

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 Kashmiri Aroma Haworth 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 <u>51 Mill Hey Haworth Keighley BD22 8NA</u>	
Post town <u>Bradford</u>	Post code <u>BD22 8NA</u>

Telephone number of premises (if any)

015 35 329000

Non domestic rateable value of premises

£ 4100

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	
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	
Date of Birth	<input style="width: 250px; height: 25px;" type="text"/>	Please tick yes		
		I am 18 years old or over		
Nationality	<input style="width: 250px; height: 25px;" type="text"/>			
Current postal address if different from premises address	<input style="width: 600px; height: 40px;" type="text"/>			
Post Town	<input style="width: 250px; height: 25px;" type="text"/>	Postcode	<input style="width: 150px; height: 25px;" type="text"/>	
Daytime contact telephone number	<input style="width: 450px; height: 25px;" type="text"/>			
Email address (optional)	<input style="width: 450px; height: 25px;" type="text"/>			
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)	<input style="width: 200px; height: 40px;" type="text"/>			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr	Mrs	Miss	Ms	Other title (for example, Rev) _____
Surname			First names	
<input type="text"/>			<input type="text"/>	

Please tick yes

Date of Birth	<input type="text"/>	I am 18 years old or over
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Nationality	<input type="text"/>
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Current postal address if different from premises address	<input type="text"/>
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Post Town	<input type="text"/>	Postcode	<input type="text"/>
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Daytime contact telephone number	<input type="text"/>
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Email address (optional)	<input type="text"/>
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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)	<input type="text"/>
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(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	<i>Kashmiri Aroma Haworth Ltd</i>
Address	<i>51 Mill Hay Haworth, Keighley BD22 8NA</i>
Registered number (where applicable)	<i>15 166 369</i>
Description of applicant (for example, partnership, company, unincorporated association etc.)	<i>Limited Company</i>
Telephone number (if any)	<i>01535 329000</i>
E-mail address (optional)	<i>kannah.mahmood@kashmiriaroma.com</i>

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
2	2	1	2	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)

- Use as Restaurant
- x40 seating capacity
- Commercial unit.

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	
				Outdoors	
				Both	
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	
				Outdoors	
				Both	
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			
Sat			
Sun			
			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)

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	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 4)	Both	
Tue					
Wed				State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 5)	
Thur					
Fri					
Sat				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)	
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	
Day	Start	Finish		Outdoors	
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	
			Will the entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
Outdoors				
Both				
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			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)	
			Indoors	
Day Start Finish			Outdoors	
			Both	
			Please give further details here (please read guidance note 4)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)	
			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)	

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 MR WAHEED AKHTAR

Address  Brantwood Oval
Bradford

Postcode BD9 6QP

Personal licence number (if known) 224952

Issuing licensing authority (if known)
Bradford Metropolitan District Council

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

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)

- Having personal licence holder on premises @ all times the premises is being used.
- Staff training on licensing issues
- CCTV already installed

b) The prevention of crime and disorder

- The provision of adequate lighting - already met
- Drug Policies / Notices

c) Public safety

- Emergency lighting - already met
- Escape route - already met
- First Aid provision - already met
- Seating / no. of attendants - already set up.

d) The prevention of public nuisance

- Keeping music to a reasonable level
- Not using external areas after a certain time
- Notices asking patrons to leave quickly

a) The protection of children from harm

- Proof of age scheme - 'Challenge 21'

- 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 cor [REDACTED] (please see note 15).
Signature	[REDACTED]
Date	27/11/23
Capacity	KA Management

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) <p style="text-align: center;">Hannah Mahmood</p>	
Post town Bradford	Post code BD 15 9AR
Telephone number (if any) 07447077374	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) hannah.mahmood@kashmiriaroma.com	

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
Day	Start	Finish		Off the premises
Mon	17:00	23:00	State any seasonal variations for the supply of alcohol (please read guidance note 5)	Both <input checked="" type="checkbox"/>
Tue	17:00	23:00		
Wed	17:00	23:00		
Thur	17:00	23:00		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)
Fri	17:00	23:00		
Sat	17:00	23:00		
Sun	12:00	23:00		

Only in the event of a party / event held @ the restaurant outside of our normal opening times.

E

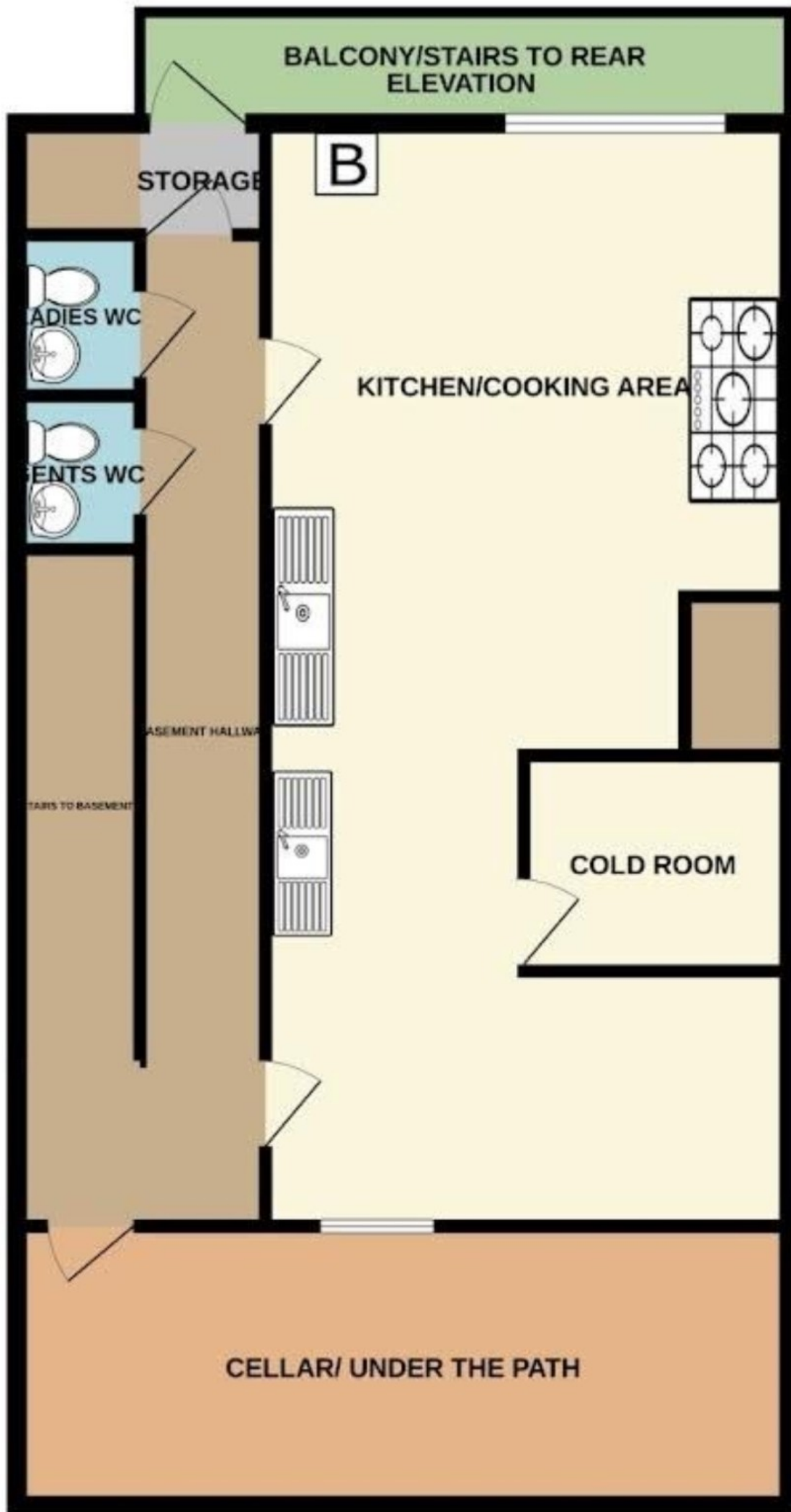
Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
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

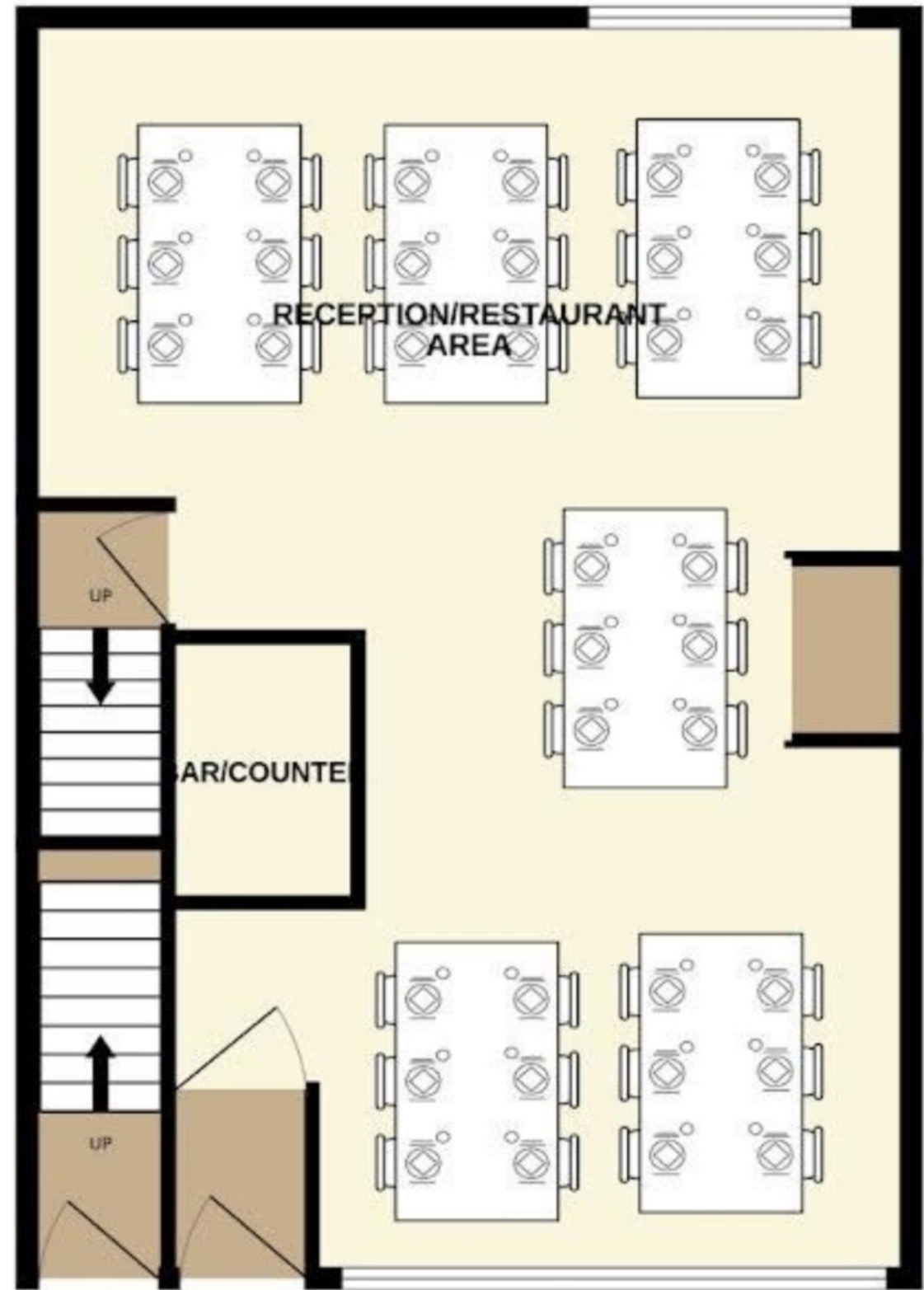
Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 4) <i>Background music in the restaurant – to be played on the media sound system for that purpose.</i>		
Mon	17:00	23:00			
Tue	17:00	23:00			
Wed	17:00	23:00	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	17:00	23:00	—		
Fri	17:00	23:00	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) <i>- Christmas Eve</i> <i>- New Years Day</i>		
Sat	17:00	23:00			
Sun	12:00	23:00			

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	17:00	23:00	<p>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)</p> <p><i>The premises may open their doors later & close earlier</i></p> <p>→ Christmas Day</p> <p>→ New Year's Eve</p> <p>→ New Year's Day</p>
Tue	17:00	23:00	
Wed	17:00	23:00	
Thur	17:00	23:00	
Fri	17:00	23:00	
Sat	17:00	23:00	
Sun	12:00	23:00	

BASEMENT
912 sq.ft. (84.7 sq.m.) approx.



GROUND FLOOR
727 sq.ft. (67.6 sq.m.) approx.



51 MILL HEY BD22 8NA - RETAIL SHOP & BASEMENT FLOOR PLAN

TOTAL FLOOR AREA : 1639 sq.ft. (152.3 sq.m.) approx.

Whilst every attempt has been made to ensure the accuracy of the floorplan contained here, measurements of doors, windows, rooms and any other items are approximate and no responsibility is taken for any error, omission or mis-statement. This plan is for illustrative purposes only and should be used as such by any prospective purchaser. The services, systems and appliances shown have not been tested and no guarantee as to their operability or efficiency can be given.

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