



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

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**Application for a premises licence to be granted  
under the Licensing Act 2003**

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**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.

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**I/ ...Haseeb Raja..... (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  11- 12 Rawson Square	
Post town : Bradford	Post code: BD1 3JP

Telephone number of premises (if any)

Non domestic rateable value of premises

**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*                 |   |
| i. as a limited company/limited liability partnership | <input 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   | <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 in Wales   | <input type="checkbox"/> | 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 | <input type="checkbox"/> | please complete section (B) |
| h)  | the chief officer of police of a police force in England and Wales  | <input type="checkbox"/> | 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
  1. statutory function or ☐
  2. 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

Raja

Haseeb

Please tick yes

Date of Birth

I am 18 years old or over ☒

Nationality

Current postal address if different from premises address

Post Town

Bradford

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
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?

Day		Month		Year		
0	1	0	2	2	0	1
						9

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)

3 storey terraced property situated between a jewellers to the left and a hairdressers to the right. Ground floor to be used as a drinking and dining area. First floor to be used for drinking and playing pool. Second floor to be used as offices.

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)   | <input type="checkbox"/>            |
| b) films (if ticking yes, fill in box B)   | <input type="checkbox"/>            |
| c) indoor sporting events (if ticking yes, fill in box C)  | <input type="checkbox"/>            |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)   | <input type="checkbox"/>            |
| e) live music (if ticking yes, fill in box E)  | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)  | <input checked="" type="checkbox"/> |
| g) performance of dance (if ticking yes, fill in box G)  | <input checked="" type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)<br>(if ticking yes, fill in box H) | <input type="checkbox"/>            |

**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

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

## B

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

## C

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

## D

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



## E

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both</b> – please tick (please read guidance note 3)	<b>Indoors</b>	<input checked="" type="checkbox"/>
				<b>Outdoors</b>	<input type="checkbox"/>
				<b>Both</b>	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 4)  Musicians ranging from solo to groups of up to 8		
<b>Mon</b>	10.00	00.00			
<b>Tue</b>	10.00	00.00			
<b>Wed</b>	10.00	00.00			
<b>Thur</b>	10.00	00.00	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)  Bank Holidays till 0200		
<b>Fri</b>	10.00	02.00			
<b>Sat</b>	10.00	02.00			
<b>Sun</b>	12.00	00.00			
			<b>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.</b> (Please read guidance note 6)		
<b>Mon</b>	10.00	00.00			
<b>Tue</b>	10.00	00.00			
<b>Wed</b>	10.00	00.00			

## F

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both</b> – please tick (please read guidance note 3)	<b>Indoors</b>	<input checked="" type="checkbox"/>
				<b>Outdoors</b>	<input type="checkbox"/>
				<b>Both</b>	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 4)  A sound system and DJ's playing CD'S		
<b>Mon</b>	10.00	00.00			
<b>Tue</b>	10.00	00.00			
<b>Wed</b>	10.00	00.00			
<b>Thur</b>	10.00	00.00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)  Bank Holidays till 0200		
<b>Fri</b>	10.00	02.00			
<b>Sat</b>	10.00	02.00			
<b>Sun</b>	12.00	00.00			
			<b>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.</b> (please read guidance note 6)		
<b>Mon</b>	10.00	00.00			
<b>Tue</b>	10.00	00.00			
<b>Wed</b>	10.00	00.00			

## G

<b>Performance of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)</b>	<b>Indoors</b>	<input checked="" type="checkbox"/>
				<b>Outdoors</b>	<input type="checkbox"/>
				<b>Both</b>	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here (please read guidance note 4)</b>		
<b>Mon</b>	10.00	00.00			
<b>Tue</b>	10.00	00.00			
<b>Wed</b>	10.00	00.00	<b>State any seasonal variations for the performance of dance (please read guidance note 5)</b>  Bank Holidays till 0200		
<b>Thur</b>	10.00	00.00			
<b>Fri</b>	10.00	02.00	<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. (please read guidance note 6)</b>		
<b>Sat</b>	10.00	02.00			
<b>Sun</b>	12.00	00.00			

## H

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

Sun			

I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place <b>indoors or outdoors or both</b> – please tick (please read guidance note 3)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish			Both <input checked="" type="checkbox"/>
Mon	10.00	00.00	<b>Please give further details here</b> (please read guidance note 4)  Selling food for takeaway and consumption on the premises.		
Tue	10.00	00.00			
Wed	10.00	00.00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)		
Thur	10.00	00.00			
Fri	10.00	02.00	<b>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.</b> (please read guidance note 6)		
Sat	10.00	02.00			
Sun	12.00	00.00			

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption on or off <b>the premises or both</b> – please tick (please read guidance note 8)		On the premises <input type="checkbox"/>
					Off the premises <input type="checkbox"/>
Day	Start	Finish			Both <input checked="" type="checkbox"/>
Mon	10.00	00.00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  Bank Holidays till 0200		
Tue	10.00	00.00			
Wed	10.00	00.00			
Thur	10.00	00.00	<b>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.</b> (please read guidance note 6)		
Fri	10.00	02.00			
Sat	10.00	02.00			
Sun	12.00	00.00			

**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** Haseeb Raja

**Address**

**Postcode**

**Personal licence number (if known)** 090697

**Issuing licensing authority (if known)** Bradford

## **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

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)  Bank Holidays till 0200
Day	Start	Finish	
Mon	10.00	00.00	<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.</b> (please read guidance note 6)
Tue	10.00	00.00	
Wed	10.00	00.00	
Thur	10.00	00.00	
Fri	10.00	02.00	
Sat	10.00	02.00	
Sun	12.00	00.00	

# 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)**

Provide registered door supervisors.  
Have a personal licence holder on the premises at all times, the license is being used.  
Train all staff in licensing issues.  
Install a suitable CCTV system that will record for up to 28 days.

**b) The prevention of crime and disorder**

Display drug policy notices.  
Provide adequate lighting.  
Keep in contact with other licence premises.  
Implement a random drug search policy.

**c) Public safety**

Provide emergency lightning.  
Provide additional escape routes.  
Set a reasonable capacity limit.  
Provide first aid.  
Provide adequate seating.  
Provide adequate attendants.

**d) The prevention of public nuisance**

Provide and use a noise limiting device.  
Provide secondary glazing and sound proofing.  
Make regular noise patrols of the local area.  
Keep the music to a reasonable level.  
Clear litter regularly.  
Make considerate loading / unloading arrangements.  
Control noxious odours from cooking.  
No use of external areas after closing time.  
Prevent light pollution.  
Display notices asking patrons to leave quietly.

**e) The protection of children from harm**

No adult entertainment (eg) lap dancing, or age restricted films etc will take place.  
Implement a proof of age scheme (eg) "challenge 21"  
Display over 18's only near gaming machines.  
Children must be accompanied by an adult.

## 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 PURSUANT 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	Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership <ul style="list-style-type: none"><li>• 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).</li><li>• 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).</li></ul>
Signature	<b>Haseeb Raja</b>
Date	<b>2<sup>nd</sup> October 2018</b>

Capacity	100
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**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 13). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	
Capacity	

<b>Contact Name (where not previously given) and address for correspondence associated with this application</b> (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)	



# NOTES

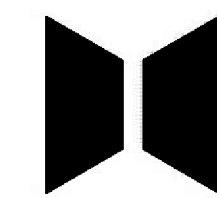
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- 2 NO DIMENSIONS TO BE SCALED FROM THIS DRAWING.
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Revisions	date	chgd	no

Project  
The Cooker Center  
Rawson Square  
Bradford

Client  
Haseeb Raja

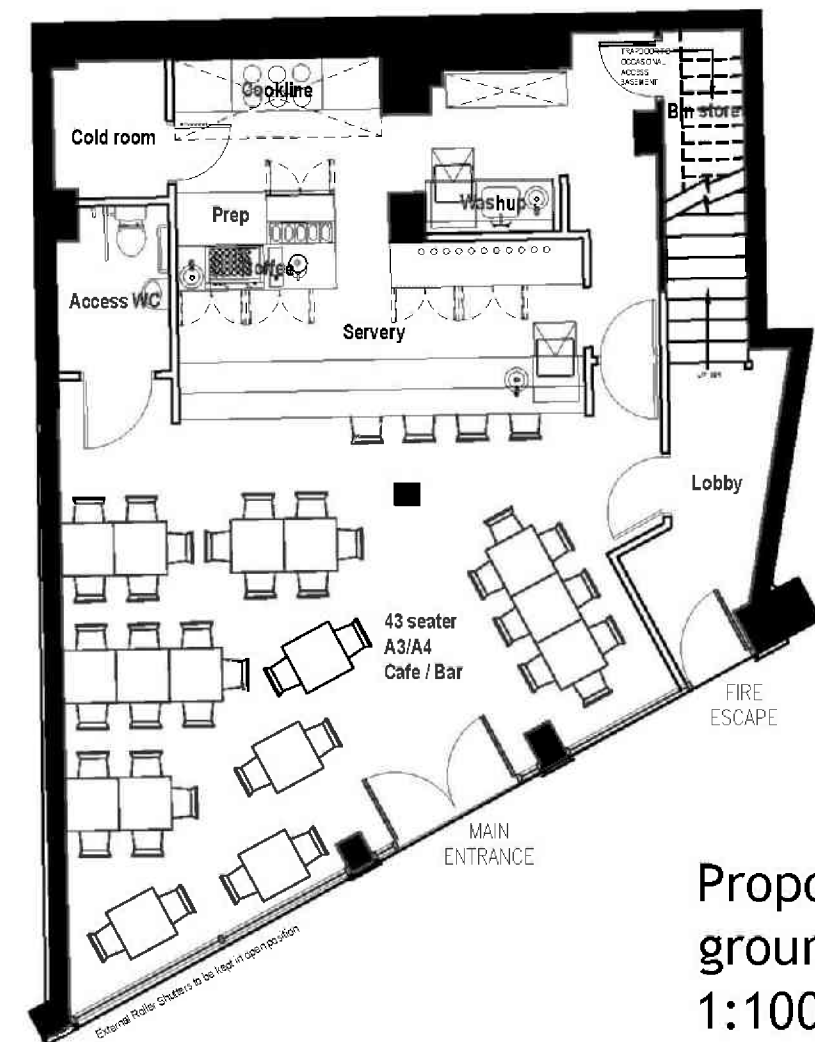


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Design Consultancy

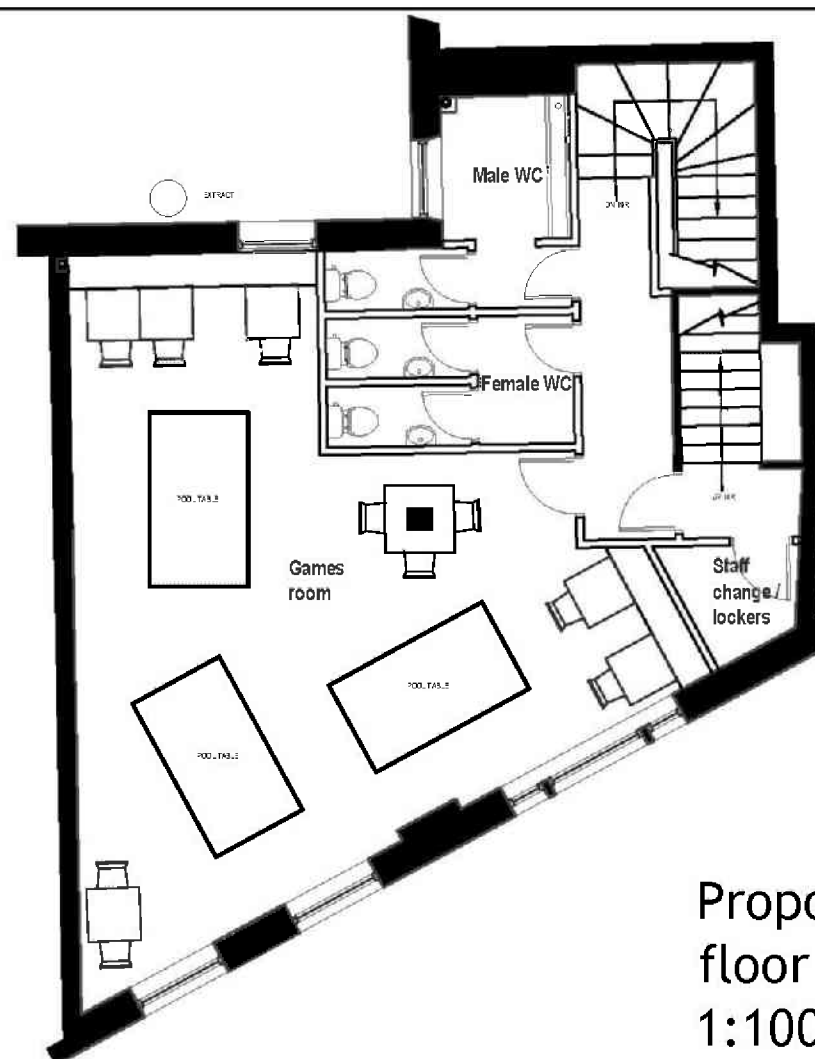
Assembly Bradford 1st Floor Market Pavillon Rawson Place B01 300  
07778 015959 www.dctwo.co.uk info@dctwo.co.uk

Titles  
Proposed site plan  
Floor plan and elevations

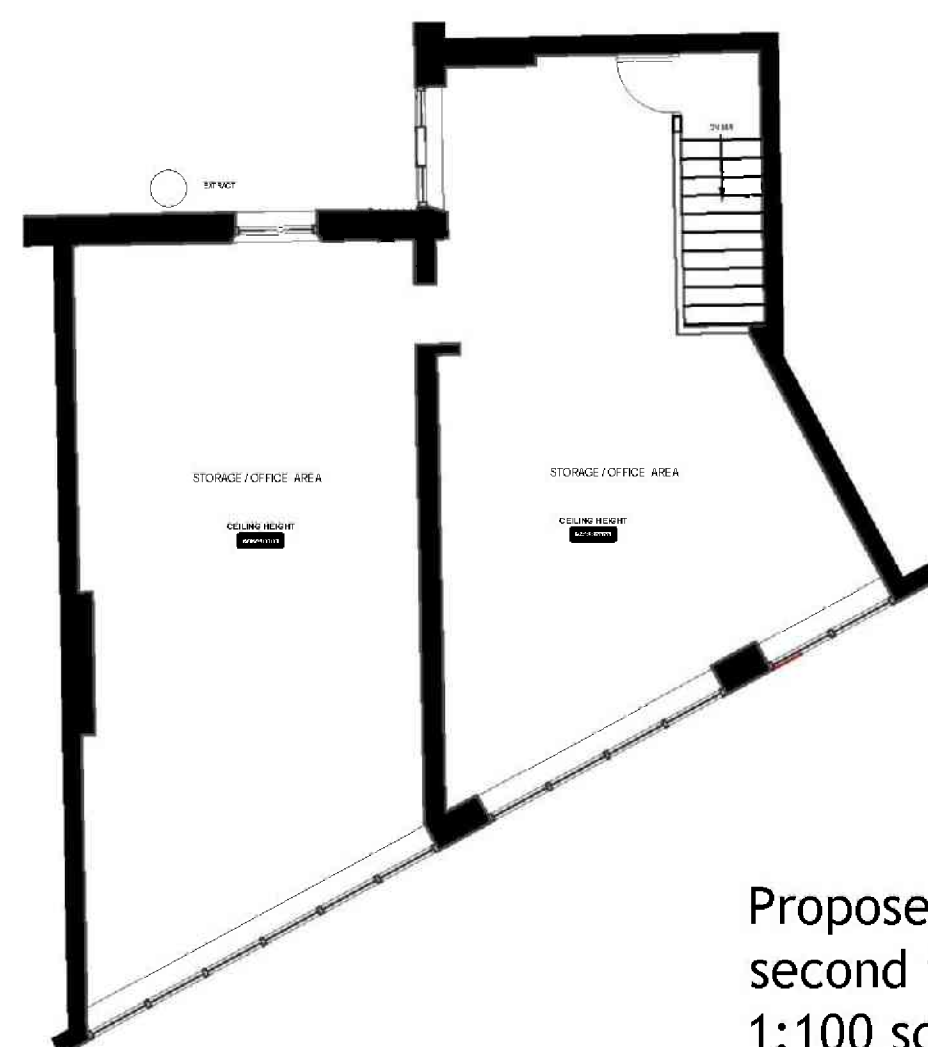
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Checked DC	Date July 2018
Job No. 180502	Dwg. No. 12 001
Rev.	



Proposed  
ground floor  
1:100 scale



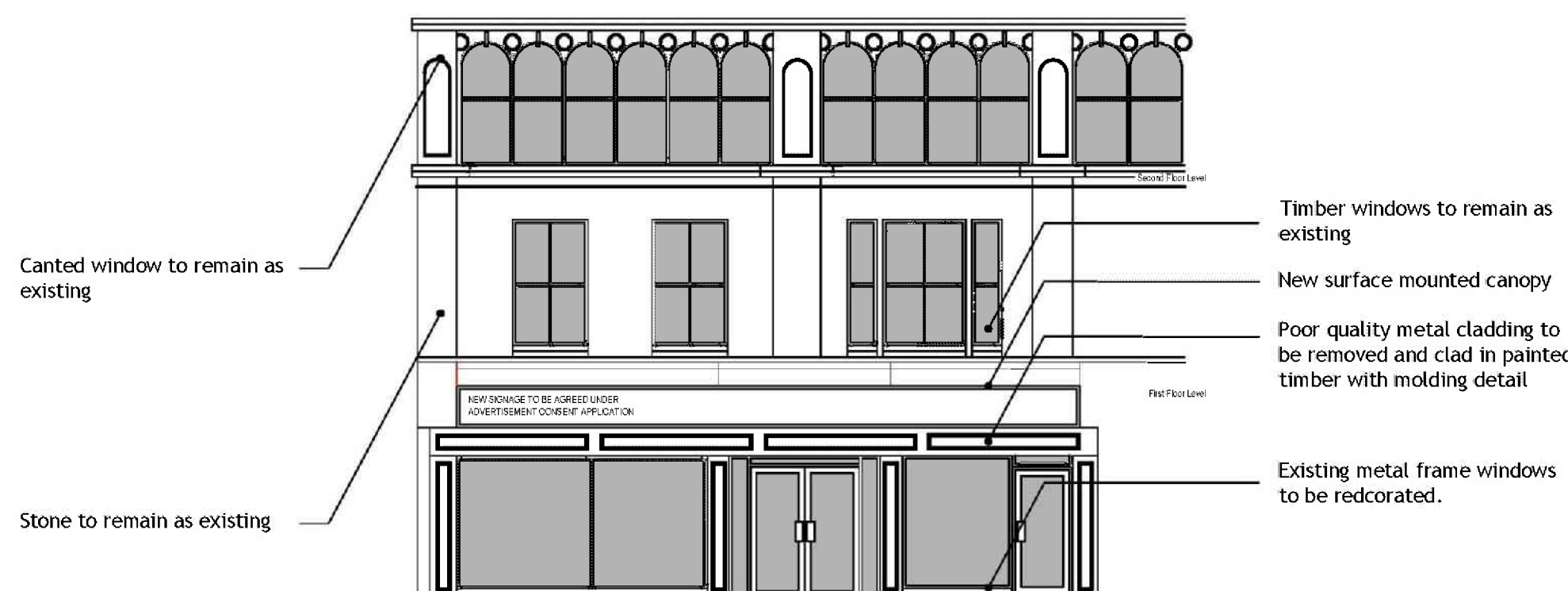
Proposed first  
floor  
1:100 scale



Proposed  
second floor  
1:100 scale



Site plan  
1:200 scale



Proposed  
elevation 1:100



Proposed elevation  
(canopy down) 1:100



# NOTES

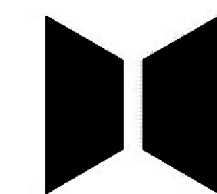
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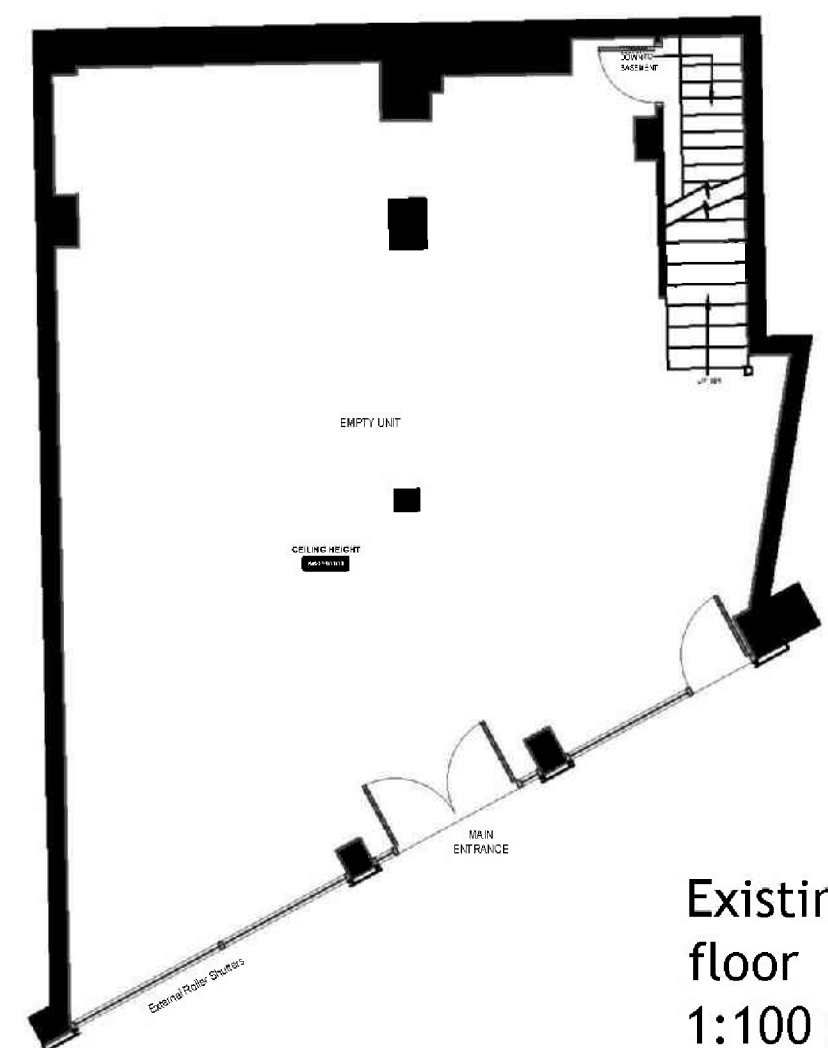


David Craig  
Design Consultancy

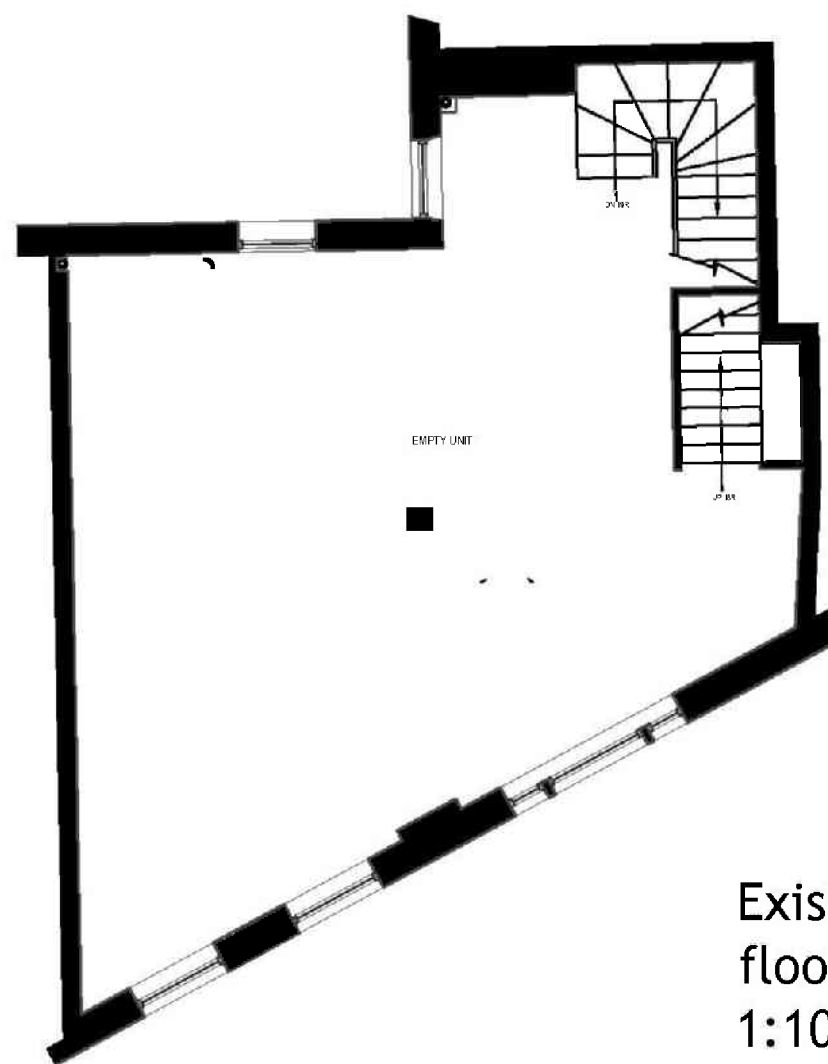
Assembly Bradford 1st Floor Market Pavillon Rawson Place B01 300  
07778 015959 www.dctwo.co.uk info@dctwo.co.uk

Titles  
Location and site plan

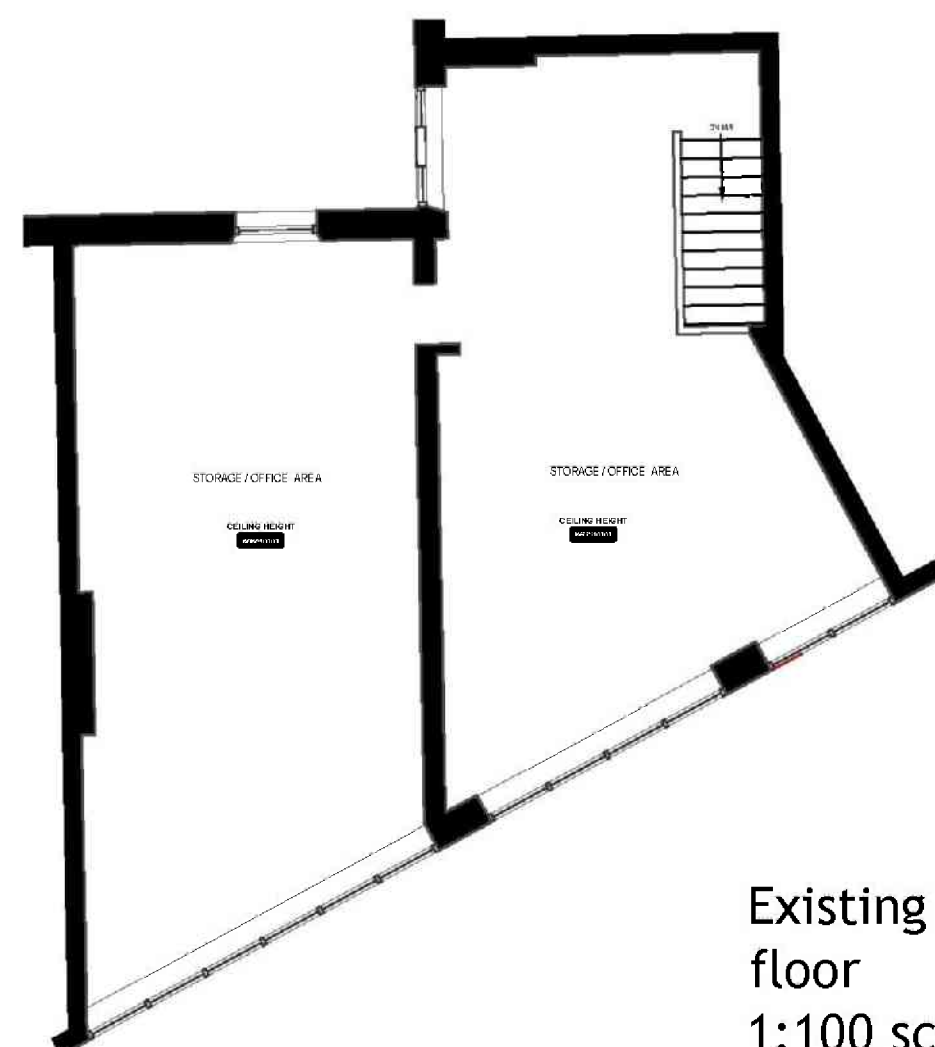
Drawn DC	Scale 1:1250 / 200 @ A1
Checked DC	Date July 2018
Job No. 180502	Dwg. No. 11 001
Rev.	



Existing ground floor  
1:100 scale



Existing first floor  
1:100 scale



Existing second floor  
1:100 scale

Site plan  
1:200 scale



Canted window

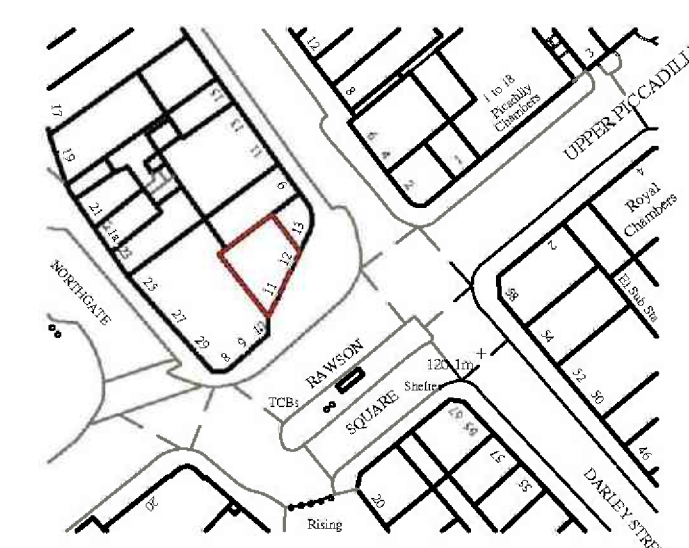
Stone



Existing elevation 1:100

Timber windows  
Timber fascia sign  
Poor quality metal cladding  
Metal frame windows

20 0 20 40 60 80 100  
Metres



Location  
1:1250 scale

