

**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 that 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 Reds True Barbecue Limited

*(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

Reds Takeaway & Dark Kitchen  
331 Wilmslow Road

**Post town**

Manchester

**Postcode**

M14 6NW

Telephone number at premises (if any)

Non-domestic rateable value of premises

£13,750

**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  please complete section (B)
- ii. as a partnership  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:

Please tick yes

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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>					
<b>Nationality</b>					
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town			Postcode		
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
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 15 for information)

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
<b>Surname</b>		<b>First names</b>		
<b>Date of birth</b>				
<b>Nationality</b>				
I am 18 years old or over				<input type="checkbox"/> Please tick yes
Current postal address if different from premises address				
Post town		Postcode		
<b>Daytime contact telephone number</b>				
<b>E-mail address (optional)</b>				
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 15 for information)				

**(B) OTHER APPLICANTS**

**Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.**

Name Reds True Barbecue Limited
Address 10 Weaver Street Leeds LS4 2AU
Registered number (where applicable) 11995370

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

Telephone number (if any)

E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
A	S	A P

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

Reds BBQ dine in and takeaway.

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)

Provision of regulated entertainment

Please tick any that apply

- 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) performances 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)

**Supply of alcohol** (if ticking yes, fill in box J)

**In all cases complete boxes K, L and M**

**A**

Days Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	
Day	Start	Finish	Indoors	Outdoors
Mon			<input type="checkbox"/>	<input type="checkbox"/>
Tue			<input type="checkbox"/>	<input type="checkbox"/>
Wed			<input type="checkbox"/>	<input type="checkbox"/>
Thur			<input type="checkbox"/>	<input type="checkbox"/>
Fri			<input type="checkbox"/>	<input type="checkbox"/>
Sat			<input type="checkbox"/>	<input type="checkbox"/>
Sun			<input type="checkbox"/>	<input type="checkbox"/>

**Please give further details here** (please read guidance note 3)

**State any seasonal variations for performing plays** (please read guidance note 4)

**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 5)

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)	
Mon	11:00	05:00		
Tue	11:00	05:00		
Wed	11:00	05:00		
Thur	11:00	05:00		
Fri	11:00	05:00		
Sat	11:00	05:00		
Sun	11:00	05:00		
			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)	
			<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</b> (please read guidance note 5)	

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b>Please give further details</b> (please read guidance note 3)			
Day	Start	Finish	<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)			
Mon						
Tue						
Wed						
Thur						
Fri						
					<b>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</b> (please read guidance note 5)	

Sat			
Sun			

**D**

<b>Boxing or wrestling entertainment</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue						
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)			
Thur						
Fri						
			<b>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</b> (please read guidance note 6)			
Sat						
Sun						

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details</b> (please read guidance note 3)			
Mon						
Tue						

Wed		<p><b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)</p>	
Thur			
Fri			<p><b>Non standard times. 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</b> (please read guidance note 5)</p>
Sat			
Sun			

**F**

<p><b>Recorded music</b> Standard days and timings (please read guidance note 6)</p>			<p><b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)</p>	<p>Indoors <input type="checkbox"/></p>
				<p>Outdoors <input type="checkbox"/></p>
Day	Start	Finish		<p>Both <input checked="" type="checkbox"/></p>
Mon	11:00	05:00	<p><b>Please give further details here</b> (please read guidance note 3)</p>	
Tue	11:00	05:00		
Wed	11:00	05:00	<p><b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)</p>	
Thur	11:00	05:00		
Fri	11:00	05:00	<p><b>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</b> (please read guidance note 5)</p>	
Sat	11:00	05:00		
Sun	11:00	05:00		



**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors <input type="checkbox"/>	
					Outdoors <input type="checkbox"/>	
					Both <input type="checkbox"/>	
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						
			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)			
			<b>Non standard times – 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</b> (please read guidance note 5)			

**H**

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing			
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors <input type="checkbox"/>	
Mon					Outdoors <input type="checkbox"/>	
					Both <input type="checkbox"/>	
Tue			<b>Please give further details here</b> (please read guidance note 3)			
Wed						
Thur						
			<b>State any seasonal variations for entertainment of a similar description to</b>			

			<b>that falling within (e), (f) or (g) (please read guidance note 4)</b>
Fri			
Sat			<b>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 5)</b>
Sun			

**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)	
Mon	23:00	05:00		
Tue	23:00	05:00		
Wed	23:00	05:00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)	
Thur	23:00	05:00		
Fri	23:00	05:00	<b>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</b> (please read guidance note 5)	
Sat	23:00	05:00		
Sun	23:00	05:00		

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption –</b> <u>please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	11:00	05:00			
Tue	11:00	05:00			
Wed	11:00	05:00			
Thur	11:00	05:00			
Fri	11:00	05:00			
Sat	11:00	05:00			
Sun	11:00	05:00	<b>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</b> (please read guidance note 5)		

**State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:**

Name	Aaron Mellor
Date of Birth	██████████
Address	██████████ ██████████ ██████████
Postcode	██████████
Personal licence number (if known)	520552
Issuing licensing authority (if known)	Oldham 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 8).**

N/A

**L**

**Hours premises are open to the public**  
Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	11:00	05:00
Tue	11:00	05:00
Wed	11:00	05:00
Thur	11:00	05:00
Fri	11:00	05:00
Sat	11:00	05:00
Sun	11:00	05:00

**State any seasonal variations (please read guidance note 4)**

**Non standard timings. Where you intend 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 5)**

**M** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)**

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

1. A suitable closed circuit Television (CCTV) system will be in operation at the premises at all times when it is being used for the provision of licensable activities and/or when members of the public are permitted to be on the premises. The CCTV system will record images to cover all areas of the premises to which the public have access (save for toilets), including any external areas of the premises such as car parks and beer gardens. The CCTV system will be capable of retaining images for a minimum of 31 days, will be of good quality and will contain the correct time and date stamp information. The CCTV system and images will be kept in a secure environment to which members of the public will not be permitted access. At least one member of staff will be on duty at the premises who is capable of operating the system and downloading images recorded by it. These images will be downloaded and provided, on request, to an officer of a responsible authority.
2. A Supervisor's Register will be maintained at the licensed premises, showing the names, addresses and up-to-date contact details for the DPS and all personal licence holders.
3. The premises licence holder and/or designated premises supervisor will ensure that an Incident Report Register is maintained on the premises to record incidents such as anti-social behaviour, admissions refusals and ejections from the premises. The Incident Report Register will contain consecutively numbered pages, the date time and location of the incident, details of the nature of the incident, the names and registration numbers of any door staff involved or to whom the incident was reported, the names and personal licence numbers (if any) of any other staff involved or to whom the incident was reported, the names and numbers of any police officers attending, the police incident and/or crime number, names and addresses of any witnesses and confirmation of whether there is CCTV footage of the incident. The Incident Report Register will be retained for a period of twelve months and produced for inspection immediately on the request of an authorised officer.
4. Alcohol to accompany a take away food order can only be sold in sealed containers. Patrons are not permitted to remove drinks in open bottles or glasses from the premises.
5. At any time that the premises licence has effect the sale of alcohol for consumption on the premises will be ancillary to the service of table meals.

**c) Public safety**

6. The premises have a current Fire Risk Assessment.
7. Members of the public will be prevented from accessing hot food and drink preparation areas to prevent risk of scald or burns.
8. Adequate and appropriate First Aid equipment and materials will be available on the premises at all times.

**d) The prevention of public nuisance**

9. Except for access and egress, external doors shall remain closed during the performance of regulated entertainment and windows shall remain closed during the entire performance.
10. Loud speakers shall not be located in external areas of the premises or in entrance lobbies which open directly onto external areas.
11. Bottles will not be placed in any external receptacle between 23.00 hours and 07.00 hours so as to minimise noise disturbance to neighbouring properties.
12. The premises licence holder and/or designated premises supervisor will ensure that litter, including cigarette ends, arising from people using the premises is cleared away regularly and that promotional materials such as flyers do not create litter.

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

13. The premises will operate a 'Challenge 25' policy whereby any person attempting to buy alcohol who appears to be under 25 will be asked for photographic ID to prove their age. The recommended forms of ID that will be accepted are passports official Photographic Identity Cards issued by EU states bearing a hologram or ultraviolet feature, driving licences with a photograph, photographic military ID or proof of age cards bearing the 'PASS' mark hologram. The list of approved forms of ID may be amended or revised with the prior written agreement of Greater Manchester Police, The Licensing Authority or Trading Standards without the need to amend the licence conditions attaching to it. Signage advertising the 'Challenge 25' policy will be displayed in a prominent locations in the premises.

**Checklist:**

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee.
- 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 a partnership which is not a limited


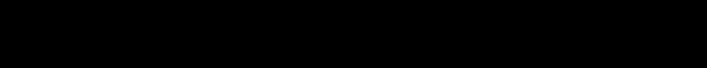
liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).

**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 PURSUANT 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 10)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 11). **If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] 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 check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)</li> </ul>
Signature	
Date	23 December 2019
Capacity	

**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 12). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

[Redacted]

Post town [Redacted]

Postcode [Redacted]

Telephone number (if any) [Redacted]

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

[Redacted]