

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 ...STAND FIRM PROMOTIONS LTD..... (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	
9 BARRY STREET	
Post town BRADFORD	Post code BD1 2AL

Telephone number of premises (if any)

Non domestic rateable value of premises

£ 9,400

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

- 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 icking 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
STAND FIRM PROMOTIONS LTD

Address
9 BARRY STREET
BRADFORD
BD1 2AL

Registered number (where applicable)

14997484

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

PRIVATE LIMITED COMPANY

Telephone number (if any) 07546 842 762

E-mail address (optional) RILTD@HOTMAIL.COM

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
2	5	0	8	2	0	2	3

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)

The premises is the ground floor space of a large terraced building situated in Bradford city centre with other bars and night clubs, situated to either side and the rear of the premises. The premises comprise of a basement and ground floor. The basement is used for storage and as a beer cellar. The ground floor is the proposed area where licensable activities will take place. The ground floor is a bar area serving alcoholic drinks and music entertainment with dance floor space, seating and separate male/female toilet facilities.

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

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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	Please give further details here (please read guidance note 4)			
Mon						
Tue			State any seasonal variations for performing play (please read guidance note 5)			
Wed						
Thur			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)			
Fri						
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	Please give further details here (please read guidance note 4)			
Mon						
Tue			State any seasonal variations for the exhibition of films (please read guidance note 5)			
Wed						
Thur			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)			
Fri						
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			Both	<input type="checkbox"/>	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)	<input type="checkbox"/>	
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)	<input type="checkbox"/>	
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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish			
Mon	00:00	08:00	Please give further details here (please read guidance note 4)		
	23:00	24:00			
Tue	00:00	08:00	State any seasonal variations for the performance of live music (please read guidance note 5)		
	23:00	24:00			
Wed	00:00	08:00	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)		
	23:00	24:00			
Thur	00:00	08:00			
	23:00	24:00			
Fri	00:00	08:00			
	23:00	24:00			
Sat	00:00	08:00			
	23:00	24:00			
Sun	00:00	08:00			
	23:00	24:00			

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish			
Mon	00:00	08:00	Please give further details here (please read guidance note 4)		
	23:00	24:00			
Tue	00:00	08:00	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
	23:00	24:00			
Wed	00:00	08:00	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)		
	23:00	24:00			
Thur	00:00	08:00			
	23:00	24:00			
Fri	00:00	08:00			
	23:00	24:00			
Sat	00:00	08:00			
	23:00	24:00			
Sun	00:00	08:00			
	23:00	24:00			

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)																												

I

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>00:00</td> <td>08:00</td> </tr> </tbody> </table>			Day	Start	Finish	Mon	00:00	08:00		Indoors <input checked="" type="checkbox"/>
			Day	Start	Finish					
			Mon	00:00	08:00					
Outdoors <input type="checkbox"/>										
Both <input type="checkbox"/>										
Please give further details here (please read guidance note 4)										

	23:00	24:00		
Tue	00:00	08:00		
	23:00	24:00		
Wed	00:00	08:00		State any seasonal variations for the provision of late night refreshment (please read guidance note 5)
	23:00	24:00		
Thur	00:00	08:00		
	23:00	24:00		
Fri	00:00	08:00	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)	
	23:00	24:00		
Sat	00:00	08:00		
	23:00	24:00		
Sun	00:00	08:00		
	23:00	24:00		

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 checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
	Mon	00:00		08:00	
	23:00	24:00			
Tue	00:00	08:00			
	23:00	24:00			
Wed	00:00	08:00			
	23:00	24:00			
Thur	00:00	08:00	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 6)		
	23:00	24:00			
Fri	00:00	08:00			
	23:00	24:00			
Sat	00:00	08:00			
	23:00	24:00			
Sun	00:00	08:00			
	23:00	24:00			

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 NIKKI FAULDING

Address [REDACTED] NORTHWOOD CRESENT, BRADFORD

Postcode BD10 9HU

Personal licence number (if known) BD/PER2629

Issuing licensing authority (if known) CBMDC

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	08:00	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)
	23:00	24:00	
Tue	00:00	08:00	
	23:00	24:00	
Wed	00:00	08:00	
	23:00	24:00	
Thur	00:00	08:00	
	23:00	24:00	
Fri	00:00	08:00	
	23:00	24:00	
Sat	00:00	08:00	
	23:00	24:00	
Sun	00:00	08:00	
	23:00	24:00	

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)

A DPS will be in attendance, majority of the time when alcohol is being sold or when regulated entertainment is being provided. DPS will be easily contactable when not in attendance. Contact details will be available at the premises. In addition, a director of the company shall look to obtain a personal licence as soon as it is practical to do so.

A sufficient number of licenced door supervisors will be utilised to ensure that adequate numbers are on duty to ensure that adequate cover is available at any time and should any day/time prove to be busier than expected.

The premises have CCTV in place which has been tested and is fully operation and ensures that the main points are covered and fully recorded. The system will be maintained in good working order and be correctly time and date stamped and recordings will be kept for a period of 28 days. We shall further ensure that the DPS or appointed member of staff is present on the premises and capable and competent at downloading CCTV footage in a recordable format, at all times if requested by the Police or the Licencing Authority.

All staff shall be trained in appropriate circumstances ways to refuse custom for example those appearing to be already drunk or underage.

b) The prevention of crime and disorder

The premises will operate a zero tolerance to drugs policy and crime notices will be displayed. In addition, warning customers of the possibility of crime which may target them. EG Bag's and personal belongings not left unattended. SIA registered door supervisors. Staff trained to be aware of increase of 'spiking injections, detection and prevention of illegal drug use and clear guidelines on reporting mechanisms. An incident book shall be kept and maintained on the premises at all times. The book shall detail in brief, incidents of injury, ejection, refusals, drugs misuse, seizure, age challenge. Such matters shall be timed, dated and signed by the author and produced to the Police or Licensing Officers upon request.

Fully operational CCTV system at all times.

c) Public safety

Staff and door supervisors fully trained to ensure the venue does not accommodate too many people to help prevent overcrowding. Emergency lighting is in place at the premises. Adequate First Aid equipment will be kept on premises at all times and staff advised of its location. Notices/Signs detailing instructions in the event of a fire or other emergency, prominently displayed and maintained in a good condition.

An accident book will be available at the premises and staff trained to record any incidents.

d) The prevention of public nuisance

Signage will be placed by exits reminding patrons to leave in a quiet and orderly manner. Sound system will have a limiter attached. Doors will be kept closed when regulated entertainment is taking place. Door supervisors and staff trained to help with ensuring a controlled shut down of the premises to maintain good order as patrons leave.

Door supervisors will regularly monitor the exterior of the premises to ensure patrons do not cause a disturbance. The DPS, staff members and door staff shall ensure that no vessels are taken off the premises by customers.

a) The protection of children from harm

Under 18's will not be allowed on the premises during licensable hours. The premises will utilise a Challenge 25 policy. This will be displayed at the premises. Staff training will be provided to ensure that the Challenge 25 policy is adhered too.

Checklist

Please tick to indicate agreement

- 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

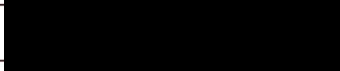
- I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15)

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	18-8-23
Capacity	Company Director