

# Report of the Assistant Director Environmental & Regulatory Services to the meeting of the Bradford Area Licensing Panel to be held on 11 January 2013.

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## Subject:

Application for a Premises Licence for 517 Great Horton Road, Great Horton, Bradford.

## Summary statement:

Application for a new premises licence for the sale of alcohol for consumption off the premises.

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John Major  
Assistant Director  
Environmental & Regulatory Services

**Portfolio:**  
**Environment & Waste Management**

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**Overview & Scrutiny Area:**  
**Environment & Waste Management**  
**Safer & Stronger Communities**



## 1. SUMMARY

The application is for the grant of a Premises Licence for the sale of alcohol for consumption off the premises.

## 2. BACKGROUND

### 2.1 The applicants

Jikar Mohammed Karim. A copy of the application is included at Appendix 1.

### 2.2 The Premises

517 Great Horton Road, Great Horton, Bradford.

### 2.3 Designated Premises Supervisor

Jikar Mohammed Karim

### 2.4 Application

The application is for the grant of a Premises Licence. The operating schedule describes the following as the relevant licensable activities applied for:-

- Sale of alcohol for consumption off the premises

Hours of licensable activities:

Monday to Sunday: 08.00 to 00.00

### 2.5 Steps proposed by the applicant to address the Licensing Objectives

a) Prevention of crime and disorder will be achieved by;

Drugs policies/notices.  
Provision of adequate lighting.  
Search policies.  
Other initiatives as advised by Local Authority.

b) Public safety will be achieved by;

Provision of emergency lighting.  
Fire exit provision.  
Up-stairs accommodation limits.  
First Aid provision.  
Safety notice.

c) Prevention of public nuisance will be achieved by;

Litter clearance.

Considerate loading/unloading arrangements.  
Other initiatives as advised by Local Authority.

d) Protection of children from harm will be achieved by;

Proof of age scheme.

e) General – all four licensing objectives

Personal Licence holder on the premises at all times the licence is being used.  
Staff training for all staff on licensing issues.  
CCTV as appropriate with police consultation.  
Other provision as advised by Local Authority.

## **2.6 Relevant Representations Received**

### **Individual, Body or Business**

A letter of representation has been received. The representation raises concerns of noise nuisance and litter problems.

The representation is attached at Appendix 2.

## **3. OTHER CONSIDERATIONS**

### **Legal Appraisal**

- 3.1 The Licensing Act 2003 requires the Council to carry out its various licensing functions so as to promote the following four licensing objectives:
- a) the prevention of crime and disorder
  - b) public safety
  - c) the prevention of public nuisance
  - d) the protection of children from harm
- 3.2 The Council must also have regard to the guidance issued by the Department of Culture Media and Sport under Section 182 of the Licensing Act 2003. Regard must also be taken of the Council's statement of Licensing Policy for the District.
- 3.3 Where it is decided it is necessary to depart from the statutory guidance or the Licensing Policy on the merits of a particular case; then special reasons justifying this must be given that can be sustained.
- 3.4 Only "relevant representations" by or expressly on behalf of a defined "interested party" or "responsible authority" can be taken into account. In order to be "relevant" a representation must fairly relate to achieving a licensing objective. If it does not, it must be discounted.
- 3.5 Any licensing conditions that Members may propose attaching must also relate to achieving one of the licensing objectives; be tailored to the actual premises and style of licensable activity; must be reasonably achievable by the applicant and in his/her control.

### **Statement of Policy Issues**

- 3.6 The following parts of the Licensing Policy are of particular importance; Part 6 (prevention of public nuisance).
- 3.7 The Annexes to the Policy sets out various types of model condition that could be considered.

## **4. OPTIONS**

4.1 Members may:

- (a) Grant a premises licence as applied for subject to any mandatory conditions and the precautions specified in the operating schedule submitted.
  - (b) Grant a premises licence subject to such additional conditions relating to achievement of the licensing objectives as members think fit; or
  - (c) Refuse the application for a premises licence.
- 4.2 Should the applicant or any other party to the hearing feel aggrieved at any decision with regard to the licence or to any conditions or restrictions attached by Members they may appeal to the Magistrates Court.

## **5. FINANCIAL & RESOURCE APPRAISAL**

There are no apparent finance or resource implications.

## **1. RISK MANAGEMENT AND GOVERNANCE ISSUES**

There are no apparent risk management and governance implications.

## **7. LEGAL APPRAISAL**

Referred to in part 3 of this report.

## **8. OTHER IMPLICATIONS**

### **8.1 EQUALITY & DIVERSITY**

There are no apparent equality and diversity implications.

### **8.2 SUSTAINABILITY IMPLICATIONS**

There are no apparent sustainability implications.

### **8.3 GREENHOUSE GAS EMISSIONS IMPACTS**

There are no apparent implications.

#### **8.4 COMMUNITY SAFETY IMPLICATIONS**

When determining the application the Licensing Authority is required to pay due regard to the licensing objectives referred to in 3.1 of this report.

#### **8.5 HUMAN RIGHTS ACT**

The following rights are applicable:

Article 1 First Protocol to the Convention – Right to peaceful enjoyment of possessions subject to the state's right to control the use of property in accordance

with the general interest. The Council's powers set out in the recommendations fall within the states right. A fair balance must be struck between public safety and the applicant's rights.

Article 6 – A procedural right to a fair hearing. As refusal of the application is an option, adherence to the Panels' usual procedure of affording a hearing to the applicant is very important. The applicant should also be able to examine the requirements of the fire authority. If the decision is to refuse then reasons should be given.

#### **8.6 TRADE UNION**

Not applicable

#### **8.7 WARD IMPLICATIONS**

Ward Councillors have been notified of receipt of the application.

#### **9. NOT FOR PUBLICATION DOCUMENTS**

None.

#### **10. RECOMMENDATIONS**

Members are invited to consider the information and documents referred to in this report and, after hearing individuals, bodies or businesses, determine the related application(s).

#### **11. APPENDICES**

1. Application form received 15 November 2012.
2. Letter of representation.

#### **12. BACKGROUND DOCUMENTS**

Application form, plan etc.

Licensing Team, Environmental & Regulatory Services, Jacobs Well, Bradford, BD1 5RW

**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/we JIKAR MOHAMMAD KARIM.....  
 (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 <u>517 GREAT HOLTEN ROAD, GREAT HOLTEN (BRADFORD)</u>	
Post town <u>BRADFORD</u>	Post code <u>BD7 4EG</u>
Telephone number at premises (if any)	
Non domestic rateable value of premises	£ <u>5700.00</u>

**Part 2 – Applicant Details**

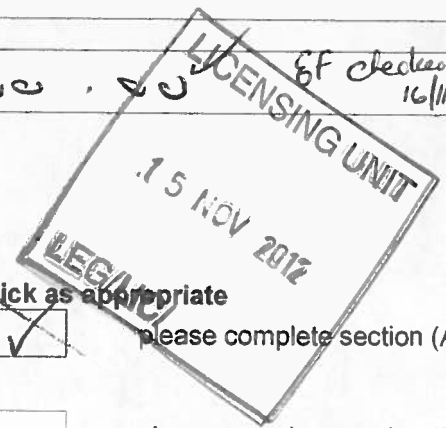
Please state whether you are applying for a Premises Licence as:

- a) an individual or individuals\*
- b) a person other than an individual\*
  - i. as a limited company
  - ii. as a partnership
  - iii. as an unincorporated association or
  - iv. Other (for example a statutory corporation)
- c) a recognised club
- d) a charity
- e) the proprietor of an educational establishment
- f) a health service body
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital

Please tick as appropriate

please complete section (A)

please complete section (B)  
 please complete section (B)  
 please complete section (B)  
 please complete section (B)  
 please complete section (B)  
 please complete section (B)  
 please complete section (B)  
 please complete section (B)



- g) a person who is registered under Chapter 2 of part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- h) the chief officer of police of a police force in England and Wales

please complete section (B)

please complete section (B)

**Please tick yes**

\*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 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

KARIM

JIKAA MOHAMMED

**Please tick yes**

I am 18 years old or over

Current postal address if different from premises address

16 HEDGE WAY

Post Town

BRADFORD

Postcode

BA8 0AH

Daytime contact telephone number

07522 326902

Email address (optional)

-

**SECOND INDIVIDUAL APPLICANT (if applicable)**

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

Surname

First names

Please tick yes

I am 18 years old or over

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 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)



**Part 3 - Operating Schedule**

When do you want the premises licence to start?

DD		MM		YYYY		
0	8	0	1	2	0	13

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

DD		MM		YYYY		

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

TERRACED SHOP - ONE SIDE BARBER SHOP, OTHER SIDE BETTING - SHOP. LOCK-UP SHOP - UPSTAIRS VACANT. GROUND FLOOR ONLY. TO BE USED AS OFF-LICENCE, AND GROCERIES, CIGS ETC.

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

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment**

Please tick any that apply

- a) plays (if ticking yes, fill in box A)
- 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)

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

In all cases complete boxes K, L and M

# A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (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 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 to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

# B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of a films take place indoors or outdoors or both – please tick (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 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 to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

*N/M*

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b>Please give further details</b> (please read guidance note 3)
<b>Day</b>	<b>Start</b>	<b>Finish</b>	
Mon			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)
Tue			
Wed			
Thur			
Fri			<b>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.</b> (please read guidance note 5)
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainment</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	<b>Indoors</b>	
<b>Day</b>	<b>Start</b>	<b>Finish</b>		<b>Outdoors</b>	
Mon			<b>Please give further details here</b> (please read guidance note 3)	<b>Both</b>	
Tue					
Wed			<b>State any seasonal variations for the boxing or wrestling entertainment</b> (please read guidance note 4)		
Thur					
Fri			<b>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.</b> (please read guidance note 5)		
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 (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
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 5)		
Sat					
Sun					

**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 (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur					
Fri			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 5)		
Sat					
Sun					

**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</b> (please read guidance note 2)		Indoors	
					Outdoors	
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)			
Wed						
Thur			<b>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.</b> (please read guidance note 5)			
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>			
			<b>Will this entertainment take place indoors or outdoors or both – please tick (✓)</b> (please read guidance note 2)		Indoors	
<b>Day</b> <b>Start</b> <b>Finish</b>		Outdoors				
		<b>Please give further details here</b> (please read guidance note 3)		Both		
Mon					<b>State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)	
Tue						
Wed			<b>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.</b> (please read guidance note 5)			
Thur						
Fri						
Sat						
Sun						

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			<p>Please give further details here (please read guidance note 3)</p> <p>State any seasonal variations for the provision of late night refreshment (please read guidance note 4)</p> <p>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)</p>		
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

**J**

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	
Day	Start	Finish		Off the premises	✓
				Both	
Mon	0800	2400	<p>State any seasonal variations for the sale of alcohol (please read guidance note 4)</p> <p>Non standard timings. Where you intend to use the premises for the sale of alcohol at different times to those listed in the column on the left, please list. (please read guidance note 5)</p>		
Tue	0800	2400			
Wed	0800	2400			
Thur	0800	2400			
Fri	0800	2400			
Sat	0800	2400			
Sun	0800	2400			

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

(APPLICANT)

Name MR JIKAR MOHAMMED KARIM

Address 16 HEDGE WAY,

BRADFORD

Postcode BD8 0AH

Personal licence number (if known) BD/PER3682

Issuing licensing authority (if known) BRADFORD COUNCIL

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 8)

n/a

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)	
Day	Start	Finish		
Mon			<i>or 12</i>	
Tue				
Wed				
Thur				<b>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 5)</b>
Fri				
Sat				
Sun				



# 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 9)

PERSONAL LICENCE HOLDER ON THE PREMISES AT ALL TIMES  
THE LICENCE IS BYE USED.  
STAFF TRAINING FOR ALL STAFF ON LICENSING ISSUES  
CC TV. AS APPROPRIATE WITH POLICE CONSULTATION.  
OTHER PROVISION AS ADVISED BY LOCAL AUTHORITY.

b) The prevention of crime and disorder

DRUGS POLICIES/NOTICES  
PROVISION OF ADEQUATE LIGHTING.  
SEARCH POLICIES  
OTHER INITIATIVES AS ADVISED BY LOCAL AUTHORITY

c) Public safety

PROVISION OF EMERGENCY LIGHTING.  
FIRE EXIT PROVISION  
UP-STAIRS ACCOMMODATION LIMITS  
FIRST AID PROVISION.  
SAFETY NOTICES

d) The prevention of public nuisance

LITTER CLEARANCE  
CONSIDERATE LOADING/UNLOADING ARRANGEMENTS  
OTHER INITIATIVES AS ADVISED BY LOCAL AUTHORITY.

e) The protection of children from harm

PROOF OF AGE SCHEME

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 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 SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, 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)

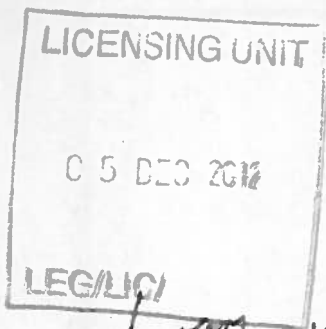
**Signature of applicant or applicant’s solicitor or other duly authorised agent.** (See guidance note 11).  
If signing on behalf of the applicant please state in what capacity.

Signature	
Date	14/11/12
Capacity	APPLICANT

**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</b> (please read guidance note 13)	
MR JIKAR MOHAMMED KARIM 16 HEDGE WAY	
Post town BRADFORD	Post code BD8 0AH
Telephone number (if any) 07522326902	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	



GREAT HORTON ROAD  
BD7 4EG.

I am writing to you about  
the LICENSING HOURS OF 517 GREAT  
HORTON ROAD of which I have above  
the shop. The hours are from 0800  
to 2400 which are too many I  
hope you will review the amount  
of hours and ~~be~~ get back to me.

I OPPOSE BECAUSE OF THE NOISE  
AND BAD HOURS OF OPENING NO

CONSIDERATION OF ME DIRECTLY ABOVE  
THE SHOP. There are already  
plenty of off licences & Takeaways  
in the area. which already  
P.T.O.

creates a lot of rubbish  
around this area without  
adding more.

