

# 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 <b>block capitals</b> . In all cases ensure that your answers are inside the boxes and written in <b>black ink</b> . Use additional sheets if necessary.  You may wish to keep a copy of the completed form for your records.  I. FARIO BOUT CHE CONBHALF ATHERESIOENIS)				
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 i – Premises or club premises details				
Name and postal address of premises or, if none, ordnar	ice survey map reference or description			
VILLA COUNTRY, 75	PARK PARADE			
Post Town HARLESDBN	Post Code (if known) NW10 41B			
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)				e complete (A) or (		low)			_/
	a)				<u> </u>				
	b)	• ,	•	ons living in the vici	_				
	c)			ness in the vicinity					
	d)	a body repre	esenting perso	ons involved in bus	mess	in the vicinity of the	ne premises		
2)		a responsible authority (please complete (C) below)							
3)		a member o	of the club to w	hich this applicatio	n rela	ates (please comp	lete (A) below)		
•			VIDUAL APP	LICANT (fill in as a	applic	able)			
Pleas Mr 🕏			Mrs 🗌	Miss 🗌		Ms 🗌	Other titl (for exar	le  mple, Rev)	
Surna	ame	·				First names			
F	H	110				Bout	ICHE		
lam 1	18 y	ears old or c	over					Please tick	✓ Yes
	ess erer	oostal nt from address	<b>f</b>						
Post '	Tow	'n			·	Postcode			
Daytime contact telephone number									
E-mai	il ad	ldress (optio	nal)	1					
(B) DETAILS OF OTHER APPLICANT									
Nam	e an	nd address	FLATS,						
Telephone number (if any)									
E-ma	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 of	ojective(s)
	Please tick one or more boxes
1) the prevention of crime and disorder	
public safety     the prevention of public nuisance	
<ul><li>3) the prevention of public nuisance</li><li>4) the protection of children from harm</li></ul>	
Please state the ground(s) for review (please read guidance not be several hours in the middle of the night. It usually starts around Everyone in our building is fed up with it and complaining abdepartment of the Council and I know others have as well, but We want the place closed down. It is intolerable that we have urinating in the street, breaking bottles, car horns and motor hours in the early morning every Friday, Saturday and som operates under a licence and the terms of any licence make it of local residents. This place is in gross breach of that licence on the street side of the building are not able to sleep properly go on.	ub make a huge amount of noise for and 3 or so and does not end until 4.30. bout it. I have complained to the noise t as yet nothing has changed.  Every to put up with shouting, fighting, bike engines revving for two or three e Sunday night. Every such business clear that there must be no disturbance at Those residents whose bedrooms are
Please we weed the decision is willing to seek legal advice or councilifoisTuebance does not see we have videos of the last two are saying that you have already we have the TAD The complete the first of the first of the complete the first of the complete the first of the first	agains T the club T stop. as you can
are saying that you have already	spoken to them-
WE HAVESTARTED The composit Com	Review of Premises or Club

We Have start for the complaint Five months ago but Nothing HAS changed yet.

Please provide as much information as possible to support the application (please read guidance 2/07/16 AROUND 3:30 AM 9/0+/16 AROUND; 2:45 AM 15/07/16 AROUND 3:49 AM AT 303;05 AM 16/07/16 27/03/16 AT 4:00 AM AT 314TAM 24/07/16 AT 4: 20 AM 30/07/16 4T 4:00 AM 6/02/16 4:35 Am Huge Fuglet AT 13/88/16 3:10 AM 141 28/16 11 24/07/16 2:35 AM AT 4109 AM to 4:54 motorcycla 00:02 29(08) 16 DT going seling something to 4/04/16 5106 Fight IT OF the clubs 10/01/16 FRon 5136 Am 416 am BIRLS Fighty 25/09/16 AT 2/10/16 5139 Am 97 30/10/16 2137 p am pro FROM 3150 TO 4152 6/11/16 from 4:00 Am to 4:30 am as you can see Flor dates Anotines most of the problem is now on SATURAGES Allowy 06/11/16 MUSI OF ALL THIS DATES AND TIMES WE HAVE THEM ON VIDEOS.

	Please tick <b>✓ Yes</b>				
1	Year				

Have you made an application for review relating to this premises before?

If yes, please state the date of that application

Day	Month	Year

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

RECORDED DELIVERY. WEDIONOT GET DRESPORD

RESPOND.

on ulioli6.

SEVERAL TIMES TO NUISANCE TEAM THEY
SAIN It'S OUTSIDE OUR WORKING OURS

- 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 Signature			
Date 07/11/16	•••••		
Capacity	•••••••••••••••••••••••••••••••••••••••		
Contact name (where not previously given) and postal address for coapplication (please read guidance note 5)	errespondence associated with this		
Post town	Post code		
Telephone number	<u></u>		
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. 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.

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 OFJ

**2** 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 on page 14 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 OFJ

North West Area 1 London Fire Brigade 169 Union Street London SE1 OLL

Trading Standards Fifth Floor Brent Civic Centre Engineers Way Wembley HA9 OFJ

Tel: 020 8937 5555

Tel: 020 8733 3206

Tel: 020 8555 1200 x38778

Environmental Health Fifth Floor Brent Civic Centre Engineers Way Wembley HA9 OFJ

Children's Services Brent Civic Centre Engineers Way Wembley HA9 OFJ

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

Tel: 020 8937 5252

Area Planning Service Public Safety Team Brent Civic Centre Fifth Floor Engineers Way **Brent Civic Centre** Wembley Engineers Way Wembley HA9 OFJ

Public Health Directorate Wemblev Centre for Health and Care

116 Chaplin Road Wembley HA0 4UZ

DAAT

Tel: 020 8937 5359

Review of Premises or Club

Premises Application.doc

Tel: 020 8937 5210

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