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Annex 1

CITY OF YORK COUNCIL
Licensing Services, Hazel Court EcoDepot, James Street, York, Y010 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 SECRET SQUARE 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			
UNIT 4 STONEGATE WALK HORNBY'S PASSAGE			
Post town	YORK	**Postcode**	YO1 8AT

Telephone number at premises (if any)	—
Non-domestic rateable value of premises	£ 13500

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**		
Date of birth		I am 18 years old or over ☐		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					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Other Title (for example, Rev)	
Surname			**First names**		
Date of birth		I am 18 years old or over ☐ 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	SECRET SQUARE LTD
Address	UNIT 4 STONEGATE WALK HORNBYS PASSAGE YORK YO1 8AT
Registered number (where applicable)	12350568

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 01 05 2020

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)

THE PREMISES IS A SINGLE STORY UNIT.
THE UNIT WILL BE USED AS A CAFE/RESTARANT
MON - SUNDAY SERVING KURDISH CUISINE

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)	☐
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

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	☐
Day	Start	Finish		Both	☐
Mon			**Please give further details here** (please read guidance note 4)		
Tue					
Wed			**State any seasonal variations for performing plays** (please read guidance note 5)		
Thur					
Fri			**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					
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	☐
				Outdoors	☐
Day	Start	Finish		Both	☐
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)			**Please give further details** (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			**State any seasonal variations for indoor sporting events** (please read guidance note 5)
Wed			
Thur			**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)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments 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	☐
				Outdoors	☐
Day	Start	Finish		Both	☐
Mon			**Please give further details here** (please read guidance note 4)		
Tue					
Wed			**State any seasonal variations for boxing or wrestling entertainment** (please read guidance note 5)		
Thur					
Fri			**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)		
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	☐
				Outdoors	☐
Day	Start	Finish		Both	☐
Mon			**Please give further details here** (please read guidance note 4)		
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	☐
				Outdoors	☐
Day	Start	Finish		Both	☐
Mon			**Please give further details here** (please read guidance note 4)		
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

Performances 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	☐
				Outdoors	☐
Day	Start	Finish		Both	☐
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
Day	Start	Finish	**Will this entertainment take place indoors or outdoors or both – please tick** (please read guidance note 3) Indoors ☐ Outdoors ☐ Both ☐
Mon			
Tue			**Please give further details here** (please read guidance note 4)
Wed			
Thur			**State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)** (please read guidance note 5)
Fri			
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	☐
				Outdoors	☐
Day	Start	Finish		Both	☐
Mon			**Please give further details here** (please read guidance note 4)		
Tue					
Wed			**State any seasonal variations for the provision of late night refreshment** (please read guidance note 5)		
Thur					
Fri			**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					
Sun					

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	☐
				Off the premises	☐
Day	Start	Finish		Both	☑
Mon	10:00	23:00	**State any seasonal variations for the supply of alcohol** (please read guidance note 5) AN ADDITIONAL ONE HOURS FOR CHRISTMAS + NEW YEARS EVE AND BANK HOLIDAY SUNDAYS		
Tue	10:00	23:00			
Wed	10:00	23:00			
Thur	10:00	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	10:00	23:00			
Sat	10:00	23:00			
Sun	10:00	23:00			

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	YALCIN KIZILKAYA
Date of birth	
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).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	10.00	23.30
Tue	10.00	23.30
Wed	10.00	23.30
Thur	10.00	23.30
Fri	10.00	23.30
Sat	10.00	23.30
Sun	10.00	23.30

State any seasonal variations (please read guidance note 5)

AN ADDITIONAL ONE HOUR FOR CHRISTMAS + NEW YEARS EVE AND BANK HOLIDAYS SUNDAYS.

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)

M PLEASE SEE ATTACHED DOCUMENT.

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

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

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	• [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

	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	
Date	13. MARCH 2020
Capacity	AGENT

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)

HILARY RAMLI
62A LOW PETERGATE

Post town	YORK	Postcode	YO1 7HZ

Telephone number (if any)

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

SECTION M PREMISES LICENCE APPLICATION

SECRET SQUARE UNIT 4 STONEGATE WALK
HORNBYS PASSAGE
YORK.

A) General

All employees of Secret square will be trained and instructed in all aspect of the licence and any such attached conditions and all staff will be aware of their responsibilities.

The premises shall operate as a cafe/restaurant from Monday to Sunday serving Kurdish food from 10:00am until 23:00hrs.

B) The Prevention of Crime and Disorder

The premises falls in the red zone of the Local Council Cumulative Impact Assessment. In order to prevent any aspect of crime and disorder from the premises the following conditions are suggested.

1. On a Friday, Saturday, bank holiday Sunday and race day evening, a registered door Supervisors will be provided and positioned on Stonegate at the front of alleyway which leads to the restaurant. It is suggested that one door supervisor is sufficient and that two could give the wrong impression for a restaurant.

2. There shall be a minimum of 28 covers provided.

3. Alcohol is by waitress table service only

4.The premises shall operate as a predominately food led establishment. Substantial food and non-intoxicating beverages including drinking water shall be available in all parts of the premises where alcohol is sold or supplied for consumption on the premises up to 1 hour before the end of permitted hours for the sale of alcohol.

5. Supply of alcohol until 23:00hrs Monday - Sunday premises to close 23:30hrs

6. Refusal register to be provided

7. Maximum of 10 seats in courtyard which will be suitably partitioned.
   Courtyard to cease use at 21:00hr

C) Public Safety

All buildings works shall be carried out in accordance with Building Control and the Fire Service. A full fire risk assessment will be carried out prior to occupation of the premises.

The entrance to the premises is down an alleyway which is also used as an alternative means of escape for neighbouring shops. The entrance gate which is currently locked will be opened when the premises is opened, as this is the only access to the premises. (see letter from landlord) The applicant will install full colour cctv system which will cover the internal and external areas. A clear an unobstructed route will be maintained at all times and no combustibles will be position along the alleyway.

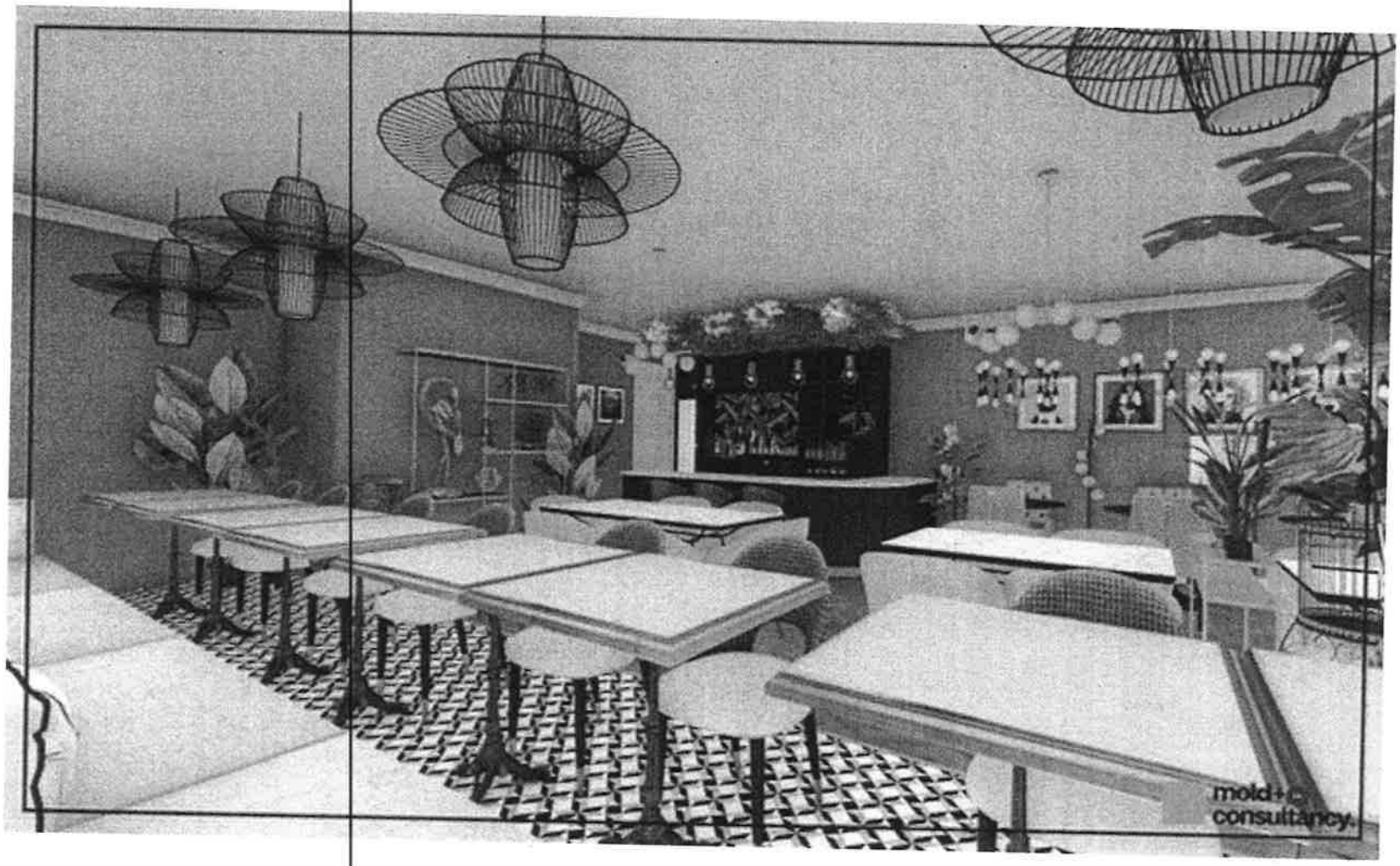
D) The prevention of public Nuisance

Doors and windows will be closed from 22:00hrs apart from ingress and egress.
The courtyard will cease use at 21:00hrs as to not disturb an neighbours
Signs will will positioned asking patrons to leave the premises quietly

E The protection of children from harm.

Children and families are welcome in the restaurant


mold+
consultancy.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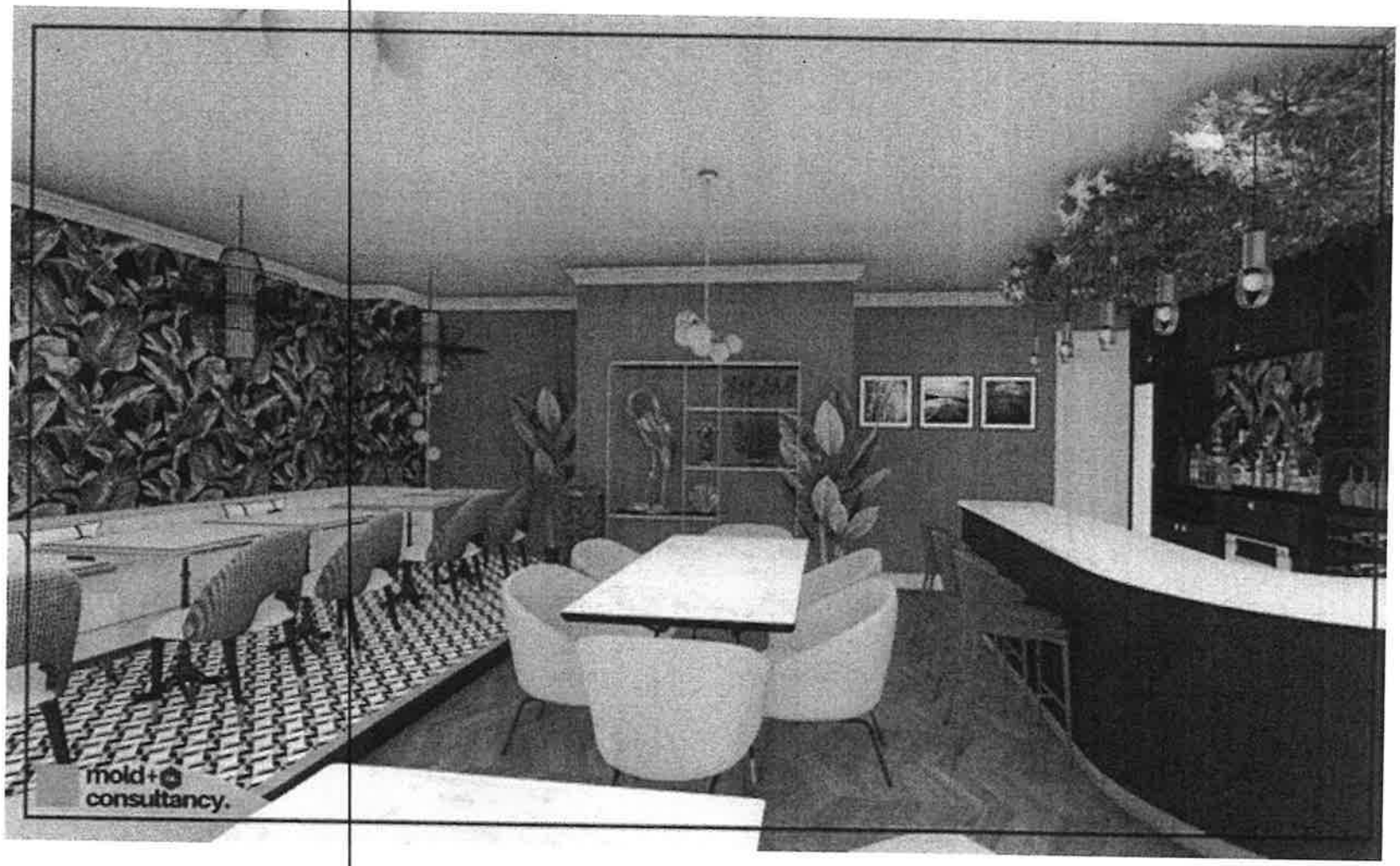
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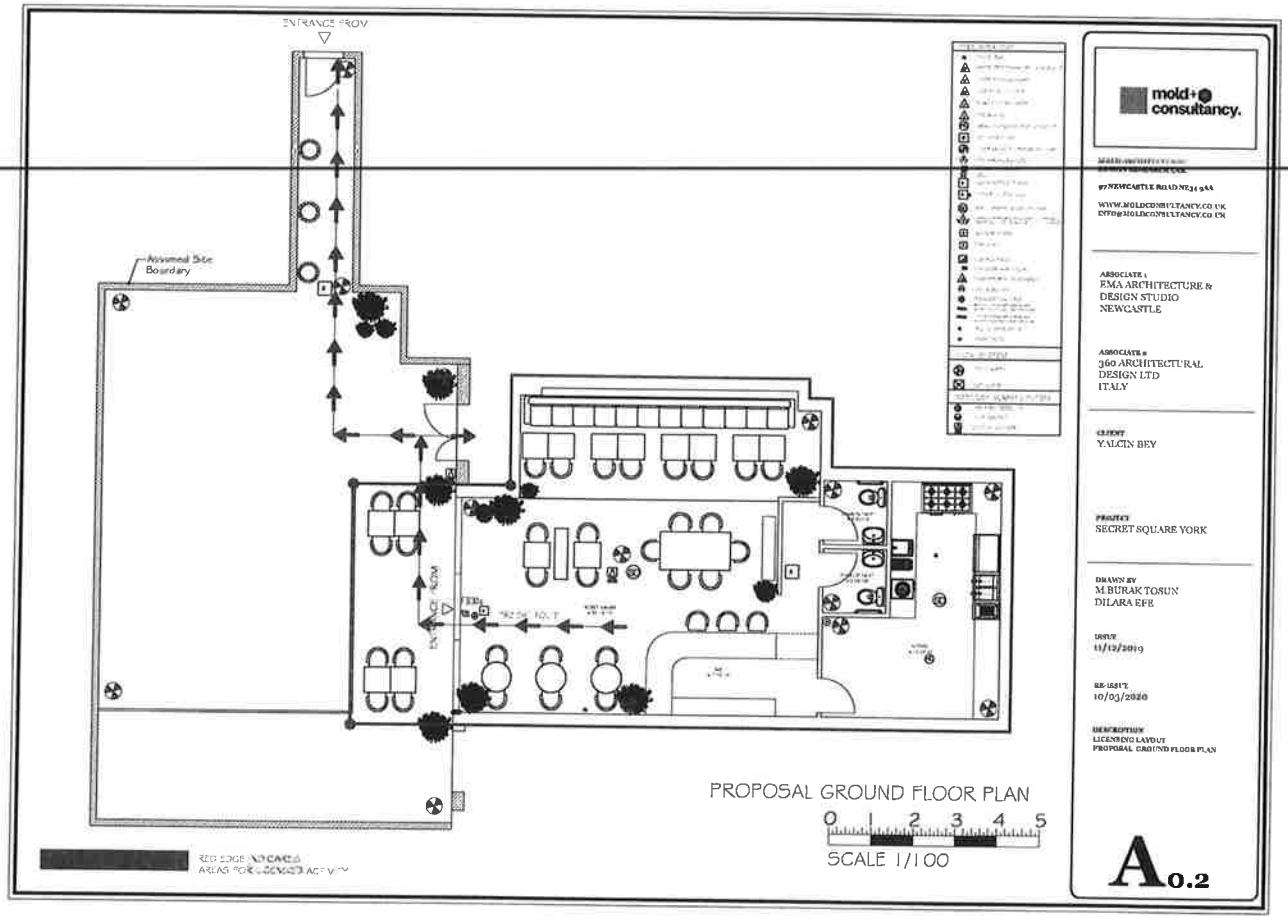
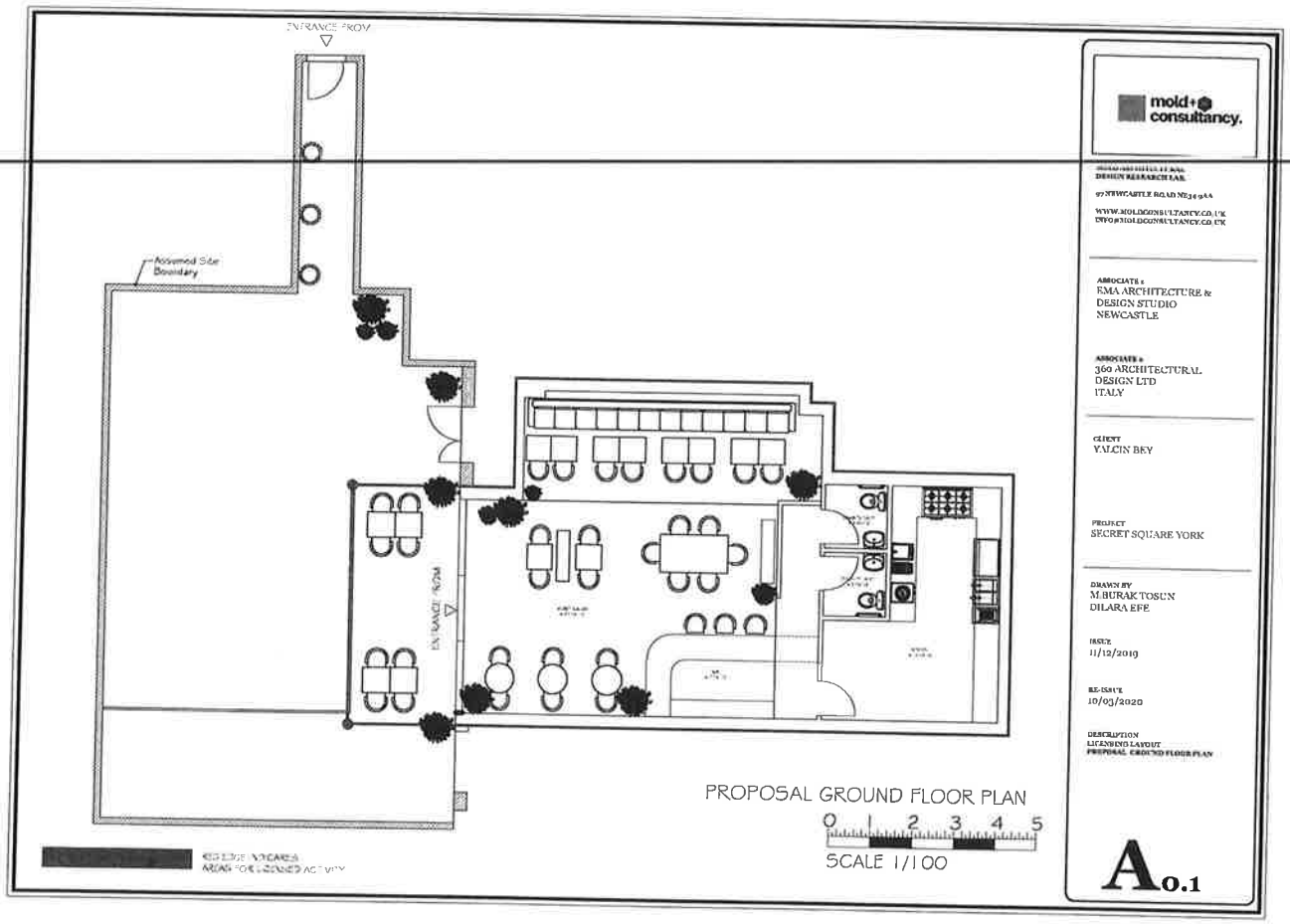

ENTRANCE FROM
Assumed Site Boundary
PROPOSAL GROUND FLOOR PLAN
0 1 2 3 4 5
SCALE 1/100
mold+ consultancy.
ASSOCIATE 1
EMA ARCHITECTURE & DESIGN STUDIO NEWCASTLE
ASSOCIATE 2
360 ARCHITECTURAL DESIGN LTD ITALY
CLIENT
YALCIN BEY
PROJECT
SECRET SQUARE YORK
DRAWN BY
M.BURAK TOSUN
DILARA EFE
ISSUE
11/12/2019
RE-ISSUE
10/03/2020
DESCRIPTION
LICENSING LAYOUT
PROPOSAL GROUND FLOOR PLAN
A0.2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Assumed Site Boundary
ENTRANCE FROM
PROPOSAL GROUND FLOOR PLAN
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SCALE 1/100
mold+ consultancy.
97 NEWCASTLE ROAD NE3 1PA
WWW.MOLDCONSULTANCY.CO.UK
INFO@MOLDCONSULTANCY.CO.UK
ASSOCIATE :
EMA ARCHITECTURE & DESIGN STUDIO NEWCASTLE
ASSOCIATE :
360 ARCHITECTURAL DESIGN LTD ITALY
CLIENT
YALCIN BEY
PROJECT
SECRET SQUARE YORK
DRAWN BY
M.BURAK TOSUN
DILARA EFE
ISSUE
11/12/2019
RE-ISSUE
10/03/2020
DESCRIPTION
LICENSING LAYOUT
PROPOSAL GROUND FLOOR PLAN
A0.1

KENNEDY WILSON

City of York Council
West Offices
Station Rise
York
YO1 6GA

2nd March 2020

Dear Sirs

Unit 4 Stonegate Walk, Hornby Passage, York, YO1 8AT

I'm writing to confirm that as the land owners of the Property we are prepared to grant control over the gate fronting Stonegate Walk to the prospective tenants Mr Yalcin Kizilkaya and Mr Harun Kacmaz of Secret Square Limited. The gates provide the only access route to the subject property therefore need to be opened in order for the property to be occupied/traded. The prospective tenants will ensure the area is controlled at all times and prioritise the safety of the surrounding residents and businesses.

Yours faithfully

For and on behalf of Gatsby Retail Limited