[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 Louis Krog, Licensing Team Leader (Cheltenham Borough Council)

(Insert name of applicant)		
apply for the review of a premises licence unde	er section 51 / apply for the review of a club	
premises certificate under section 87 of the Lic	ensing 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	e survey map reference or description	
22 St. James Street		
Cheltenham		
GLOS		
Post town	Post code (if known) GL52 2SH	
1 050 10 111	Tost code (il Miowil) G252 2511	
Name of premises licence holder or club holdin St James Store	ng club premises certificate (if known)	
Number of premises licence or club premises c 15/00139/PRMV	ertificate (if known)	
Part 2 - Applicant details		
I am	Please tick ✓ yes	
4	7.1	
an individual, body or business which is not a responsible uthority (please read guidance note 1, and complete (A) [ ] r (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 ✓ yes			
Mr Mrs Miss M	Other title (for example, Rev)		
Surname	First names		
I am 18 years old or over	Please tick ✓ yes		
Current postal address if different from premises address			
Post town	Post Code		
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 Section		
Cheltenham Borough Council		
Municipal Offices		
Promenade		
Cheltenham		
GL50 9SA		
Telephone number (if any)		
01242 262626		
E-mail address (optional)		
Louis.krog@cheltenham.gov.uk		
TEL Control of the Association of the College Control of the College	I. * ( . )	
This application to review relates to the following licensing objective(s)		
	Please tick one or more boxes ✓	
1) the marrentian of coins and discorder	Flease tick one of more boxes ▼	
1) the prevention of crime and disorder		
2) public safety 3) the properties of public spices as	$\vdash$	
3) the prevention of public nuisance	$\vdash$	
4) the protection of children from harm		

Please state the ground(s) for review (please read guidance note 2)
On Tuesday 26 June 2018, Immigration Compliance & Enforcement Officers from the Home
Office's Immigration Compliance & Enforcement Team - South West visited St James Store. The
visit was as a result of intelligence received that an illegal worker was employed by the premises.

During the visit, one male was arrested on the premises for Immigration Offences. The premises
was issued with a Civil Penalty Notice.

I attach with this application form statements and evidence submitted by XXXXXXXX
(Immigration Officer #16532) and XXXXXXXX (Immigration Officer 17209).

Paragraph 2.6 of the statutory guidance accompanying the Licensing Act 2003 states: "The
prevention of crime includes the prevention of immigration crime including the prevention of
illegal working in licensed premises."

Please provide as much information as possible to support the application (please read guidance note 3)		
I attach with this application form statements and evidence submitted by XXXXXXXX (Immigration Officer #16532) and XXXXXXXX (Immigration Officer 17209).		

Have you made an application for review relating to the premises before	Please tick ✓ yes
If yes please state the date of that application	Day Month Year
If you have made representations before relating to the p and when you made them	premises please state what they were

D		4.		-
P	ease	uc	K	v

•	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	$\boxtimes$

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

Signature	No.	
Date	30 July 2018	
Capacity	Licensing Team Leader	
	nme (where not previously given) and with this application (please read gui	
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.