



**The Licensing Team**  
Environmental Health & Housing  
North Devon Council  
PO BOX 379, Barnstaple, Devon,  
EX32 2GR

**Contact Details:**  
**Tel:** 01271 388870

**Email:** [licensing@northdevon.gov.uk](mailto:licensing@northdevon.gov.uk)  
**Web:** [www.northdevon.gov.uk/licensing](http://www.northdevon.gov.uk/licensing)

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

**Form Ref: LA03/R1**

### **Privacy Notice – privacy & data protection**

North Devon Council, the Data Controller, collects personal information when you contact us for the licensing services we provide. We will use this information to provide these services, such as the granting of a licence, permit, registration or receipt of a notice.

We may need to share your information with other departments in North Devon Council or external/ third parties, where this is necessary to perform our public functions & services as provided by law.

For more information as a Data Subject regarding privacy & data protection, including how we manage your personal information, data retention and your rights, please see our Privacy Notice on the website: [www.northdevon.gov.uk/privacy](http://www.northdevon.gov.uk/privacy)

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**

<p><b>I,</b> <i>[insert name of applicant]</i></p> <p><b>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)</b></p>
---

<b>Part 1 – Premises or Club Premises Details</b>	
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).	

<b>Part 2 – Applicant Details</b>	
I am	Please tick <input type="checkbox"/> yes
1) an individual, body or business which is not a responsible authority (please read guidance note 1, and complete (A) or (B) below)	<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"/>

<b>(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)</b>	
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)	

<b>(B) DETAILS OF OTHER APPLICANT</b>	
Name and address	
Daytime contact telephone number	
E-mail address (optional)	

**(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT**

Name and address

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

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

<b>Please tick <input type="checkbox"/> yes</b>
Have you made an application for review relating to this premises before <input type="checkbox"/>
If YES please state the date of that application
<b>If you have made representations before relating to this premises please state what they were and when you made them</b>

<b>Part 3 - Checklist</b>	<b>Please tick <input type="checkbox"/> yes</b>
• 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	<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.**

<b>Part 4 – Signatures</b>	<b>(please read guidance note 3)</b>
<b>Signature of applicant or applicant’s solicitor or other duly authorised agent (please read guidance note 5). If signing on behalf of the applicant please state in what capacity.</b>	
Signature:	
Date:	
Capacity	

<b>Contact name (where not previously given) and postal address for correspondence associated with this notice (please read guidance note 6)</b>	
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)	

**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.