

**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 Chief Officer of Police

*(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**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b> Favourite Chicken and Ribs 3 Market Street	
<b>Post town</b> Trowbridge	<b>Post code (if known)</b> BA14 8EY
<b>Name of premises licence holder or club holding club premises certificate (if known)</b> Mr Kenan OLMEZ	
<b>Number of premises licence or club premises certificate (if known)</b> WW0501046LAPRE	

**Part 2 - Applicant details**

I am

Please tick yes

- 1) an interested party (please complete (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
- 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)

Please tick

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 Wiltshire Police Trowbridge Police Station Polebarn Road TROWBRIDGE Wiltshire
Telephone number (if any) 0845 408 7000
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)**

Despite police and Wiltshire Council engagement with the management, police are increasingly concerned over the number and nature of incidents associated with this premise.

Additionally the management display a lack of appreciation of their role in promoting the licensing objectives evidenced when engaging with police officers and staff.

Through monitoring police conclude that the management of the premises do not actively promote the licensing objectives, the prevention of crime and disorder and public safety, which in turn leads to increased levels of crime and disorder associated with the premise.

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

1. Between 1st of January 2010 and 31st of May 2011 in excess of 50 incidents linked to the premise have been recorded by police. 62 % of these being incidents of disorder.

2. Police find that over 76% of incidents of disorder occur after 04.00 hours.

3. In the same period police have found the premise to be operating beyond its permitted hours on several occasions despite previous formal warnings. Police find that on each occasion the premise is in breach of the premise licence.

4. Over a period of eight months police have experienced difficulties retrieving, or have been unable to retrieve CCTV images from the system installed at the premises, police find that on each occasion the premise is in breach of the premise licence.

Police now believe that additional conditions are required to ensure that the licensing objectives the prevention of crime and disorder and public safety are met.

#### Recommendations to the Committee

Police believe and can provide evidence to support the view, that the terminal hour on a Thursday, Friday and Saturday night of 05.00 hours contributes to the levels of crime and disorder.

Police request that consideration be given to the following -

- The premise to employ two SIA registered staff from midnight to the terminal hour of the licence.
- The premise licence is to cease at no later than 03.30 hours on a Thursday, Friday, Saturday night.

Please tick yes

Have you made an application for review relating to this premises before

If yes please state the date of that application

Day Month Year

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**If you have made representations before relating to this premises please state what they were and when you made them**

Objection to the variation of the premise licence heard on 25<sup>th</sup> of August 2009 by Wiltshire Council Licensing Sub Committee, Bradley Road, Trowbridge, Wiltshire. This application being to extend the terminal hour.

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** (See guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

Signature

Date 1<sup>st</sup> June 2011

Capacity Licensing Officer

**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 5)  
Jacqui Gallimore

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**

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.