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Appendix 1

City of Bradford MDC
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MAIL PRINT
05 DEC 2016 17:02:00
SCAN STORE

Licensing Team, Argus Chambers, Hall Ings, Bradford, BD1 1HX

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 black 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.

We TAA Enterprises Ltd.
(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
35 OAK LAKE,

Post town BRADFORD. Post code BD9 4QB.

Telephone number at premises (if any) 01274 490020.

Non domestic rateable value of premises £ 18,000.00.

Part 2 - Applicant Details

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

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

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

Please tick yes

I am 16 years old or over

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

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	TAA Enterprises Ltd.
Address	35. DALL Lane. Bendford. Bo9 4QB.
Registered number (where applicable)	9357151.
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited Company.
Telephone number (if any)	01274 490020.
E-mail address (optional)	Emahmood@hotmail.co.uk.

Part 3 - Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
29	11	2016

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)

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 8)			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 film 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				

C

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

Performance of dance Standard days and timings (please read guidance note 6)			Will the performance of dance 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 dance (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list. (please read guidance note 5)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing	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 entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within e), f) or g) at different times to those listed in the column on the left, please list. (please read guidance note 5)		
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	
					<input checked="" type="checkbox"/>
Mon	00.00 23.00	02.00 00.00	Please give further details here (please read guidance note 3) <i>We will only supply wine 16 Accommodation of the night. Our premises are fully CCTV.</i>		
Tue	00.00 23.00	02.00 00.00			
Wed	00.00 23.00	02.00 00.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	00.00 23.00	02.00 00.00			
Fri	00.00 23.00	02.00 00.00	Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times to those listed in the column on the left, please list. (please read guidance note 5)		
Sat	00.00 23.00	02.00 00.00			
Sun	00.00 23.00	02.00 00.00			

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	
Mon			State any seasonal variations for the sale of alcohol (please read guidance note 4)		
Tue					
Wed					
Thur			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)		
Fri					
Sat					
Sun					

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

Name

Address

Postcode

Personal licence number (if known)

Issuing licensing authority (if known)

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)

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)

We Have A CCTV System Fitted,

b) The prevention of crime and disorder

Our Premises Are Well Lit, We Have CCTV
Oversees To Take Any That We Communicate With.

c) Public safety

Our Premises Have Emergency Exits.
We Have Fire Exits.
We Have Full First Aid Provisions on Site.
We Have Suitable Access.

d) The prevention of public nuisance

We Regularly Pick up Litter Around Our Premises.
We Have no Alcohol/Drugs on Site.
We Do Not Use Loud Music After 8pm.
We Have Notices on Site to Limit Alcohol.

e) The protection of children from harm

Our Policy Is Not To Serve Under 16's After 9pm
Unless They Are Accompanied By An Adult.

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	09.00	02.00	<p>None</p>	
	23.00	00.00		
Tue	00.00	02.00		
	23.00	00.00		
Wed	00.00	02.00		
	23.00	00.00		
Thur	00.00	02.00		<p>Non standard timings. Where you intend to open the premises to be open to the public at different times from those listed in the column on the left, please list. (please read guidance note 6)</p>
	23.00	00.00		
Fri	00.00	02.00		
	23.00	00.00		
Sat	00.00	02.00		
	23.00	00.00		
Sun	00.00	02.00		<p>None</p>
	23.00	00.00		

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

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 6 ON THE STANDARD SCALE, UNDER SECTION 168 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	29.11.16.
Capacity	Director.

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

Contact Name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Amar Khan.
35 Oakdale.

Post town	Barnham.	Post code	B01 4QB.
Telephone number (if any)	01274 490020.		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

