

[Insert name and address of relevant licensing authority and its reference number (optional)]

Application for the review of a premises licence or club premises certificate 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
(Insert name of applicant) apply for the review of a
premises licence under section 51 / apply for the review of a club premises certificate under section 87 of the Licensing Act 2003 for the premises described in Part 1 below (delete as applicable)

Part 1 – Premises or club premises details

Postal address of premises or club premises, or if none, ordnance survey map reference or description 33 Main Street Barton under Needwood	
Post town Burton on Trent	Post code (if known) DE13 8AA

Name of premises licence holder or club holding club premises certificate (if known)
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Number of premises licence or club premises certificate (if known)
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Part 2 - Applicant details

- | I am | Please tick ✓ yes |
|---|-------------------------------------|
| 1) an interested party (please complete (A) or (B) below) | <input checked="" type="checkbox"/> |
| a) a person living in the vicinity of the premises | <input checked="" type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises | <input type="checkbox"/> |
| c) a person involved in business in the vicinity of the premises | <input checked="" type="checkbox"/> |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/> |

2) a responsible authority (please complete (C) below)

3) a member of the club to which this application relates (please complete (A) below)

(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)

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

Surname First names

Please tick ✓ yes

I am 18 years old or over

Current address

Post Town Postcode

Daytime contact telephone number

E-mail address (optional)

(B) DETAILS OF OTHER APPLICANT

Name and address
Telephone number (if any)
E-mail (optional)

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address
Telephone number (if any)
E-mail (optional)

This application to review relates to the following licensing objective(s)

Please tick one or more boxes Y

- 1) the prevention of crime and disorder
- 2) public safety
- 3) the prevention of public nuisance
- 4) the protection of children from harm

x
x
x

Please state the ground(s) for review (please read guidance note1)

There have been several incidents involving the Police that have seen an increase in crime and disorder causing public nuisance and public safety. On some occasions the Police havent been able to attend thus increasing the risk to safety. The establishmnet is failing to promote a resonsible drinking culture. There is no need for a village pub to be open after midnight on a fri or sat eve .

As a local resident I had to go away at the end of Aug for 2 weeks as I was sick of getting no sleep at my weekends off when i was trying to rest from a 60 hr working week. I had tried to work with the managment however they seem to not care what happens once their patrons have left the premises. It is not fair and right that local rsidents cannot live a peaceful life and have to put up with this level of ASB and abuse.

Please provide as much information as possible to support the application (please read guidance note 2)

I am sure the enforcement team and Police will be able to provide the dates and times when incidents have occurred. EH, Enforcement and the Police have tried to work with the management team to resolve the matters.

Please tick γ

yes

Have you made an application for review relating to this premises before

If yes please state the date of that application

Day Month Year

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If you have made representations before relating to this premises please state what they were and when you made them

Please tick ✓ yes

- I have sent copies of this form and enclosures to the responsible authorities and the premises licence holder or club holding the club premises certificate, as appropriate
- 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 3 – Signatures (please read guidance note 3)

Signature of applicant or applicant’s solicitor or other duly authorised agent (please read guidance note 4). **If signing on behalf of the**

Date.....25 Sep 20.....
Capacity
.....

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 5)	
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you using an e-mail address your e-mail address (optional)	

Notes for Guidance

1. The ground(s) for review must be based on one of the licensing objectives.
2. Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
3. The application form must be signed.
4. An applicant’s agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
5. This is the address which we shall use to correspond with you about this application.