

City of  
**BRADFORD**  
METROPOLITAN DISTRICT COUNCIL

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

**Application to vary a premises licence  
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 UGA LTD (insert name(s) of applicant) being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below.

Premises Licence Number 072215

**Part 1 – Premises Details**

Postal address of premises or, if none, ordnance survey map reference or description

218 HUDDERSFIELD ROAD

Post town  
BRADFORD

Post code  
BD12 0AD

Telephone number of premises (if any)

01274 979992

Non domestic rateable value of premises

£14 096 - 75

**Part 2 – Applicant Details**

Daytime contact telephone number

[REDACTED]

Email address (optional)

[REDACTED]@gmail.com

Current postal address  
if different from  
premises address

[REDACTED] WHITE CHAPEL ROAD  
CLECKHEATON

Post Town

CLECKHEATON

Postcode

BD19 6HR

**Part 3 - Variation**

Please tick as appropriate

Do you want the proposed variation to have effect as soon as possible?

Yes  No

If not, from what date do you want the variation to take effect?

Day	Month	Year

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see guidance note 1)

Yes  No

Please describe briefly the nature of the proposed variation (please read guidance note 2)

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

**Part 4 - Operating Schedule**

Please complete those parts of the Operating Schedule below which would be subject to change if the application to vary is successful.

Please tick all that apply

**Provision of regulated entertainment**

- a) play (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) performances 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

<b>Plays</b> Standard days and timings (please read guidance note 8)			<b>Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 4)</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon				Both	
Tue				Please give further details here (please read guidance note 5).	
Wed				State any seasonal variations for performing play (please read guidance note 6)	
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 7)	
Sat					
Sun					

# B

<b>Films</b> Standard days and timings (please read guidance note 8)			<b>Will the exhibition of a films take place indoors or outdoors or both – please tick (please read guidance note 4)</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon				Both	
Tue				Please give further details here (please read guidance note 5)	
Wed				State any seasonal variations for the exhibition of films (please read guidance note 6)	
Thu					
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 7)	
Sat					
Sun					

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 8)			<b>Please give further details</b> (please read guidance note 5)
<b>Day</b>	<b>Start</b>	<b>Finish</b>	
Mon			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 6)
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 7)
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainment</b> Standard days and timings (please read guidance note 8)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 4)	<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 5)	<b>Both</b>		
Tue						
Wed				<b>State any seasonal variations for the boxing or wrestling entertainment</b> (please read guidance note 6)		
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 7)			
Sat						
Sun						

# E

<b>Live music</b> Standard days and timings (please read guidance note 8)			<b>Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 4)</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 5)	Both	
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 6)		
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 7)		
Sat					
Sun					

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 8)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 4)</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 5)	Both	
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 6)		
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 7)		
Sat					
Sun					

# G

<b>Performance of dance</b>	<b>Will the performance of dance take place indoors or</b>	Indoors	

Standard days and timings (please read guidance note 8)			outdoors or both – please tick (please read guidance note 4)	Outdoors	
Day				Both	
Mon			Please give further details here (please read guidance note 5)		
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 6)		
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 7)		
Sat					
Sun					

## H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 8)			Please give a description of the type of entertainment you will be providing		
Day			Will the entertainment take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	
Start				Outdoors	
Finish			Both		
Mon			Please give further details here (please read guidance note 5)		
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 6)		
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 7)		
Sat					
Sun					

## I

Late night refreshment Standard days and timings (please read guidance note 8)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	
Day				Outdoors	
Start			Both		
Finish			Please give further details here (please read guidance note 5)		
Mon					

Tue			State any seasonal variations for the provision of late night refreshment (please read guidance note 6)
Wed			
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 7)
Sat			
Sun			

## 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 9)	On the premises	
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
Mon	00.00	00.00	State any seasonal variations for providing dancing facilities (please read guidance note 6)	Both	
Tue	00.00	00.00			
Wed	00.00	00.00			
Thur	00.00	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 7)	
Fri	00.00	00.00			
Sat	00.00	00.00			
Sun	00.00	00.00			

## 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 10)			



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**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 8)			State any seasonal variations (please read guidance note 6)
<b>Day</b>	<b>Start</b>	<b>Finish</b>	
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			
<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 7)</b>			

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking
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## M

Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

a) General - all four licensing objectives (b, c, d, e) (please read guidance note 11)

STAFF ARE AWARE OF ALL FOUR LICENSING OBJECTIVES THROUGH PERSONAL LICENCE TRAINING.  
STAFF ROTA INCLUDES THE FOLLOWING STAFF WHO HAVE P.L.  
JAMES CHALONER, DARREN HOWE, AMY MCNAMARA, MICHELLE WOODWARD, SAMUEL WILSON, KEVIN WILSON

b) The prevention of crime and disorder

ATTEND COMMUNITY MEETINGS WITH LOCAL POLICE INSPECTOR, MP AND PUBLIC.  
24 HOUR CCTV - 16 CAMERAS, COLOUR, HD MONITORS VISIBLE TO STAFF AND CUSTOMERS  
POLICE HAVE ACCESS TO FOOTAGE AT ALL TIMES.

c) Public safety

FIRE ALARMS  
GOOD LIGHTING  
ELECTRIC DOORS  
FULL USE OF COVID-19 RULES  
CCTV CAN BE SEEN LIVE AND ON PLAYBACK VIA MOBILE PHONE

d) The prevention of public nuisance

NO ALCOHOL IS CONSUMED IN / AROUND PREMISES  
ANY PUBLIC NUISANCE REPORTED TO THE POLICE

e) The protection of children from harm

25+ RULE USED  
I.D. REQUIRED  
REFUSAL LOG ACTIVE  
CHECKED DAILY.


Please tick ✓ Yes

- I have made or enclosed payment of the fee, or
- I have not made or enclosed payment of the fee because this application has been made in relation to the introduction of the late night levy
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I understand that I must now advertise my application
- I have enclosed the premises licence or relevant part of it or explanation
- I understand that if I do not comply with the above requirements my application will be rejected

**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.**

**Part 5 – Signatures** (please read guidance note 12)

**Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent. (See guidance note 13). If signing on behalf of the applicant please state in what capacity.**

Signature .....  .....

Date ..... 06-08-2020 .....



Capacity ..... OWNER .....

**Where the premises licence is jointly held signature of 2<sup>nd</sup> applicant (the current premises licence holder) or 2<sup>nd</sup> applicant's solicitor or other authorised agent. (please read guidance note 14). 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 (please read guidance note 15)</b>	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number (if any)</b> 	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>	
 @gmail.com	