

MAIL PRINT  
17 MAR 2022  
SCAN STORE



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 OZAN ASO APPLYING FOR PREMISES LICENCE (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 WESTGATE</u> <u>1ST FLOOR BRADFORD</u> <u>BD1 2RD</u>	
Post town <u>BD1 2RD</u>	Post code <u>BD1 2RD</u>

Telephone number of premises (if any)

Non domestic rateable value of premises £

**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

ASO

OZAN

Please tick yes

Date of Birth

[Redacted]

I am 18 years old or over

Nationality

[Redacted]

Current postal address if different from premises address

[Redacted] HOT DEAL AVENUE  
LEEDS

Post Town

LEEDS

Postcode

LS16 7SF

Daytime contact telephone number

[Redacted]

Email address (optional)

[Redacted] @OUTLOOK.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)

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
2	0	03
2	0	22

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)

THIS PLACE HAS TURNED INTO PARTY HALL  
IS GOING TO BE MUSIC AND BIRTHDAY PARTY  
AND TRADITION

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

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)</b>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here (please read guidance note 4)</b>		
Mon					
Tue			<b>State any seasonal variations for performing play (please read guidance note 5)</b>		
Wed					
Thur			<b>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)</b>		
Fri					
Sat					
Sun					

# B

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of a films take place indoors or outdoors or both – please tick (please read guidance note 3)</b>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here (please read guidance note 4)</b>		
Mon					
Tue			<b>State any seasonal variations for the exhibition of films (please read guidance note 5)</b>		
Wed					
Thur			<b>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)</b>		
Fri					
Sat					
Sun					

# C

<b>Indoor sporting events</b> 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

<b>Boxing or wrestling entertainment</b> 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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			Please give further details here (please read guidance note 4)	
Thur				
Fri				
Sat				
Sun			State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 5)	
			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)	

### 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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	14:00	03-00	Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	14:00	03-00			
Wed	14:00	03-00	State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	14:00	03-00			
Fri	14:00	03-00	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)		
Sat	14:00	03:00			
Sun	14:00	03-00			

THIS PLACE IS OPEN AT THIS TIME  
BUT IT WILL START AT 07.00 PM  
SOME TIME MAY OPEN LATER THEN

### 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"/>
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 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"/>
Day	Start	Finish		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>04:00</td><td>02:00</td></tr> </tbody> </table>			Day	Start	Finish	Mon	04:00	02:00		Indoors	<input type="checkbox"/>
			Day	Start	Finish						
			Mon	04:00	02:00						
Outdoors	<input type="checkbox"/>										
Both	<input type="checkbox"/>										
			Please give further details here (please read guidance note 4)								




Tue	14:00	02:00 AM	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)
Wed	14:00	04:00 AM	
Thur	14:00	04:00 AM	
Fri	14:00	04:00 AM	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	14:00	04:00 AM	
Sun	14:00	04:00 AM	
		AM	

## J

<b>Supply of alcohol</b> 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"/>	
				Off the premises	<input type="checkbox"/>	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)	Both		<input type="checkbox"/>
Mon	14:00	04:00				
Tue	14:00	04:00 AM	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)			
Wed	14:00	04:00 AM				
Thur	14:00	4:00 AM				
Fri	14:00	04:00 AM				
Sat	14:00	04:00 AM				
Sun	14:00	04:00 AM				
		AM				

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 OZAN ASO

Address  HOT DAB'L AVENUE  
LEEDS

Postcode LS16 7SF

Personal licence number (if known) 209511

Issuing licensing authority (if known) 03 - JUNE 2021

**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	14:00	04:00 AM	14:00 TO 04:00 AM
Tue	14:00	04:00 AM	
Wed	14:00	04:00 AM	
Thur	14:00	04:00 AM	
Fri	14:00	04:00 AM	
Sat	14:00	04:00 AM	
Sun	14:00	04:00 AM	

# 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)

b) **The prevention of crime and disorder**

c) **Public safety**

d) **The prevention of public nuisance**

a) **The protection of children from harm**

**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)

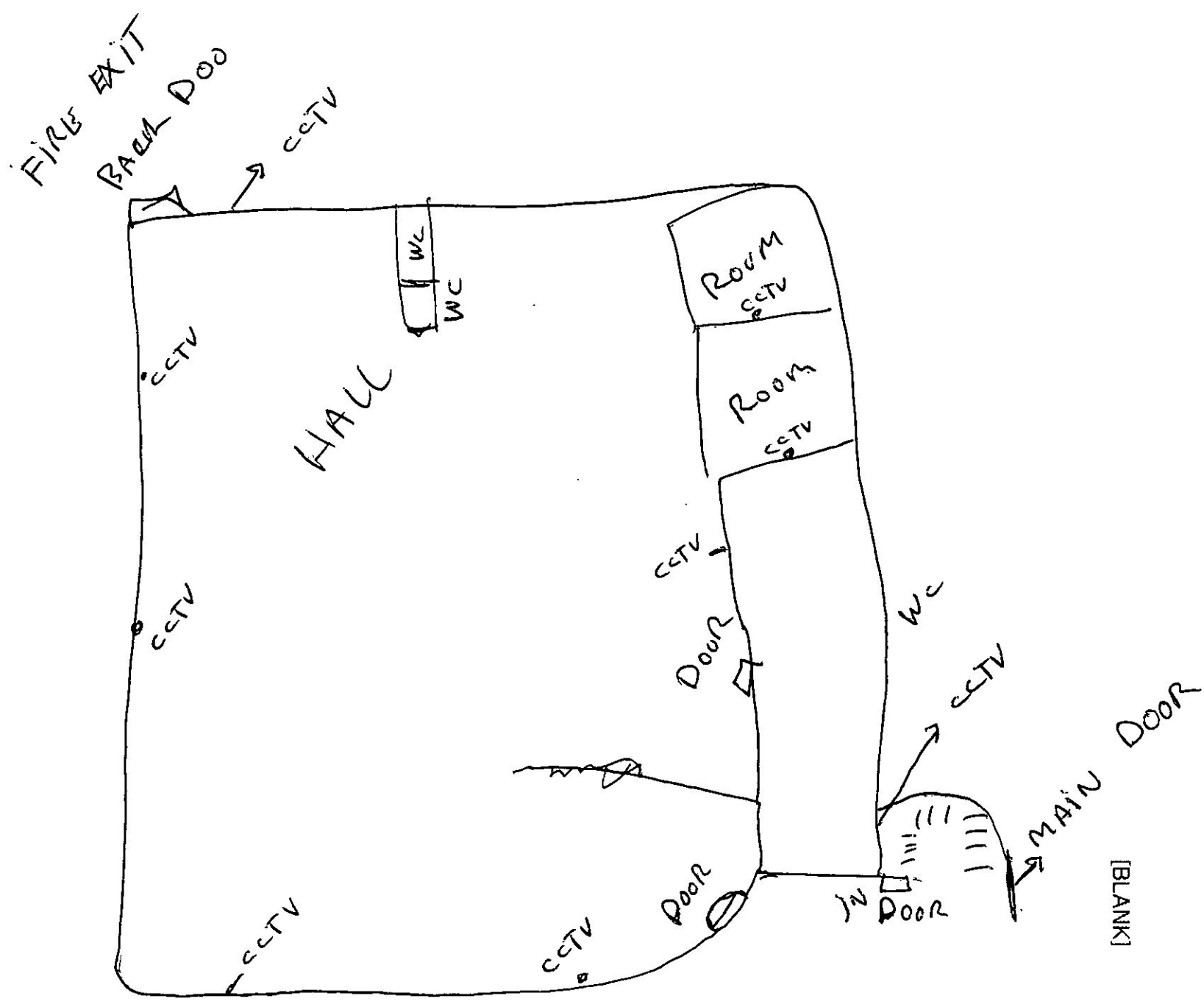
**Signature of applicant or applicant's solicitor or other duly authorised agent.** (See guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

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"> <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	14/03/2022
Capacity	OWNER OCCUPIED

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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	

<b>Contact Name (where not previously given) and address for correspondence associated with this application (please read guidance note 14)</b>	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number (if any)</b>	
<b>If you would prefer us to correspond with you by e-mail, your e-mail address (optional)</b>	



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