

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 Mark Walker on behalf of the Chief Officer of Police

(Insert name of applicant)

apply for the review of a premises licence under section 51 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 Moores Mini Market 365 Rochdale Road Britannia	
Post town Bacup	Post code (if known) OL13 9TH

Name of premises licence holder or club holding club premises certificate (if known) Moore Property Investment Limited
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Number of premises licence or club premises certificate (if known) PL(A) 00207
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LICENSING UNIT
RECEIVED

18 FEB 2010

Part 2 - Applicant details

I am

1) an interested party (please complete (A) or (B) below)

Please tick yes

- a) a person living in the vicinity of the premises
- 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 in business in the vicinity of the premises

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

Mr

Mrs

Miss

Ms

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 Lancashire Constabulary, Colne Police Station, Craddock Road, Colne, Lancashire, BB8 0JU
Telephone number (if any) 01282 472437
E-mail address (optional) Mark.walker@lancashire.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

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

Please state the ground(s) for review (please read guidance note 1).

This review is instigated as a result of three Police Test Purchase Operations conducted at the premises over the last fifteen month period these being on the dates of Sunday 26th October 2008, Friday 21st August 2009 and Friday 22nd January 2010.

During the course of these three test purchase operations, staff at the store sold alcohol to a child under the age of 18, this being Contrary To Section 146 Of The Licensing Act 2003.

Alcohol harm misuse amongst children has become such a problem that it is now subject of a Government Youth Alcohol Action Plan aimed at protecting children from harm by enforcement and education. The availability of alcohol to children from these premises seriously undermines this action plan and further undermines the protection of children from harm licensing objective.

The availability of alcohol to children has a recognised and widely reported knock on effect which leads to increased anti social behaviour and public nuisance within communities. Whilst there is little reported anti social behaviour in the immediate vicinity of the premises, the availability of alcohol from these premises may clearly contribute to that nuisance and disorder.

Please provide as much information as possible to support the application
(please read guidance note 2)

Police Officer's statement regarding the failed test purchases.

Test Purchasers statement regarding the failed test purchase.

Copy Of Proposed Licensing Conditions

Problem premises on Probation DCMS Document.

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

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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 – 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

 PC1683

Date

16th February 2010

Capacity Police Constable 1683

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 correspond with you using an e-mail address your e-mail address (optional)	

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