Application for the review of a premises licence or club premises certificate under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

lf y yoι	f you are completing this form please read the guidance notes at the end of the form. f 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.						
ce in	rtifi Part	(Insert name of applicant) ses licence under section 51 / apply for to cate under section 87 of the Licensing Attacks: 1 below (delete as applicable)					
Pa	rt i	 Premises or club premises details 					
		address of premises or club premises, or if none ption	e, ordnance survey map reference or				
	-4.4		D. 4 - 4 ('£)				
P	st to	own	Post code (if known)				
		of premises licence holder or club holding club p					
INU	mbe	r or premises licence or club premises certificati	e (ir known)				
Pa ı I ar		- Applicant details	Please tick ✓ yes				
1)	an i	interested party (please complete (A) or (B) below) 🗆				
	a)	a person living in the vicinity of the premises					
	ь)	a body representing persons living in the vicinity the premises	of \Box				
	c)	a person involved in business in the vicinity of the premises					
	d)	a body representing persons involved in business in the vicinity of the premises					

2) a responsible authority (please complete (C) below	w)						
3) a member of the club to which this application rela (please complete (A) below)	ates						
(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)							
Mr Mrs Miss	Ms Other title (for example, Rev)						
Surname	First names						
	lPlease tick ✔ yes						
I am 18 years old or over	riedse tick yes						
Current address							
Post Town	Postcode						
Daytime contact telephone number							
E-mail address (optional)							
(optional)							
(B) DETAILS OF OTHER APPLICANT							
Name and address							
Telephone number (if any)							
E-mail (optional)							

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Telephone number (if any)								
receptione 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								
The protection of children from harm								
Diago state the ground(s) for review (places read guidance note1)								
Please state the ground(s) for review (please read guidance note1)								

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

	Please tick Y					
Have you made an application for review relating to this premi	ses before	!	yes			
If yes please state the date of that application	Day	Month	Year			
If you have made representations before relating to this pre and when you made them	mises ple	ase state	what t	hey	were	1

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 applicant please state in what capacity.						
Signature						
DateCapacity						
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

- The ground(s) for review must be based on one of the licensing objectives.
 Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
 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.