



**BFBC Reference :
LN/**

BRACKNELL FOREST BOROUGH COUNCIL

Licensing Team, Time Square, Market Street, Bracknell, Berkshire, RG12 1JD

**Application for a review of a premises licence of 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 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/We (insert name(s) 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 club premises, or if none, ordnance survey map reference or description

Post town	Post code (if known)
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Name of premises licence holder or club holding club premises certificate (if known)

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

Part 2 – Applicant details

I am

Please tick ✓

1) An interested party:

- a) A person living in the vicinity of the premises
- b) A body representing persons living in the vicinity of the premises

<input type="checkbox"/>
<input type="checkbox"/>

please complete (A) or (B) below
please complete (A) or (B) below

- c) A person involved in business in the vicinity of the premises please complete (A) or (B) below
- d) A body representing persons involved in business in the vicinity of the premises please complete (A) or (B) below
- 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)

Mr Mrs Miss Ms Other title
 (for example, Rev)

Surname First names

Please tick ✓

I am over 18 years old or over

Current address

Post Town Postcode

Daytime contact telephone number

Email address (optional)

(B) DETAILS OF OTHER APPLICANT

Name
Address
Telephone number (if any)
E-mail (optional)

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

Please tick ✓

Have you made an application for review relating to this premises before?

If yes please state the date of that application

Day		Month		Year			

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

Please tick ✓

- 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

<input type="checkbox"/>
<input type="checkbox"/>

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

Capacity

Contact Name (where not previously given) and 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 by e-mail 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.