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**Report of the Assistant Chief Executive (Corporate Governance)**

**Report to the Licensing Sub Committee**

**Date:** 10th January 2011

**Subject:** Application for the Grant of a Premises Licence for Unit 5A Moor Allerton Centre Leeds LS17 5NY

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**Electoral Wards Affected:**

Alwoodley



Ward Members consulted  
(referred to in report)

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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**Executive Summary**

This report informs members of an application for the grant of a Premises Licence for premises situated at 5A Moor Allerton Centre, King Lane, Moortown, Leeds, LS17 5NY, trading as Unit 5A.

This is an application for the Grant of a Premises Licence to allow the following licensable activities:

Sale of Alcohol

Recorded Music

Every Day 12:00 – 14:00 & 17:00 – 23:00

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**

- 1.1 To advise Members of an application made under section 17 of the Licensing Act 2003 ("the Act") for a Premises Licence in respect of the above mentioned premises.
- 1.2 Members are required to consider this application due to the receipt to representations.

## **2.0 History of Premises**

- 2.1 The premises was granted a licence in 2006 for the following activities and times:

Recorded Music  
Sale of Alcohol

Every Day 11:00 to 23:00 Hours.

The Licence was revoked due the Premises Licence Holder becoming insolvent.

## **3.0 The Application**

- 3.1 The applicant is LAW 6788 Ltd,
- 3.2 The location of the premises can be found on the map attached as 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:

### **3.4 Proposed licensable activities**

Sale by retail of alcohol  
Performance of recorded Music

### **3.5 Proposed hours of licensable activities**

The proposed hours of licensable activities are as follows:

Sale by retail of alcohol	
Every Day	12:00 - 14:00
Every Day	17:00 - 23:00

Performance of recorded Music	
Every Day	12:00 - 14:00
Every Day	17:00 - 23:00

### **3.6 Proposed times when the premises is open to the public**

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

Everyday	12:00 - 14:00
Everyday	17:00 - 23:00

### 3.7 Steps to promote the licensing objectives

As offered by the applicant in Part P of the application

### 3.8 Proposed Designated Premises Supervisor

Mei Chun Law is nominated as 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.

West Yorkshire Police

Members are invited to consider Appendix C 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 the making of 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.
- Exclude any licensable activities to which the application relates.
- Refuse to specify the said person as the Designated Premises Supervisor.
- Reject the 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**

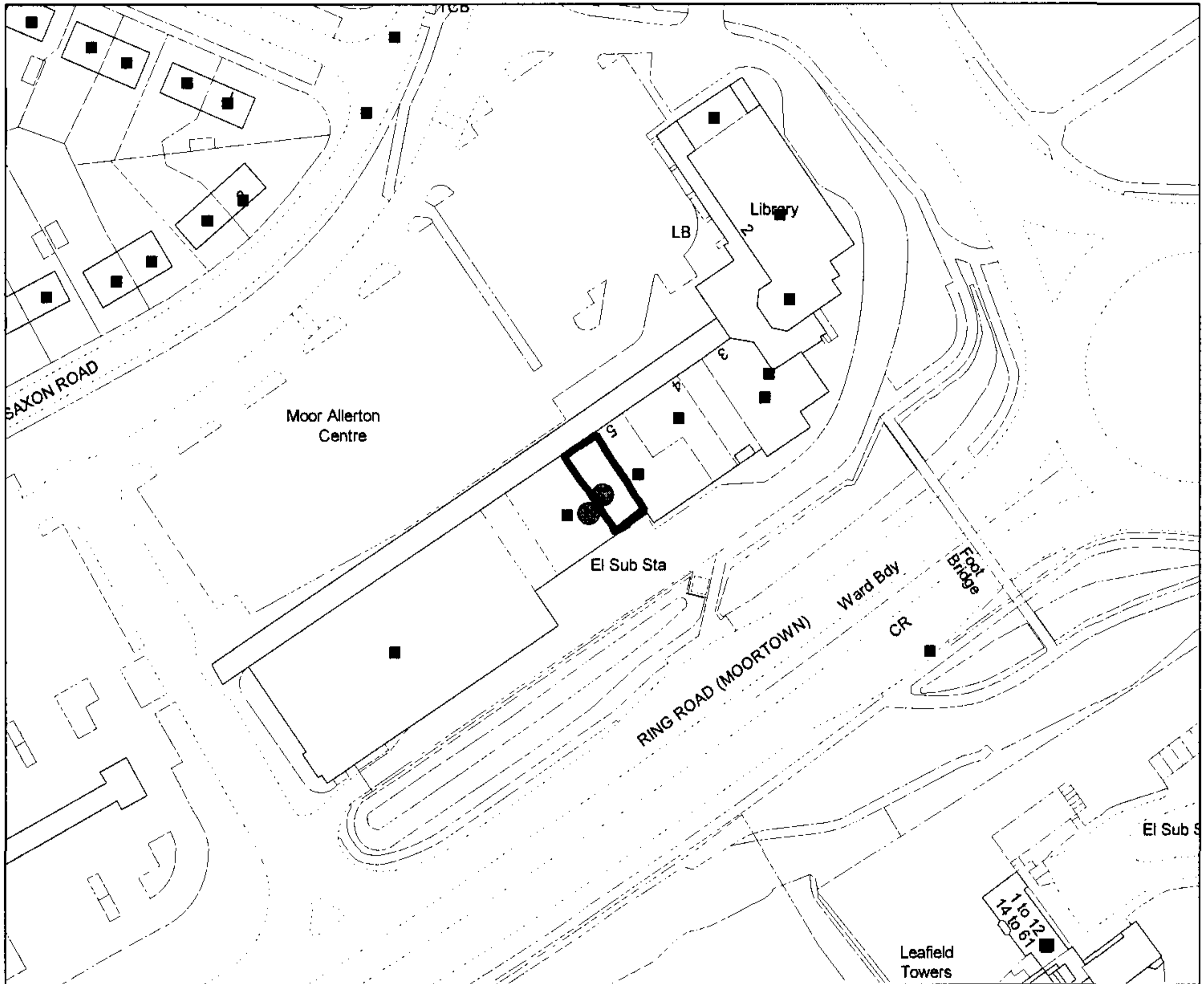
- Guidance issued under s182 Licensing Act 2003
- Leeds City Council Licensing Policy

# 5 a Moor Allerton Centre

King Lane Moortown Leeds LS17 5NY



GIS by ESRI (UK)



**Legend**

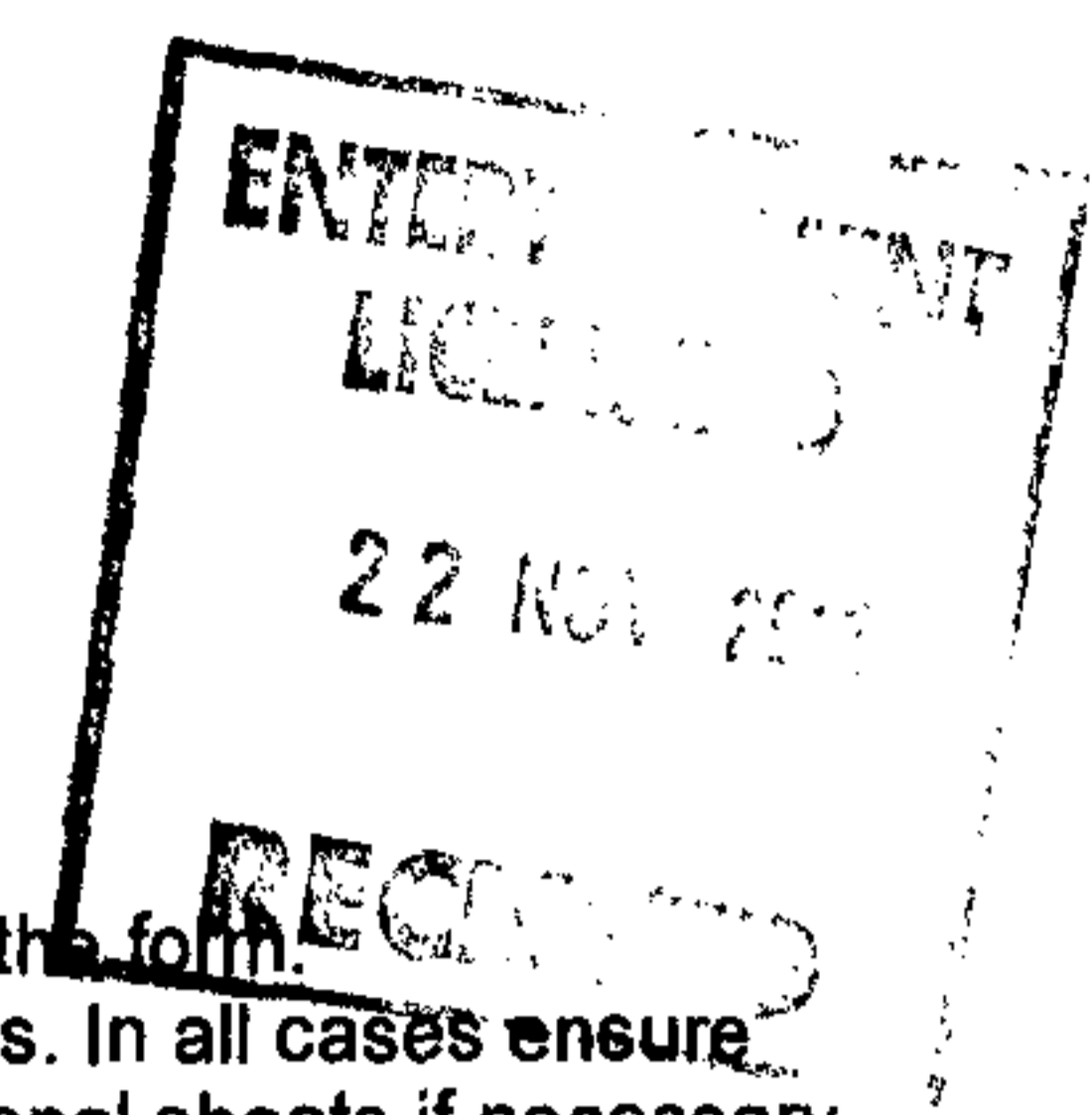


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<b>Organisation</b>	Not Set
<b>Department</b>	Not Set
<b>Comments</b>	
<b>Date</b>	29 December 2010
<b>SLA Number</b>	Not Set

# 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

(2) **We LAW 6788 LTD**

apply for a premises licence under section 17 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  Unit 5A Moor Allerton Centre	
Post town Leeds	Post code: LS17 5NY

Telephone number at premises(if any)	01132 687 799
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 ✓
- 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)

(1) Insert name and address of relevant licensing authority and its reference number (optional)

(2) Insert name(s) of applicant

- 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 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       Mrs       Miss       Ms       Other title   
 (for example, Rev)

Surname

First names

I am 18 years old or over  Please tick ✓ yes

Current postal address if different from premises address

Post town       Post code

Daytime contact telephone number

E-mail address (optional)

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr  Mrs  Miss  Ms  Other title   
(for example, Rev)

Surname

First names

I am 18 years old or over

Please tick ✓ yes

Current postal address if different from premises address

Post town

Post code

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 LAW 6788 LTD
Address Unit 5A Moor Allerton Centre Leeds West Yorkshire LS17 5NY
Registered number (where applicable) 0720530
Description of applicant (for example partnership, company, unincorporated association etc.) Company
Telephone number (if any) 01132 687 799
E-mail address (optional)

When do you want the premises licences to start?

Day		Month		Year	
▼	●	✱			

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

Day		Month		Year	

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

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

Chinese restaurant with provision of 80 cover



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 ✓ yes

- 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) 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 entertainment facilities for:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

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

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

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

**A**

<b>Plays</b>			Will the performance of a play take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon			
Tue			
Wed			State any seasonal variations for performing plays (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for the performance of plays at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

**B**

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

**E**

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

**F**

<b>Recorded music</b>			Will the playing of recorded music of take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)  Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Please give further details here (please read guidance note 3)  music will be amplified
Mon	12:00	14:00	
	17:00	23:00	State any seasonal variations for the playing of recorded music (please read guidance note 4)
Tue	12:00	14:00	
	17:00	23:00	Non-standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Wed	12:00	14:00	
	17:00	23:00	
Thur	12:00	14:00	
	17:00	23:00	
Fri	12:00	14:00	
	17:00	23:00	
Sat	12:00	14:00	
	17:00	23:00	
Sun	12:00	14:00	
	17:00	23:00	

**C**

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

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)		
Day	Start	Finish	Indoors	Outdoors	Both
Mon			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

G

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

<b>Provision of facilities for making music</b>			Please give a description of the facilities for making music you will be providing
Standard days and timings (please read guidance note 6)			Will the facilities for making music be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)
Mon			
Tue			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)
Wed			
Thur			
Fri			Non-standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

**J**

<b>Provision of facilities for dancing</b>			Please give a description of the facilities for dancing you will be providing
Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)
Mon			
Tue			State any seasonal variations for providing dancing facilities (please read guidance note 4)
Wed			
Thur			
Fri			Non-standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times from those listed in the column of the left, please list (please read guidance note 5)
Sat			
Sun			

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within J or K</b>			Please give a description of the type of entertainment facility you will be providing
Standard days and timings (please read guidance note 6)			Will the entertainment facility be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon			
			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)
Tue			
			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 j or k at different times from those listed in the column on the left, please list (please read guidance note 5)
Wed			
Thur			
Fri			
Sat			
Sun			

**L**

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

**M**

<b>Supply of alcohol</b>			Will the sale of alcohol be for consumption - please tick box <input checked="" type="checkbox"/> (please read guidance note 7)
Day	Start	Finish	
Standard days and timings (please read guidance note 6)			On the premises <input type="checkbox"/> Off the premises <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Mon	12:00	14:00	State any seasonal variations for the supply of alcohol (please read guidance note 4)
	17:00	23:00	
Tue	12:00	14:00	
	17:00	23:00	
Wed	12:00	14:00	
	17:00	23:00	
Thur	12:00	14:00	Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list (please read guidance note 5)
	17:00	23:00	
Fri	12:00	14:00	
	17:00	23:00	
Sat	12:00	14:00	
	17:00	23:00	
Sun	12:00	14:00	
	17:00	23:00	



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

Name ~~HO YIN LEUNG~~ **MEI CHUN LAW**

Address ~~22 TYNWALD DRIVE, LEEDS~~ **172 BROADWAY, HORSFORTH, LEEDS**

Post code ~~LS17 5DS~~ **LS18 4HQ**

Personal Licence number (if known) *being applied for*

Issuing licensing authority (if known) **LEEDS CITY COUNCIL**

**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)

N/A

**O**

**Hours premises are open to the public**

Standard days and timings  
(please read guidance note 6)

Day	Start	Finish
Mon	12:00	14:00
	17:00	23:00
Tue	12:00	14:00
	17:00	23:00
Wed	12:00	14:00
	17:00	23:00
Thur	12:00	14:00
	17:00	23:00
Fri	12:00	14:00
	17:00	23:00
Sat	12:00	14:00
	17:00	23:00
Sun	12:00	14:00
	17:00	23:00

State any seasonal variations (please read guidance note 4)

Non-standard timings. Where you intend to use 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)

**P** 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 9)

A Supervisors 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.

The Supervisors Register will state the name of the person who is in overall charge of the premises at each time that licensed activities are carried out, and this information will be retained for a period of twelve months and produced for inspection on request to an authorised officer.

b) The prevention of crime and disorder

The Licensee will ensure that an Incident Report Register is maintained on the premises to record incidents such as anti social behaviour, and ejections from the premises.

The Incident Report Register will be produced for inspection immediately on the request of an authorised officer.

The Licensee will inform Police of any search resulting in a seizure of drugs or offensive weapons. A suitable 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.

c) Public safety

Appropriately trained staff will be provided to oversee general safety within the premises, and these will be provided to a minimum number of one member of staff per 80 occupancy or part thereof, in accordance with the occupancy figure.

All exit doors will be accessible, open easily, and exit routes will be maintained.

Safety checks, including doors, will be undertaken before opening to the public and a record kept of inspections.

Before opening to the public, checks will be undertaken to ensure all access to the premises are clear for emergency vehicles. Regular checks will be undertaken when the premises is open.

Empty bottles and glasses will be collected regularly paying particular attention to balcony areas and raised levels.

d) The prevention of public nuisance

No nuisance will be caused by noise or vibration emanating from the premises from external plant or equipment.

There will be no external loudspeakers

e) The protection of children from harm

The premises supervisor will monitor the activity of persons leaving the premises and remind them of their public responsibilities where necessary.

We request children must be near an adult all time

Please tick ✓ yes

- I have made or enclosed payment of the fee
- I have enclosed the plan 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 completed 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 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 5 - Signatures** (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent. (Please read guidance note 11)  
If signing on behalf of the applicant please state in what capacity.

Signature *[Handwritten Signature]*

Date 19/11/10

Capacity *Agent Manager*

For joint applications signature of 2nd applicant, 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)	
22 Tynwald Drive Moortown	
Post town Leeds	Post code LS17 5DS
Telephone number (if any) 0777 157 1328	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

## Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day i.e Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick 'on the premises', if you wish people to be able to purchase alcohol to consume away from the premises please tick 'off the premises'. If you wish people to be able to do both please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR.

**Consent of individual to being specified as premises supervisor**

I [ MEI CHUN LAW ] of  
*full name of prospective premises supervisor*

[ 172 BROADWAY, HORSFORTH, LEEDS ]  
*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

[ Grant ] by [ LAW 6788 Ltd ]  
*type of application* *name of applicant*

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

[ Unit 5A Moor Allerton Centre ] and any  
*name and address of premises to which the application relates*

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

[ LAW 6788 Ltd ] concerning the supply of alcohol at  
*name of applicant*

[ Unit 5A Moor Allerton Centre ]. I also  
*name and address of premises to which application relates*  
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 [ Comp applying again for ]  
*insert personal licence number, if any*

Personal licence issuing authority

[ Leeds City Council ]  
*insert name and address and telephone number of personal licence issuing authority, if any*

[Signature] signed

Mei Law name (please print)

21-11-2010 dated

NOT PROTECTIVELY MARKED



**WEST YORKSHIRE  
POLICE**

*Leeds District Licensing Department*

**Licensing Department**  
 Millgarth Police Station  
 Millgarth Street  
 Leeds  
 LS2 7HX

13 DEC 2010

Tel: 0113-2414023  
 Fax: 0113-2413123  
 Email: bob.patterson@westyorkshire.pnn.police.uk  
 Website:

Your ref:  
 Our ref: BP/LICENSING OFFICER/CHINESE REST. MOOR ALLERTON CENTRE

15<sup>th</sup> December 2010

**LAW 6788 Ltd.**  
 Unit 5A Moor Allerton Centre  
 Leeds  
 LS17 5NY

cc. Entertainment Licensing Section. Leeds City Council, Civic Hall, Leeds. LS1 1UR

**RE: CHINESE RESTAURANT UNIT 5 MOOR ALLERTON CENTRE LEEDS LS17 5NY.  
 NEW PREMISES LICENCE – LICENSING ACT 2003:  
 POLICE – LETTER OF REPRESENTATION – 'QUALIFIED' OBJECTION:**

Thank you for submitting your application for the above premises, received at the address above on 24<sup>th</sup> November 2010.

West Yorkshire Police are of the opinion that your application contains insufficient information about how you intend to meet the licensing objectives. We therefore confirm that we are submitting a formal representation against your application on the grounds of:-

1. the prevention of crime & disorder
2. the prevention of public nuisance, and
3. the protection of children from harm.

However, West Yorkshire Police are also of the opinion that the said objectives could be met should you be prepared to incorporate certain identified measures within your operating schedule, in **addition** to what you may have offered in your application.

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, but no later than 20<sup>th</sup> December 2010.

NOT PROTECTIVELY MARKED

10/10/10

## NOT PROTECTIVELY MARKED

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 again return the complete document to this office as soon as possible, but no later than 20<sup>th</sup> December 2010.

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### PART 1 - to be completed by the Responsible Authority:

**West Yorkshire Police** propose the following control measures under the Licensing Act 2003 (in addition to those that you may have already offered), for the premises:-

**CHINESE RESTAURANT  
UNIT 5 MOOR ALLERTON CENTRE  
LEEDS  
LS17 5NY**

Having considered the application under the Licensing Act 2003 for the above premises, West Yorkshire Police considers that the following measures are relevant, proportionate and necessary in order to promote the following licensing objectives:-

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

#### Measures / Additional measures proposed:

- The Premises Licence Holder, Designated Premises Supervisor and all members of staff will ask for proof of age from any person appearing to be under the age of 21 who attempts to purchase alcohol at the premises;
- At all times that the premises licence has effect, there shall be a minimum number of 70 table covers maintained on the ground floor of the premises, in order that the sale, supply and consumption of alcohol is ancillary to the service of table meals.

West Yorkshire Police are satisfied that the proposed measures are not adequately dealt with by other legislation.

By signing the declaration enclosed overleaf at **Part 2**, the applicant agrees to incorporate the proposed measures within the Operating Schedule for the said premises.

Upon the satisfactory completion of the declaration, West Yorkshire Police will provide notice to the Licensing Authority that our representation is withdrawn in accordance with schedule 10(a) of the Licensing Act 2003 (Hearings) Regulations 2005.



**Bob Patterson  
Leeds District Licensing Officer  
West Yorkshire Police**

Date:

## NOT PROTECTIVELY MARKED

**NOT PROTECTIVELY MARKED**

**PART 2 – to be completed by the applicant or applicant's representative:**

Consent for all proposed control measures under the Licensing Act 2003.

Name & Address of Premises:  
**CHINESE RESTAURANT  
UNIT 5 MOOR ALLERTON CENTRE  
LEEDS  
LS17 5NY**

I / We .....

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

In signing this document-:

- I / we agree with the measures proposed by West Yorkshire Police,
- I / we provide our consent for the Licensing Authority to incorporate the said measures into the operating schedule for the stated premises, and furthermore,
- I / we confirm the premises will then operate in accordance with those measures agreed to.

**Signed:**

**Dated:**

**NOT PROTECTIVELY MARKED**



**NOT PROTECTIVELY MARKED**

**PART 3 – to be completed by the applicant or applicant’s representative:**

Proposed control measures under the Licensing Act 2003

Name & Address of Premises:  
**CHINESE RESTAURANT  
UNIT 5 MOOR ALLERTON CENTRE  
LEEDS  
LS17 5NY**

I / We .....

confirm that I am / we are the applicant / the applicants 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 the West Yorkshire Police.

In this instance we understand that West Yorkshire Police will maintain their representation to my /our application, which will now proceed to a hearing before the Licensing Sub-Committee, at which I / we will be required to attend.

**Signed:**

**Dated:**

**NOT PROTECTIVELY MARKED**