

**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 Nicola McDonald on behalf of the Chief Officer of Police for Brent  
*(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> First Choice Express 203 Kilburn High Road Kilburn	
<b>Post town</b> London	<b>Post code (if known)</b> NW6 7HY

<b>Name of premises licence holder or club holding club premises certificate (if known)</b> Mr Ajaz Ali
--

<b>Number of premises licence or club premises certificate (if known)</b> 177413
---

**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 Nicola McDonald Police Constable 157QK Brent Police Wembley Police Station 603 Harrow Road Wembley Middlesex HA02HH
Telephone number (if any) 020 8733 3206
E-mail address (optional) nicola.mcdonald@met.police.uk

**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 checked="" 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 checked="" type="checkbox"/> |

**Please state the ground(s) for review (please read guidance note 1)**

Prevention of Crime and Disorder: This licensed shop is not complying with any of the four conditions attached to the premises licence:

1. A personal licence holder shall be present on the premises and supervise the sale of alcohol throughout the permitted hours for the sale of alcohol.
2. CCTV shall be installed and maintained in accordance with the ACPO guidance, and all recorded images kept and made available to the Police and Licensing Authority for 31 days.
3. A copy of the premises licence summary including the hours which licensable activities are permitted shall be visible from the outside of each entrance to the premises.
4. All alcohol sold between 2300 hours and 0700 hours the following day shall be via a serving hatch between the customer and cashier.

The protection of children from harm: The DPS and premises licence holder has a conviction for selling alcohol to a person under the age of 18 years, this conviction is not spent under the re-habilitation of offenders Act.

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

This shop is located on a very busy road, main bus route with plentiful retail facilities. The area is a controlled drinking zone and suffers with habitual street drinkers. This shop opens 24 hours, 7 days a week.

This off licence has not been managed properly and in accordance with the premises licence conditions. Conditions are attached to premises licences to help the operators promote the licensing objectives. By not complying with conditions of the premises licence the DPS is not to uphold the licensing objectives.

The Local Authority, Police and volunteer organisations are working hard to regenerate Kilburn High Road. This premise because of the location and customer base needs to operate professionally and in a manner consistent with the licensing Act.

See attached statements

I reserve the right to produce evidence which amplifies the grounds for review which may take place at, or in the vicinity of the premises, between the service of this application and the hearing and / or during the time allowed for any appeal proceedings.

**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

1	5	0	3	2	0	1	2
---	---	---	---	---	---	---	---

**If you have made representations before relating to this 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** (See guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

Signature

*Will R 1570k*

Date

*15-3-12*

Capacity Licensing Constable on behalf of the Chief Officer

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

**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.