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## 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 REYNO (Insert name of applicant) apply for the review of a premises licenteries of a club premises certificate unifor the premises described in Part 1 be	ce under section 51 / apply for the der section 87 of the Licensing Act 2003
Part 1 – Premises or club premises deta	ails 2003
Postal address of premises or, if none, description	ordnance survey map reference or
The Taste of Raj, 67 St Owen Street,	n bio:
Post town Hereford	Post code (if known) HR1 2JQ
Name of premises licence holder or clu  Ataur RAHMAN	b holding club premises certificate (if
Number of premises licence or club pre	19070
PRO0208	
Part 2 - Applicant details	illeri
an interested party (please complete (A)	or (B) below) Please tick yes
a) a person living in the vicinity of the p	13-11 F. Str. 1-1-1
b) a body representing persons living i	
c) a person involved in business in the	
<ul> <li>d) a body representing persons involve premises</li> </ul>	ed in business in the vicinity of the

			Side :	
2) a responsible	authority (please comp	elete (C) below)	180 370 0	X
3) a member of below)	the club to which this a	oplication relate	s (please cor	mplete (A)
(A) DETAILS O	F INDIVIDUAL APPLIC	ANT (fill in as a		
Please tick Mr  Mrs	☐ Miss ☐	Ms	Other title (for exam	nple, Rev)
Surname		First nam		4.
I am 18 years o	ld or over		P	lease tick yes
Current postal address if different from premises address			lease con	
Post town		Post C	ode re-	
Daytime contac	t telephone number		Nerve to	100
E-mail address (optional)			•	
(B) DETAILS OF	OTHER APPLICANT		atenn -	
Name and address	SS		3785	
Telephone number	er (if any)			A see
E-mail address (o	ptional)			137.11.

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## (C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

Name and address	AMIN TO THE RESERVE T
West Mercia Police	and the same of the same of the same
Hereford Police Station	
Harm Reduction Dept.,	Seguina de la companya del companya de la companya della companya
Bath Street,	The same of the sa
Hereford. HR1 2HT	and the second of the second o
	A The Contract of the Contract
	and the same of th
Telephone number (if any)	7.
01432 347102	
E-mail address (optional)	
	4-14-4-1-
	and the state of t
This application to review relates to the following	
45 11	Please tick one or more boxes
<ol> <li>the prevention of crime and disorder</li> <li>public safety</li> </ol>	X
the prevention of public nuisance	
the protection of children from harm	
	(may be a compared
Please state the ground(s) for review (please read of	guidance note 1)
On the 17 December 2018, a joint Police and UK Bord place at The Taste of Raj, 67 St Owen Street, Hereford	er Agency operation took
Two males were detained at the premises as both had	no right to be in the UK or to
work in the UK.	and to place the
This matter undermines the licensing chicative of the	roughton of oning and
This matter undermines the licensing objective of the predisorder.	prevention of crime and
	ising objective(s)
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Please provide as much information as possible to support the application (please read guidance note 2)

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The Taste of Raj, 67 St Owen Street, Hereford is a well established licensed restaurant.

The premises licence is the name of Ataur Rahman – who is also the named designated premises supervisor.

At 1759hrs on Monday 17 December 2018 joint Police and UK Border and Immigration Agency operation took place at the premises. This was intelligence lead.

The premises were searched and two males were detained as it was established that neither had an entitlement to be in the UK or to work in the UK.

Both denied working at the premises, but admitted living above the premises.

One male had been detained in the kitchen area of the premises and had what appeared to be food stains on the front of his clothing which gave the clear impression that he was working in the kitchens.

The other male was detained in the upper floors accommodation, whilst he denied working at the premises; a waiters uniform was found in the room that promoted the restaurant and implied that it belonged and was being used by this male.

The view of West Mercia Police is that due to the seriousness of this matter the premises licence for The Taste of Raj should be revoked.

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	Please tiek vee
Have you made an application for review relating to thi	Please tick yes s premises before
If yes please state the date of that application	· · · · · · · · · · · · · · · · · · ·
in you produce state the date of that application	Day Month Year
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	1.24
If you have made representations before relating to	this premises please state
what they were and when you made them	
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5.7		Pleas	e tick yes
<ul> <li>I have sent copies of this form and authorities and the premises licend premises certificate, as appropriate</li> <li>I understand that if I do not complete</li> </ul>	e holder or clu	the responsible b holding the club	
<ul> <li>I understand that if I do not comply my application will be rejected</li> </ul>	with the above	requirements	
IT IS AN OFFENCE, LIABLE ON CONVICTHE STANDARD SCALE, UNDER SECTION MAKE A FALSE STATEMENT IN OR APPLICATION	ON 158 OF TH	IE LICENSING AC	5 ON T 2003
Part 3 - Signatures (please read guidan	ce note 3)		
Signature of applicant or applicant's sol (See guidance note 4). If signing on beha	icitor or other	duly authorised	agent in what
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Date   OK January 2019 /		Cuire	
		East E	
Capacity Applicant	•	*11	••••••
		E UP RO EVEL	
		E LICENSING AC.	
Contact name (where not previously give	en) and postal	address for	
correspondence associated with this ap	plication (plea	se read guidance n	ote 5)
		duly authority	
		intulies in	
Post town	Post Code	11,3731	
		Street,	
elephone number (if any)		on the	
f you would prefer us to correspond with nail address (optional)	ı you using ar	e-mail address y	our e-
lotes for Guidance		a up in lavul.	

## **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.

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- 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.