

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.

APP  
(A)

I Sergeant 1506 Bushell  
(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 T & S Convenience Store 76-78 Market Street	
Post town Chorley	Post code (if known) PR7 2SS

Name of premises licence holder or club holding club premises certificate (if known) Mr Mehboob Patel / Mr Sunhail Patel
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Number of premises licence or club premises certificate (if known) PL(A) 0229
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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
  - 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

Please tick yes

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  
Sergeant 1506 Bushell  
Licensing Manager  
Lancashire Constabulary  
Southern Division  
Chorley Police Station  
St Thomas Road  
Chorley  
Lancashire  
PR7 1DR

Telephone number (if any)  
01257 246227

E-mail address (optional)

**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)**

These premises have come to police attention as a result of incidents associated with staff at the premises and the sale of alcohol to town centre drunks who then cause problems for other businesses and shoppers in the town centre.

There have also been a number of test purchase failures at the premises which would indicate that young persons can access alcohol and cigarettes at these premises.

The Premises Licence Holder is Mehoob Patel who is also the these premises. He is also listed as DPS at another premises in Blackburn which is in itself under police scrutiny in respect of failed test purchases, it is clear he is unable to effectively manage both premises.

Despite Police and Local Authority intervention the advice does not seem to have been acted on and there continues to be activity at the premises which undermines the licensing objectives.

The Police now have no confidence in the premises licence holders and as such would ask for revocation of the licence.

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

See attached documentation

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

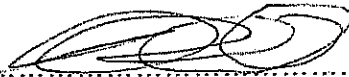
- I have sent copies of this form and enclosures to the responsible authorities and the premises licence holder or club holding the club premises certificate, as appropriate
- I understand that if I do not comply with the above requirements my application will be rejected

**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



Date 26<sup>th</sup> August 2010

Capacity Southern Division Licensing Manager

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

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.