

Appendix 1

MAIL PRINT
27 MAR 2017
SCAN STORE

City of Bradford MDC
www.bradford.gov.uk

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 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 RACHEL YATES

(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>45 BROOK STREET, ILKLEY, LS29 8AG.</u>	
Post town	Post code

Telephone number at premises (if any) N/A.

Non domestic rateable value of premises £ 25,000

Part 2 – Applicant Details

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

Please tick as appropriate

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals* | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual* | <input type="checkbox"/> | please complete section (B) |
| i. as a limited company | <input type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. Other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> | please complete section (B) |
| f) a health service body | <input type="checkbox"/> | 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 | <input type="checkbox"/> | please complete section (B) |

g) a person who is registered under Chapter 2 of part 1 of the
a. 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)

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

YATES

RACHEL

Please tick yes

I am 18 years old or over

Current postal
address if different
from premises
address

LEEDS ROAD
ILKLEY

Post Town

ILKLEY

Postcode

LS29 8DH

Daytime contact telephone number

Email address (optional)

@live.co.uk

SECOND INDIVIDUAL APPLICANT (if applicable)

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

Surname

First names

N/A

Please tick yes

I am 18 years old or over

Current postal address if different from premises address

N/A

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	N/A
Address	N/A.
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
01	05	2017

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)

THE PROPERTY IS A TERRACE ADJOINING TO HOMEWARE SHOP ON ONE SIDE AND EMPTY UNIT ON THE OTHER SIDE. GIN AND COCKTAIL LOUNGE, SERVING PEOPLE OF AGES 25 YEARS OLD AND ABOVE ONLY.

PREMISES WILL BE USING ONLY THE 1ST 2 FLOORS OF THE FOUR FLOORS OF THE PROPERTY.

FLOOR 1 WILL BE SEATING AREA + BAR

FLOOR 2 WILL BE STORAGE AND TOILET AREA

FLOOR 3 + 4 WILL BE USED AS STAFF AREA + LIVING

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					

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	
				Outdoors	
				Both	
Day	Start	Finish			
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	✓
				Outdoors	
				Both	
Day	Start	Finish			
Mon	CLOSED		Please give further details here (please read guidance note 3) LOW LEVEL MUSIC PROVIDED MAINLY AS BACKGROUND MUSIC		
Tue	11.00	23.00			
Wed	11.00	23.00	State any seasonal variations for the playing of recorded music (please read guidance note 4) N/A		
Thur	11.00	23.00			
Fri	11.00	24.00	Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list. (please read guidance note 5) N/A		
Sat	11.00	24.00			
Sun	11.00	23.00			

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	
Mon			Please give further details here (please read guidance note 3)	Both	
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		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (✓) (please read guidance note 2)	Indoors	
Mon				Please give further details here (please read guidance note 3)	Outdoors
Tue			Both		
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					

I

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			Please give further details here (please read guidance note 3)			
Tue						
Wed				State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur						
Fri				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						
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	<input checked="" type="checkbox"/>		
Day	Start	Finish		Off the premises			
				Both			
Mon			State any seasonal variations for the sale of alcohol (please read guidance note 4)				
Tue				SALE OF ALCOHOL WILL BE ONLY AT TIMES STATED ON THE COLUMN ON THE LEFT.			
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				N/A			
Sun							

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

Name RACHEL YATES

Address LEBOS ROAD
ILKLEY

Postcode LS29 8DH

Personal licence number (if known) TBF

Issuing licensing authority (if known) TBF

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 NO CHILDREN WILL BE ALLOWED
ON PREMISES

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	CLOSED		N/A	
Tue	11.00	23.30		
Wed	11.00	23.30		
Thur	11.00	23.30		
Fri	11.00	00.30		
Sat	11.00	00.30		
Sun	11.00	23.30		

Non standard timings. Where you intend to open the premises to be open to the public at different times from those listed in the column on the left, please list. (please read guidance note 5)

N/A.

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 ARE HAPPY TO WORK WITH ANY AUTHORITIES AND INTERESTED PARTIES TO ENSURE THAT THE RUNNING OF THE BAR IS NOT A NUISANCE OR A DISRUPTION TO ANYONE WITHIN THE VICINITY. AT PRESENT WE ARE CONSIDERING OUR SUPERVISION TO ENSURE THE SAFETY OF CUSTOMERS + STAFF. A PERSONAL LICENCE HOLDER WILL BE ON PREMISES AT ALL TIMES OF EXPECTED BUSIER PERIODS. FULL TRAINING WILL BE UNDERTAKEN ON HEALTH + SAFETY + LICENSING LAWS.

b) The prevention of crime and disorder

WE WILL NOT TOLERATE THE USE OF ILLEGAL SUBSTANCES AND WILL BE HAPPY TO PUT NOTICES UP TO SAY SO. WE WOULD BE HAPPY TO TAKE UP MEMBERSHIP OF THE LOCAL "NEIGHBOUR WATCH" AND WILL WORK CLOSELY WITH OTHER BAR OWNERS TO REDUCE CRIME + DISORDER IN THE TOWN. OUTSIDE LOW LEVEL LIGHTING WILL BE PROVIDED.

c) Public safety

THE BAR PREMISES HAVE AN ESCAPE ROUTE/FIRE DOOR TO THE BACK OF THE MAIN ROOM. THE BAR SHOULD BE AT BETWEEN 40-50 PEOPLE WITH SOME STANDING ROOM. RESPONSIBILITIES TO ENSURE THE BAR DOES NOT BECOME OVER CROWDED WILL BE MET BY THE SENIOR TEAM MEMBER ON SHIFT. FIRST AID KITS WILL BE AT VARIOUS POINTS AS WELL AS FIRE EXTINGUISHERS. STAFF WILL BE TRAINED ON FIRST AID.

d) The prevention of public nuisance

MUSIC IN THE BAR WILL BE LOW LEVEL FOR AMBIENCE ONLY. ALL LITTER FROM THE BAR WILL BE DISPOSED OF CORRECTLY WITH BIN STORAGE OUT THE BACK & DAILY CLEANING OF OUTSIDE AREAS. LOADING OF SUPPLIES WILL TAKE PLACE AT THE BACK ENTRANCE. DOORS OF PREMISES WILL BE CLOSED AT ALL TIMES TO REDUCE NOISE POLLUTION. NOTICES WILL BE PLACED ASKING CUSTOMERS TO RESPECT THE VICINITY SURROUNDING AREAS. SMOKERS WILL BE ASKED TO SMOKE AWAY FROM BUILDING.

e) The protection of children from harm

NO CHILDREN WILL BE ALLOWED ON THE PREMISES. THE PROOF OF AGE SCHEME "CHALLENGE 21" WILL BE ADHERED TO AND WE WILL BE OPERATING AN OVER 25'S ONLY POLICY. THERE WILL BE NO GAMING/CASINO MACHINES.

Please tick to indicate agreement

- I have made or enclosed payment of the fee **TO PAY VIA TELEPHONE**
- 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	23.03.17
Capacity	PREMISES SUPERVISOR AND OWNER

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)	
MISS RACHEL YATES LEEDS ROAD	
Post town	ILKLEY
Post code	LS29 8DH
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	
21we.co.uk	

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 e.g. 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

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

Consent of individual to being specified as premises supervisor

I RACHEL YATES (full name of prospective premises supervisor)

of LEEOS ROAD, ILLLEY
LS29 7DH (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 the grant of a Premises Licence by MISS RACHEL YATES (full name of applicant)

relating to a premises licence BD/..... (number of existing licence, if any)

for 45 BROOK STREET
ILLLEY LS29 8AG

(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.....

MISS RACHEL YATES (full name of applicant)

concerning the supply of alcohol at 45 BROOK STREET, ILLLEY
LS29 8AG

..... (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.

(BOOKED FOR 12/4/16. LEEOS COMMODORUM HOTEL)

Personal Licence number TBF

(insert personal licence number, if any)

Personal licence issuing authority TBF

(insert name and address of personal licence issuing authority)

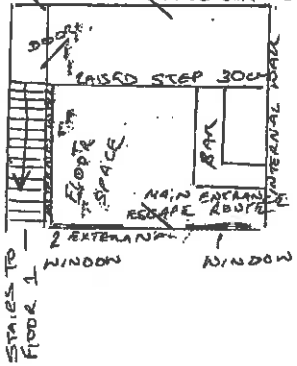
..... Signed

RACHEL YATES Name (please print)

23.03.17 Dated

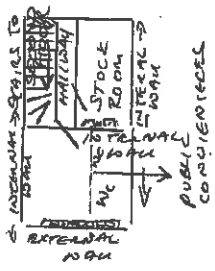
FIRE EXIT DOOR
GROUND 4762 METRES²
FIRE EXIT DOOR

ALCOHOL CONSUMPTION AREAS

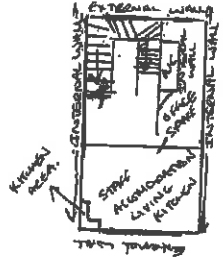


FIRST FLOOR 2377 METRES²

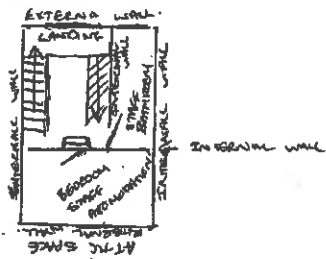
FIRE EXTINGUISHERS



Second floor 1484 METRES²



Third floor 1918 METRES²



RETAIL

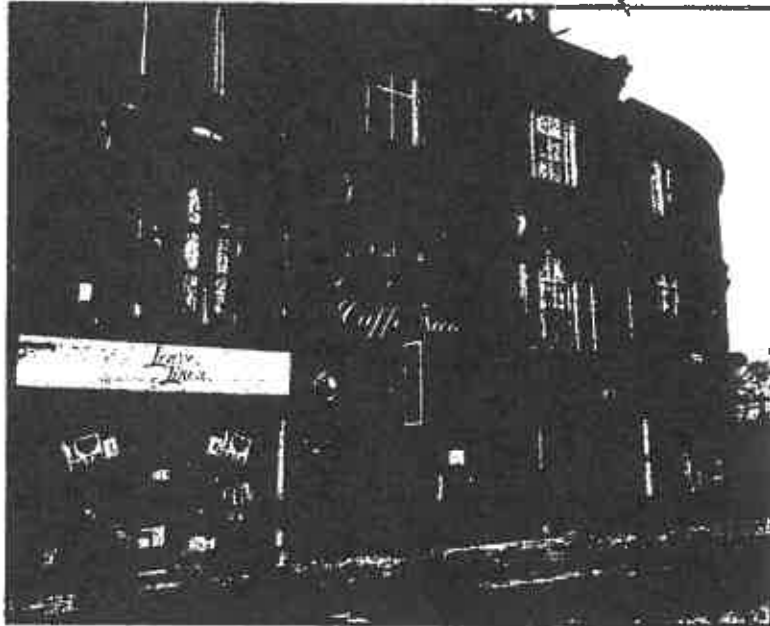
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SALES 512ft² (47.64m²)**

*PROPOSED
SITE*



- **Prominent roadside position**
- **Town Centre location**
- **Potential for many uses (subject to consents)**
- **New lease**

**45 BROOK STREET
ILKLEY
LS29 8AG**

Colin House, Queen Street, Leeds LS1 2TW
Fax: 0113 244 4175
enquiries@cartertowler.co.uk

0113 245 1447

45 Brook Street, Ilkley LS29 8AG

LOCATION

Situated in the Wharfe Valley, Ilkley, is a very popular and affluent Spa Town located on the A65 between Leeds (approximately 15 miles south-east) and Skipton (approximately 10 miles north-west), and with other major centres such as Bradford and Harrogate also within easy reach.

The centre of Ilkley has an excellent range of shopping facilities which combines a mix of national and local retailers interspersed with a good variety of restaurants, bars and cafes. The centre is popular with locals and tourists alike.

The subject property is prominently situated on Brook Street close to its intersection with Leeds Road (A65) and directly opposite The Crescent Hotel. Brook Street is the prime shopping street in the centre of the town. Nearby retailers include Costa Coffee, Boots, Café Nero, Greggs and The Co-op.

DESCRIPTION

The unit comprises a small ground floor retail unit with additional accommodation on three upper floors. The premises are currently used as a café with the benefit of A3 use and is fitted out to include a kitchen area to the rear and seating to the front. The accommodation on the upper floors includes staff w/c's and kitchen, office and storage areas.

ACCOMMODATION

The property has the following approximate net internal floor areas:-

Ground floor	512ft ²	(47.64m ²)	BAR AREA
First floor	256ft ²	(23.77m ²)	TOILETS
Second floor	180ft ²	(14.84m ²)	STAFF ACCOMMODATION
Third floor	208ft ²	(19.18m ²)	STAFF ACCOMMODATION
TOTAL	1,134ft²	(105.43m²)	

45 Brook Street, Ilkley LS29 8AG

RATING

The accommodation is currently assessed for rating purposes as follows:-

<u>Description</u>	<u>Rateable Value</u>
Shop and Premises+	£25,000
UBR 2016/2017	£0.497

Due to transitional relief provisions the rates payable with regard to this property may have no relation to the rateable value. Interested parties are advised to check with the Local Authority as to the current rate liability.

ENERGY PERFORMANCE CERTIFICATE (EPC)

The property has an Energy Performance Asset Rating of E102. Further information can be provided.

LEASE TERMS

The property is available by way of a new effective full repairing and insuring lease for a term to be negotiated and agreed at a commencing rental of £27,500 per annum exclusive of VAT, business rates, utility costs, insurance and all other outgoings.

VIEWING / FURTHER INFORMATION

For further information or to arrange a viewing please contact the sole letting agents:-

CARTER TOWLER LIMITED
0113 245 1447

Pete Bradbury
petebradbury@cartertowler.co.uk

Louise Morrison
louisemorrison@cartertowler.co.uk

(Ref: PB.SC.17005)
Details prepared January 2017



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goad.sales@uk.experian.com

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