17/00288/LAPLRE

ROSSENDALE LICENSING UNIT Application for the review of a premises licence or clu RECEIVED premises certificate under the Licensing Act 2003	ıb
05 JUL 2017 READ THE FOLLOWING INSTRUCTIONS FIRST	
Before completing this form please read the guidance notes at the end of the form you are completing this form by hand please write legibly in block capitals. In cases ensure that your answers are inside the boxes and written in black ink.	all
additional sheets if necessary. You may wish to keep a copy of the completed form for your records.	
I Susan Chadwick on behalf of the Licensing Authority	
(Insert name of applicant) apply for the review of a premises licence under section 51 of the Licensi Act 2003 for the premises described in Part 1 below (delete as applicable)	ng)
Part 1 – Premises or club premises details	
Postal address of premises or, if none, ordnance survey map reference of description Spice Master 4 Burnley Road Rawtenstall	r
Post town Rossendale Post code (if known) BB4 8EN	
Name of premises licence holder or club holding club premises certificate known) Mr Jamirul Haque Number of premises licence or club premises certificate (if known 08/LAL/00250/LAPRE4	e (if
Part 2 - Applicant details	
Please tic 1) an interested party (please complete (A) or (B) below)	k 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)	\boxtimes

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	title xample, 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	s				
Telephone numbe	er (if any)				
E-mail address (o _l	ptional)				

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address Susan Chadwick on behalf of the Licensing Authority
Licensing & Enforcement Unit
Rossendale Borough Council
Futures Park
Bacup OL13 0BB
0210 000
Telephone number (if any) 01706 238 648
E-mail address (optional)
susanchadwick@rossendalebc.gov.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 $\ \ \ \ \ \ \ \ \ \ \ \ \ $
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)
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On 10th May 2017, the premises failed an Immigration Enforcement visit. An individual (KH), who initially provided false identity details, was arrested. The individual was an overstayer as of 04.03.2009 and has subsequently claimed asylum. Specific information will be provided to the Council prior to a determination hearing.
On 24th February 2017, two Immigration Enforcement Officers, a Fire and Safety Officer from Lancashire Fire & Rescue Service and a Licensing Enforcement Officer entered the premises to conduct a licensed premises inspection and to undertake right to work checks. A male packing food behind the counter became very aggresive and obstructive from the moment the Officers introduced themselves and asked about the premises licence. The individual confronted the Immigration Enforcement Officer and was asked to leave the premises whilst the inspection took place or Police assistance would be requested.

	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	y Month Year			
If you have made representations before relating to this what they were and when you made them	premises please state			
None.				

 I have sent copies of this form and e authorities and the premises licence 		\boxtimes		
 premises certificate, as appropriate I understand that if I do not comply v my application will be rejected 	vith the above requirements			
IT IS AN OFFENCE, LIABLE ON CONVICTION OF STANDARD SCALE, UNDER SECTION OF IT IS APPLICATION	ON 158 OF THE LICENSING ACT	5 ON Γ 2003		
Part 3 – Signatures (please read guidance	e note 3)			
Signature of applicant or applicant's soli (See guidance note 4). If signing on behal capacity.	citor or other duly authorised a f of the applicant please state i	ıgent n what		
Signature Succession				
Date 05/07/2017		·		
Capacity Licensing Enforcement Officer				
Contact name (where not previously give correspondence associated with this ap	en) and postal address for plication (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-				

Please tick yes

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.