

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, ordnano	e survey map reference or description				
Post town	Post code (if known)				
Name of premises licence holder or club holding	ng club premises certificate (if known)				
Number of premises licence or club premises c	ertificate (if known)				
Part 2 - Applicant details					
I am					
1 am	Please tick ✓ yes				
1) and the distributed the description of the distributed to the distr					
1) an individual, body or business which is not a responsible authority (please read guidance note 1, and complete (A) or (B) below)					

2) a responsible authority (please con	nplete (C) bel	ow)			
3) a member of the club to which this (please complete (A) below)	application r	elates			
(A) DETAILS OF INDIVIDUAL A	(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)				
Please tick ✓ yes					
Mr Mrs Miss	M	s 🗌	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 APPLI	CANT				
Name and address					
Telephone number (if any)					
E-mail address (optional)					

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address	
Talanhana wasalan (if ana)	
Telephone number (if any)	
E mail address (antional)	
E-mail address (optional)	
This application to review relates to the following licen	sing objective(s)
This application to review relates to the following need	ising objective(s)
	Please tick one or more boxes ✓
1) the prevention of crime and disorder	
2) public safety	\sqcup
3) the prevention of public nuisance4) the protection of children from harm	H
-, the protection of children from farm	\Box

Please state the ground(s) for review (please read guidance note 2)	

Please provide as much information as possible to support the application (please read guidance note 3)
guidance note 3)

	Please tick ✓ yes
Have you made an application for review relating to the premises before	
If yes please state the date of that application	Day Month Year
If b d b. f b. f 4. 4b	
If you have made representations before relating to the proand when you made them	emises please state what they were

 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 	-
• I understand that if I do not comply with the above requirements my	
IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 OF STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION	
Part 3 – Signatures (please read guidance note 4)	
Signature of applicant or applicant's solicitor or other duly authorised agent (please guidance note 5). If signing on behalf of the applicant please state in what capacity.	read
Signature	
Date	
Capacity	
	•••
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 adoptional)	ddress

Please tick ✓

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.