

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 Leicestershire Fire & Rescue Service (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 descriptionThe 'F' Bar 95 Walnut Street Post code (if known) LE2 7LA Post town Leicester Name of premises licence holder or club holding club premises certificate (if known) Mr Jotinder Singh Number of premises licence or club premises certificate (if known 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

FORM 20		
b) a body representing person	s living in the vicinity of the premises	
c) a person involved in busines	ss in the vicinity of the premises	
d) a body representing persons premises	s involved in business in the vicinity of the	
2) a responsible authority (please	complete (C) below)	□х
<ol> <li>a member of the club to which the below)</li> </ol>	his application relates (please complete (A)	
(A) DETAILS OF INDIVIDUAL APP	PLICANT (fill in as applicable)	
Please tick Mr	☐ Ms ☐ Other title (for example, Rev)	
Surname	First names	
I am 18 years old or over	Please tick y	es
Current postal address if different from premises address		
Post town	Post Code	
Daytime contact telephone number	er	
E-mail address (optional)		
(B) DETAILS OF OTHER APPLICA	INT	
Name and address		
Telephone number (if any)		
E-mail address (optional)		

## (C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address Leicestershire Fire & Rescue Service 12 Geoff Monk Way Birstall Leiecester LE4 3BU	
Telephone number (if any)	
01162872241	
E-mail address (optional)	

## This application to review relates to the following licensing objective(s) Please tick one or more boxes

		Flease tick one of more
1)	the prevention of crime and disorder	
2)	public safety	년^ -
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)
Following a fire safety audit inspection by the fire authority at the above named premises, Mr Jotinder Singh - the Responsible Person - failed to provide evidence of compliance in relation to:

- Carring out a suitable and sufficient Fire Risk Assessment in order to identify
  the measures and procedures required to enable him to comply with his
  duties under the current fire safety legislation and namely The Regulatory
  Regulatory (Fire Safety) Order 2005 (RRO).
- Carrying out regular testing of the fire alarm and emergency lighting systems (No records kept)
- Providing documented certification from competent persons (e.g. contractors,etc..) for the above afore mentioned systems.
- Providing fire safety training to staff in order to enable suitable evacuation procedures in the event of a fire emergency. (No records kept).
- Carrying out regular evacuation drills (No records kept)

The responsible person also failed on numerous occasions to contact the Fire Authority when asked/required following enforcement actions showing obvious contempt towards the law. For example, following the fire safety audit, Mr Singh was served with an Action Plan in which the above fire safety issues had to be acted upon

within a given deadline. On expiry of that deadline, Mr Singh was then served with a Enforcement Notice (upgrade from Action Plan) which has now also expired and for which Mr Singh has still not returned any phone calls, emails and letters in relation to							
compliance.			ionoro in relation (c				

Please provide as much information as possible to support the application (please read guidance note 2)					
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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 but	
If you have made representations before relating what they were and when you made them	to this premises please state

								Plea	se tick yes
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Part 3 - Si	gnatures	(please	e read guid	dance	note 3)				
Signature (See guidal capacity.	of applicance note 4	int or a	pplicant's ning on be	solici ehalf d	tor or of the a	other o	luly au int ple	uthorise ase stat	d agent te in what
Signature	The state of the s				********				
Date									
Capacity				er					
Contact na correspon									ce note 5)
Post town				Po	ost Co	de			
Telephone	number (	if any)							
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## FORM 20 **Notes for Guidance**

- 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.

  This is the address which we shall use to correspond with you about this
- application.