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.

additional sheets if necessary. You may wish to keep a copy of the completed form for your records.						
ap re fo	(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, if none, ordnance survey map reference or description						
	•					
P	ost town Po	ost code (if known)				
Name of premises licence holder or club holding club premises certificate (if known)						
Number of premises licence or club premises certificate (if known						
		(ii iiiieiiii				
_	art 2 - Applicant details					
	am 	Please tick	yes			
1)	an interested party (please complete (A) or	(B) below)				
	a) a person living in the vicinity of the pren	nises				
	b) a body representing persons living in the	e vicinity of the premises				
	c) a person involved in business in the vic	inity of the premises				
	 d) a body representing persons involved in premises 	n business in the vicinity of the				
2)	a responsible authority (please complete (C	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)							
Please tick Mr		Miss		Ms		Other title (for example, Rev)	
Surname				<u>F</u>	irst name	es	
Please tick yes I am 18 years old or over							
Current postal address if different from premises address							
Post town					Post C	Code	
Daytime contac	Daytime contact telephone number						
E-mail address (optional)							
(B) DETAILS OF OTHER APPLICANT							
Name and address							
Telephone number (if any)							
E-mail address (optional)							

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address
Telephone number (if any)
•
E-mail address (optional)
This application to review relates to the following licensing objective(s) Please tick one or more boxes
1) the prevention of crime and disorder
2) public safety
3) the prevention of public nuisance
4) the protection of children from harm
Please state the ground(s) for review (please read guidance note 1)
riease state the ground(s) for review (please read guidance note 1)

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

		Please	tick yes
Have you made an application for review relating to	this premises b		
If yes please state the date of that application	Month Year	Day	
If you have made representations before relating what they were and when you made them	to this premi	ses pleas	e state

 I have sent copies of this form and en authorities and the premises licence hereignes certificate, as appropriate I understand that if I do not comply win my application will be rejected 	older or club holding the club				
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 (See guidance note 4). 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 5)					
Post town F	ost 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.