



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..... ROBERT O'KEEFE

..... [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	
THE SALUSBURY PUB LTD 50-52 SALUSBURY ROAD LONDON NW6 6NN	
Post Town	Post Code (if known)

Name of premises licence holder or club holding club premises certificate (if known)
THE SALUSBURY PUB LTD 22A COLLEGE PARADE. LONDON NW6 6NN

Number of premises licence or club premises certificate (if known)
177493

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

O'Keefe

First names

Robert

Please tick ✓ Yes

I am 18 years old or over

Current postal address
if different from
premises address

[Redacted address]

Post Town

[Redacted town] Postcode [Redacted postcode]

Daytime contact telephone number

[Redacted telephone number]

E-mail address (optional)

[Redacted email address]

(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
- 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)

I ATTENDED THIS PUB ON SATURDAY
THE 1ST OF DECEMBER 2018 AT 16.30
I WAS ASSULTED BY TWO PEOPLE
WHILE I WAS RELAXING AFTER
FINISHING WORK. THE POLICE
ARE INVESTIGATING THIS AT
PRESENT.
MY ISSUE IS WITH THE STAFF

DURING AND AFTER THE ASSAULT.
AS I WAS BEING ASSAULTED AND
GETTING BACK ON MY FEET TWO
STAFF MEMBERS WERE OUTSIDE
AS I ASKED THE FIRST ONE WHO
HE WAS, HE TOLD ME HE WAS THE
OWNER. (UNTRUE HE WAS A MANAGER)
THE SECOND ONE WAS SHOUTING
ABUSE AT ME BEING VERY AGGRESSIVE
IN MY FACE POINTING AND SHOUTING
THAT THE ASSAULT WAS MY FAULT.
HE WAS A ITALIAN MEMBER OF STAFF
AS I WAS EXPLAINING WHAT
HAPPENED TO THE OWNER/MANAGER
THE ITALIAN GUY KEPT SHOUTING
ABUSE AT ME. I HAD TO ASK
THE OWNER/MANAGER TO REMOVE

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

THE ITALIAN MEMBER OF STAFF
CAME ABOUT FOUR OCCASIONS AS I
WAS TALKING TO THE OWNER/MANAGER
HE EVENTUALLY DID SO RELUCTANTLY.
I GOT THE IMPRESSION THE STAFF
MEMBERS WANTED ME TO LEAVE
AS THEY BELIEVED I HAD CAUSED
THE ASSAULT. I ALSO BELIEVE
THAT THE STAFF DID NOT REMOVE
THE OTHER PEOPLE INVOLVED AS
THEY WERE REGULARS AND DID
NOT TAKE THEIR NAMES, I ALSO
BELIEVE THEY KNOW WHO THEY
ARE AND LIED TO POLICE ABOUT
WHO THEY WERE.

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, 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 R O Joyce

Date 24/01/2019

Capacity APPLICANT

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 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.

