

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 Taste of India 52 West Street					
		town ninster	Post code (if known) HR6 8UE		
0.0000			TIKO OOE		
Name of premises licence holder or club holding club premises certificate (if known) Hafiz Ali Number of premises licence or club premises certificate (if known					
_	NOI	0594			
	art 2	2 - Applicant details			
)	an	Please tick yes interested party (please complete (A) or (B) below)			
	a)	a person living in the vicinity of the pr	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		
d) a body representing persons involved in business in the vicinity of the premises					

2) a responsible authority (please complete (C) below) X				Х			
3) a member of the club to which this application relates (please complete (A) below)							
(A) DETAILS O	(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)						
Please tick Mr							
Surname	Surname First names			s			
I am 18 years o	ld or ove	r				Please tick	yes
Current postal address if different from premises address							
Post town					Post Co	ode	
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)	1
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 X	
2) public safety	
3) the prevention of public nuisance	
4) the protection of children from harm	
Discount de la Valencia de la Valenc	
Please state the ground(s) for review (please read guidance note 1)	
A multi agency operation took place on Thursday 14 June 2018.	
This promises was visited and two walsons at the control of the co	
This premises was visited and two males was detained working in the premises. Both of these males were in the UK illegally with no right to be employed	
both of these males were in the or linegally with no right to be employed	
The employment of illegal immigrants is a criminal offence and undermines the	
licensing objective of the prevention of crime and disorder.	

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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 1800hrs (6.00pm) officers attended the Taste of Indian, 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.

Two males were detained working in the kitchens. Neither had a right to be in the UK and therefore no right to be employed.

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	
If yes please state the date of that application	Day Month Year
If you have made representations before relating to what they were and when you made them	this premises please state

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. 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-		Please tick yes				
Capacity Applicant – responsible authority. Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)	 authorities and the premises licence premises certificate, as appropriate I understand that if I do not comply 	e holder or club holding the club				
Post town Post town Post with this application (please read guidance note 5) Post town Post with this application (please read guidance note 5) Post town Felephone number (if any) If you would prefer us to correspond with you using an e-mail address your e-	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					
Telephone number (if any) f you would prefer us to correspond with you using an e-mail address your e-	Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)					
f you would prefer us to correspond with you using an e-mail address your e-	Post town	Post Code				
f you would prefer us to correspond with you using an e-mail address your e-mail address (optional)	elephone number (if any)					
	f you would prefer us to correspond with you using an e-mail address your e- nail 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.