



CITY OF YORK COUNCIL
Licensing Services, Hazel Court EcoDepot, James Street,
York, YO10 3DS

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 Tokyo Industries (Yorkshire) 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			
IMPOSSIBLE MOTEL & RESTAURANT (Formally MARCHBRAE / TSB BANK) 5 ST HELENS SQUARE			
Post town	YORK	Postcode	YO1 8QN

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 109,000

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)
- c) 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)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other Title (for example, Rev)
Surname		First names		
Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality				
Current residential address if different from premises address				
Post town		Postcode		
Daytime contact telephone number				
E-mail 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 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)	
Surname			First names		
Date of birth		I am 18 years old or over		<input type="checkbox"/>	Please tick yes
Nationality					
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)					
Current residential address if different from premises address					
Post town				Postcode	
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	Tokyo Industries (Yorkshire) Ltd
Address	1 City Road East Manchester M15 4PN
Registered number (where applicable)	06608845

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

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

Boutique Hotel with
Ground Floor Restaurant / Bar & Pavement Terrace

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 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 checked="" type="checkbox"/>
b) films (if ticking yes, fill in box B)	<input checked="" type="checkbox"/>
c) indoor sporting events (if ticking yes, fill in box C)	<input checked="" 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)
- 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

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 checked="" type="checkbox"/>
Day	Start	Finish			
Mon	08:00	03:00	Please give further details here (please read guidance note 4) The use of immersive performers, actors and / or plays		
Tue	08:00	03:00			
Wed	08:00	03:00	State any seasonal variations for performing plays (please read guidance note 5)		
Thur	08:00	03:00			
Fri	08:00	03:00	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)		
Sat	08:00	03:00			
Sun	08:00	03:00			

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	08:00	03:00			
Tue	08:00	03:00			
			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Wed	08:00	03:00			
Thur	08:00	03:00			
			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	08:00	03:00			
Sat	08:00	03:00			
Sun	08:00	03:00			

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	08:00	03:00	
Tue	08:00	03:00	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed	08:00	03:00	
Thur	08:00	03:00	<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	08:00	03:00	
Sat	08:00	03:00	
Sun	08:00	03:00	

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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Wed					
Thur			<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)		
Fri					
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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	08:00	03:00	Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	08:00	03:00			
Wed	08:00	03:00	State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	08:00	03:00			
Fri	08:00	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	08:00	03:00			
Sun	08:00	03:00			

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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon	08:00	03:00			
Tue	08:00	03:00			
Wed	08:00	03:00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur	08:00	03:00			
Fri	08:00	03:00			
Sat	08:00	03:00			
Sun	08:00	03:00			

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place <u>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			
Mon	08:00	03:00	<u>Please give further details here</u> (please read guidance note 4)		
Tue	08:00	03:00			
Wed	08:00	03:00	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur	08:00	03:00			
Fri	08:00	03:00	<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	08:00	03:00			
Sun	08:00	03:00			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 1)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur					
Fri			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Sat			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)		
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"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both		
Mon	23:00	05:00	Please give further details here (please read guidance note 4) 24Hr Room Service to Hotel		
Tue	23:00	05:00			
Wed	23:00	05:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur	23:00	05:00			
Fri	23:00	05:00	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) 24Hr Room Service to Hotel		
Sat	23:00	05:00			
Sun	23:00	05:00			

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 type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	Both <input checked="" type="checkbox"/>		
Mon	08:00	03:00	State any seasonal variations for the supply of alcohol (please read guidance note 5) Resturant / Bar times shown on left 24Hr to Hotel Guests		
Tue	08:00	03:00			
Wed	08:00	03:00			
Thur	08:00	03:00	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) Resturant / Bar times shown on left 24Hr to Hotel Guests		
Fri	08:00	03:00			
Sat	08:00	03:00			
Sun	08:00	03:00			

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	Stephanie Powell
Date of birth	
Address	
Postcode	
Personal licence number (if known)	138130
Issuing licensing authority (if known)	Manchester

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).

No adult entertainment or services will take place while any under 18 are allowed in that area.
Challenge 21 policy is adopted

Forms of entertainment that may only occur to an over 18s adult format may include
Burlesque, Cabaret, Theatrical immersive entertainment, Comedy and Age restricted Film Screenings
These will only take place at a suitable time and restricted only to the age appropriate audience

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	Resturant / Bar times shown on left 24Hr to Hotel Guests
Mon	06:00	03:30	
Tue	06:00	03:30	<u>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</u> (please read guidance note 6)
Wed	06:00	03:30	
Thur	06:00	03:30	Resturant / Bar times shown on left 24Hr to Hotel Guests
Fri	06:00	03:30	
Sat	06:00	03:30	
Sun	06:00	03:30	

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)

As Attached Operating Schedule

b) The prevention of crime and disorder

As Attached Operating Schedule

c) Public safety

As Attached Operating Schedule

d) The prevention of public nuisance

As Attached Operating Schedule

e) The protection of children from harm

As Attached Operating Schedule

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 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	<ul style="list-style-type: none"> • [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). • 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
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	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)
Signature	Aaron Mellor
Date	11th December 2020
Capacity	Managing Director

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 postal address for correspondence associated with this application (please read guidance note 14)			
Tokyo Industries (Yorkshire) Ltd i/as IMPOSSIBLE MOTEL 1 City Road East			
Post town	Manchester	Postcode	M15 4PN
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

**THE IMPOSSIBLE MOTEL, 5 St Helens Square, York. YO1 8QN
Suggested Enhanced Condition Schedule considering CIZ / CIA**

Annex 1 – Mandatory Conditions

MANDATORY CONDITIONS IN RELATION TO THE SUPPLY OF ALCOHOL

Retained as Standard.

Annex 2 – Conditions consistent with the operating schedule

Licensing Objectives

General

1. The premises shall trade predominantly as restaurant and cocktail bar, with a hotel above and guest 'vault' rooms to the basement.
2. There shall be 50 (minimum) chairs/seats for customer use inside the premises at all times the venue is open for usual operation (Covid social distancing may temporarily reduce this number)
3. All staff shall undergo relevant training prior to the initial opening of the premises and thereafter there shall be ongoing regular training. Full and detailed training manuals shall be available for inspection.

Prevention of Crime & Disorder

3. CCTV will be installed to cover the premises and will include all areas (including outside areas) to where the public have access. It will be maintained, working and recording at all times when the premises are open. The recordings shall be of sufficient quality to be produced at Court or other such Hearing. Copies of the recordings will be kept available for any Responsible Authority for 28 days.
4. All Off-Sales shall be made in sealed containers, save for those sales specifically for consumption in any outside drinking areas attached to the premises.
5. If the premises open after 02:00 hours, SIA Door Supervisors shall be employed in adequate numbers at the venue from 21:00 hours until the venue has closed for business on Friday, Saturday and Sunday evening preceding a bank holiday and, on any day, when York race meetings are held.

6. The management of the venue will comply with any written, reasonable and justified request made by North Yorkshire Police regarding the provision of Door Supervisors should the need arise at other times.
7. Seating shall be provided for customers using the outside terrace and outside drinking area.
8. A zero tolerance towards illegal drugs will be enforced at all times.
9. All instances of crime and disorder will be reported to the police and will be kept in an incident log book.
10. The Premises Licence Holder is required to join the York Pubwatch scheme.
11. The venue shall partake in the York Nightsafe Night-time Economy radio system.
12. The Premises Licence Holder will comply with any instructions issued by the Police regarding closure on race days and/or other sporting events.
13. The Premises Licence Holder shall ensure so far as possible that when an exclusion order is made, the person subject to the order is denied access to the premise.

Public Safety

14. A Health and Safety Policy is in place.
15. This policy is fully briefed and trained to all management and staff. Continued training of staff is undertaken to the standards required by relevant legislation.

Public Nuisance

16. All music in the premises shall be played via a digital noise limiter, to be agreed with City of York Council's Environmental Protection Unit.
17. A Noise Management plan shall be submitted to and approved by the City of York Council within two months of the license being granted, once approved it shall be implemented. The Noise Management Plan will also include a procedure for investigating noise complaints received from the premises and a map identifying the sound check locations following any such complaint.
18. The use of the roof top terraces should cease at 1am nightly, excepting to close of trade on New Years Eve.

19. During regulated entertainment, the main doors shall be kept closed at all times, other than for ingress or egress.

20. Notices are displayed at all exits asking customers to respect neighbours when leaving the premises.

21. No noise nuisance is to be caused by amplified noise emanating from the premises at the nearest residential property.

22. All doors and windows shall be closed after 23:00 hours when regulated entertainment is taking place.

Protection of Children from Harm

23. The premises shall operate a 'Challenge 21' policy. Any person requesting alcohol who appears to be under 21 shall be required to produce only Government issued photo ID, PASS Card or any other form or ID approved by the police.

