

# 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, if none, ordnanc	e survey map reference or description			
Post town	Post code (if known)			
No	and the second of the second o			
Name of premises licence holder or club holding	g club premises certificate (ii known)			
N. 1. 6. 1. 11. 1.	(10) ( (10)			
Number of premises licence or club premises co	ertificate (if known)			
Part 2 - Applicant details				
I am	Please tick ✓ yes			
1) an individual, body or business which is not a rauthority (please read guidance note 1, and complor (B) below)	•			
2) a responsible authority (please complete (C) be	elow)			
3) a member of the club to which this application (please complete (A) below)	relates			

(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)				
Please tick ✓ yes				
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	Post Code			
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)	
L'inair address (optional)	
This application to review relates to the following lie	censing objective(s)
	Please tick one or more boxes ✓
1) the prevention of crime and disorder	П
2) public safety	П
3) the prevention of public nuisance	Π
r	
4) the protection of children from harm	
4) the protection of children from harm	
4) the protection of children from harm	idance note 2)
4) the protection of children from harm  Please state the ground(s) for review (please read guidents)	idance note 2)
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Please provide as much information as possible to support the application (please read	
guidance note 3)	
<u> </u>	Please tick ✓ yes
Have you made an application for review relating to the	<b>, e</b> s
premises before	_
If yes please state the date of that application	Day Month Year
2 jes preuse sinte the dute of that application	

If you have made representations before relating to the premises please state what they wer	e
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,	
<ul> <li>as appropriate</li> <li>I understand that if I do not comply with the above requirements my application will be rejected</li> </ul>	
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IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

## Part 3 – Signatures (please read guidance note 4)

guidance note 5). <b>If signing on behalf of the ap</b>	plicant please state in what capacity.	
Signature		
Date		
Capacity		
Contact name (whose not marriagely given) are	d mostal address for correspondence	
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)		
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)		

Signature of applicant or applicant's solicitor or other duly authorised agent (please read

#### **Notes for Guidance**

- 1. A responsible authority includes the local police, fire and rescue authority and other statutory bodies which exercise specific functions in the local area.
- 2. The ground(s) for review must be based on one of the licensing objectives.
- 3. Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
- 4. The application form must be signed.
- 5. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- 6. This is the address which we shall use to correspond with you about this application.