

ADMIN
04 JAN 2017


APP 2

[Insert name and address of relevant licensing authority and its reference number (optional)]

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  (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, ordnance survey map reference or description	
THE WALMSLEY ARMS PUBLIC HOUSE QUEEN STREET	
Post town	Post code (if known)
GREAT HARWOOD.	

Name of premises licence holder or club holding club premises certificate (if known)
SEBASTIAN SHEPHERD.

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

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)

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(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)

Please tick ✓ yes

Mr Mrs Miss Ms Other title
(for example, Rev)

Surname

[Redacted]

First names

[Redacted]

I am 18 years old or over

Please tick ✓ yes

Current postal
address if
different from
premises
address

[Redacted]

Post town

GREAT HARWOOD

Post Code

[Redacted]

Daytime contact telephone number

[Redacted]

E-mail address
(optional)

[Redacted]

(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)

- 1) the prevention of crime and disorder
- 2) public safety
- 3) the prevention of public nuisance
- 4) the protection of children from harm

Please tick one or more boxes ✓

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

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Please state the ground(s) for review (please read guidance note 2)

I HAVE LIVED AT MY ADDRESS FOR NEARLY 21 YEARS. THE PUB IN QUESTION HAS HAD VARIOUS LANDLORDS/MANAGERS. FOR THE LAST FEW YEARS LIVING WITH THIS PUB ON MY DOORSTEP HAS BECOME NOTHING SHORT OF A NIGHTMARE. IT WAS BAD ENOUGH HAVING A LICENCE TILL 02.00AM. NOW IT IS 04.30AM. IT IS ABSOLUTELY UNACCEPTABLE WHAT MYSELF AND MY NEIGHBOURS ARE HAVING TO LIVE WITH. FROM THE HORREDOUSLY LOUD MUSIC TILL ALL HOURS OF THE MORNING, THE LOUD VOICES, SHOUTING SCREAMING, ARGUING COMING FROM THE BEER GARDEN, TO THE VOLUME OF PEOPLE CONGRIGATING AROUND MY PROPERTY AT ALL HOURS OF THE MORNING. TAKING DRUGS OFF MY LOUNGE WINDOSILL, VOMITING, BEER GLASSES LEFT EVERYWHERE, GLASS ON FLOOR, PEOPLE FIGHTING AND ARGUING, LITTER, DRUG DEALING OUTSIDE MY HOUSE URINATING OUTSIDE MY LOUNGE WINDOW, I AM [REDACTED] AND I START WORK IN [REDACTED] AT 7.00 AM. I HAVE TO TRY AND REST AND SLEEP THROUGH. THIS IT IS AFFECTING MY HEALTH

Please provide as much information as possible to support the application (please read guidance note 3)

I HAVE COMPLETED NOISE SHEETS ON TWO OCCASSIONS. I HAVE TELEPHONED THE OUT OF HOURS NUMBER AT LEAST 4 TIMES OR MORE. THE NOISE HAS BEEN WITNESSED AND TWO ABATEMENT NOTICES HAVE BEEN SERVED UPON THE PREMISES. THE NOISE STILL CARRYS ON. I HAVE TELEPHONED THE POLICE ON MANY OCCASSIONS USING THE 101 SERVICE. THE LAST TIME I RANG IT WAS 31/12/16 AS I ^{@ 0.500am.} COUNTED FROM MY CCTV CAMERAS 18 MEN OUTSIDE MY PROPERTY ARGUING VERY LOUDLY AND FIGHTING A FOOT OR SO AWAY FROM MY FRONT DOOR. THEY HAD COME FROM THE PUB. THE POLICE ATTENDED VERY QUICKLY TWO POLICE VANS AND DISPERSED THE CROWD. UNSURE IF ANY ARRESTS WERE MADE. THIS IS A REGULAR OCCURRANCE EVERY WEEKEND. THE POLICE ARENT ALWAYS ABLE TO ATTEND EITHER. SO THE ANTI SOCIAL BEHAVIOUR FROM DRUNKEN INDIVIDUALS IS ABLE TO CONTINUE. I LIVE ALONE THESE TYPES OF OCCURRANCES ARE FRIGHTENING AND LEAVE ME VERY ANXIOUS. WHY DO WE AS MORTGAGE PAYERS HAVE TO PUT UP WITH THIS CONSTANT UNNACCEPTABLE BEHAVIOUR, NOISE AND AGGREVATION CONSTANTLY FROM A PUB THAT IS ALLOWED TO SERVE ALCOHOL TILL 04.30am. IS IT REALLY NECESSARY FOR A PUB TO BE OPEN TILL THIS TIME? A PUB OPEN TILL 04.30am IS ENCOURAGING PEOPLE FROM OTHER AREAS TO DRINK HERE WITH NO REGARD FOR THE SURROUNDINGS THEY ARE IN. I CANNOT AS A SINGLE FEMALE DEAL WITH CONSTANT DRUNKS AND NOISE AROUND MY HOME AND HAVE TO JUST ACCEPT THE SITUATION? I CANNOT LIVE LIKE THIS. ALSO IF I WANTED TO MOVE AND RID MYSELF OF THE SITUATION WHO WOULD BUY MY HOME: WITH THIS CURRENT HORRENDOUS SITUATION.

Please tick ✓ yes

Have you made an application for review relating to the premises before

If yes please state the date of that application

Day	Month	Year

If you have made representations before relating to the 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 4)

Signature of applicant or applicant's solicitor or other duly authorised agent (please read guidance note 5). **If signing on behalf of the applicant please state in what capacity.**

Signature

.....

Date

11/1/17
.....

Capacity

.....

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 any)

If you would prefer us to correspond with you using an e-mail address your e-mail address (optional)

Notes for Guidance

1. A responsible authority includes the local police, fire and rescue authority and other statutory bodies which exercise specific functions in the local area.
2. The ground(s) for review must be based on one of the licensing objectives.
3. Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
4. The application form must be signed.
5. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
6. This is the address which we shall use to correspond with you about this application.

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