



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



ISS'S BAR 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 1 WEST LANE THORNTON BRADFORD	
Post town BRADFORD	Post code BD13 3HX

Telephone number of premises (if any)

N/A

Non domestic rateable value of premises

£ 3250

LICENSING

19 JUL 2018

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 type="checkbox"/> please complete section (A) |
| b) a person other than an individual* | |
| i. as a limited company/limited liability partnership | <input checked="" type="checkbox"/> please complete section (B) |
| ii. as a partnership (other than limited liability) | <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 ☐ 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 in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (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 (by ticking yes to one box below:

- 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

Date of Birth

I am 18 years old or over ☐

Nationality

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

Date of Birth

I am 18 years old or over ☐

Nationality

Current postal address if different from premises address

Post Town



Postcode

Daytime contact telephone number

Email 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	 JJ'S BAR LIMITED
Address	1 WEST LANE THORNTON BRADFORD WEST YORKSHIRE BD13 3HX
Registered number (where applicable)	11463881
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
24	08	2018

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

Day	Month	Year

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

Detached small Building
Ground floor AND FIRST FLOOR
SMALL MICRO BAR / BOTH FLOORS FOR LICENSABLE
ACTIVITIES
KARAOKE OR SINGER AND RECORDED MUSIC
EITHER UPSTAIRS OR DOWNSTAIRS

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 Schedules 1 and 2 to the Licensing Act 2003)

Please tick ☒ yes

Provision of regulated entertainment

- 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)

☒

Sale by retail 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 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon				
Tue				
Wed			State any seasonal variations for performing play (please read guidance note 5)	
Thur				
Fri				
Sat			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 6)	
Sun				

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of a films take place indoors or outdoors or both – please tick (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon				
Tue				
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)	
Thur				
Fri				
Sat			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 6)	
Sun				

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed			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 6)
Thur			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)	
Wed			State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 5)	
Thur			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 6)	
Fri				
Sat				
Sun				

Please Note 24.00 - or 00.00
is 12pm midnight.

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	
			Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) All STATUTORY BANK HOLIDAYS – SUNDAYS ONLY INCLUDING EASTER AND XMAS BANK HOLIDAYS NEW YEARS EVE	
Mon	20.00 22.00	23.00 XX		
Tue	20.00 XX	23.00 XX	State any seasonal variations for the performance of live music (please read guidance note 5)	
Wed	20.00	23.00		
Thur	20.00	23.00		
Fri	20.00 21.00	23.00 02.00	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 6)	
Sat	20.00 21.00	23.00 02.00		
Sun	20.00 21.00	23.00		

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	
			Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) ALL STATUTORY BANK HOLIDAYS – SUNDAYS ONLY INCLUDING EASTER AND XMAS BANK HOLIDAYS NEW YEAR EVE	
Mon	10.00	00.00		
Tue	10.00	00.00	State any seasonal variations for the playing of recorded music (please read guidance note 5)	
Wed	10.00	00.00		
Thur	10.00	00.00		
Fri	10.00	02.00	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 6)	
Sat	10.00	02.00		
Sun	10.00	00.00		

G

Performance of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon						
Tue			State any seasonal variations for the performance of dance (please read guidance note 5)			
Wed						
Thur			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 6)			
Fri						
Sat						
Sun						

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing			
			Will the entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
Outdoors	<input type="checkbox"/>					
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon						
Tue			State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)			
Wed						
Thur			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 6)			
Fri						
Sat						
Sun						

Please note 00.00 is 12 midnight

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	2300	00.00	Please give further details here (please read guidance note 4) ALL STATUTORY BANK HOLIDAYS - SUNDAYS ONLY NEW YEARS EVE INCLUDE EASTER AND XMAS BANK HOLIDAYS.	Both	<input checked="" type="checkbox"/>
Tue	2300	00.00			
Wed	2300	00.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur	2300	00.00			
Fri	2300	02.00	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 6)		
Sat	2300	02.00			
Sun	2300	02.00			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption on or off the premises or both – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	11.00	00.00	State any seasonal variations for the supply of alcohol (please read guidance note 5) ALL STATUTORY BANK HOLIDAYS SUNDAYS ONLY – INCLUDE EASTER AND XMAS BANK HOLIDAYS NEW YEAR EVE	Both	<input checked="" type="checkbox"/>
Tue	11.00	00.00			
Wed	11.00	00.00	Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list. (please read guidance note 6)		
Thur	11.00	00.00			
Fri	11.00	02.00			
Sat	11.00	02.00			
Sun	11.00	02.00			

State the name and details of the individual whom you wish to specify on the licence as the designated premises supervisor (please see declaration about the entitlement to work in the checklist at the end of the form)

Name

[REDACTED]

Address

[REDACTED]

THORNTON

BRADFORD

WEST YORKSHIRE

Postcode

BD13 3PW

Personal licence number (if known) 211444

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 9)

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	08.00 10.00	24.30	ALL STATUTORY BANK HOLIDAYS & - SUNDAYS ONLY INCLUDE EASTER AND XMAS BANK HOLIDAYS NEW YEARS EVE
Tue	08.00 10.00	24.30	
Wed	08.00 10.00	24.30	
Thur	08.00 10.00	24.30	
Fri	08.00 10.00	02.30	
Sat	08.00 10.00	02.30	
Sun	08.00 10.00	24.30	
			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 6)

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 10)

TO HAVE A PERSONAL LICENSE HOLDER ON PREMISES
MOST OF THE TIME
INSTALL CCTV
TRAIN STAFF ON LICENSE ISSUES

b) The prevention of crime and disorder

NO TOLERANCE OR ZERO TOLERANCE DRUG SIGN
PROVIDE ADEQUATE LIGHTING

c) Public safety

FIT SMOKE ALARM
EXTRA LIGHTING
PLENTY OF SEATING
ADDITIONAL ESCAPE ROUTE FROM UPSTAIRS

d) The prevention of public nuisance

KEEPING MUSIC TO REASONABLE LEVEL
KEEPING OUTSIDE AREA CLEAN AND LITTER FREE
RESTRICT HOURS OF LIVE MUSIC ONLY UNTIL 11:00pm
ASK PEOPLE TO LEAVE QUIETLY – PUT NOTICE UP

a) The protection of children from harm

PROOF OF AGE SCHEME "CHALLENGE 21"
RESTRICT ACCESS TO ADULT ENTERTAINMENT – NO LIP
DANCING – NO
MUST BE ACCOMPANIED BY APPROPRIATE ADULT AT
ALL TIMES

Checklist

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 designated 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 ☒

Applicable to all individual applicants, including those in partnership which is not a limited liability partnership, but not companies or limited liability partnerships


- I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15) ☒

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION ASYLUM AND NATIONALITY ACT 2006 AND PURUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

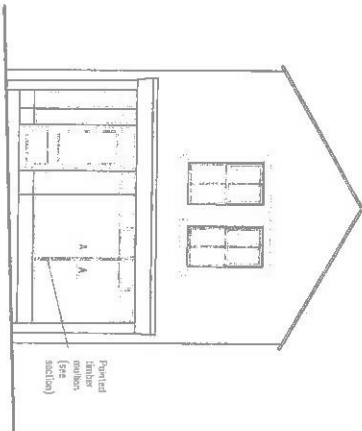
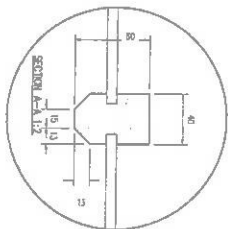
Signature of applicant or applicant's solicitor or other duly authorised agent. (See guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Declaration	<p>Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership</p> <ul style="list-style-type: none"> • I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). • The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15).
Signature	
Date	19/17/18
Capacity	OWNER

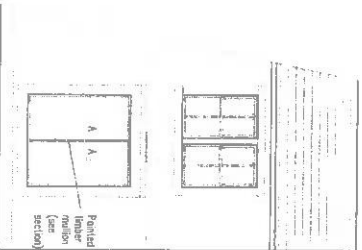
For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 13). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

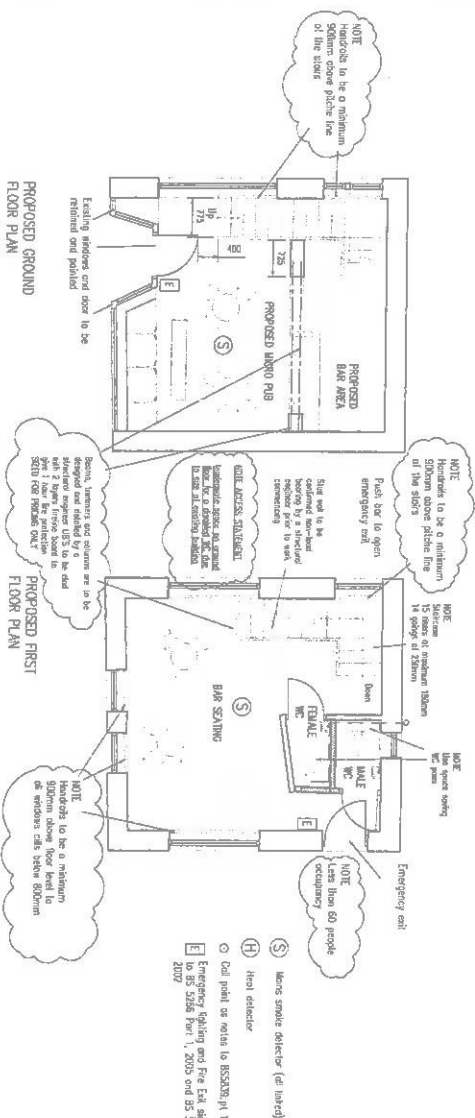
Contact Name (where not previously given) and address for correspondence associated with this application (please read guidance note 14)	
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	



EXISTING FRONT ELEVATION



EXISTING SIDE ELEVATION



NOTE
~~Client access code and your best delivery address. Use 0004
2012~~

Most designers try to make a one-dimensional, linear presentation of a design. They use a series of drawings, photographs, and models, and usually list the main design concepts at the end of the presentation. We encourage a considerably more open, free, and informal approach.

Our objective is to reduce the artificial, non-transparent barrier that exists between designers and those affected by the project. We want to take things to pieces, to provide a context for one, that cannot be dismissed.

PLEASE NOTE THAT DELIGHTFUL DESIGN SERVICES HAS BEEN APPROVED TO DEAL WITH THE REMAINING DESIGN TEAM AND TO BE INVOLVED IN THE ARCHITECTURAL PHASE.

A FURTHERMORE, SINCE WE ARE CREATING PUBLIC SPACES, WE COULD NOT AFFORD TO WORK CONVENTIONALLY.

AND ALLIANCE IN AFRICA. AFRICA HAS FOR LONG BEEN THE MAIN THEATRE OF THE WESTERN WORLD, AND THE MAIN SOURCE OF THE WESTERN WORLD'S SUPPLY OF RAW MATERIALS. THE MAIN SOURCE OF THE WESTERN WORLD'S SUPPLY OF RAW MATERIALS.

At this stage, various methods get applied: power and voltage cables, water drainage pipes, hot water channels and specialised solar supply pipe work, television, alarm and communication cables, security systems, heating systems and associated cables or pipe runs to be 40–50mm or re-insulated prior to work being carried out.

[illegible]

STAGES - TO PAGE NO.

NOTE

Grand Jury indictment should be served by a deputy to and in Paragraphs 22 and 23 of Part D of the Building Regulations and should be made in a design that fits down by track to meet the safety requirements of British Standard BS5836:1992.

[illegible]

As endonuclease and starting to match existing grid of journal.

Door is often a measure of 1.5 m/m/dog.

DOORS

Isoloid seems to have draft excluder and weather box.

ALUMINA DOORS

Door type and occasion to be discussed

GENERAL NOTES

Clearly seal and ground shoe insulation to the waterproofing.

NOTES:
We have 15 Reinforced Plastic (RP) Exhaust fan in stock in Egypt ready for instant export.

PER CERTIFICATE
Ways specified with reinforced sample document showing the RP used in doors on ships with hulls made of steel. The certificate is to be issued only to ISO 9001 Part 2 ISO 9001 Part 2 is to be issued prior to completion for the design, testing and installation.

CERTIFICATE

[illegible]

DISCUSSION

Sediment and sludge to be produced, handled and disposed of in a safe manner are a major problem in closed system bioreactors. The problem of collecting and removing the biomass is often the most difficult. All available work is required to avoid the requirements of post-pyrolysis units; i.e., the desorption, fractionation, separation and drying of a porous carbonaceous solid and the sludge to be produced on completion.

As shown in Part I, 85–90% significant solids must be designed, removed, separated and isolated by a process completed to do an

ETHICAL CONSIDERATIONS

For ethical reasons, the study should be limited to individuals with HIV/AIDS. Part 2 (1990) and modifications in accordance with 49CFR106, Part 3.

REFERENCES

The five participants (individuals) representing 1997 require informed consent to make a "voluntary and informed" decision.

measurement of the risks of fire in the workplace, and to ensure that the risks are properly managed. The authors offer the reader the results of their research and suggest that employees who may be affected by their considerations, take a small but serious recommendation should be considered seriously in order to safeguard the safety of the employees in cases of fire.

There by construction should be strongly criticized as that the authors' views of smoke protection are not well justified.

DISSEMINATION: 100% (2003)

Manufactured "Free rail" sign over door with push bar to open microphone to 285x145 Pm 1, 2003

The coding for *gcm* system should be added and necessary to *degenerate* for alternative contexts when the program *DEGEN* is in 2013 with the script *degenerate*, with cell points in the aminoacyl ester.

This writing and its contents are the copyright of Behavioural Science and must not be copied, reproduced or transmitted without prior consent from Blackwell.

Thus drawing is not a secondary drawing and is only for the purpose of the following -

A.- Playing Substitution
B.- Establishing Regulators Substitution

The main controller is responsible for presenting Behaviour Design of any development on all behaviour his drawing and any other related documents.

All creative work, illustrations and English or other languages in the conventional word processing and drawing software.

Any existing walls to be removed are to be confirmed 60 days before start of work.

Boundaries, angles, and dimensions are to be established by the owner contractor prior to work commencing.

Written dimensions only to be used from mass drawn - a design consult. Building on Design for circulation.

NOTE

Check before you buy that your books reflect what the *Market Conference* is providing. A firm conference will provide a list of speakers, topics, dates, and a daily 10-15 AM time (most likely with such an interesting contribution) please don't miss it.

Belmont Design Services Inc.
ARCHITECTURAL DESIGNS
271 Fifth Street West, Montreal, QC H5G 1A1
514-392-3875

PROPOSED CHANGE OF USE
HAIRDRESSERS WITH FLAT A
TO MICRO PUB AT:
1 WEST LANE
THORNTON

BRADFORD BD133 1AX
FOR : MRS J JACKSON

Proposed Plans/Elevations
and specifications
Date - March 2018
Scale - 1:50

Drug No. - 8297/02d