

**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 Abolfazi Samizadeh

(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			
Casa Mia 29 Shude Hill			
Post town	Manchester	Postcode	M4 2AF

Telephone number at premises (if any)	
Non-domestic rateable value of premises	5300

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

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
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Surname		First names	
Date of birth		I am 18 years old or over	<input checked="" type="checkbox"/> Please tick yes
Nationality			
Current postal address if different from premises address			
Post town	Manchester	Postcode	M25 1PD
Daytime contact telephone number			
E-mail address (optional)			

(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
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?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

The premise is a bar restaurant situated in a retail area of Manchester City Centre next to Shude Hill Metrolink station.

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 and Schedules 1 and 2 to the Licensing Act 2003)

- | Provision of regulated entertainment (please read guidance note 2) | Please tick all that apply |
|---|-------------------------------------|
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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

Plays Standard days and timings (please read guidance note 7)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of 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					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur					
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)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			
Thur			<u>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</u> (please read guidance note 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>																							
				Outdoors	<input type="checkbox"/>																							
<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			Both
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			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)																									
			<u>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</u> (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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon	23.00	02.00	<u>Please give further details here</u> (please read guidance note 4)		
Tue	23.00	02.00			
Wed	23.00	02.00	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)		
Thur	23.00	02.00			
Fri	23.00	03.00	<u>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</u> (please read guidance note 6)		
Sat	23.00	03.00			
Sun	23.00	02.00			

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon	23.00	02.00			
Tue	23.00	02.00			
			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Wed	23.00	02.00			
Thur	23.00	02.00			
			<u>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</u> (please read guidance note 6)		
Fri	23.00	03.00			
Sat	23.00	03.00			
Sun	23.00	02.00			

G

Performances of dance Standard days and timings (please read guidance note 7)			Indoors <input type="checkbox"/>
Day	Start	Finish	
			Outdoors <input type="checkbox"/>
			Both <input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)
Tue			<u>Please give further details here</u> (please read guidance note 4)
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)
Thur			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)
Fri			<u>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</u> (please read guidance note 6)
Sat			<u>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</u> (please read guidance note 6)
Sun			<u>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</u> (please read guidance note 6)

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		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Fri					
Sat			<u>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</u> (please read guidance note 6)		
Sun					

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	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun			<u>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</u> (please read guidance note 6)		

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – 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	10.00	02.00			
Tue	10.00	02.00			
Wed	10.00	02.00			
Thur	10.00	02.00			
Fri	10.00	03.00			
Sat	10.00	03.00			
Sun	10.00	02.00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name Alexander Sami	
Date of birth 10/11/98	
Address ██████████	
Postcode	██████
Personal licence number (if known) ██████	
Issuing licensing authority (if known) ██████████	

□□□□

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).

None

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	10.00	03.00	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 6)
Tue	10.00	03.00	
Wed	10.00	03.00	
Thur	10.00	03.00	
Fri	10.00	04.00	
Sat	10.00	04.00	
Sun	10.00	03.00	

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 10)

b) The prevention of crime and disorder

The premises shall install and maintain a comprehensive digital colour CCTV system. All public areas of the licensed premises, including all public entry and exit points. The CCTV cameras shall continually record whilst the premises are open to the public and recording shall be kept available and unedited for a minimum of 28 days with the date and time stamping. A staff member who is conversant with the operation of the CCTV system shall be present on the premises at all times when they are open to the public and must be able to produce / download / burn CCTV images upon request by a police officer or an authorised officer of the licensing authority. Any footage must be in a format so it can be played back on a standard personal computer or standard DVD player. Where the recording is on a removable medium (i.e. compact disc, flash card etc.), a secure storage system to store those recording mediums shall be provided.

An incident log (which may be electronically recorded) shall be kept at the premises for at least six months, and made available on request to the Police or an authorised officer of the licensing authority, which will record the following incidents including pertinent details:

- (a) all crimes reported to the venue, or by the venue to the Police
- (b) all ejections of patrons
- (c) any incidents of disorder
- (d) any faults in the CCTV system
- (e) any visit by a relevant authority or emergency service

The Designated Premises Supervisor shall ensure that a written notice of authority is kept at the premises for all staff who sell alcohol. The notice shall be made available for inspection upon request of the police or an authorised officer of the licensing authority and all staff selling alcohol must be in possession of formal identification to enable to verify their identity against the notice. SIA door staff will be on duty from 8pm until close of business

c) Public safety

The premise will have smoke detectors and fire extinguishers

d) The prevention of public nuisance

NOTICES WILL BE DISPLAYED ASKING CUSTOMERS TO LEAVE QUIETLY.

e) The protection of children from harm

SEE ABOVE,
ALL STAFF WILL BE TRAINED IN CHALLENGE 25 AND SIGN TO SAY THEY UNDERSTAND THEIR ROLE. LEGAL NOTICES WILL BE DISPLAYED TO WARN MINORS ID CHECKS ARE USED AT ALL TIMES.
A RECORD OF ALL INCIDENTS WILL BE KEPT ON SITE FOR INSPECTION. STAFF WILL UNDER GO REFRESHER TRAINING AT 6 MONTHLY INTERVALS

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 (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

1	60 Minutes	Bar staff uses DJ's system to announce that events ends in one hour and that the bar will be shut in 30 minutes.	To prompt patrons to start planning their departure
2	60 -30 minutes	Start clearing / removing all unused bottles, drinks and empty all receptacles	To prevent last minute clear up, send further signals of closing and remove potential hazards.
3	30 minutes	DJ begins to reduce music volume and changes to on music with lower tempo	To further signal end of event and trigger decision by patrons to leave.
4	30 minutes	Bar shuts down and will serve ONLY tap water. DJ announces to patrons to be respectful of neighbours as they depart.	To stop further consumption of alcohol. Ensure that patrons are reminded to exit quietly and orderly.
5	30 minutes	Staff and Door Supervisors in high visibility vests relocate to designated exits.	To encourage patrons to leave quietly and respect neighbours.
6	10 minutes	Staff begins to encourage customers to drink up and make their ways quietly to the exits.	To encourage gradual dispersal and avoid mass exit.
7	5 minutes	DJ announces last song	To signal end of event
8	0 minute	DJ thanks all patrons and request them to leave quietly. Music stopped and public address system is disabled. Door Supervisors continue to coordinate safe, quiet dispersal of customers	To ensure quiet and peaceful dispersal
9	Plus 10 minutes	Firmly request all remaining patrons to leave premises and be ready to enforce a respectful environment	To ensure that all patrons leave the premises without any incident.
10	Plus 30 minutes	Final lockdown checks	End of day