

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

(1)

Reference number:

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

(2) **I/We**

apply for the review of a [premises licence under section 51]

[club premises certificate under section 87] of the Licensing Act 2003 for the premises described in Part 1 below

Part 1 - Premises or club premises details

Postal address of premises or club premises, or if none, Ordnance Survey map reference or description

Post town

Postcode (if known)

Telephone number (if any)

Name of premises licence holder or club holding club premises certificate (if known)

Number of premises licence or club premises certificate (if known)

Part 2 - Applicant details

I am

Please tick ✓ yes

- 1) an interested party (please complete section (A) or (B) below)
- a) a person living in the vicinity of the premises
- b) a body representing persons living in the vicinity of the premises
- 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

Delete any words in square brackets which do not apply

- (1) Insert name and address of relevant licensing authority and its reference number (optional)
(2) Insert name(s) of applicant(s)

Please tick ✓ yes

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

I am 18 years old or over Please tick ✓ yes
Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current address

Post town Postcode

Daytime contact telephone number

E-mail address (optional)

(B) DETAILS OF OTHER APPLICANT

Name and address

Post town Postcode

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone number (if any)

E-mail address (optional)

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address

Post town

Postcode

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)

Please provide as much information as possible to support the application

(please read guidance note 2)

Please tick ✓ yes

Have you made an application for review relating to these premises before?

Day Month Year

If yes, please state the date of that application

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If you have made representations before relating to these 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 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	Postcode
Telephone number (if any)	
If you would prefer us to correspond with you using an email 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.
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