



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 **ZULFIQAR HUSSAIN**..... (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	
Cat's Pyjamas Chapel Allerton Unit 2 5 Stainbeck Lane	
Post town LEEDS	Post code LS7 3PJ

Telephone number of premises (if any)

Non domestic rateable value of premises

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/limited liability partnership please complete section (B)
 - ii. as a partnership (other than limited liability) 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 (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

HUSSAIN

ZULFIQAR

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)

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 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)

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 case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional) XXXXXXXXXX

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

CAT'S PYJAMAS IS A WELL ESTABLISHED LOCAL RESTAURANT AND TAKEAWAY THAT IS EXPANDING INTO CHAPEL ALLERTON.

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

<input type="text"/>

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

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play 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						State any seasonal variations for performing play (please read guidance note 5)		
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 6)		
Sat								
Sun								

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of a films 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						State any seasonal variations for the exhibition of films (please read guidance note 5)		
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 6)		
Sat								
Sun								

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)	
Day	Start	Finish		
Mon			State any seasonal variations for indoor sporting events (please read guidance note 5)	
Tue				
Wed				
Thur				
Fri				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 6)
Sat				
Sun				

D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue				State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 5)	
Wed					
Thur					
Fri				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 6)	
Sat					
Sun					

E

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

F

Recorded music 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 type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 4)					
Mon	09:00	00:00						
Tue	09:00	00:00						
Wed	09:00	00:00				State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	09:00	01:00						
Fri	09:00	01:00				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)		
Sat	09:00	01:00						
Sun	09:00	00:00						
			Christmas Eve and New Year's Eve until 01:30					

G

Performance of dance Standard days and timings (please read guidance note 7)			Will the performance of dance 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			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
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 6)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
			Will the entertainment 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			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Thur					
Fri			Special occasions e.g. Christmas Eve and New Year's Eve until 01:30		
Sat					
Sun					
			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 6)		

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	23:00	00:00			
Tue	23:00	00:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Wed	23:00	00:00			
Thur	23:00	01:00	Special occasions e.g. Christmas Eve and New Year's Eve until 01:30		
Fri	23:00	01:00			
Sat	23:00	01:00	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 6)		
Sun	23:00	00:00			
			Christmas Eve and New Year's Eve until 01:30		

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption on or off the premises or both – please tick (please read guidance note 8)	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 5)		
Mon	10:00	00:00			
Tue	10:00	00:00	Special occasions e.g. Christmas Eve and New Year's Eve until 01:30		
Wed	10:00	00:00			
Thur	10:00	01:00	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 6)		
Fri	10:00	01:00			
Sat	10:00	01:00	Christmas Eve and New Year's Eve until 01:30		
Sun	10:00	00:00			

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 SAIRA JABEEN

Address

[REDACTED]

[REDACTED]

Personal licence number [REDACTED]

Issuing licensing authority [REDACTED]

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)

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5) Special occasions e.g. Christmas Eve and New Year's Eve until 01:45
Day	Start	Finish	
Mon	09:00	00:30	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) Christmas Eve and New Year's Eve until 02:00
Tue	09:00	00:30	
Wed	09:00	00:30	
Thur	09:00	01:30	
Fri	09:00	01:30	
Sat	09:00	01:30	
Sun	09:00	00:30	

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)

TO PROMOTE ALL FOUR LICENSING OBJECTIVES WE WILL KEEP:

Please note that we have held and operated a licence for these premises without any problems and have successfully managed to meet our licence obligations to date and will continue to do so.

We will continue with strong management controls and effective training of all staff so that they are aware of the premises licence and the requirements to meet the four licensing objectives with particular attention to:

- a/ no selling of alcohol to underage people
- b/ no drunk and disorderly behaviour on the premises area
- c/ no violent and anti-social behaviour
- e/ no harm to children

- Operating Schedule providing the hours of operation and licensable activities during those hours.
- Designated premises supervisor to provide good training for staff on the Licensing Act to make or authorise each sale.
- Clear "Challenge 21" information to prevent the supply of alcohol to under-age drinkers.
- CCTV system installed with recording option available

As a licensed premises we know that it is necessary to carry out our functions or operate our business with a purpose of promoting these objectives. We will support these objectives through our operating policies and procedures (including staff training and qualifications, and strategic partnerships with other agencies as appropriate, including membership of the local pub watch scheme). We have already been operating successfully in line with our license obligations for a number of years and will continue to do so moving forward.

b) The prevention of crime and disorder

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 showing images recorded by it. These images will be downloaded and provided, as soon as practicable, to an officer of a responsible authority.

The age verification policy adopted by the premises, in respect of the sale or supply of alcohol will be Check 21, which means that those seeking to purchase alcohol at the premises who appear to be under the age of 21 will be required to provide acceptable evidence that they are 18 years of age (or older) before any alcohol is sold or supplied to them.

The sale/supply of alcohol shall only be made to accompany the sale of food. This does not preclude the sale/supply of alcohol to a person waiting to be seated in the restaurant or at the conclusion of the meal.

With regards to alcohol supplied as part of a delivery service:

- Alcohol will not be despatched from any premises, other than these licensed premises by the premises licence holder in accordance with this licence,
- The premises licence holder / designated premises supervisor will adopt an age verification policy throughout the whole process of operation, so that at any time, if customers are unable to prove they are 18, then the supply of alcohol will be refused at the point of any ordering procedure or facility, collection and also on delivery,
- Any third-party delivery company used will have a standalone policy to prevent the supply to any person under 18.
- A 'Check 21 policy' will be adopted, so that if on request, acceptable photographic documents cannot be produced to prove the date of birth of the purchaser, then the delivery will be refused outright, and the alcohol returned to the licensed premises,
- In all cases, delivery will be made only to the address indicated on each respective order and no other, otherwise it will be refused and the alcohol returned to the licensed premises, irrespective of who makes the delivery,
- In all cases, delivery will be refused to any person who is, or who appears to be under the influence of alcohol or drugs,
- The premises licence holder / designated premises supervisor will keep records of –
 - The date and time of all alcohol orders and the full name and address of who has made each order (including details of any refusals),
 - The date and time of the despatch of all orders from the licensed premises, and
 - The name of a third-party courier used.
 - These details will be retained at the licensed premises / by the premises licence holder, for possible inspection at any time on request, by a police officer or an authorised person of the licensing authority.

c) Public safety

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

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, name and address 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.

The age verification policy adopted by the premises, in respect of the sale or supply of alcohol will be challenge 21.

The premises shall be and remain predominantly food led.

d) The prevention of public nuisance

Prominent, clear and legible notices will be displayed at the exit requesting the public to respect the needs of nearby residents and to leave the premises and the area quietly.

Deliveries of goods necessary for the operation of the business will be carried out at such a time or in such a manner as to prevent nuisance and disturbance to nearby residents.

Bottles and waste will not be placed in external receptacles between the hours of 23:00 and 07:00 the following day and there should be no emptying of bottles and waste receptacles from outside the property between the hours of 23:00 and 07:00 hours.

e) The protection of children from harm

Challenge 21 sign which is a retailing strategy that encourages anyone who is over 18 but looks under 21 to carry acceptable ID (a card bearing the PASS hologram, a photographic driving licence or a passport) if they wish to buy alcohol.

No unaccompanied children will be allowed on 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 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 PURUANT 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"> • 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, if appropriate (please see note 15).
Signature	██████████
Date	██████
Capacity	██████

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 13). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	
Capacity	

Contact Name (where not previously given) and address for correspondence associated with this application (please read guidance note 14)

Post town	
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	

Notes for Guidance