

# 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 premises certificate under section 87 of the Licence under section 87.					
Part 1 below (delete as applicable)	ensing Act 2003 for the premises described in				
Part 1 – Premises or club premises details					
Postal address of premises or, if none, ordnance	e survey map reference or description				
Do at towns	Doct and (Cf longerous)				
Post town	Post code (if known)				
Name of premises licence holder or club holding	ng club promises cortificate (if known)				
Name of premises acence notice of club holdin	ig club premises certificate (ii kilowii)				
Number of premises licence or club premises c	ertificate (if known)				
rumber of premises needed of clab premises e	ertificate (ii kilowii)				
Part 2 - Applicant details					
I am	Please tick ✓ yes				
1) an individual, body or business which is not a rauthority (please read guidance note 1, and complor (B) below)					
2) a responsible authority (please complete (C) be	elow)				
3) a member of the club to which this application (please complete (A) below)	relates				

## (A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable) Please tick ✓ yes Other title Mr Mrs Miss Ms (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 Code** Post town 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	
Talambana mumban (if anyi)	
Telephone number (if any)	
E-mail address (optional)	
This application to review relates to the following licensi	ing abjective(s)
This application to review relates to the following licensi	ing objective(s)
	Please tick one or more boxes ✓
1) the prevention of crime and disorder	
2) public safety	H
	H
3) the prevention of public nuisance 4) the pretention of children from horm	H
4) the protection of children from harm	
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Please provide as much information as possible to support the application	(please read
guidance note 3)	
	Please tick ✓ yes
Have you made an application for review relating to the	
premises before	

if yes please state the date of that application	If yes please state the date of the	at application
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Day	y	Month		Year		

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

		•			
<ul> <li>I have sent copies of this form and enclosed and the premises licence holder or club least appropriate</li> <li>I understand that if I do not comply with application will be rejected</li> </ul>	holding the club premises certificate,				
application will be rejected					
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 guidance note 5). If signing on behalf of the applicant of t					
Signature					
Date					
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)					

Please tick ✓ ves

MKC collect and use information about you so that we can provide you with council services. Full details about how we use this data and the rights you have around this can be found at www.milton-keynes.gov.uk/privacy. If you have any data protection queries, please contact the Data Protection Officer at data.protection@milton-keynes.gov.uk

#### **Notes for Guidance**

(optional)

1. A responsible authority includes the local police, fire and rescue authority and other statutory bodies which exercise specific functions in the local area.

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

- 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.

Reviewed September 2018