

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 Police Sergeant 3456 Duncan REYNOLDS

(Insert name of applicant)				
apply for the review of a premises licen	ice under section 51 / apply f	or the		
review of a club premises certificate un for the premises described in Part 1 be	ider section 87 of the Licensi	ng Act 2003		
for the premises described in Fart 1 be	low (delete as applicable)			
Part 1 – Premises or club premises deta	-:			
Postal address of premises or, if none,	ordnance survey map refere	nce or		
description Sweet Chilli				
16/17 Bridge Street,				
Torri Bridge Gireet,				
Post town	Post code (if known)			
Hereford	HR4 9DT			
Name of premises licence holder or clu	b holding club premises certi	ificate (if		
known)		•		
Abtal HUSSAIN				
Number of premises license as alule				
Number of premises licence or club pre PR01360	mises certificate (if known			
1101000				
Part 2 - Applicant details				
I am				
	Pleas	e tick yes		
 an interested party (please complete (A) 	or (B) below)	•		
a) a person living in the vicinity of the p				
a, a person living in the vicinity of the p	remises			
b) a body representing persons living in the vicinity of the premises				
c) a person involved in business in the vicinity of the premises				

a body representing persons involved in business in the vicinity of the premises						
2) a responsible	authority (ple	ase comp	olete (C) below)		Х
3) a member of below)	The service of the se					
(A) DETAILS O	FINDIVIDUAL	. APPLIC	ANT (fi	ll in as ap _l	olicable)	
Please tick Mr	☐ Mis	s 🗌	Ms		Other title (for example, Rev)	
Surname			F	irst name	s	
l am 18 years ol	d or over				Please tick	yes
Current postal address if different from premises address						
Post town				Post Co	ode	
Daytime contact	t telephone n	umber				
E-mail address (optional)						
(B) DETAILS OF OTHER APPLICANT						
Name and addres	ss					
Tolonhono numbe	~~ (if ~~~)			· · · · · · · · · · · · · · · · · · ·		
Telephone number (if any)						
E-mail address (optional)						

(C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Newscandaday
Name and address
Home Deduction D. 1
Harm Reduction Dept.,
Hereford Police Station
Bath Street
Hereford HR1 2HT
Telephone number (if any)
01432 347102
E-mail address (optional)
licensing.herefordshire@westmercia.pnn.police.uk
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This application to review relates to the fall and the little of
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
4) the protection of children from narm
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Please provide as much information as possible to support the application (please read guidance note 2)

Sweet Chilli is an Indian restaurant licensed to supply/sell alcohol and to provide late night refreshment.

As part of a joint enforcement agency operation, officers from the UK Immigration Agency and the police attended the premises at about 20:00hrs on Friday 14 July 2017.

This visit was intelligence lead based on information that there were individuals working at the premises that were illegal immigrants with either no right to remain in the country or had entered the country illegally.

On attendance, the premises were open. One male from Bangladesh was found working in the premises. This male was found to have over-stayed his permission to remain in the country and therefore was arrested as an illegal immigrant.

The employment of illegal immigrants is defined as serious in the guidance issued under Section 182 of the Licensing Act 2003. The guidance indicates that serious consideration should be taken to revoke a premises licence even if it was the first occasion.

In addition all employers are required to undertake checks on individuals employment and status entitlement prior to employment as defined under the Immigration Act 2010 and additionally similar checks have to be made as per the Licensing Act 2003, since May 2017.

The view of West Mercia Police is that the premises licence holder has failed to promote the licensing objectives by undertaking due diligence checks to prevent this matter happening. Therefore the licensing objective of the prevention of crime and disorder has been undermined.

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

P	ea	se	ticl	< \	es/

- 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)

(See guidan capacity.	nce no <u>te 4). If si</u>	applicant's se aning on beh	olicitor or other duly authorised agent alf of the applicant please state in what	
Signature	•••		······································	
Date	21 July 2017	1		
***************************************		********		
Capacity	Police Sergean	t 3456 – Here		
***************************************	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Contact na	me (where not	previously ai	ven) and postal address for	
correspond	lence associate	ed with this a	pplication (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.