



City of  
**BRADFORD**  
METROPOLITAN DISTRICT COUNCIL

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 Zubair Ali (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

47 Wilsden Road, Bradford.

Post town Bradford.

Post code BD15 9AD

Telephone number of premises (if any)

Non domestic rateable value of premises

£ 3,200.00

**Part 2 – Applicant Details**

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

Please tick as appropriate

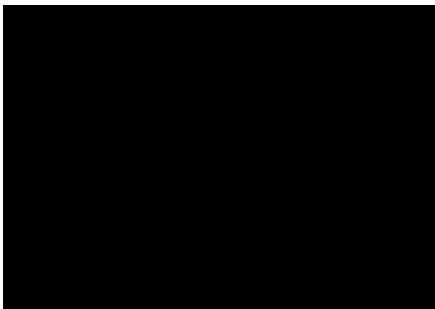
- |   |   |
|---|---|
| a) an individual or individuals*                      | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual*                 |   |
| i. as a limited company/limited liability partnership | <input type="checkbox"/> please complete 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)            |

In relation to the application enclosed —

No product(s) will be sold from the premises due to it being an online based business.

Under no circumstances will the general public be allowed entry to purchase products.

31/10/2021



- 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

Ali

Zubair

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)

@hotmail.com.

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) NA.

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)

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.)

# 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)

Personal license holder on premises at all times.  
CCTV in operation for license holders safety and public.

b) The prevention of crime and disorder

Never to be sold ~~to~~ on premises, Under no circumstances.

c) Public safety

CCTV in operation, ~~for~~ fire Alarm & normal Alarm.

d) The prevention of public nuisance

~~No~~ <sup>NO</sup> customers on premises. (solely online)

a) The protection of children from harm

If any staff hired CRB checks + full ID ensuring above 18 years of age.

Telephone number (if any)
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

(AS SOON AS)

Day	Month	Year
05	11	2021

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)

Premises just for storage and packing orders.  
Not open to general public solely online.

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

0

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

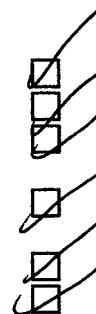
guidance note 5)		
Thur		
Fri		
Sat		
Sun		

**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)**

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption on or off the premises or both – please tick (please read guidance note 8)</b>	<b>On the premises</b>	<input type="checkbox"/>
				<b>Off the premises</b>	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Both</b>		<input type="checkbox"/>
Mon	16:00	00:00			
Tue	16:00	00:00	State any seasonal variations for the supply of alcohol (please read guidance note 5)  Standard Timings due to it being Online Sales.		
Wed	16:00	00:00			
Thur	16:00	00:00			
Fri	16:00	01:30	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)  Never on premises.		
Sat	16:00	01:30			
Sun	16:00	00:00			

- payment of the fee to be made by bank card please call me
- 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 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"> <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, or have conducted an online right to work checking service which confirmed their right to work (please see note 15).</li> </ul>
Signature	
Date	29-10-21
Capacity	