



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 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 SNAZZY BREW
(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 1A High Petergate 1A HIGH PETERGATE	
Post town YORK	Post code YO1 7EN
Telephone number of premises (if any)	
Non-domestic rateable value of premises	£ 16,250

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

Nationality

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

Email address (optional)

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information).

SECOND INDIVIDUAL APPLICANT (if applicable)

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

Surname

First names

Please tick yes

Date of Birth

I am 18 years old or over

Nationality

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the '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 case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name	SNAZZY BREW
Address	1A HIGH PETER GATE YO1 7EN YORK
Registered number (where applicable)	15383932
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?

28 08 2024
Day Month Year

28	08	20	24
28	08	20	24
Day	Month	Year	

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

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

1A HIGH PETER GATE IS SITUATED ON HIGH PETER GATE, OPPOSITE FAT BADGER. THE PROPERTY HAS A TOTAL OF 1408 SQFT ON THE INTERIOR SPANNING OVER TWO FLOORS (GF, BASMENT) WITH THE BASMENT BEING USED FOR STORAGE. CURRENTLY CAFE AND IS CLASS E

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

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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)

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 late night refreshment (if ticking yes, fill in box I)

Sale by retail 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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Both	<input type="checkbox"/>	Please give further details here (please read guidance note 4)
Tue					
Wed			State any seasonal variations for performing play (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 a films 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"/>
Mon			Both	<input type="checkbox"/>	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			State any seasonal variations for indoor sporting events (please read guidance note 5)
Tue			
Wed			
Thur			
Fri			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)
Sat			
Sun			

D

Boxing or wrestling entertainment 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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			Please give further details here (please read guidance note 4)	
Thur			State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 5)	
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) <table border="1"> <tr> <td>Indoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>	Indoors	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>	Both	<input type="checkbox"/>
Indoors	<input type="checkbox"/>								
Outdoors	<input type="checkbox"/>								
Both	<input type="checkbox"/>								
Day	Start	Finish							
Mon									
Tue									
Wed			Please give further details here (please read guidance note 4)						
Thur									
Fri			State any seasonal variations for the performance of live music (please read guidance note 5)						
Sat									
Sun									
			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)						
Mon									
Tue									
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) <table border="1"> <tr> <td>Indoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoors</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>	Indoors	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>	Both	<input type="checkbox"/>
Indoors	<input type="checkbox"/>								
Outdoors	<input type="checkbox"/>								
Both	<input type="checkbox"/>								
Day	Start	Finish							
Mon									
Tue									
Wed			Please give further details here (please read guidance note 4)						
Thur									
Fri			State any seasonal variations for the playing of recorded music (please read guidance note 5)						
Sat									
Sun									
			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)						
Mon									
Tue									
Sun									

G

Performance 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	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 4)					
Mon								
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					
			Will the entertainment 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	Please give further details here (please read guidance note 4)					
Mon								
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 5)		
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 6)		
Sat								
Sun								

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"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
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 on or off the premises or both – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	11:00	23:00	State any seasonal variations for the supply of alcohol (please read guidance note 5)	Both	<input checked="" type="checkbox"/>
Tue	11:00	23:00			
Wed	11:00	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)		
Thur	11:00	23:00			
Fri	11:00	23:00			
Sat	11:00	23:00			
Sun	11:00	23:00			

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

Name
GEVISH KHEDDO

Address

Postcode

Personal licence number (if known)

CYC-078333

Issuing licensing authority (if known)

YORK CITY 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 9)

~~AA~~ NoN

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	08:30	23:00	
Tue	08:30	23:00	
Wed	08:30	23:00	
Thur	08:30	23:00	Non standard timings. Where you intend to open 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)
Fri	08:30	23:00	
Sat	08:30	23:00	
Sun	08:30	23:00	

M

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 10)

- CCTV
- Closing 23:00
- ID CHECKS
- LIMITATION ON CONSUMPTION
- FIRST AID
- LIMIT ON GUESTS
- MINDFUL OF NOISE

b) The prevention of crime and disorder

- ~~DOOR SUPERVISION - DETERRENCE, CROWD CONTROL, CONFLICT RESOLUTION~~
- CCTV - SURVEILLANCE, EVIDENCE
- LIMIT ON HOW MUCH CONSUMPTION / PURCHASE LIMIT
- PROOF OF AGE
- WORK WITH POLICE

c) Public safety

- ~~DOOR STAFF - PREVENT DISORDLY CONDUCT, VIOLENCE AND UNAUTHORISED ENTRY~~
- FIRST AID TRAINED STAFF
- FIRE RISK ASSESSMENT
- HOTLINES FOR TAXIS
- FREE DRINKING WATER
- LIMIT ON ALCOHOL CONSUMPTION

d) The prevention of public nuisance

- VOLUME LIMIT
- CLOSING TIME AT 23:00
- LIMITED NUMBER OF GUESTS AT ONETIME
- NO GLASS DISPOSAL BETWEEN 23:00 AND 7AM
- ALCOHOL LIMITATION
- QUIET NOTICE

e) The protection of children from harm

- AGE VERIFICATION - ID CHECKS
- PROMOTIONAL MATERIAL - ~~AVOID CHILD FRIENDLY~~ APPEALING ADVERTISING
- PROMOTIONAL MATERIAL - ~~AVOID CHILD~~ APPEALING ADVERTISING

- 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

Please tick to indicate agreement

[Applicable to all individual applicants, including those in 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 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] <ul style="list-style-type: none"> • 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, if appropriate (please see note 15)
Signature	
Date	26/06/2024
Capacity	25 Company 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	

Contact Name (where not previously given) and address for correspondence associated with this application (please read guidance note 14)

GEVISH KHEDDO

T

Post town

YORK

Post code

Telephone number (if any)

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

Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. In terms of specific regulated entertainments please note that:
 - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
 - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
 - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
 - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
 - Live music: no licence permission is required for:
 - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
 - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
 - a performance of amplified live music between 08.00 and 23.00 on any day, in a workplace that is not licensed to sell alcohol on those premises, provided that the audience does not exceed 500.
 - a performance of amplified live music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.

