

**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 Herefordshire Council

(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

Postal address of premises or, if none, ordnance survey map reference or description	
Hereford Express 54 Folly Lane	
Post town Hereford	Post code (if known) HR1 1LX

Name of premises licence holder or club holding club premises certificate (if known)
Sivatharsini Somasundaram

Number of premises licence or club premises certificate (if known)
PR00141

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

Leah Wilson
Trading Standards Officer
Environmental Health and Trading Standards
Herefordshire Council
8 St Owens Street
Hereford
HR1 2PJ

Telephone number (if any)
01432 260163

E-mail address (optional)
lwilson@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 | <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 checked="" type="checkbox"/> |

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

Sale of age restricted goods to children.

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

During the course of an operation run by trading standards on 25th October 2016, XXXXXXXXXXXXXXXXXXXXXXXX did sell age restricted products to two underage volunteers who were in fact sixteen years old. Namely one pouch of Cutter's Choice hand rolled tobacco, a can of Scrumpy Jacks and a bottle of Blossom Hill Wine. This contravenes the Licensing Act 2003 and also the The Nicotine Inhaling Products (Age of Sale and Proxy Purchasing) Regulations 2015.

The seller mentioned above was interviewed at the time of sale and evidence gathered showed that XXXXXXXX had no regard to the challenge 25 policy that he was aware of. He hadn't received adequate training from the DPS nor was he aware of the condition regarding a refusals register.

We had received complaints regarding this premises that they were selling age restricted products to children. When interviewed under caution, XXXXXX told me that he had been visited (that same week) by a college lecturer and advised that college student were being sold tobacco and alcohol products. But Mr XXXXX did not ID either of the volunteers.

Giving the location of the premises being in close proximity to the college, it is the opinion of the service area that the licence to sell alcohol be revoked to prevent further sales in order to protect children from harm.

The sales show the DPS does not have control of the premises.

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

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

0	5	1	0	2	0	1	1
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If you have made representations before relating to this premises please state what they were and when you made them

During the evening of Saturday 16th July Herefordshire Council trading standards department, and the West Mercia Constabulary carried out a test purchase operation at the premise.

Two(2) 16 year old females were served alcohol (2 litre bottle of Strongbow) without being challenged concerning their age.

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

Since this review there has been a new business/change of ownership and DPS. However it shows the location of the premises is the main issue as underage sales are still taking place.

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 23/11/2016

.....

Capacity Trading Standards 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.