## 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 Trading Standards (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)						
I	Part 1 – Premises or club premises details					
L	Postal address of premises or, if none, ordnance survey map reference or description London Road Late Stores 64 London Road					
F	Post town Peterborough Post code (if known) PE2 9BA					
L						
F F	Name of premises licence holder or club holding club premises certific known) Azad Jomaa Mohammed 64 London Road Peterborough PE2 9BA  Number of premises licence or club premises certificate (if known	ate (if				
	Part 2 - Applicant details					
1)	Please t ) an interested party (please complete (A) or (B) below)	ick 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					

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		Other title (for example, Rev)		
Surname			First names	<b>i</b>	1	
Please tick yes				yes		
Current postal address if different from premises address						
Post town			Post Co	ode		
Daytime contact	ct telephone numl	ber				
E-mail address (optional)						
(B) DETAILS OF OTHER APPLICANT						
Name and addre	ess					
Telephone number (if any)						
E-mail address (optional)						

## (C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address	
Karen Woods	
Peterborough City Council	
Trading Standards Department	
Town Hall	
Bridge Street	
Peterborough	
PE1 1HG	
PETING	
Telephone number (if any)	
01733 453407	
E mail address (antional)	
E-mail address (optional)	
karen.woods@peterborough.gov.uk	
This application to review relates to the following licensing objective(s)	
Please tick one or more b	oxes
1) the prevention of crime and disorder	
2) public safety	
3) the prevention of public nuisance	
4) the protection of children from harm	
+) the protection of children from flatin	
Please state the ground(s) for review (please read guidance note 1)	
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Please provide as much information as possible to support the application (please read guidance note 2)

On the 21<sup>st</sup> August 2017 a seizure of 560 foreign labelled cigarettes was made by Cambridgeshire Constabulary from a Mr Azad Mohammed that were found under the counter.

On the 28<sup>th</sup> September 2017 a joint initiative by Trading Standards, HMRC and Cambridgeshire Police was carried out to clamp down on the illicit tobacco and alcohol trade

A seizure of 2200 cigarettes and 400g of hand rolling tobacco and 1200 litres of Polish beer was made. Mr Mohammed had 30 days to provide HM Revenue & Customs documentation to establish the duty liability of the alcohol and evidence of duty payment. This time scale has passed since the seizure and the alcohol is therefore deemed as condemned as forfeit to the Crown.

Recommendations;

A revocation of the alcohol licence.

Reasons for the above recommendation;

Trading Standards as a responsible authority recommends revocation due to the seriousness of the illicit trade.

This is supported by guidance issued under section 182 of the Licensing Act 2003 11.27 There is a certain criminal activity that may arise in connection with licensed premises, which the Secretary of State considers should be treated particularly seriously.

One of them being;

- for the sale or storage of smuggled tobacco and alcohol.

Guidance states - It is envisaged that licensing authorities, the police and other law enforcement agencies, which are responsible authorities will use the review procedures effectively to deter such activities in crime. Where reviews arise and the licensing authority determines that the crime prevention objective is being undermined through the premises being used to further crimes, it is expected that revocation of the licence - even in the first instance - should be seriously considered.

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	
If you have made representations before relating to this premises please state what they were and when you made them	
what they were and when you made them	

<ul> <li>I have sent copies of this form and enc authorities and the premises licence he premises certificate, as appropriate</li> <li>I understand that if I do not comply with my application will be rejected</li> </ul>	Ider or club holding the club  the above requirements				
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 29(11)13					
Capacity REGULATORY OFFICER.					
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)					
Post town Po	ost Code				
Telephone number (if any)					
If you would prefer us to correspond with you using an e-mail address your e-mail address (optional)					

Please tick ves

## **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.