

\* required information

## Section 1 of 21

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

☐ Yes ☒ No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

## Applicant Details

First name

James

Family name

McIntosh

E-mail address

@larkfire.com

Main telephone number

Include country code.

Other telephone number

☐ Indicate here if you would prefer not to be contacted by telephone

Are you:

- ☒ Applying as a business or organisation, including as a sole trader  
☐ Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

## Applicant Business

Is your business registered in the UK with Companies House?

☒ Yes ☐ No

Note: completing the Applicant Business section is optional in this form.

Registration number

09596069

Business name

59 North Limited

If your business is registered, use its registered name.

VAT number

GB

317589373

Put "none" if you are not registered for VAT.

Legal status

Please select...

Your position in the business

CEO

*Continued from previous page...*

Home country

United Kingdom

The country where the headquarters of your business is located.

*Continued from previous page...*

**Registered Address**

Address registered with Companies House.

Building number or name

Lloyds Bank Chambers

Street

Hustlergate

District

City or town

Bradford

County or administrative area

Postcode

BD1 1UQ

Country

United Kingdom

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**PREMISES DETAILS**

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

**Premises Address**

Are you able to provide a postal address, OS map reference or description of the premises?

☒ Address    ☐ OS map reference    ☐ Description

**Postal Address Of Premises**

Building number or name

Clifford House

Street

Gill Bank Road

District

City or town

Ilkley

County or administrative area

Postcode

LS29 0AU

Country

United Kingdom

**Further Details**

Telephone number

Non-domestic rateable value of premises (£)

0

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**APPLICATION DETAILS**

In what capacity are you applying for the premises licence?

- ☐ An individual or individuals
- ☒ A limited company / limited liability partnership
- ☐ A partnership (other than limited liability)
- ☐ An unincorporated association
- ☐ Other (for example a statutory corporation)
- ☐ A recognised club
- ☐ A charity
- ☐ The proprietor of an educational establishment
- ☐ A health service body
- ☐ A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- ☐ 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
- ☐ The chief officer of police of a police force in England and Wales

**Confirm The Following**

- ☒ I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- ☐ I am making the application pursuant to a statutory function
- ☐ I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

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**NON INDIVIDUAL APPLICANTS**

Provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), give the name and address of each party concerned.

**Non Individual Applicant's Name**

Name

**Details**

Registered number (where applicable)

Description of applicant (for example partnership, company, unincorporated association etc)

Continued from previous page...

Continued from previous page...

### Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

### Contact Details

E-mail

Telephone number

Other telephone number

\* Date of birth  /  /

Nationality  Documents that demonstrate entitlement to work in the UK

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#### OPERATING SCHEDULE

When do you want the premises licence to start?  /  /   
dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end  /  /   
dd mm yyyy

#### Provide a general description of 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.

The premises are a garage where the alcohol will be kept prior to being sent out to customers by post.

*Continued from previous page...*

If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend

0

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**PROVISION OF PLAYS**

See guidance on regulated entertainment

Will you be providing plays?

☐ Yes

☒ No

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**PROVISION OF FILMS**

See guidance on regulated entertainment

Will you be providing films?

☐ Yes

☒ No

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**PROVISION OF INDOOR SPORTING EVENTS**

See guidance on regulated entertainment

Will you be providing indoor sporting events?

☐ Yes

☒ No

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**PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS**

See guidance on regulated entertainment

Will you be providing boxing or wrestling entertainments?

☐ Yes

☒ No

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**PROVISION OF LIVE MUSIC**

See guidance on regulated entertainment

Will you be providing live music?

☐ Yes

☒ No

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**PROVISION OF RECORDED MUSIC**

See guidance on regulated entertainment

Will you be providing recorded music?

☐ Yes

☒ No

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**PROVISION OF PERFORMANCES OF DANCE**

See guidance on regulated entertainment

Will you be providing performances of dance?

Continued from previous page...

☐ Yes

☒ No

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**PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE**

See guidance on regulated entertainment

Will you be providing anything similar to live music, recorded music or performances of dance?

☐ Yes

☒ No

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**LATE NIGHT REFRESHMENT**

Will you be providing late night refreshment?

☐ Yes

☒ No

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**SUPPLY OF ALCOHOL**

Will you be selling or supplying alcohol?

☒ Yes

☐ No

**Standard Days And Timings**

**MONDAY**

Start

End

Start

End

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.

**TUESDAY**

Start

End

Start

End

**WEDNESDAY**

Start

End

Start

End

**THURSDAY**

Start

End

Start

End

**FRIDAY**

Start

End

Start

End

**SATURDAY**

Start

End

Start

End

Continued from previous page...

SUNDAY

Start

End

Start

End

Will the sale of alcohol be for consumption:

☐ On the premises ☒ Off the premises ☐ Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

There will be no seasonal variation, it is purely an online business with no customers visiting the premises.

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

There will be no non-standard timings.

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

Name

First name

Allan

Family name

Moffat

Date of birth

/  /

dd

mm

yyyy

Continued from previous page...

**Enter the contact's address**

Building number or name	<input type="text"/>
Street	<input type="text" value="Stone Stay Fold"/>
District	<input type="text" value="Addingham"/>
City or town	<input type="text" value="Ilkley"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="LS29 0HY"/>
Country	<input type="text" value="United Kingdom"/>
Personal Licence number (if known)	<input type="text" value="204775"/>
Issuing licensing authority (if known)	<input type="text" value="City of Bradford MDC"/>

**PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT**

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- ☒ Electronically, by the proposed designated premises supervisor
- ☐ As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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**ADULT ENTERTAINMENT**

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

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 etc gambling machines etc.

NONE

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**HOURS PREMISES ARE OPEN TO THE PUBLIC**

**Standard Days And Timings**

MONDAY

Start	<input type="text"/>
End	<input type="text"/>

Start	<input type="text"/>
End	<input type="text"/>

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.



Continued from previous page...

**TUESDAY**

Start	<input type="text"/>	End	<input type="text"/>
Start	<input type="text"/>	End	<input type="text"/>

**WEDNESDAY**

Start	<input type="text"/>	End	<input type="text"/>
Start	<input type="text"/>	End	<input type="text"/>

**THURSDAY**

Start	<input type="text"/>	End	<input type="text"/>
Start	<input type="text"/>	End	<input type="text"/>

**FRIDAY**

Start	<input type="text"/>	End	<input type="text"/>
Start	<input type="text"/>	End	<input type="text"/>

**SATURDAY**

Start	<input type="text"/>	End	<input type="text"/>
Start	<input type="text"/>	End	<input type="text"/>

**SUNDAY**

Start	<input type="text"/>	End	<input type="text"/>
Start	<input type="text"/>	End	<input type="text"/>

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

THESE PREMISES WILL NOT BE OPEN TO THE PUBLIC

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

PREMISES NOT OPEN TO PUBLIC

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**LICENSING OBJECTIVES**

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e)

*Continued from previous page...*

List here steps you will take to promote all four licensing objectives together.

The premises will not be open to the public.

They will only hold stock for an online business that sells alcohol. Customers are requested to answer an age verification on entering the website and confirm that they are over the age of 18 to purchase alcohol.

b) The prevention of crime and disorder

THE PREMISES WILL NOT BE OPEN TO PUBLIC

c) Public safety

THE PREMISES WILL NOT BE OPEN TO PUBLIC

d) The prevention of public nuisance

THE PREMISES WILL NOT BE OPEN TO PUBLIC

e) The protection of children from harm

Customers are requested to answer an age verification on entering the website and confirm that they are over the age of 18 to purchase alcohol. Customers will need to provide ID proving they are over 18 on receipt of goods.

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**NOTES ON DEMONSTRATING ENTITLEMENT TO WORK IN THE UK**

**AUTHORITY POSTAL ADDRESS****Address**

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

United Kingdom

**DECLARATION**

Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] 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)

☐ Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

Full name

Capacity

Date (dd/mm/yyyy)

Add another signatory

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...

2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/bradford/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

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

**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**

← 3.7m →

Door

← 8.5m →

Door

GARAGE DOOR

