



## Report Of The Assistant Chief Executive (Corporate Governance )

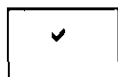
### Report To The Licensing Sub Committee

DATE: Monday 26<sup>th</sup> April 2010

Subject: Application For The Grant Of A Premises Licence For : Express By Holiday Inn- Leeds, 2 Aberford Road, Oulton, LS26 8EJ

#### Electoral Wards Affected:

Rothwell



Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

## Executive Summary

This report informs members of an application for the grant of a Premises Licence for a premises situated at 2 Aberford Road, Oulton, LS26 8EJ trading as Express By Holiday Inn-Leeds.

The premises intend to operate as a hotel with Supply Of Alcohol, Films, Recorded Music and Late Night Refreshment as noted in 3.3

The responsible authorities are served with copies of the application by the applicant and Ward Members have been notified of the application.

### 1.0 Purpose of this Report

To advise Members of an application made under section 17 of the Licensing Act 2003 ("the Act") for a Premises Licence in respect of Express By Holiday Inn-Leeds, 2 Aberford Road, Oulton, LS26 8EJ The Licensing Sub-Committee is required to consider this application due to the receipt of representations.

### 2.0 History of Premises

2.1 This is the first application for a Premises Licence for these premises.

### 3.0 The Application

3.1 The applicant is Sojourn Hotels LLP

3.2 The location and the proximity to neighboring premises can be seen on the map provided; Members attention is drawn to **Appendix A**.

3.3 A copy of the application and operating schedule are attached as **Appendix B** to this report. For the assistance of members, the Operating Schedule shows:

**i) Proposed licensable activities**

- B Films
- F Recorded Music
- L Late Night Refreshment
- M Supply Of Alcohol

**ii) Proposed hours of licensable activities**

The proposed hours of licensable activities are as follows:

B	Films	Everyday	10:00 - 00:00
F	Recorded Music	Everyday	08:00 - 00:00
L	Late Night Refreshment	Everyday	23:00 - 00:00
M	Supply Of Alcohol	Everyday	10:00 - 00:00

Non Standard Timings:

Hotel to remain open 30 minutes after the terminal hour to facilitate quiet dispersal. Service of Alcohol to hotel residents available 24/7

**iii) Steps to promote licensing objectives**

The applicant proposes to take specific steps to promote the licensing objectives identified in section "P" of the application form

**iv) Proposed times when the premises is open to the public**

The premises propose to open to the public between the following hours:

Everyday 10:00 – 00:30

**v) Proposed Designated Premises Supervisor**

Miss Jennifer Donnelly intends to be the Designated Premises Supervisor

**4.0 Relevant Representations**

4.1 Under the Act representations can be received from responsible authorities or interested parties. Representations must be relevant and, in the case of an interested party, must not be frivolous or vexatious.

4.2 Responsible Authorities have made the following representations:

- **Representations received from West Yorkshire Police**

No agreements have reached

Members are invited to consider **Appendix C** of this report.

- **Representations received from Environmental Protection Team**

No agreements have been reached .

Members are invited to consider **Appendix D** of this report.

## **5.0 Matters Relevant to the Application**

5.1 Members of the Licensing sub committee must make decisions with a view to promoting the licensing objectives which are:

- the prevention of crime and disorder
- public safety
- the prevention of public nuisance
- the protection of children from harm

5.2 In making their decision, Members are obliged to have regard to the national Guidance and the Council's Licensing Policy. Members will be aware they must also have regard to the relevant representations made and evidence they hear.

## **6.0 Options Available to Members**

6.1 The licensing sub-committee must take such of the following steps as it considers necessary for the promotion of the licensing objectives:

- Grant the application as requested.
- Grant the application whilst imposing additional conditions and/or altering in any way the proposed operating schedule
- Refuse to specify the said person as the Designated Premises Supervisor.
- Reject whole or part of the application

6.2 Members of the Licensing sub committee are asked to note that they may not modify the conditions or reject the whole or part of the application merely because it considers it desirable to do so. It must actually be necessary in order to promote the licensing objectives.

## **Background Papers**

- Guidance issued under s182 Licensing Act 2003
- Leeds City Council Licensing Policy

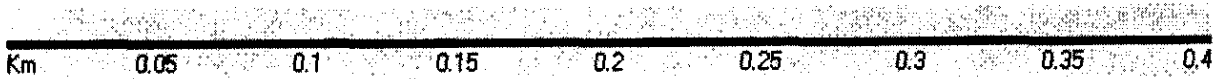
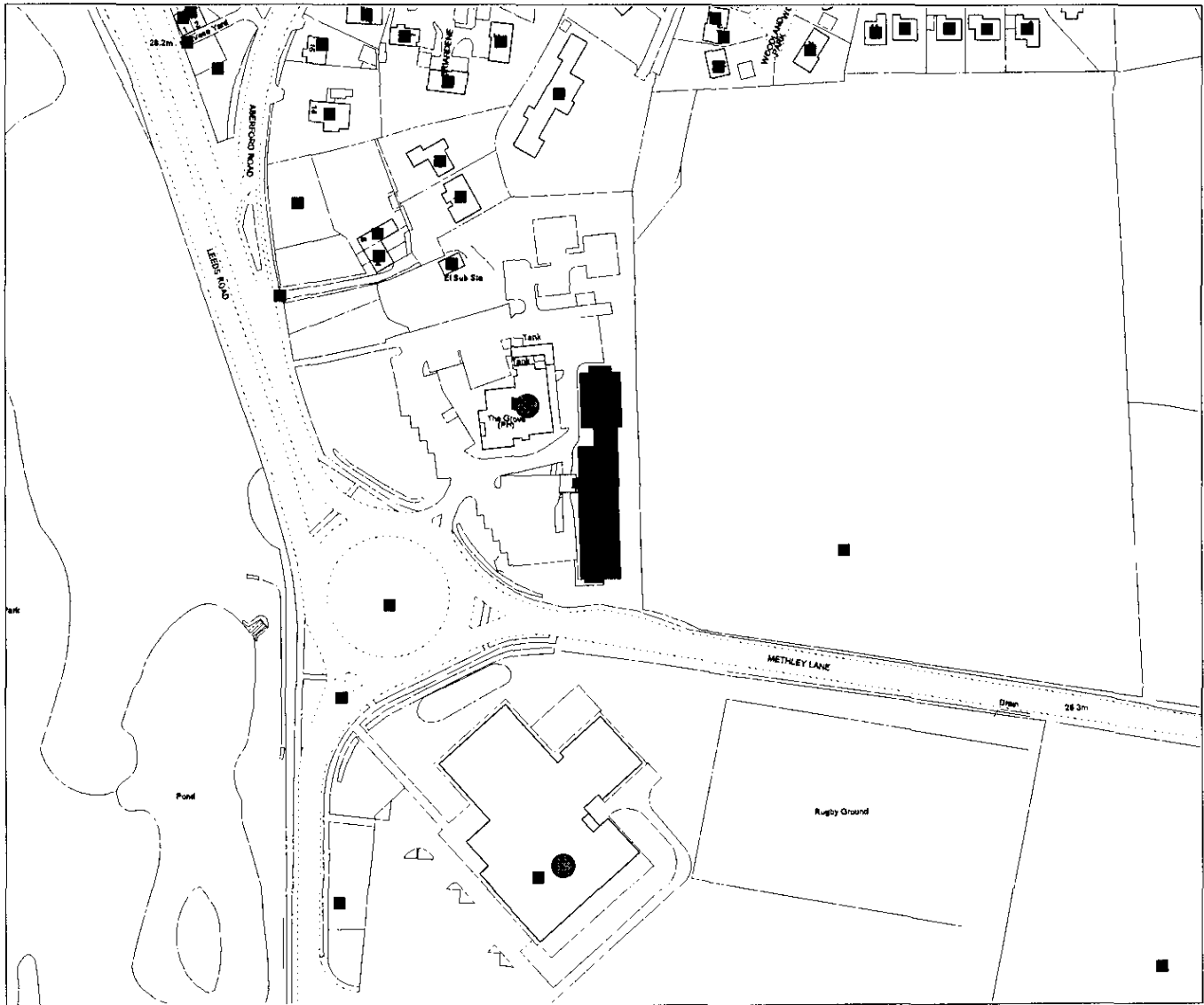


**Leeds**  
CITY COUNCIL

**Leeds City Council**  
Entertainment Licensing

## **PREM/02851 Express By Holiday Inn - Leeds**

**2 Aberford Road, Oulton, LS26 8EJ**



This map is based upon the Ordnance Survey's Digital Data with the Permission of the Ordnance Survey on behalf of the Controller of Her Majesty's Stationary Office

© Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings

Leeds City Council O.S. Licence No 100019567  
© Crown Copyright all rights reserved

<b>Date:</b>	09 April 2010
<b>Scale:</b>	1:2500

2851

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 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 SOJOURN HOTELS  
(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	
EXPRESS BY HOLIDAY INN - LEEDS 2 ABERFORD ROAD	
Post Town OULTON	Postcode 8EJ

LS26

Telephone number at premises (if any)

0113 282 6201

Non-domestic rateable value of premises

£ 240,000

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as

Please tick  Yes

- 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) 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  please complete section (B)
- h) the chief officer of a police force in England & Wales  please complete section (B)

\*If you are applying as a person described in (a) or (b), please confirm:

- I am carrying on or proposing to carry on a business which involves the premise for licensable activities, or.
- I am making the application pursuant to a
  - statutory function or Please tick  Yes
  - a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS (fill in as applicable)**

Mr  Mrs  Miss  Ms  Other title   
(Rev, Dr, etc)

Surname:  First Name:

I am 18 years old or over.

Please tick  Yes

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

E-mail address (optional)

**SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)**

Mr

Mrs

Miss

Ms

Other title   
Rev, Dr, etc)

Surname:

First Name:

I am 18 years old or over.

Please tick  Yes

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

E-mail address (optional)

**(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:	SOJOURN HOTELS
Address:	HAYDON HOUSE 296 JOEL STREET, PINNER MIDDLESEX HA5 2PY
Registered number (where applicable)	OC 331910
Description of applicant (for example partnership, company, unincorporated association etc)	LIMITED LIABILITY PARTNERSHIP
Telephone number (if any)	
Email address (optional)	

**Part 3 - Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year			
2	6	0	3	2	0	1	0

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

Day		Month		Year			

If more than 5000 people are expected to attend the premises at any one time, please state the number expected to attend.

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

HOTEL



What licensable activities do you intend to carry on from the premises?  
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the  
Licensing Act 2003)

Provision of regulated entertainment:

- |  | Please tick <input checked="" type="checkbox"/> Yes |
|--|---|
| a) plays (if ticking yes, fill in box A)   | <input 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 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)  | <input checked="" type="checkbox"/>                 |
| g) performances of dance (if ticking yes, fill in box G)   | <input type="checkbox"/>                            |
| h) anything of a similar description to that falling within (e), (f) or (g)<br>(if ticking yes, fill in box H) | <input type="checkbox"/>                            |

Provision of entertainment facilities for:

- |   |                          |
|---|--------------------------|
| i) making music (if ticking yes, fill in box I)   | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)  | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j)(if ticking yes, fill in<br>box K) | <input type="checkbox"/> |

L) Provision of late night refreshment (if ticking yes, fill in box L)

M) Supply of alcohol (if ticking yes, fill in box M)

In all cases, complete boxes N, O, and P

**A**

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

NONE

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).</b>	Indoors <input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors <input type="checkbox"/>
Mon	1000	2400	<b>Please give further details here</b> (please read guidance note 3)	Both <input type="checkbox"/>
Tue	1000	2400		
Wed	1000	2400	<b>State any seasonal variations for the exhibition of films</b> please read guidance note 4)	
Thurs	1000	2400		
Fri	1000	2400	<b>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</b> (please read guidance note 5).	
Sat	1000	2400		
Sun	1000	2400		

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details here (please read guidance note 3)
Day	Start	Finish	
Mon			<p><b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)</p> <p><b>Non standard timings. Where you intend to use the premises indoor sporting events at different times to those listed in the column on the left, please list</b> (please read guidance note 5).</p>
Tue			
Wed			
Thurs			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or out doors or both - Please tick [Y] (Please read guidance note 2).	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<p><b>Indoors</b> <input type="checkbox"/></p> <p><b>Outdoors</b> <input type="checkbox"/></p> <p><b>Both</b> <input type="checkbox"/></p>	Please give further details here (please read guidance note 3)	
Tue				State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)	
Wed				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).	
Thurs					
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 [Y] (Please read guidance note 2).	Indoors
Day	Start	Finish		Outdoors
Mon			Please give further details here (please read guidance note 3)	Both
Tue				
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)	
Thurs				
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 5).	
Sat				
Sun				

NONE

**F**

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 [Y] (Please read guidance note 2).	Indoors
Day	Start	Finish		Outdoors
Mon	0800	2400	Please give further details here (please read guidance note 3)  BACKGROUND MUSIC IN COMMON AREAS	Both
Tue	0800	2400		
Wed	0800	2400	State any seasonal variations for playing recorded music (please read guidance note 4)	
Thurs	0800	2400		
Fri	0800	2400	Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5).	
Sat	0800	2400		
Sun	0800	2400		

**G**

<b>Performance of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).</b>	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	<p><b>Please give further details here</b> (please read guidance note 3)</p> <p><b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)</p> <p><b>Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5).</p>	
Mon				
Tue				
Wed				
Thurs				
Fri				
Sat				
Sun				

**H**

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment you will be providing</b>	
Day	Start	Finish	<p><b>Will this entertainment take place indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).</b></p> <p>Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/></p> <p><b>Please give further details here</b> (please read guidance note 3)</p> <p><b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)</p> <p><b>Non standard timings. Where you intend to use the premises for 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</b> (please read guidance note 5).</p>	
Mon				
Tue				
Wed				
Thurs				
Fri				
Sat				
Sun				

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing	
Day	Start	Finish	Will the facilities for making music be indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			NONE	
Tue				
Wed				
Thurs				
Fri				
Sat				
Sun				

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both - Please tick [Y] (Please read guidance note 2).	
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>	
Mon			NONE	
Tue				
Wed				
Thurs				
Fri				
Sat				
Sun				

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within I or J</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment facility you will be providing</b>	
Day	Start	Finish	<b>Will the entertainment facility be indoors or outdoors or both - Please tick [Y] (Please read guidance note 2)</b>	Indoors Outdoors Both
Mon				
Tue			<b>Please give further details here (please read guidance note 3)</b>	
Wed				
Thurs			<b>State any seasonal variations for the Provision of facilities for entertainment of a similar description to that falling within J or K (please read guidance note 4)</b>	
Fri				
Sat			<b>Non standard timings. Where you intend to use the premises for the Provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list (please read guidance note 5).</b>	
Sun				

**L**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both - please tick [Y] (Please read guidance note 2)</b>	
Day	Start	Finish		Indoors Outdoors Both
Mon	0630	2400	<b>Please give further details here (please read guidance note 3)</b>	
Tue	0630	2400		
Wed	0630	2400	<b>State any seasonal variations for the provision of late night refreshment (please read guidance note 4)</b>	
Thurs	0630	2400		
Fri	0630	2400	<b>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 5).</b>	
Sat	0630	2400		
Sun	0630	2400		

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick [Y]) Please read guidance note 7)	On the premises Off the premises Both
Day	Start	Finish		
Mon	1000	2400	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)	
Tue	1000	2400		
Wed	1000	2400		
Thurs	1000	2400	<b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 5)	
Fri	1000	2400	HOTEL TO REMAIN OPEN 30 MINUTES AFTER THE TERMINAL HOUR TO FACILITATE QUIET DISPERSAL SERVICE OF ALCOHOL TO HOTEL RESIDENTS AVAILABLE 24/7	
Sat	1000	2400		
Sun	1000	2400		

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

Name: MISS JENNIFER DONNELLY

Address: 2 ABERFORD ROAD, OULTON, LEEDS

Postcode: LS26 8EJ

Personal Licensing Number (if known): PERL/05178/09

Issue Licensing Authority (if known): LEEDS



N

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)

NONE

O

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	1000	2430	<p><b>Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 5)</b></p> <p>TIMES LISTED ARE FOR GENERAL PUBLIC HOTEL RESIDENTS HAVE ACCESS 24/7</p>
Tue	1000	2430	
Wed	1000	2430	
Thurs	1000	2430	
Fri	1000	2430	
Sat	1000	2430	
Sun	1000	2430	

**P**

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

a) General—all four licensing objectives (b, c, d, e) (please read guidance note 9)

EXPERIENCED DESIGNATED PREMISES SUPERVISOR  
ALL STAFF ARE GIVEN EXTENSIVE IN-HOUSE  
TRAINING BY THIS LARGE HOTEL GROUP

b) The prevention of crime & disorder

GROUND FLOOR RECEPTION STAFFED 24/7  
WELL MAINTAINED BUILDING, WELL LIT BOTH  
INSIDE AND OUT

c) Public safety

AS ABOVE (b)  
REGULAR HSAW AUDITS  
CURRENT FIRE CERTIFICATE

d) The prevention of public nuisance

NO LIVE MUSIC

e) The protection of children from harm

- "CHALLENGE 21" POLICY  
- MINORS TO BE ACCOMPANIED BY AN ADULT WHEN VISITING  
AREAS WHERE ALCOHOL IS OFFERED FOR SALE  
→ NO 'ADULT' ENTERTAINMENT

- I have made or enclosed payment of the fee Please tick  Yes
- I have enclosed the plans of the premises
- I have sent you copies of this application, and the plan to responsible authorities and others where applicable
- I have enclosed the consent form produced by the individual I wish to be 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.

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE OF UP TO LEVEL 5 ON THE STANDARD SCALE ( £5000 ), UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**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.

Signature: Corrigall Kennedy Associates

Date: 22-2-2010

Capacity: AGENTS FOR THE APPLICANTS

Corrigall Kennedy Associates  
25 Copley Way  
Tadworth  
Surrey KT20 5QS  
Tel. 01737 357713 Fax. 01737 216332

For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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: \_\_\_\_\_

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b>	
Corrigall Kennedy Associates 25 Copley Way Tadworth Surrey KT20 5QS Tel. 01737 357713 Fax. 01737 216332	
Post Town	Postcode
Telephone number (if any)	
E-mail address (optional)	

Consent of individual to being specified as premises supervisor

I Miss Jennifer Donnelly  
[full name of prospective premises supervisor]

of 2 ABERFORD ROAD

OULTON

LEEDS LS268EJ  
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

PREMISES LICENCE [type of application]

by SOJOURN HOTELS [name of applicant]

relating to a premises licence [number of existing licence, if any]

for EXPRESS BY HOLIDAY INN - LEEDS

2 ABERFORD ROAD

OULTON, WEST YORKSHIRE LS29 8EJ  
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made

by SOJOURN HOTELS [name of applicant]

concerning the supply of alcohol at EXPRESS BY HOLIDAY INN - LEEDS

2 ABERFORD ROAD, OULTON, WEST YORKSHIRE

LS26 8EJ LS268EJ (A)  
[name and address of premises to which application relates].

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number PERL/05178/09  
[insert personal licence number, if any]

Personal licence issuing authority LEEDS CITY COUNCIL CIVIC HALL LS1 1UR  
[insert name and address and telephone number of personal licence issuing authority, if any]

Jennifer Donnelly signed

JENNIFER DONNELLY name (please print)

9th FEBRUARY 2010 dated

White, Emma

---

**From:** bob.patterson@westyorkshire.pnn.police.uk  
**Sent:** 01 April 2010 17:10  
**To:** White, Emma; Entertainment Licensing  
**Subject:** EXPRESS BY HOLIDAY INN OULTON : NOT PROTECTIVELY MARKED

Dear Emma,  
Assuming the measure on page 14 of the application, specifically relating the 'protection of children from harm' and shown as '"Challenge 21" Policy' will appear as a condition of the licence, or better still with the alternative wording from the V4 Pro Forma Risk Assessment, then the police have no further representations to make with regards to this application.

I have not copied the applicant in on this email as we do not seem to have any contact details on our form, and this is not a legal requirement anyway but we usually do where we have the details.

Please can you take this email as a formal representation until this matter is clarified.

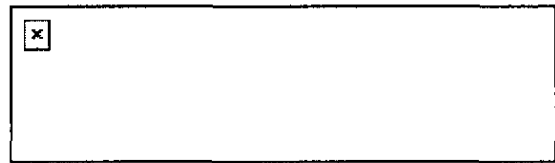
Regards.

Mr. Bob Patterson  
Leeds District Licensing Officer  
Licensing Department  
Millgarth Police Station  
Millgarth Street  
Leeds  
LS2 7HX  
Tel: 0113-2414023  
Fax: 0113-2413123  
E-mail: bob.patterson@westyorkshire.pnn.police.uk

---

LOCAL POLICE UPDATES: Use your postcode to read local news from your Neighbourhood Policing Team, and sign up for free email updates, on <http://www.westyorkshire.police.uk/npt>

This email carries a disclaimer, a copy of which may be read at <http://www.westyorkshire.police.uk/emailDisclaimer.asp>



Corrigall Kennedy Associates  
25 Copley Way  
Tadworth  
Surrey  
KT20 5QS

**Environmental Protection Team**  
Leeds City Council  
Kent Road  
Pudsey  
Leeds  
LS28 9BN



Contact: Mrs. Vanessa Holroyd  
Tel: 0113 214 6251  
Fax: 0113 214 6250  
vanessa.holroyd@leeds.gov.uk

Your reference:  
Our reference: PREM/02851  
12 March 2010

Dear Sir/Madam

**Licensing Act 2003**

**Name of Premises: Express By Holiday Inn**  
**Address: Aberford Road, Oulton, Leeds, LS26 8EJ**

Thank you for submitting your application for the above premises.

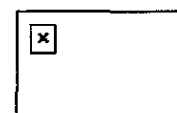
Leeds City Council's health and environmental action service is of the opinion that your application contains insufficient information about how you intend to meet the licensing objective of the prevention of public nuisance.

We therefore confirm that we are submitting a formal representation against your application on the grounds that the objective relating to the prevention of public nuisance will not be met.

However the Leeds City Council's health and environmental action service is of the opinion that the said objective could be met should you be prepared to incorporate certain identified measures within your operating schedule.

Please find enclosed a document which at Part 1 contains the suggested measures which this authority considers are proportionate and appropriate to the nature of your application.

Should you be in agreement with the suggested measures then please signify this by completing and signing Part 2 of the enclosed form and return the complete document to this office as soon as possible. Please contact the above named officer if you require any clarification on any of these measures.



Upon receipt of your consent at Part 2, it will be taken that you signify your wishes for the licensing authority to amend your operating schedule to incorporate the proposed measures.

Alternatively, should you disagree with the proposed measures, then please complete Part 3 and return the completed document to this office as soon as possible.

I would also take this opportunity to advise you that if the opening hours as proposed under this application are different to those on the current planning approval, then you should also make an application for variation of hours to the development control section of the development department if you have not already done so. If you operate without planning permission, this may result in a breach of the relevant planning condition. Should you wish to discuss this matter further, development control can be contacted on 0113 222 4409.

Yours faithfully

Mrs. Vanessa Holroyd  
Senior Environmental Health Officer

Encs

## **PART 1**

**To be completed by the responsible authority**

**Leeds City Council's Health and Environmental Action Service  
Proposed controlled measures under the Licensing Act 2003**

**Name of Premises: Express By Holiday Inn  
Address: Aberford Road, Oulton, Leeds, LS26 8EJ**

This Hotel is beside a restaurant and is in close proximity to housing.

Having considered the application under the Licensing Act 2003 for the above premises, the Leeds City Council's health and environmental action service considers that the following measures are proportionate and necessary in order to promote the following licensing objective:

- Prevention of public nuisance

### **Noise and Vibration**

1. Noise from a licensable activity at the premises shall be inaudible at the nearest noise sensitive premises after 23.00 hours and at all times if entertainment takes place on more than 30 occasions per year.
2. Bottles will not be placed in any external receptacle after 23.00 hours to minimise noise disturbance to neighbouring properties.
3. Noise from plant or machinery shall be inaudible at the nearest noise sensitive premises during the operation of the plant or machinery. Plant and machinery shall be regularly serviced and maintained to meet this level.

Signed:

Dated:



**PART 2**

**To be completed by the applicant or applicant's representative**

Consent for proposed controlled measures under the Licensing Act 2003

**Name of Premises: Express By Holiday Inn**  
**Address: Aberford Road, Oulton, Leeds, LS26 8EJ**

I/We .....

confirm that I am / we are the applicant / the applicant's representative (*delete as appropriate*) for the premises as stated above.

In signing this document I/we agree with the measures proposed by Leeds City Council's health and environmental action service, and we provide our consent for the licensing authority to incorporate the said measures into the operating schedule for the stated premises.

Signed:

Dated:

Please return this document to:

**Environmental Protection Team**  
Leeds City Council  
Kent Road  
Pudsey  
Leeds  
LS28 9BN

**PART 3**

**To be completed by the applicant or applicant's representative**

Proposed controlled measures under the Licensing Act 2003

**Name of Premises: Express By Holiday Inn**  
**Address: Aberford Road, Oulton, Leeds, LS26 8EJ**

I/We .....

confirm that I am / we are the applicant / the applicant's representative (*delete as appropriate*) for the premises as stated above.

I/We formally advise that we are not prepared to accept the proposed measures as suggested by Leeds City Council's health and environmental action service.

In this instance we understand that Leeds City Council's health and environmental action service will maintain their representation to my /our application, which will now proceed to a hearing before the licensing sub-committee.

Signed:

Dated:

Please return this document to:

**Environmental Protection Team**  
Leeds City Council  
Kent Road  
Pudsey  
Leeds  
LS28 9BN