

**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 .....  
(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>	
<b>Post town</b>	<b>Post code (if known)</b>

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

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

**Part 2 - Applicant details**

I am

Please tick ✓ yes

- 1) an individual, body or business which is not a responsible authority (please read guidance note 1, and complete (A) or (B) below)
- 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 ✓ yes

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

Telephone number (if any)

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 2)

**Please provide as much information as possible to support the application (please read guidance note 3)**

Have you made an application for review relating to the premises before

**Please tick ✓ yes**



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 4)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (please read guidance note 5). **If signing on behalf of the applicant please state in what capacity.**

Signature

.....

Date

.....

Capacity

.....

**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 6)

**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. A responsible authority includes the local police, fire and rescue authority and other statutory bodies which exercise specific functions in the local area.
2. The ground(s) for review must be based on one of the licensing objectives.
3. Please list any additional information or details for example dates of problems which are included in the grounds for review if available.
4. The application form must be signed.
5. An applicant’s agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
6. This is the address which we shall use to correspond with you about this application.

Our contact details are:

Licensing and Enforcement  
Environmental Health  
Newark & Sherwood District Council  
Castle House, Great North Road  
Newark on Trent  
NG24 1BY

**COPIES TO BE SENT TO:**

Nottinghamshire Fire & Rescue Service  
Fire Protection North Group  
Mansfield Fire Station  
Rosemary Street  
Mansfield, Notts  
NG19 6AB

The Chief Constable  
Nottinghamshire Police  
HQ (CJ) Liquor Licensing  
Mansfield Police Station  
Great Central Road  
Mansfield  
Notts NG18 2HO

Project Manager Safeguarding Children  
Social Services Department  
C/o County Hall  
West Bridgford  
Nottingham NG2 7QP

The Head of Planning  
Newark & Sherwood District Council  
Castle House  
Great North Road  
Newark NG24 1BY

The Environmental Manager  
Newark & Sherwood District Council  
Castle House  
Great North Road  
Newark NG24 1BY

Public Health  
Dr Chris Kenny  
NHS Nottinghamshire County,  
Public Health Directorate.  
County Hall,  
Nottingham.  
NG2 7QP

The Maritime & Coastguard Agency  
Eastern Region  
Crosskill House  
Mill Lane  
Beverley  
HU17 9JB (For vessels)

East Midlands Waterways Canal and River Trust  
Waterways Board  
The Kiln  
Mather Road  
Newark on Trent  
Notts  
NG24 1FB (For vessels)

The Environment Agency  
Trentside Offices  
West Bridgford  
Nottingham  
NG2 5FA (For vessels)

Health & Safety Executive  
Nottingham Office  
City Gate West  
Toll House Hill  
Nottingham  
NG1 5AT

Trading Standards Services  
Nottinghamshire County Council  
County House  
100 Chesterfield Road South  
Mansfield  
Notts  
NG19 7AQ

(for non-commercial operations and public bodies  
e.g. council owner bodies)