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 appropriate.

You may wish to keep a copy of the completed form for your records.

a re fo	(Ins ppl evie or tl	WE, DARWELL Cousert name of applicant) y for the review of a premises licenew of a club premises certificate unhe premises described in Part 1 bel 1 – Premises or club premises deta	ce unde der sect ow (dele	r section 51 / ap on 87 of the Lid	oply for the	9	
_	Postal address of premises or, if none, ordnance survey map reference or						
	escription						
1	LE VILLACIE,						
	2-3HIGH STREET						
1	BRIGHTON						
-		town	Post or	ode (if known)			
1.		RIGHTON		2 12P			
	, _	, , , , , , , , , , , , , , , , , , , ,	, , ,				
	100	e of premises licence holder or club vn) LEE and SIMON		g club premises	Certificate	e (III	
Number of premises licence or club premises certificate (if known							
LE VILLAGE (1)							
Pa I a		2 - Applicant details			Please tick	< yes	
1)	an	interested party (please complete (A)	or (B) b	elow)			
	a)	a person living in the area of the pre	mises	DARWELL C	aret GROUP)		
	b)	a body representing persons living in					
	c)	a person involved in business in the	area of tl	ne premises			
	d)	a body representing persons involve premises	d in busii	ness in the area	of the		
2)	a r	esponsible authority (please complete	e (C) belo	w)			

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						
Surname First names						
I am 18 years old or over ☐						
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

DARWELL COURT RESIDENTS GROW (DCRG)
REDACTED TEXT

REDACTED TEXT

Telephone number (if any)

NIA

E-mail address (optional)
REDCATEDTEXT

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)

ANTI SOUAL BEHAVIOUR (FIGHTS AND AR CHIMENTS IN THE STREET, INSTUMERS EXITING THE PUB TO TAKE DRUGS AND THE RETURN TO THE PUB, SICK OUTSIDE).

NOISE MUSANCE TO NEIGHBURS. L'GHT MISANCE TO PROPERTIES.

EVIDENCE AVAILABLE AND EMAIL TO EDWARD BUGER (ENVROMENT OFFICER). EVIDENCE INCH AS:

NOISE ABATEMENT, VARIOUS NOISE DIARIES
AND EMAILS TO CONNCIL SINCE ABATEMENT
ISSUED ON 15th JANNARY 2020.
VIDEOS AVAILABLE

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

PIPING MUSIC TO THE GARDEN (AS THIS IS AGAINST THEIR MATERIAN ORDER, AGAINST LICENCE).

WE HAVE EVIDENCE OF THIS; VIDEOS

AND PHOTO OF THE AMPLIFIER BEING

PLACED ON TRONT ROOT, NEXT TO

THE RESIDENTS. PLATS IN DARNELL COURT.

AND EMAIL SENT TO DONNA LYNSDALE.

for THE PREVENTION OF PUBLIC MUSTINGE

2. NO RECORDED MUSIC WILL BE PIPED INTO THE OUTSIDE GARDEN AREA.

3. THE PREVENTION OF CRIME AND DISCRDER

CONSTORMERS FROM LE VILLAGE REGULARLY
PARTICIPATE IN DRUG USE (WCANINE)
UNTSIDE THE RESIDENTS DONE WAY AND
GRUNND FLOOR WINDOWS, WHICH HAS
BEEN WITNESS BY CHILDREN LIVING IN
DARWELL COURT.
(EVIDENCE TO PROVE THIS AND DO MIMENTED)

4. THE PRUTE ETION OF CHICREN FROM HARM. NOTE: NO. 3 AS ABOVE APPLIES TO THIS SETTIN

LOCAL CHILDREN, IN MARTICULARLY CHIDREN OF DARWELL COURT RG ARE AFFECTED ON MAR' A DAILY BASH...

P. 7.0

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					
Day Month's Team					
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 epclosures to the other persons and the premises licence holder of 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

COPY JENT TO CE VILLHAR + POWER LICENSING UNIT.

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. REDACTED TEXT

08/09/2020

Capacity

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)

MENON DARWELL COURT RESIDENTS CROW. LE VICCAGE 2-3 HIGH STREET.

Post town BRIGHTON

Post Code RN2 1RP

Telephone number (if any)

If you would prefer us to correspond with you using an e-mail address your email address (optional) REAAOTED TEXT

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.

