

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 Reds True Barbecue 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 | | | |
| The Shed 10 Weaver Street | | | |
| Post town | Leeds | Postcode | LS4 2AU |

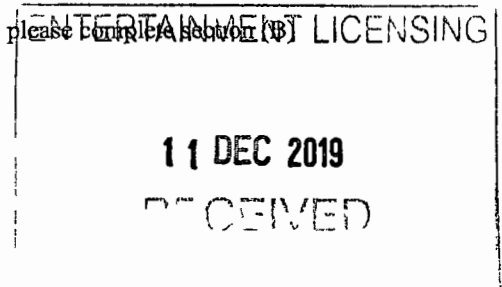
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| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | £33,750 |

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i as a limited company please complete section (B)
 - ii as a partnership please complete section (B)
 - iii as an unincorporated association or please complete section (B)
 - iv other (for example a statutory corporation) 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) | | | | | |

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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

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|--|
| Name Reds True Barbecue Limited |
| Address 10 Weaver Street Leeds LS4 2AU |
| Registered number (where applicable) 11995370 |

| |
|--|
| 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)

Multi-function event space and brewery visitor centre

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

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 checked="" type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input checked="" type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input checked="" 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 checked="" 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) | | | <u>Will the performance of a play 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 | 10 00 | 06 00 | | | |
| | | | | | |
| Tue | 10 00 | 06 00 | | | |
| | | | <u>State any seasonal variations for performing plays</u> (please read guidance note 4) | | |
| Wed | 10 00 | 06 00 | | | |
| | | | | | |
| Thur | 10 00 | 06 00 | | | |
| | | | <u>Non standard timings</u> 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) | | |
| Fri | 10 00 | 06 00 | | | |
| | | | | | |
| Sat | 10 00 | 06 00 | | | |
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| Sun | 10 00 | 06 00 | | | |
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B

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|--|-------|--------|---|----------|-------------------------------------|
| 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 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 | 10 00 | 06 00 | | | |
| Tue | 10 00 | 06 00 | State any seasonal variations for the exhibition of films (please read guidance note 4) | | |
| Wed | 10 00 | 06 00 | | | |
| Thur | 10 00 | 06 00 | 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) | | |
| Fri | 10 00 | 06 00 | | | |
| Sat | 10 00 | 06 00 | | | |
| Sun | 10 00 | 06 00 | | | |

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 | 10 00 | 06 00 | | | |
| Tue | 10 00 | 06 00 | State any seasonal variations for indoor sporting events (please read guidance note 4) | | |
| Wed | 10 00 | 06 00 | | | |

| | | | |
|------|-------|-------|--|
| Thur | 10 00 | 06 00 | <u>Non standard timings</u> 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 | 10 00 | 06 00 | |
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| Sat | 10 00 | 06 00 | |
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| Sun | 10 00 | 06 00 | |
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D

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|--|-------|--------|--|----------|--------------------------|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 6) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input 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 | | | | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | <u>Non standard timings</u> 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) | | |
| Sun | | | | | |
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E

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|---|-------|--------|--|----------|-------------------------------------|
| 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 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 | 10 00 | 06 00 | | | |
| Tue | 10 00 | 06 00 | State any seasonal variations for the performance of live music (please read guidance note 4) | | |
| Wed | 10 00 | 06 00 | | | |
| Thur | 10 00 | 06 00 | 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 5) | | |
| Fri | 10 00 | 06 00 | | | |
| Sat | 10 00 | 06 00 | | | |
| Sun | 10 00 | 06 00 | | | |

F

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|---|-------|--------|--|----------|-------------------------------------|
| Recorded music Standard days and timings (please read guidance note 6) | | | Will the playing of recorded music 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 | 10 00 | 06 00 | | | |
| Tue | 10 00 | 06 00 | State any seasonal variations for the playing of recorded music (please read guidance note 4) | | |
| Wed | 10 00 | 06 00 | | | |
| Thur | 10 00 | 06 00 | | | |

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| Fri | 10 00 | 06 00 | <u>Non standard timings</u> 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 5) |
| | | | |
| Sat | 10 00 | 06 00 | |
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| Sun | 10 00 | 06 00 | |
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G

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|--|-------|--------|--|--|----------|-------------------------------------|
| Performances of dance Standard days and timings (please read guidance note 6) | | | <u>Will the performance of dance 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 | 10 00 | 06 00 | | | | |
| | | | | | | |
| Tue | 10 00 | 06 00 | <u>State any seasonal variations for the performance of dance</u> (please read guidance note 4) | | | |
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| | | | | | | |
| Wed | 10 00 | 06 00 | <u>Non standard timings</u> 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) | | | |
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| Thur | 10 00 | 06 00 | | | | |
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| Fri | 10 00 | 06 00 | | | | |
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| Sat | 10 00 | 06 00 | | | | |
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| Sun | 10 00 | 06 00 | | | | |
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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 checked="" type="checkbox"/> |
| Mon | 10 00 | 06 00 | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | 10 00 | 06 00 | Please give further details here (please read guidance note 3) | | |
| | | | | | |
| Wed | 10 00 | 06 00 | | | |
| Thur | 10 00 | 06 00 | State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4) | | |
| | | | | | |
| Fri | 10 00 | 06 00 | | | |
| Sat | 10 00 | 06 00 | Non standard timings Where you intend to use the premises for the entertainment of a similar description to that falling within (e) (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 5) | | |
| | | | | | |
| Sun | 10 00 | 06 00 | | | |
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I

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|---|-------|--------|---|----------|-------------------------------------|---|--|--|
| 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 | <u>Please give further details here</u> (please read guidance note 3) | | | | | |
| Mon | 23 00 | 06 00 | | | | | | |
| | | | | | | | | |
| Tue | 23 00 | 06 00 | | | | | | |
| | | | | | | | | |
| Wed | 23 00 | 06 00 | | | | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) | | |
| | | | | | | | | |
| Thur | 23 00 | 06 00 | | | | | | |
| | | | | | | <u>Non standard timings</u> 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) | | |
| Fri | 23 00 | 06 00 | | | | | | |
| | | | | | | | | |
| Sat | 23 00 | 06 00 | | | | | | |
| | | | | | | | | |
| Sun | 23 00 | 06 00 | | | | | | |
| | | | | | | | | |

J

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|--|-------|--------|---|------------------|-------------------------------------|--|--|--|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | <u>Will the supply of alcohol be for consumption – please tick</u> (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 | <u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) | | | | | |
| Mon | 10 00 | 06 00 | | | | | | |
| | | | | | | | | |
| Tue | 10 00 | 06 00 | | | | | | |
| | | | | | | | | |
| Wed | 10 00 | 06 00 | | | | <u>Non standard timings</u> 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) | | |
| | | | | | | | | |
| Thur | 10 00 | 06 00 | | | | | | |
| | | | | | | | | |
| Fri | 10 00 | 06 00 | | | | | | |
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|-----|-------|-------|--|
| Sat | 10 00 | 06 00 | |
| | | | |
| Sun | 10 00 | 06 00 | |
| | | | |

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

| | |
|--|--------------------|
| Name | [REDACTED] |
| Date of Birth | [REDACTED] |
| Address | [REDACTED] |
| Postcode | [REDACTED] |
| Personal licence number (if known) | [REDACTED] |
| Issuing licensing authority (if known) | Leeds City Council |

K

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| <p>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)</p> <p>N/A</p> |
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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 | 10 00 | 06 30 | <u>Non standard timings</u> 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) |
| | | | |
| Tue | 10 00 | 06 30 | |
| | | | |
| Wed | 10 00 | 06 30 | |
| | | | |
| Thur | 10 00 | 06 30 | |
| | | | |
| Fri | 10 00 | 06 30 | |
| | | | |
| Sat | 10 00 | 06 30 | |
| | | | |
| Sun | 10 00 | 06 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)

b) The prevention of crime and disorder

- 1 A suitable closed circuit Television (CCTV) system will be in operation at the premises at all times when it is being used for the provision of licensable activities and/or when members of the public are permitted to be on the premises. The CCTV system will record images to cover all areas of the premises to which the public have access (save for toilets), including any external areas of the premises such as car parks and beer gardens. The CCTV system will be capable of retaining images for a minimum of 31 days, will be of good quality and will contain the correct time and date stamp information. The CCTV system and images will be kept in a secure environment to which members of the public will not be permitted access. At least one member of staff will be on duty at the premises who is capable of operating the system and downloading images recorded by it. These images will be downloaded and provided, on request, to an officer of a responsible authority.
- 2 A Supervisor's Register will be maintained at the licensed premises, showing the names, addresses and up-to-date contact details for the DPS and all personal licence holders.
- 3 The minimum number of door supervisors for the premises will be risk assessed for each event/function at the premises.
- 4 The premises licence holder and/or designated premises supervisor will ensure that a Daily Record Register is maintained on the premises by the door staff. The Daily Record Register will contain consecutively numbered pages, the full name and registration number of each person on duty, the employer of that person and the date and time he/she commenced duty and finished duty (verified by the individual's signature). The Daily Record Register will be retained on the premises for a period of twelve months from the date of the last entry.
- 5 Security staff/designated supervisors will be familiar with the premises policy concerning the admission, exclusion and safeguarding of customers whilst in the premises.
- 6 The premises licence holder and/or designated premises supervisor 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. 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 numbers 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 CCTV footage of the incident. The Incident Report Register will be retained for a period of twelve months and produced for inspection immediately on the request of an authorised officer.
- 7 The premises licence holder and/or designated premises supervisor will inform West Yorkshire Police as soon as practicable of any search resulting in a seizure of drugs or offensive weapons.
- 8 A suitable purpose-made receptacle for the safe retention of illegal substances will be provided and arrangements made for the safe disposal of its contents as agreed with West Yorkshire Police or British Transport Police.
- 9 The age verification policy adopted by the premises, in respect of the sale or supply of alcohol will be Challenge 25, which means that those seeking to purchase alcohol at the premises who appear to be under the age of 25 will be required to provide acceptable evidence (as approved by West Yorkshire Police) that they are 18 years of age (or older) before any alcohol is sold or supplied to them.
- 10 Patrons are not permitted to remove drinks, open bottles or glasses from the premises.
- 11 All drinks that are to be consumed in external areas of the premises will be served in plastic (or similar) containers.

12 The premises licence holder and/or designated premises supervisor will belong to a recognised trade body or Pub Watch Scheme where one exists, whose aims include the promotion of the licensing objectives

c) Public safety

13 Written records of all accidents and safety incidents involving members of the public will be kept. These will be made available at the request of an authorised officer

14 A suitably trained and competent person must ensure regular safety checks of the premises including decorative and functional fixtures, floor surfaces and equipment (including electrical appliances) to which the public may come into contact are undertaken. Records of these safety checks must be kept and made available for inspection by an authorised officer

15 Empty bottles and glasses will be collected regularly on balcony areas and raised levels

16 Inspection records/certificates will be kept and made available at the request of an authorised officer

17 Regular safety checks of guarding to stairs, balconies, landings and ramps will be undertaken, and a supervision policy will be maintained to prevent people from inappropriate behaviour, including climbing which may lead to a fall from height

18 The premises have a current Fire Risk Assessment

19 Members of the public will be prevented from accessing hot food and drink preparation areas to prevent risk of scald or burns

20 A suitably trained First Aider or appointed person will be provided at all times when the premises are open

21 Adequate and appropriate First Aid equipment and materials will be available on the premises at all times

d) The prevention of public nuisance

22 Licensable activities will be conducted and the facilities for licensed 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

23 Noise from a licensable activity at the premises will be inaudible at the nearest noise sensitive premises

24 Bottles will not be placed in any external receptacle between 23 00 hours and 07 00 hours so as to minimise noise disturbance to neighbouring properties

25 The premises licence holder and/or designated premises supervisor will ensure patrons use beer gardens, external areas and play areas in a manner which does not cause disturbance to nearby residents and business in the vicinity

26 Clear and legible notices will be displayed at exits, car parks and other circulatory areas requesting patrons to leave the premises quietly having regard to the needs of local residents, in particular emphasising the need to refrain from shouting, slamming car doors, sounding horns and loud use of vehicle stereos and anti-social behaviour

27 The premises supervisor and any door supervisors will monitor the activity of persons leaving the premises and remind them of their public responsibilities where necessary

e) The protection of children from harm

28 A risk assessment will be undertaken to determine the appropriate minimum age restriction of attendees (including staff) depending on the nature of the performance, and age restrictions will be in accordance with any relevant national guidance, i.e. the BBFC film classifications

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)

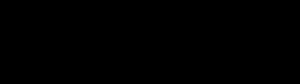
IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT

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


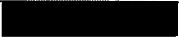
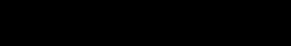
Part 4 – Signatures (please read guidance note 10)

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 |  |
| Date | 11 December 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) | | | |
|  Woods Whur 2014 Limited Devonshire House 38 York Place | | | |
| Post town | Leeds | Postcode | LS1 2ED |
| Telephone number (if any) |  | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |
|  | | | |