

Part 1 – Premises Details

Postal address of premises or, if none, Ordnance Survey map reference or description UNIT 3 (CHA DONUTS) THE FOOD COURT INGLESBY ROAD	
Post town BRADFORD	Post code BD8 9AN

Telephone number of premises (if any) Non domestic rateable value of premises £ (33777730)
RATES No**Part 2 – Applicant Details**

Please state whether you are applying for a premises licence as:

- | | Please tick as appropriate |
|---|-----------------------------|
| a) an individual or individuals* | please complete section (A) |
| b) a person other than an individual* | |
| i. as a limited company/limited liability partnership | please complete section (B) |
| ii. as a partnership (other than limited liability) | please complete section (B) |
| iii. as an unincorporated association or | please complete section (B) |
| iv. other (for example a statutory corporation) | please complete section (B) |
| c) a recognised club | 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 (for example, Rev)	Other title
Surname		First names		
ALI		RAZA		

Date of Birth Please tick yes ☒ I am 18 years old or overNationality BRITISHCurrent postal address if different from premises address BRIDGWATER ROAD
BRADFORD
BD9 5AP

Post Town

R/240/040

Postcode

B09 SAP

Daytime contact telephone number

Email address (optional)

@hotmail.co.uk

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9 digit 'share code' provided to the applicant by that service (please see note 2 for information)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr Mrs Miss Ms (for example, Rev) Other title
Surname First names

Date of Birth Please tick yes ☐ 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)

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9 digit 'share code' provided to the applicant by that service (please see note 2 for information)

(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

	Day	Month	Year
When do you want the premises licence to start?	10	02	2021

MORRISON'S
PETROL STATION

KFC

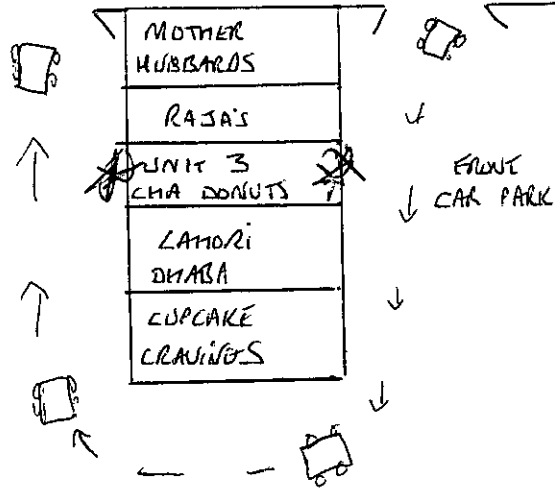
2HR
McDONALDS

SUBWAY

DOMINOS

CAR PARK

INGLEBY ROAD BUS GAN



LIDL

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

N/A

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

DONUT SHOP SELLING DONUTS AND DESSERTS. INCLUDING MILKSHAKES AND ICE - CREAM.

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

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
Day	Start	Finish		Outdoors
				Both
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for performing play (please read guidance note 5)	
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 6)	
Sat				
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
				Outdoors
Day	Start	Finish	Both	
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)	
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 6)	
Sat				
Sun				

NA

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				
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 6)	
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)	Indoors
				Outdoors
Day	Start	Finish	Both	
Mon			Please give further details here (please read guidance note 4)	
Tue				

Wed			State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 5)
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 6)
Sat			
Sun			

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
				Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)	
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 6)	
Sat				
Sun				

N/A

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
				Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 5)	
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 6)	
Sat				

Sun			

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
				Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)	
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 6)	
Sat				
Sun				

N/A

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
				Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read guidance note 4)	
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 5)	
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 6)	
Sat				
Sun				

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
				Outdoors
Day	Start	Finish	Both	
Mon	11pm	2.00am	Please give further details here (please read guidance note 4) SERVING DESSERTS – DONUTS, ICE-CREAM MILKSHAKES	
Tue	11pm	2.00am		
Wed	11pm	2.00am	State any seasonal variations for the provision of late night refreshment (please read guidance note 5) NO SEASONAL VARIATIONS	
Thur	11pm	2.00am		
Fri	11pm	2.00am	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) WE ARE OPEN FROM 12pm AND WISH TO CONTINUE THROUGH TO 2.00am EVERY DAY.	
Sat	11pm	2.00am		
Sun	11pm	2.00am		

opened
from
12pm-11pm

✓

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
				Off the premises
Day	Start	Finish	Both	
Mon			State any seasonal variations for the supply of alcohol (please read guidance note 5)	
Tue				
Wed				
Thur			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)	
Fri				
Sat				
Sun				

N/A

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

Address

Postcode

Personal licence number (if known)

Issuing licensing authority (if known)

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)

N/A

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	No seasonal variations
Mon	12 pm	11 pm	
	11 pm	02.00am	
Tue	12 pm	11 pm	
	11 pm	02.00am	
Wed	12 pm	11 pm	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)
	11 pm	02.00am	

Thur	12pm	11pm	
	11pm	02.00am	
Fri	12pm	11pm	
	11pm	02am	
Sat	12pm	11pm	
	11pm	02am	
Sun	12pm	11pm	
	11pm	02.00am	

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)

CCTV IS PRESENT AND RECORDING 24hrs per day
A MANAGER IS ALWAYS PRESENT AND WORKING SHIFTS

b) The prevention of crime and disorder

DOUBTS AND DEBATE SHOP.
CCTV CAMERAS AND SIGNS UP.

c) Public safety

THERE ARE 3-4 STAFF EMPLOYED AT ALL
TIMES. A MANAGER ON SITE AND WE HAVE
TRAINED STAFF TO DEAL WITH ROWDY CUSTOMERS
CCTV CAMERAS AND SIGNS UP

d) The prevention of public nuisance

STAFF ON PREMISES CCTV CAMERAS NOTICES UP

e) The protection of children from harm

N/A

Checklist
agreement

Please tick to indicate

- payment of the fee to be made by bank card please call 01274 432240 ✓
- 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

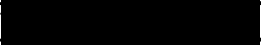
Applicable to all individual applicants, including those in partnership which is not a limited liability partnership, but not companies or limited liability partnerships

- I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15)

IT IS AN OFFENCE, UNDER SECTION 168 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">• 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, or have conducted an online right to work checking service which confirmed their right to work (please see note 15).
Signature	
Date	10-02-2021
Capacity	MANAGER