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

Postal address of premises or, if none, description	ordnance survey map reference or				
Dubai Express Unit 1, Wharfside,					
Post town Wembley	Post code (if known) HA0 4PE				

Name of premises licence holder or club holding club premises certificate (if known) Mr Javed Iqbal

Number of premises licence or club premises certificate (if known 293879

Part 2 - Applicant details

premises

I am

1)	an interested party (please complete (A) or (B) below)	k yes
	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	

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 APPLICAN	IT (fill in as ap	plicable)				
PI M	ease tick r 🔲 Mrs 🗌 Miss 🗌 N	Ms 🗌	Other title (for example, Rev)				
Sı	urname	First name	S				
la	I am 18 years old or over						
	urrent postal						
di pr	Idress if fferent from emises Idress						
di pr ac	fferent from emises	Post C	ode				
di pr ac Po	fferent from emises Idress	Post C	ode				

(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

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1`) the	prevention	of crime	and	disorde
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- 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) Prevention of crime and disorder: Breaching the smoking legislation under The Health Act 2006, and not conducting licensable activity in accordance with the licence conditions under the Licensing Act 2003.

Public Safety: Allowing smoking activities in a fully enclosed first floor room with one fire escape that was locked.

Protection of children from harm: Allowing youths to smoke Shisha illegally in a fully enclosed area, breaching the condition regardig no under 21 year olds after 2200Hrs.

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

This venue has been visited by responsible authorities on several occasions. Licensible activities are conducted alongside and to enhance the unlawful smoking. Despite advising the management numerous times that the Shisha smoking operation is unlawful because the areas are more than 50% enclosed, these activities continue. There has been more than enough time for the management to make structural alterations and improvements to the premises to make it legal and safe for the public to use. The management are clearly aware of the legislation but attempt to hide the activity which displays deceipt and disrespect. It appears the management are not committed to promoting the licensing objectives. The current behaviour of the premises licence holder is detrimental to the Licensing Objectives.

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								
2	7	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 authorities and the premises licence premises certificate, as appropriate I understand that if I do not comply my application will be rejected 	e holder or club holding the club
IT IS AN OFFENCE, LIABLE ON CONVIC THE STANDARD SCALE, UNDER SECT TO MAKE A FALSE STATEMENT IN OR APPLICATION	ION 158 OF THE LICENSING ACT 2003
Part 3 – Signatures (please read guidan	ice note 3)
Signature of applicant or applicant's so (See guidance note 4). If signing on beha capacity.	
Signature	
Date	
Capacity Licensing Constable on behal	f of the Chief Officer
Contact name (where not previously giv correspondence associated with this a	
Post town Telephone number (if any)	Post Code
If you would prefer us to correspond wi	th 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.