

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 licence under section 51 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 Balti Shabagh 16 Burgess Street	
Post town Leominster	Post code (if known) HR6 8DE
Name of premises licence holder or club holding club premises certificate (if known) Mokbul MIAH	
Number of premises licence or club premises certificate (if known) PRO1001	

Part 2 - Applicant details

I am

1) an interested party (please complete (A) or (B) below)

Please tick yes

- | | |
|---|--------------------------|
| a) a person living in the vicinity of the premises | <input type="checkbox"/> |
| b) a body representing persons living in the vicinity of the premises | <input type="checkbox"/> |
| c) a person involved in business in the vicinity of the premises | <input type="checkbox"/> |
| d) a body representing persons involved in business in the vicinity of the premises | <input type="checkbox"/> |

- 2) a responsible authority (please complete (C) below) X
- 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 Police Sergeant 3456 Duncan REYNOLDS 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

This application to review relates to the following licensing objective(s)

Please tick one or more boxes

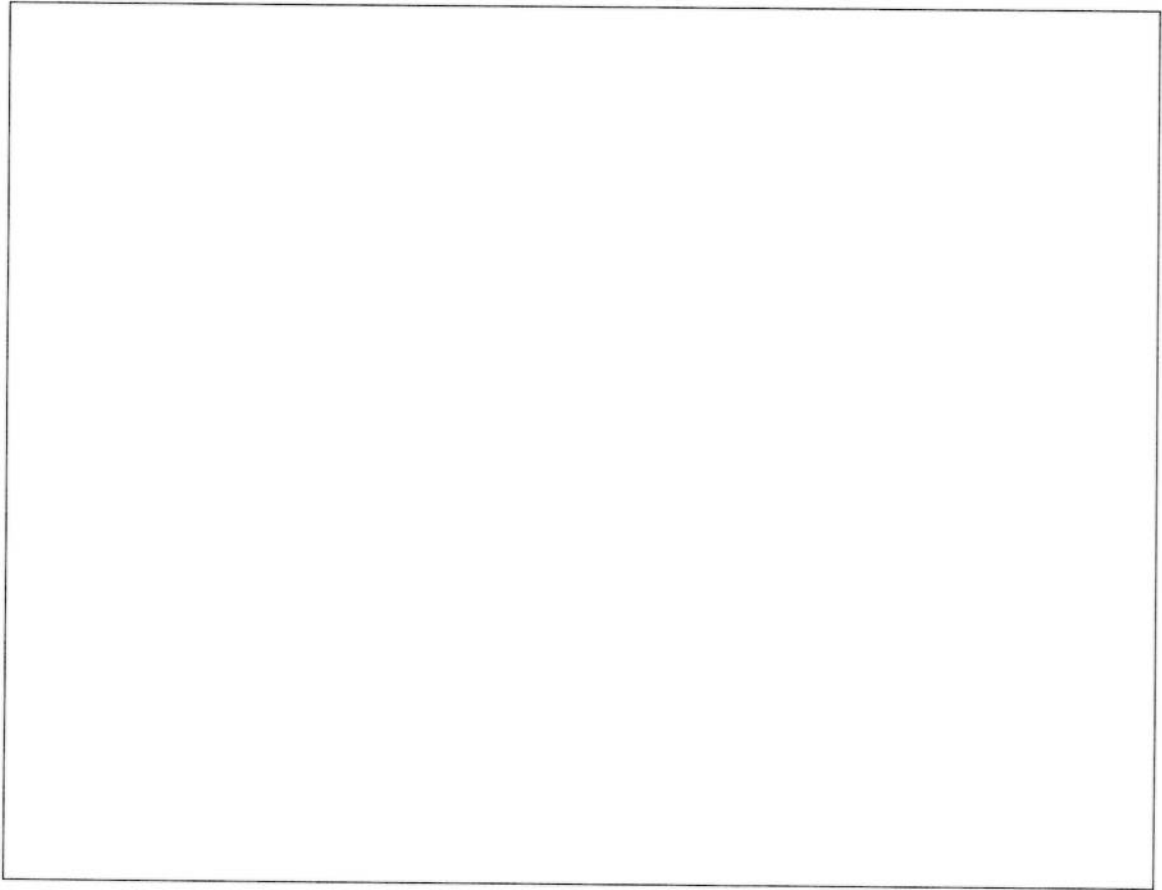
- | | |
|---|-------------------------------------|
| 1) the prevention of crime and disorder | <input checked="" type="checkbox"/> |
| 2) public safety | <input type="checkbox"/> |
| 3) the prevention of public nuisance | <input type="checkbox"/> |
| 4) the protection of children from harm | <input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

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

A multi agency operation took place on Thursday 14 June 2018.

This premises was visited and two males was detained working in the premises. One of these males was in the UK illegally and other was an asylum seeker with no right to work in the UK

The employment of illegal immigrants is a criminal offence and undermines the licensing objective of the prevention of crime and disorder.



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

As part of a pre planned operation a joint Multi Agency Targeted Enforcement (MATE) operation took place on Thursday 14 June 2018. This operation involved officers from West Mercia Police, the UK Border and Immigration office, Hereford and Worcester Fire and Rescue Service and departments of Herefordshire Council.

At 1900hrs (7.00pm) officers attended the Balti Shabagh, Burgess Street, Leominster.

This visit was intelligence lead with regards to the employment of illegal immigrants.

This premises is licensed for the licensable activities of the sale/supply of alcohol and late night refreshment.

The premises was open to the public.

One male ran from the premises and was caught as he fled. He was detained and admitted working in the kitchen. This male had no rights to be in the UK and no right to be employed in the UK.

Another male was detained in the restaurant area – he was dressed as a waiter with labels identifying him as working at the premises. This male was an asylum seeker but had no rights to work in the UK.

The employment of illegal immigrants is a criminal offence and is viewed as a serious matter as per the guidance issued under S182 of the Licensing Act 2003.

A civil penalty notice was served on the manager of the premises.

The view of West Mercia Police is that this is a serious matter and as such the premises licence of this premises should be revoked

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

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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 19 June 2018

.....

Capacity Applicant – responsible authority.

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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.