



CITY OF YORK COUNCIL
Licensing Services, 9 St Leonard's Place, York, YO1 7ET

Application for a premises licence to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I/We Mehmet Kayapinar..... (insert name(s) of applicant) apply for 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, ordinance survey map reference or description <u>Unit 4</u> <u>Acorn Wood Shopping Centre</u> <u>Acorn Wood Drive</u> <u>CASLE TAKEAWAY</u> | |
| Post town <u>YORK</u> | Post code <u>YO24 3XN</u> |

Telephone number of premises (if any) 01904 796 444

Non domestic rateable value of premises £ 7,100.00

Part 2 – Applicant Details

Please state whether you are applying for the licence as:

- | | |
|---|---|
| | Please tick ✓ |
| a) an individual or individuals* | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual* | |
| i. as a limited company | <input type="checkbox"/> please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> please complete section (B) |
| iv. other | <input type="checkbox"/> please complete section (B) |
| c) a recognised club | <input type="checkbox"/> please complete section (B) |
| d) a charity | <input type="checkbox"/> please complete section (B) |
| e) The proprietor of an educational establishment | <input type="checkbox"/> 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 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 ✓

- 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

KOYUPINAR MEMET

Please tick ✓ yes

I am 18 years old or over

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

Email address (optional)

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr Mrs Miss Ms Other title
(for example, Rev)

Surname First names

I am 18 years old or over Please tick ✓ yes

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

Email address (optional)

(B) OTHER APPLICANTS

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

| |
|---|
| Name |
| Address |
| Registered number (where applicable) |
| Description of applicant (for example, partnership, company, unincorporated association etc.) |
| Telephone number (if any) |
| E-mail address (optional) |

Part 3 Operating Schedule

When do you want the premises licence to start?

| Day | Month | Year |
|-----|-------|------|
| 01 | 07 | 2008 |

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

| Day | Month | Year |
|-----|-------|------|
| | | |

If 5000 or more people attend the premises at any one time, please state the number expected to attend

| |
|----|
| NA |
|----|

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

Premises is tak away kebab Shop operates more than 10 years, current owner is been operating Shop 9 years. Shop is located next to Tesco in Acomb wood Shopping Centre.
There isnt any residential property near to Shop, Shopping Centre is next to field in Woodthorpe.

What licensable activities do you intend to carry on from the premises?
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick ✓ yes

Provision of regulated entertainment

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performance of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of entertainment facilities for:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

Provision of late night refreshment (if ticking yes, fill in box L)

Sale by retail of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

A

| Plays 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) | Indoors | |
|---|-------|--------|---|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | Please give further details here (please read guidance note 3) | | |
| Tue | | | | | |
| Wed | | | State any seasonal variations for performing play (please read guidance note 4) | | |
| 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 5) | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | | | |

B

| Films Standard days and timings (please read guidance note 6) | | | Will the exhibition of a films take place indoors or outdoors or both – please tick (✓) (please read guidance note 2) | Indoors | |
|---|-------|--------|--|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | Please give further details here (please read guidance note 3) | | |
| Tue | | | | | |
| Wed | | | State any seasonal variations for the exhibition of films (please read guidance note 4) | | |
| 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 5) | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | | | |

C

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

D

| Boxing or wrestling entertainment Standard days and timings (please read guidance note 6) | | | Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (✓) (please read guidance note 2) | Indoors | |
|---|-------|--------|---|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thur | | | Please give further details here (please read guidance note 3) | | |
| Fri | | | | | |
| Sat | | | State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 4) | | |
| Sun | | | | | |
| | | | 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 5) | | |
| | | | | | |
| | | | | | |

E

| Live music Standard days and timings (please read guidance note 6) | | | Will the performance of live music take place indoors or outdoors or both – please tick (✓) (please read guidance note 2) | Indoors | | |
|---|-------|--------|--|--|--|--|
| Day | Start | Finish | | Outdoors | | |
| Mon | | | Please give further details here (please read guidance note 3) | | | |
| Tue | | | | | | |
| Wed | | | | State any seasonal variations for the performance of live music (please read guidance note 4) | | |
| 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 5) | | |
| Sat | | | | | | |
| Sun | | | | | | |

F

| Recorded music Standard days and timings (please read guidance note 6) | | | Will the playing of recorded music take place indoors or outdoors or both – please tick (✓) (please read guidance note 2) | Indoors | | |
|---|-------|--------|--|--|--|--|
| Day | Start | Finish | | Outdoors | | |
| Mon | | | Please give further details here (please read guidance note 3) | | | |
| Tue | | | | | | |
| Wed | | | | State any seasonal variations for the playing of recorded music (please read guidance note 4) | | |
| 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 5) | | |
| Sat | | | | | | |
| Sun | | | | | | |

G

| Performance of dance Standard days and timings (please read guidance note 6) | | | Will the performance of dance take place indoors or outdoors or both – please tick (✓) (please read guidance note 2) | Indoors | |
|--|-------|--------|--|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | Please give further details here (please read guidance note 3) | | |
| Tue | | | | | |
| Wed | | | State any seasonal variations for the performance of dance (please read guidance note 4) | | |
| 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 5) | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | | | |

H

| Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6) | | | Please give a description of the type of entertainment you will be providing | Indoors | |
|--|-------|--------|--|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | Please give further details here (please read guidance note 3) | | |
| Tue | | | | | |
| Wed | | | State any seasonal variations for the entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | 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) | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | | | |

I

| Provision of facilities for making music Standard day and timings (please read guidance note 6) | | | Please give a description of the facilities for making music you will be providing | |
|--|-------|--------|--|----------|
| Day | Start | Finish | Will the facilities for making music be indoors or outdoors or both – please tick (✓) (please read guidance note 2) | |
| | | | Indoors | Outdoors |
| Mon | | | Please give further details here (please read guidance note 3) | |
| Tue | | | | |
| Wed | | | State any seasonal variations for the provision of facilities for making music (please read guidance note 4) | |
| Thur | | | | |
| Fri | | | Non standard timings. Where you intend to use the premises for the provision of facilities for making music at different times to those listed in the column on the left, please list. (please read guidance note 5) | |
| Sat | | | | |
| Sun | | | | |

N/A

J

| Provision of facilities for dancing Standard timings (please read guidance note 6) | | | Will the facilities for dancing be indoors or outdoors or both – please tick (✓) (please read guidance note 2) | |
|--|-------|--------|---|------|
| Day | Start | Finish | Indoors | |
| | | | Outdoors | Both |
| Mon | | | Please give further details here (please read guidance note 3) | |
| Tue | | | | |
| Wed | | | State any seasonal variations for providing dancing facilities (please read guidance note 4) | |
| Thur | | | | |
| Fri | | | Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list. (please read guidance note 5) | |
| Sat | | | | |
| Sun | | | | |

N/A

K

| | | | | | |
|--|--------------|---------------|--|--|----------|
| Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6) | | | Please give a description of the type of entertainment facility you will be providing | | |
| | | | Will the entertainment facility be place indoors or outdoors or both – please tick (✓) (please read guidance note 2) | | Indoors |
| | | | | | Outdoors |
| | | | | | Both |
| Day | Start | Finish | Please give further details here (please read guidance note 3) | | |
| Mon | | | | | |
| Tue | | | State any seasonal variations for the provisions of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list. (please read guidance note 5) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

L

| | | | | | |
|--|--------------|---------------|---|--|----------|
| Late night refreshment Standard days and timings (please read guidance note 6) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (✓) (please read guidance note 2) | | Indoors |
| | | | | | Outdoors |
| | | | | | Both |
| Day | Start | Finish | Please give further details here (please read guidance note 3) | | |
| Mon | 16:00 | 03:00 | | | |
| Tue | 16:00 | 03:00 | State any seasonal variations for the provision of late night refreshment (please read guidance note 4) | | |
| Wed | 16:00 | 03:00 | | | |
| Thur | 16:00 | 03:00 | 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 5) | | |
| Fri | 16:00 | 03:00 | | | |
| Sat | 16:00 | 03:00 | | | |
| Sun | 16:00 | 24:00 | | | |

M

| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the supply of alcohol be for consumption on or off the premises or both – please tick (✓) (please read guidance note 7) | On the premises | |
|---|-------|--------|---|------------------|--|
| Day | Start | Finish | | Off the premises | |
| Mon | | | State any seasonal variations for the supply of alcohol (please read guidance note 4) | | |
| Tue | | | | | |
| Wed | | | 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 5) | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | | | |
| | | | | | |

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

Name

Address

Postcode

Personal licence number (if known)

Issuing licensing authority (if known)

P

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

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

~~Print~~ Printing on leaflets and menu.
Showing on windows.

b) The prevention of crime and disorder

CCTV Recording,

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

- Please tick ✓ Yes
- 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 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

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

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.**

Signature *[Handwritten Signature]*

Date *21/5/08*

Capacity

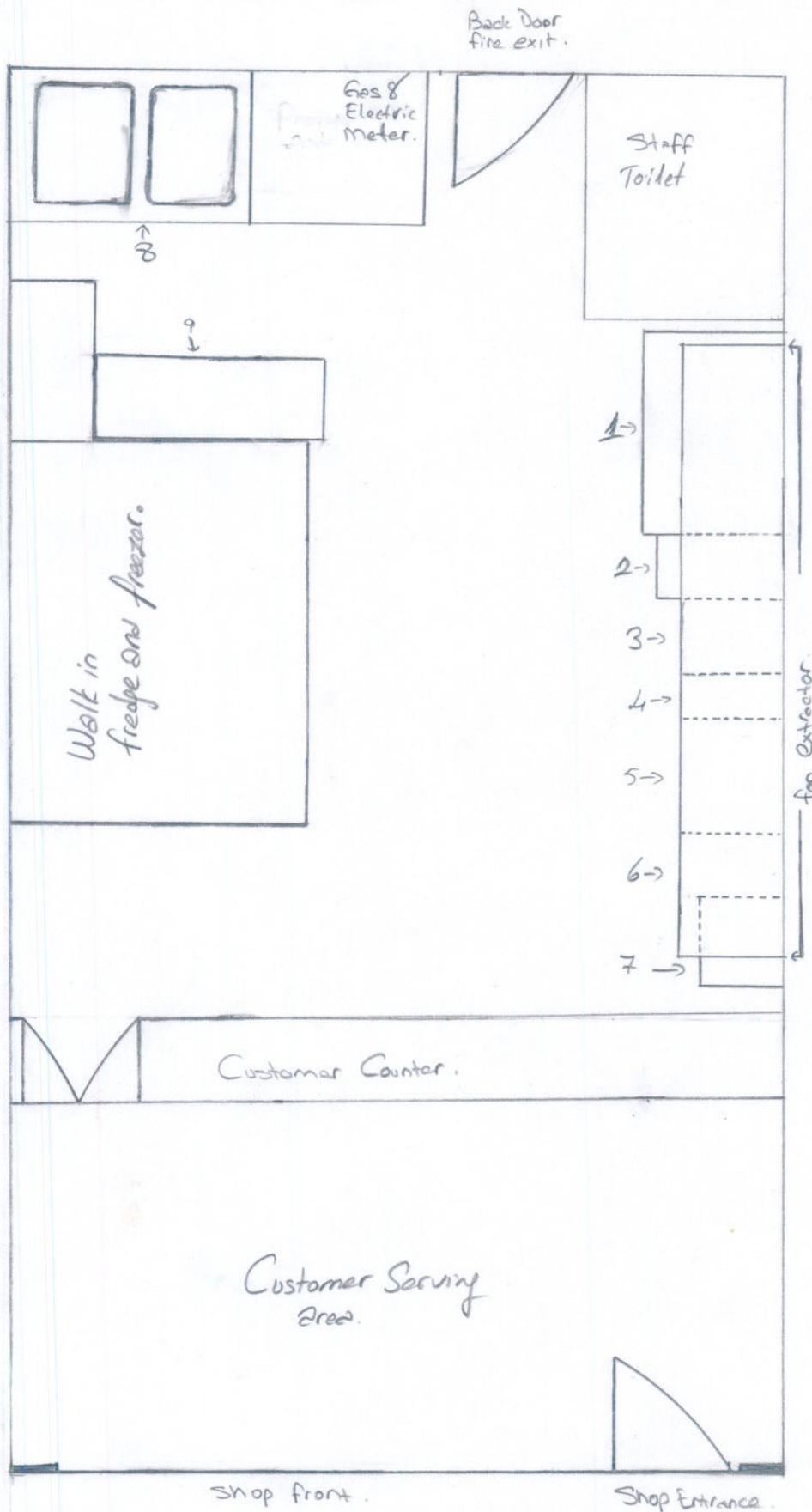
For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature *[Handwritten Signature]*

Date

Capacity

| | |
|---|----------------------------------|
| Contact Name (where not previously given) and address for correspondence associated with this application (please read guidance note 13) | |
| <i>Bottle Take Away</i> | |
| <i>Unit 4,</i> | |
| <i>Acomb Wood Shopping Centre</i> | |
| <i>Acomb Wood Drive</i> | |
| Post town <i>YORK</i> | Post code <i>YO24 3XN</i> |
| Telephone number (if any) <i>07970734210</i> | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | |



- 1) Pizza Oven (Gas)
- 2) Pressure Chicken fryer (Gas)
- 3) Chips fryer (Electric)
- 4) Chips holder
- 5) Electric grill.
- 6) Doner machine (Gas)
- 7) Hot pot (Electric)
- 8) Sink
- 9) Preparation Area.

Plan of Castle Take away.

2cm = 1m

