



APPLICATION FOR A REVIEW OF A PREMISES LICENCE OR CLUB PREMISES CERTIFICATE

**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

Name and postal address of premises or, if none, ordnance survey map reference or description	
Post Town	Post Code (if known)
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 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 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

Please tick ✓ Yes

I am 18 years old or over

Current postal address if different from premises address

Post Town

Postcode

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
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 | <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 2)

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

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 relating to this premises before, please state what they were and when you made them

Checklist

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, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

Part 3 – Signatures (please read guidance note 4)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 5). **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 6)	
Post town	Post code
Telephone number	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

Data Protection: *The London Borough of Brent will use this information for the purposes of The Licensing Act 2003 and related purposes. Any member of the public may examine the application form on request. In addition, this information may be disclosed to the Police, The London Fire and Emergency Planning Authority, relevant ward Councillors and other Council departments.*

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with law enforcement agencies and other bodies responsible for auditing or administering public funds for these purposes.

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.

Please return the completed form and any accompanying documents to the following address with a copy to the premises licence holder / Club that the application relates to:-

Regulatory Services (Licensing)
Brent Council
Fifth Floor
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

☎ 020 8937 5359

Email: business.licence@brent.gov.uk

Cheques should be crossed and made payable to London Borough of Brent.

Please follow the instructions in the checklist to submit the relevant copies to the responsible authorities. Contact details shown below:

Chief Officer of Police
Brent Licensing Department
Fifth Floor
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

Tel: 020 8733 3206

North West Area 1
London Fire Brigade
169 Union Street
London
SE1 0LL

Tel: 020 8555 1200 x38778

Trading Standards
Fifth Floor
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

Tel: 020 8937 5555

Environmental Health
Fifth Floor
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

Tel: 020 8937 5252

Children's Services
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

Licensing Authority
Fifth Floor
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ
Tel: 020 8937 5359

Area Planning Service
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

Tel: 020 8937 5210

Public Safety Team
Fifth Floor
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

Tel: 020 8937 5359

DAAT
Public Health Directorate
Wembley Centre for Health and
Care
116 Chaplin Road
Wembley
HA0 4UZ

Home Office Immigration Enforcement
Alcohol Licensing Team
Lunar House
40 Wellesley Road
Croydon
CR9 2BY