

MAIL PRINT
09 AUG 2023
SCAN STORE

Appendix 1



City of
BRADFORD
METROPOLITAN DISTRICT COUNCIL

Licensing Team, Shearbridge Depot Shearbridge Road Bradford BD7 1PU

**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 AKbar Zare (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 <u>224 Toller Lane</u>	
Post town <u>BRADFORD</u>	Post code <u>BD9 5BU</u>

Telephone number of premises (if any)

[REDACTED]

Non domestic rateable value of premises

£ <u>7,800</u>

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 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)

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)

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

When do you want the premises licence to start?

Day	Month	Year
0	1	10 20 23.

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)

Terraced property, Will be grocery shop, where if permitted alcohol will be sell to be consume off the premises. The designated operator will make sure that challenge 25 will be in force.

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)
 - 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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue			Please give further details here (please read guidance note 4)		
Wed			State any seasonal variations for performing play (please read guidance note 5)		
Thur			State any seasonal variations for performing play (please read guidance note 5)		
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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue			Please give further details here (please read guidance note 4)		
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur			State any seasonal variations for the exhibition of films (please read guidance note 5)		
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					

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			State any seasonal variations for indoor sporting events (please read guidance note 5)
Tue			
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	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
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					

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
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	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>

Day	Start	Finish		Both	<input type="checkbox"/>
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					

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																										
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td></td><td></td></tr> <tr><td>Tue</td><td></td><td></td></tr> <tr><td>Wed</td><td></td><td></td></tr> <tr><td>Thur</td><td></td><td></td></tr> <tr><td>Fri</td><td></td><td></td></tr> <tr><td>Sat</td><td></td><td></td></tr> <tr><td>Sun</td><td></td><td></td></tr> </tbody> </table>			Day	Start	Finish	Mon			Tue			Wed			Thur			Fri			Sat			Sun			Will the entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
			Day	Start	Finish																								
			Mon																										
Tue																													
Wed																													
Thur																													
Fri																													
Sat																													
Sun																													
Outdoors	<input type="checkbox"/>																												
Both	<input type="checkbox"/>																												
Please give further details here (please read guidance note 4)																													
State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)																													
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)																													

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)								
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td></td><td></td></tr> </tbody> </table>			Day	Start	Finish	Mon				Indoors	<input type="checkbox"/>
			Day	Start	Finish						
			Mon								
Outdoors	<input type="checkbox"/>										
Both	<input type="checkbox"/>										
Please give further details here (please read guidance note 4)											


Tue			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)
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 6)
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 8)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
Mon	00:00	23:59	State any seasonal variations for the supply of alcohol (please read guidance note 5)	Both	<input type="checkbox"/>
Tue	00:00	23:59			
Wed	00:00	23:59			
Thur	00:00	23:59	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	00:00	23:59			
Sat	00:00	23:59			
Sun	00:00	23:59			

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 Akbar Zare.

Address  Rosehill crescent, Low Moor.
Bradford.

Postcode 30 12 0U2

Personal licence number (if known) 208 172

Issuing licensing authority (if known) city of 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

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	
Mon	00:00	23:59	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)
Tue	00:00	23:59	
Wed	00:00	23:59	
Thur	00:00	23:59	
Fri	00:00	23:59	
Sat	00:00	23:59	
Sun	00:00	23:59	

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)

The challenge 25 will be in force. The

b) The prevention of crime and disorder

The premises shall install and maintain a digital colour CCTV system. All public areas of the premises including all entry and exit points. The CCTV camera shall continually record whilst the premises are open to the public and recordings shall be kept available for minimum 28 days. A staff member who is conversant with the operation of the CCTV system shall be present at all the times. An incident log shall be kept at the premises for at least six months.

c) Public safety

We will conduct a suitable Fire Risk Assessment at the premises and implement necessary control measures. Exit doors are regularly checked to ensure they function satisfactorily.

d) The prevention of public nuisance

Notices will be displayed to ask customers to respect the neighbours and leave quietly. Internal notices will be displayed not to gather outside the premises after 10pm in the night. The premises license holder shall ensure that external areas kept clear of litter and refuse. The external lighting will be placed on a system that allows the brightness to be adjusted downwards after 23.00

a) The protection of children from harm

Legal notices will be displayed to warn minors ID checks are always used when the age of the customer is in doubt. All staff will be trained in challenge 25 procedures. Proof of training will be kept on the premises and update every 6 months. A record of any incidents will be kept on site for inspection.

- 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

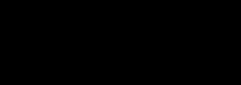
- I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15)

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"> • 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	7/8/23
Capacity	APPLICANT

For joint applications signature of 2nd applicant or 2nd 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	

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

WC

FREEZER

SHELF

Exit Door

SHOP FLOOR

Seller
↑

DISPLAY FRIDGE

SHELF

Tobacco
product
display

SHELF

SHELF

SHELF

SHOP FLOOR

COUNTER TOP

SHOP FLOOR

SHOP FLOOR

SHOP FLOOR

SHELF

SHELF

Door
Entrance
Exit