



# 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.....Susana Figueiredo...(Licensing Authority).....

..... *[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>Name and postal address of premises or, if none, ordnance survey map reference or description</b> Gorillas 113 Bryan Avenue	
<b>Post Town</b> London	<b>Post Code (if known)</b> NW10 2AS
<b>Name of premises licence holder or club holding club premises certificate (if known)</b> Gorillas Technologies UK Ltd, 142 Old Street, London, EC1V 9BW	
<b>Number of premises licence or club premises certificate (if known)</b> 20885	

## 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 Licensing Authority Brent Civic Centre Engineers Way HA9 0FJ
Telephone number (if any)
E-mail address (optional) [REDACTED]

**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 checked="" type="checkbox"/> |
| 3) the prevention of public nuisance    | <input checked="" type="checkbox"/> |
| 4) the protection of children from harm | <input type="checkbox"/>            |

<p><b>Please state the ground(s) for review</b> (please read guidance note 2)</p> <p>Please see attached supplementary document</p>
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**Please provide as much information as possible to support the application** (please read guidance note 3)

Please see attached supplementary document

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

Please tick ✓ **Yes**

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**

N/a

## 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 x

**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 ..... [REDACTED] .....

Date .....13.10.2022.....

Capacity .....Licensing Community Protection Officer.....

**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. Further information can be found at [www.brent.gov.uk/privacy](http://www.brent.gov.uk/privacy)

You are providing your information to Brent Council, contact details [business.licence@brent.gov.uk](mailto:business.licence@brent.gov.uk). The Council’s Data Protection Officer can be contacted via [dpo@brent.gov.uk](mailto:dpo@brent.gov.uk), or 020 8937 1402.

Your information is collected for the purpose of processing your licence application as required to fulfil the council’s duties under the following legislation, statutory or contractual requirement or obligation.

**Legislation**  
Licensing Act 2003

**Context**  
For the processing of licensing applications and the prevention of fraud