

**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.

We **Herefordshire Council** as the Licensing Authority

(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

Part 1 – Premises or club premises details

Postal address of premises or, if none, ordnance survey map reference or description	
Kings Acre Post Office & Stores 95 Kings Acre Road,	
Post town Hereford	Post code (if known) HR4 0RQ

Name of premises licence holder or club holding club premises certificate (if known)
Jacqueline Lorraine Pritchard

Number of premises licence or club premises certificate (if known)
PR00291

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

Fred Spriggs
Herefordshire Council as the Licensing Authority
Council Offices
Bath Street
Hereford

Telephone number (if any)

01432 260105

E-mail address (optional)

Licensing@herefordshire.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
- 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)

The premises is a convenience store situated on the outskirts of Hereford.

The request for this review is based on the licensing objectives regarding the prevention of crime and disorder and the protection of children from harm.

The premise has been the subject the subject of a test purchase operation which it failed.

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

During the evening of Friday 14th September 2012 Herefordshire Council trading standards department and West Mercia Police carried out a test purchase operation at the premise.

A 15 year old male and a 16 year old female were sold a 2 litre bottle of Strongbow Cider.

No challenge was made in respect of age.

The current DPS has been shown on the licence since it was converted from a Justices Licence in October 2005.

The sale was made by a shop assistant, who is not a Personal Licence Holder and was the only person on the premises.

Herefordshire Council Licensing Policy states that any premises failing a test purchase will be reviewed.

Please tick yes

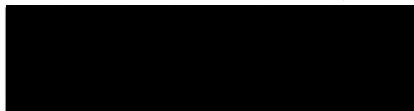
- I have sent copies of this form and enclosures to the responsible authorities and the premises licence holder or club holding the club premises certificate, as appropriate
- I understand that if I do not comply with the above requirements my application will be rejected

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 18th September 2012

Capacity Licensing 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.

