

START 24 TH. AUG. END DATE FOR REPS 21 ST SEPT.

APPENDIX B

**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)**

**Part 1 – Premises or club premises details**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b> Europe Plus 77 Mayors Walk	
<b>Post town</b> Peterborough	<b>Post code (if known)</b> PE3 6EX

<b>Name of premises licence holder or club holding club premises certificate (if known)</b> Mr Idris Kurda
---

<b>Number of premises licence or club premises certificate (if known)</b> 074941
---

**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**

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 Karen Woods Peterborough City Council Trading Standards Department Town Hall Bridge Street Peterborough PE1 1HG
Telephone number (if any) 01733 453407
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 boxes

- |   |                                     |
|---|-------------------------------------|
| 1) the prevention of crime and disorder | <input checked="" type="checkbox"/> |
| 2) public safety                        | <input type="checkbox"/>            |
| 3) the prevention of public nuisance    | <input type="checkbox"/>            |
| 4) the protection of children from harm | <input type="checkbox"/>            |

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

Trading Standards are requesting a review of the premises licence for Europe Plus under the prevention of crime and disorder following a joint operation by Trading Standards and HM Revenue & Customs to clamp down on the illicit tobacco and alcohol trade.

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

On the 12<sup>th</sup> June 2017 a test purchase exercise was carried out by Trading Standards on the sale of foreign labelled cigarettes. A purchase was made of a Lithuanian packet of Marlboro Gold for £5 at Europe Plus 77 Mayors Walk, Peterborough.

On the 28<sup>th</sup> June 2017 a joint initiative by Trading Standards and HM Revenue and Customs was carried out to clamp down on the illicit tobacco and alcohol trade.

A seizure was made of 225 packets of cigarettes ( 9 brands) and 2 pouches of hand rolling tobacco that were concealed under the counter.

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**

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

24/8/17

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

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.