disposed of between the hours of 23:00 and 07:00 daily.
18. Noise from a licensable activity at the premises will be inaudible at the nearest noise sensitive premises.
19. There will be no external loud speakers.

e) The protection of children from harm

20. The PLH/DPS/staff will ask for proof of age I.D from any persons appearing to be under the age of 21 who attempt to purchase alcohol at the premises.

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 a 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 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 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.

| | |
|--------------------|--|
| Declaration | <ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] 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) • 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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15) |
| Signature | <i>Woods Whur</i> |
| Date | 15 April 2019 |
| Capacity | Woods Whur 2014 Limited Solicitors for the Applicant |

For joint applications, signature of 2nd applicant or 2nd 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)

Paddy Whur
Devonshire House
38 York Place

| | | | |
|---|---------------|----------|---------|
| Post town | Leeds | Postcode | 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) | | | |
| Emma@woodswhur.co.uk | | | |