

Prem/ 04445 /001



Leeds
Application for a premises licence
Licensing Act 2003

For help contact
entertainment.licensing@leeds.gov.uk
 Telephone 0113 3785029

* required information

Section 1 of 21

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

RJT JB 121282 3

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

☒ Yes☐ No

ENTERTAINMENT LICENSING

Put 'no' if you are applying on your own behalf or on behalf of a business you own or work for.

25 NOV 2019

RECEIVED

Applicant Details

* First name

BULL HOOF LTD

* Family name

BULL HOOF LTD

* E-mail

Main telephone number

01482 324252

Include country code

Other telephone number

☐ Indicate here if the applicant would prefer not to be contacted by telephone.

Is the applicant

☒ Applying as a business or organisation including as a sole trader☐ Applying as an individual

A sole trader is a business owned by one person without any special legal structure. 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 registered in the UK with Companies House?

☒ Yes☐ No

Note: completing the Applicant Business section is optional in this form.

Registration number

11355137

Business name

BULL HOOF LTD

If the applicant's business is registered, use its registered name.

VAT number

-

Put 'none' if the applicant is not registered for VAT.

Legal status

Private Limited Company

Continued from previous page

Applicant's position in the business

LICENSING

Home country

United Kingdom

The country where the applicant's headquarters are

Registered Address

Address registered with Companies House

Building number or name

300

Street

ST MARY'S ROAD

District

GARSTON

City or town

LIVERPOOL

County or administrative area

Postcode

L19 0NQ

Country

United Kingdom

Agent Details

* First name

GOSSCHALKS

* Family name

GOSSCHALKS

* E-mail

Main telephone number

Include country code

Other telephone number

☐ Indicate here if you would prefer not to be contacted by telephone

Are you

☒ An agent that is a business or organisation, including a sole trader

A sole trader is a business owned by one person without any special legal structure

☐ A private individual acting as an agent

Agent Business

Is your business registered in the UK with Companies House?

☐ Yes

☒ No

Note completing the Applicant Business section is optional in this form

Is your business registered outside the UK?

☐ Yes

☒ No

Business name

GOSSCHALKS

If your business is registered, use its registered name

VAT number

GB

433613472

Put 'none' if you are not registered for VAT

Legal status

Partnership

Continued from previous page

Your position in the business

Home country

The country where the headquarters of your business is located

Agent Business Address

If you have one, this should be your official address - that is an address required of you by law for receiving communications

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

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PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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

Premises Address

Are you able to provide a postal address OS map reference or description of the premises?

☒ Address ☐ OS map reference ☐ Description

Postal Address Of Premises

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Further Details

Telephone number

Non-domestic rateable value of premises (£)

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APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- ☐ An individual or individuals
- ☒ A limited company / limited liability partnership
- ☐ A partnership (other than limited liability)
- ☐ An unincorporated association
- ☐ Other (for example a statutory corporation)
- ☐ A recognised club
- ☐ A charity
- ☐ The proprietor of an educational establishment
- ☐ A health service body
- ☐ A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- ☐ 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 England and Wales

Confirm The Following

- ☒ I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- ☐ 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

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NON INDIVIDUAL APPLICANTS

Provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), give the name and address of each party concerned.

Non Individual Applicant's Name

Name

BULL HOOF LTD

Details

Registered number (where applicable)

11366137

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

Continued from previous page

COMPANY

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Contact Details

E-mail

Telephone number

Other telephone number

* Date of birth / /
dd mm yyyy

* Nationality Documents that demonstrate entitlement to work in the UK

 Add another applicant

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OPERATING SCHEDULE

When do you want the premises licence to start? / /
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

For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off- supplies you must include a description of where the place will be and its proximity to the premises

THE PREMISES WILL OPERATE AS AN ADVENTURE GOLF VENUE WITH COCKTAIL BARS AND RESTAURANT/BAR MEAL FACILITIES RECORDED/LIVE MUSIC MAY BE PLAYED WITHIN THE PREMISES

Continued from previous page

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

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PROVISION OF PLAYS

See guidance on regulated entertainment

Will you be providing plays?

☐ Yes

☒ No

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PROVISION OF FILMS

See guidance on regulated entertainment

Will you be providing films?

☒ Yes

☐ No

Standard Days And Timings

MONDAY

Start

End

Start

End

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

End

Start

End

WEDNESDAY

Start

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THURSDAY

Start

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Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

Continued from previous page

SUNDAY

Start 10 00

End 01 00

Start

End

Will the exhibition of films take place indoors or outdoors or both?

☒ Indoors ☐ Outdoors ☐ Both

Where taking place in a building or other structure tick as appropriate Indoors may include a tent

State type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified

State any seasonal variations for the exhibition of film

For example (but not exclusively) where the activity will occur on additional days during the summer months

Non standard timings Where the premises will be used for the exhibition of film at different times from those listed in the column on the left list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e g Christmas Eve

NEW YEARS EVE 10 00 TO 01 00 ON 2ND JANUARY

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PROVISION OF INDOOR SPORTING EVENTS

See guidance on regulated entertainment

Will you be providing indoor sporting events?

☐ Yes ☒ No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

See guidance on regulated entertainment

Will you be providing boxing or wrestling entertainments?

☐ Yes ☒ No

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PROVISION OF LIVE MUSIC

See guidance on regulated entertainment

Will you be providing live music?

Continued from previous page

Standard Days And Timings

MONDAY

Start 10 00

End 01 00

Start

End

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 10 00

End 01 00

Start

End

WEDNESDAY

Start 10 00

End 01 00

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THURSDAY

Start 10 00

End 01 00

Start

End

FRIDAY

Start 10 00

End 01 00

Start

End

SATURDAY

Start 10 00

End 01 00

Start

End

SUNDAY

Start 10 00

End 01 00

Start

End

Will the performance of live music take place indoors or outdoors or both?

☒ Indoors

☐ Outdoors

☐ Both

Where taking place in a building or other
structure tick as appropriate Indoors may
include a tent

State type of activity to be authorised, if not already stated and give relevant further details for example (but not
exclusively) whether or not music will be amplified or unamplified

State any seasonal variations for the performance of live music

For example (but not exclusively) where the activity will occur on additional days during the summer months

Continued from previous page

Non-standard timings Where the premises will be used for the performance of live music at different times from those listed in the column on the left, list below

For example (but not exclusively) where you wish the activity to go on longer on a particular day e g Christmas Eve

NEW YEARS EVE 10 00 TO 01 00 ON 2ND JANUARY

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PROVISION OF RECORDED MUSIC

See guidance on regulated entertainment

Will you be providing recorded music?

☒ Yes

☐ No

Standard Days And Timings

MONDAY

Start 10 00

End 01 00

Start

End

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 10 00

End 01 00

Start

End

WEDNESDAY

Start 10 00

End 01 00

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THURSDAY

Start 10 00

End 01 00

Start

End

FRIDAY

Start 10 00

End 01 00

Start

End

SATURDAY

Start 10 00

End 01 00

Start

End

Continued from previous page

SUNDAY

Start

End

Start

End

Will the playing of recorded music take place indoors or outdoors or both?

☒ Indoors

☐ Outdoors

☐ Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent

State type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified

State any seasonal variations for playing recorded music

For example (but not exclusively) where the activity will occur on additional days during the summer months

Non-standard timings Where the premises will be used for the playing of recorded music at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve

NEW YEARS EVE 10 00 TO 01 00 ON 2ND JANUARY

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PROVISION OF PERFORMANCES OF DANCE

See guidance on regulated entertainment

Will you be providing performances of dance?

☒ Yes

☐ No

Standard Days And Timings

MONDAY

Start

End

Start

End

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

End

Start

End

Continued from previous page

WEDNESDAY

Start 10 00

End 01 00

Start

End

THURSDAY

Start 10 00

End 01 00

Start

End

FRIDAY

Start 10 00

End 01 00

Start

End

SATURDAY

Start 10 00

End 01 00

Start

End

SUNDAY

Start 10 00

End 01 00

Start

End

Will the performance of dance take place indoors or outdoors or both?

☒ Indoors

☐ Outdoors

☐ Both

Where taking place in a building or other structure tick as appropriate Indoors may include a tent

State type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified

State any seasonal variations for the performance of dance

For example (but not exclusively) where the activity will occur on additional days during the summer months

Non-standard timings Where the premises will be used for the performance of dance at different times from those listed in the column on the left, list below

For example (but not exclusively) where you wish the activity to go on longer on a particular day e g Christmas Eve

NEW YEARS EVE 10 00 TO 01 00 ON 2ND JANUARY

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PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

See guidance on regulated entertainment

Will you be providing anything similar to live music, recorded music or performances of dance?

☒ Yes ☐ No

Standard Days And Timings

MONDAY

Start

Start

End

End

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

Start

End

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WEDNESDAY

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THURSDAY

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FRIDAY

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SATURDAY

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SUNDAY

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End

End

Give a description of the type of entertainment that will be provided

Continued from previous page

Will this entertainment take place indoors or outdoors or both?

☒ Indoors ☐ Outdoors ☐ Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent

State type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified

State any seasonal variations for entertainment

For example (but not exclusively) where the activity will occur on additional days during the summer months

Non-standard timings Where the premises will be used for entertainment at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve

NEW YEARS EVE 10 00 TO 01 00 ON 2ND JANUARY

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

☒ Yes ☐ No

Standard Days And Timings

MONDAY

Start

End

Start

End

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

End

Start

End

WEDNESDAY

Start

End

Start

End

Continued from previous page

THURSDAY

Start 23 00

End 01 00

Start

End

FRIDAY

Start 23 00

End 01 00

Start

End

SATURDAY

Start 23 00

End 01 00

Start

End

SUNDAY

Start 23 00

End 01 00

Start

End

Will the provision of late night refreshment take place indoors or outdoors or both?

☒ Indoors

☐ Outdoors

☐ Both

Where taking place in a building or other structure tick as appropriate Indoors may include a tent

State type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months

Non-standard timings Where the premises will be used for the supply of late night refreshments at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e g Christmas Eve

23 00 ON NEW YEARS EVE TO 06 00 ON 1ST JANUARY

Continued from previous page

SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

☒ Yes ☐ No

Standard Days And Timings

MONDAY

Start 10 00

End 01 00

Start

End

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 10 00

End 01 00

Start

End

WEDNESDAY

Start 10 00

End 01 00

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THURSDAY

Start 10 00

End 01 00

Start

End

FRIDAY

Start 10 00

End 01 00

Start

End

SATURDAY

Start 10 00

End 01 00

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End

SUNDAY

Start 10 00

End 01 00

Start

End

Will the sale of alcohol be for consumption

☒ On the premises ☐ Off the premises ☐ Both

If the sale of alcohol is for consumption on
the premises select on if the sale of alcohol
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

For example (but not exclusively) where the activity will occur on additional days during the summer months

Continued from previous page

Non-standard timings Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e g Christmas Eve

NEW YEARS EVE 10 00 TO 01 00 ON 2ND JANUARY

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

Name

First name

CHRISTOPHER JAMES

Family name

PIPER

Date of birth

dd mm yyyy

Enter the contact's address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

United Kingdom

Personal Licence number
(if known)

Issuing licensing authority
(if known)

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- ☐ Electronically, by the proposed designated premises supervisor
- ☒ As an attachment to this application

Reference number for consent
form (if known)

Continued from previous page

If the consent form is already submitted ask the proposed designated premises supervisor for its 'system reference' or 'your reference'

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc

THERE MAY BE ADULT THEMES PLAYED AROUND THE ADVENTURE GOLF COURSE
NO CUSTOMERS UNDER THE AGE OF 18 ARE PERMITTED TO ENTER THE PREMISES

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start

End

Start

End

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

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WEDNESDAY

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THURSDAY

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FRIDAY

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SATURDAY

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Continued from previous page

SUNDAY

Start

End

Start

End

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months

Non standard timings Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e g Christmas Eve

NEW YEARS EVE 10 00 TO 01 30 ON 2ND JANUARY

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LICENSING OBJECTIVES

Describe the steps you intend to take to promote the four licensing objectives

a) General – all four licensing objectives (b,c,d,e)

List here steps you will take to promote all four licensing objectives together

PLEASE SEE ATTACHED PROPOSED CONDITIONS

b) The prevention of crime and disorder

PLEASE SEE ATTACHED PROPOSED CONDITIONS

c) Public safety

PLEASE SEE ATTACHED PROPOSED CONDITIONS

d) The prevention of public nuisance

PLEASE SEE ATTACHED PROPOSED CONDITIONS

Continued from previous page

e) The protection of children from harm

PLEASE SEE ATTACHED PROPOSED CONDITIONS

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NOTES ON DEMONSTRATING ENTITLEMENT TO WORK IN THE UK