

## Application for the review of a premises licence or club premises certificate under the Licensing Act 2003 Appendix B

## 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 complete 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.						
ĺ,	Jonathan James WEBB 0 7 NOV 2017					
ap	ply	ert name of applicant) for the review of a premises licence 003 for the premises described in Pa				
Pa	ırt 1	- Premises or club premises details	s			
de Do	sci mii	Il address of premises or, if none, or ription ngos Superstore 9 Church Gate	rdnance survey map r	eference or		
Post town Leicester Post code (if known) LE1 3AN						
kr	ow	e of premises licence holder or club l n) ay Tony AJEIBI	holding club premise	s certificate	(if	
		per of premises licence or club prem RM1562	ises certificate (if kno	own		
Pa I a		? - Applicant details				
		interested party (please complete (A) of	or (B) below)	Please tick	yes	
	a)	a person living in the vicinity of the pre	emises			
	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 premises	in business in the vicir	nity of the		
2)	a r	esponsible authority (please complete (	(C) below)		$\boxtimes$	

3) a member of the club to which this application relates (please complete (A) below)							
(A) DETAILS OF	(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)						
Please tick Mr		Miss	Ms		Other (for ex	title ample, Rev)	
Surname			F	irst name	es		
l am 18 years ol	Please tick yes  I am 18 years old or over  □						
Current postal address if different from premises address		×	34		a		
Post town	-			Post C	ode		
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 PC1790 Jonathan WEBB Force Licensing Department Leicestershire Police, Mansfield House, 74 Belgrave Gate, Leicester LE1 3GG			
Telephone number (if any) 101 Ext 6683			
E-mail address (optional) licensing@leicestershire.pnn.police.uk			
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)  1.The premises were visited at 1330hrs Thursday 02 <sup>nd</sup> November 2017 by PC1790  Jon WEBB, Licensing Officer Leicestershire Police.			
2. On display for sale within the fridge at the rear of the store and on the shelves next to it was a large quantity of various beers, lagers, ciders and perrys which were above the alcohol by volume (ABV) of 5.5%			
3. The premises licence has a condition which states "The licence holder will ensure that no beers, lagers, ciders or Perrys are sold where the alcohol by volume (ABV) exceeds 5.5%.			
4. Whilst PC Webb was in the shop a number of customers recognised as 'street drinkers' entered and approached both the fridge and the member of staff before leaving without any alcohol.			
5. The only member of staff present Thirunavukkarasu KANAGALINGAM was asked whether there were any other products on the premises that were above 5.5% to which he replied 'NO'			
6. Located under the shops counter were 3 boxes containing 13 x cans of Kerpackie beer 9% abv, 9 x cans of K Cider 8.4% abv and 7 x cans of Perla Mocna beer 7.6% abv.			
7. Also located concealed under the counter was a quantity of tabacco with Polish writing on the packaging and due to their location believed to be non duty paid tobacco.			

Leicestershire Police believe that the staff at the premises are knowingly selling alcohol in breach of the licence conditions to 'street drinkers' which they conceal from the responsible authorities on the premises.  Staff are fully aware that the customers they are selling the alcohol to are those who cause anti-social behaviour fuelled by the alcohol which the are prepared to sell.
It is the view of Leicestershire Police that the licensing objectives would be best promoted by the revocation of this licence,

Please provide as much information as possible to support the application (please read guidance note 2)			
A full statement will be completedand made available by PC1790 Jonathan Webb. Bodycam and CCTV footage will be made available showing the incident and the finding of the alcohol beneath the counter.			

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
If you have made representations before relating to this 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	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						
Date	03 November 2017					
Capac						
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 any)		
If you would prefer us to corresp	ond with you using an e-mail address your e-	

## **Notes for Guidance**

mail address (optional)

- 1. The ground(s) for review must be based on one of the licensing objectives.
- 2. Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
- 3. The application form must be signed.
- 4. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- 5. This is the address which we shall use to correspond with you about this application.