



The Licensing Team
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APPLICATION FOR THE REVIEW OF A PREMISES LICENCE OR CLUB PREMISES CERTIFICATE UNDER THE LICENSING ACT 2003

Form Ref: LA03/R1

Data Protection

North Devon Council is the Data Controller.

Your personal information will be held and used in accordance with the requirements of the Data Protection Act 1998.

We will use the information you have provided in connection with the administration of Licensing.

We may lawfully disclose information to other public sector agencies to:

- prevent or detect fraud and any other crime;
- support national fraud initiatives;
- protect public funds;
- progress your request for service.

We may also use basic information about you, e.g name and address, in other areas of service provision at North Devon Council if this:

- helps you to access our services more easily;
- promotes the more efficient and cost-effective delivery of services;
- helps us to recover monies that you owe us.

We will not use your personal information in a way that may cause you unwarranted detriment.

If you require this document in an alternative format, please contact us.

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 or typed in black ink. Use additional sheets if necessary.

You should keep a copy of the completed form for your records.

**APPLICATION FOR THE REVIEW OF A PREMISES LICENCE OR CLUB
PREMISES CERTIFICATE UNDER THE LICENSING ACT 2003**

I, <i>[insert name of applicant]</i>
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)
Premises licence number (if known)

Part 1 – Premises or Club Premises Details	
Postal address of premises, or, if none, Ordnance Survey map reference or description	
Post Town	Postcode
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 v yes
1) an interested party (please complete (A) or (B) below)	
a) a person living in the vicinity of the premises	<input type="checkbox"/>
b) a body representing persons living in the vicinity of the premises	<input type="checkbox"/>
c) a person involved in business in the vicinity of the premises	<input type="checkbox"/>
d) a body representing persons involved in business in the vicinity of the premises	<input type="checkbox"/>
2) A responsible authority (please complete (C) below)	<input type="checkbox"/>
3) A member of the club to which this application relates (please complete (A) below)	<input type="checkbox"/>

(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)	
Surname	
First names	
I am 18 years old or over	<input type="checkbox"/>
Current postal address if different from premises address	
Post Town	Postcode
Daytime contact telephone number	
E-mail address (optional)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)	
Surname	
First names	
I am 18 years old or over	<input type="checkbox"/>

Current postal address if different from premises address			
Post Town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)			
Surname			
First names			
I am 18 years old or over			<input type="checkbox"/>
Current postal address if different from premises address			
Post Town		Postcode	
Daytime contact telephone number			
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	<input type="checkbox"/>
2) public safety	<input type="checkbox"/>
3) the prevention of public nuisance	<input type="checkbox"/>
4) the protection of children from harm	<input type="checkbox"/>

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 v yes
Have you made an application for review relating to this premises before	<input type="checkbox"/>
If YES please state the date of that application	

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

Part 3 - Checklist	Please tick v yes
• I have sent copies of this form and enclosures to the responsible authorities and the premises licence holder of club holding the club premises certificate, as appropriate	<input type="checkbox"/>
• I understand that if I do not comply with the above requirements my application will be rejected	<input type="checkbox"/>

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 4 – 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 notice (please read guidance note 5)	
Name	
Address	
Post Town	Postcode
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

* Delete or select as appropriate.

Notes for Guidance

1. The grounds 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.