

LICENSING SERVICE

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| <i>For Office use only</i> | |
| <i>LalPac Application No.</i> | |
| <i>Licence Number</i> | PL1696 |

APPLICATION FOR THE REVIEW OF A PREMISES LICENCE OR CLUB PREMISES CERTIFICATE

LICENSING ACT 2003

| | |
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| <i>Review requested by:</i> | Licensing Authority |
|-----------------------------|---------------------|

Blackpool will be a Vibrant, Inclusive, Healthy, Safe and Prosperous
Town



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. You may wish to keep a copy of the completed form for your records.

LS/F/005/12/1

| | |
|---|---------------|
| I | Mark Marshall |
|---|---------------|

[insert name of person requesting review]

apply for the review of a premises licence under section 51 or 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.

Part 1 – Premises Details

| | | | | | | | | | |
|--|--------------------------------|---|---|---|--|---|---|---|--|
| Postal address of premises or club premises if any, or if none the ordinance survey map reference or description. | | | | | | | | | |
| | | | | | | | | | |
| Premises Name and Address | Locals | | | | | | | | |
| | 113-115 Lytham Road, Blackpool | | | | | | | | |
| | Post Code | F | Y | 1 | | 6 | D | S | |
| State the Name of the premises licence holder or the name of the club holding the club premises certificate (if known) | | | | | | | | | |
| Ahsan Khan | | | | | | | | | |
| Premises Licence or Club Premises Certificate Reference Number (if known) | | | | | | | | | |

Part 2 – Applicant details

I am:

Please tick

| | |
|---|---|
| 1) an interested party (please also complete sections 2A or 2B 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 also complete 2C below) | √ |

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| | |
| 3) a member of a club to which this application relates (also complete section 2A below) | |

(2A) Individual Applicants (fill in as applicable)

Please tick

| Title: | Mr | Mrs | Miss | Ms | Other | I am 18 years old or over | Yes | No | |
|------------------|----|-----|------|----|---------------|---------------------------|-----------|----|--|
| | | | | | | | | | |
| Forenames | | | | | Surname | | | | |
| Home address | | | | | | | | | |
| | | | | | | | Post Code | | |
| | | | | | | | | | |
| Telephone Number | | | | | Mobile Number | | | | |
| E-Mail Address | | | | | | | | | |

(2B) Other Applicant or Representing Body

| | | | | | | | | | |
|------------------|--|--|--|--|--|--|-----------|--|--|
| Name | | | | | | | | | |
| Address | | | | | | | | | |
| | | | | | | | Post Code | | |
| | | | | | | | | | |
| Telephone Number | | | | | | | | | |
| E-Mail Address | | | | | | | | | |

(2C) Responsible Authority applicant

| | | | | | | | | |
|---------|----------------|--|--|--|--|--|--|--|
| Name | Mark Marshall | | | | | | | |
| Address | Progress House | | | | | | | |
| | Clifton Road | | | | | | | |

| | | | | | | | | | |
|-------------------------|--------------------------------|------------------|---|---|---|--|---|---|---|
| | Blackpool | Post Code | F | Y | 4 | | 4 | U | S |
| Telephone Number | 01253 478349 | | | | | | | | |
| E-Mail Address | mark.marshall@blackpool.gov.uk | | | | | | | | |

Part 3 – Reason for Review

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

Please tick

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|---|---|
| 1) the prevention of crime and disorder | √ |
| 2) public safety | √ |
| 3) the prevention of public nuisance | |
| 4) the protection of children from harm | |

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

The Premises was most recently visited on the 21st May 2014, serious concerns with the electrical installation were disclosed to the point that the installation was prohibited from use by Health and Safety, a more detailed explanation of these concerns will follow in their own independent representations.

Principally the premises suffers from a clear lack of accountability and management this is again demonstrated by the fact in 2012 and in 2013 the Premises Licence was suspended for non payment of the annual fee, on both occasions after the suspension was effective the premises continued to sell alcohol, an offence contrary to Section 136 of the Licensing Act 2003.

Details of those offences;

14th September 2012- Alcohol was sold whilst the licence was not in force due to suspension for non payment of ANF

24th September 2013- Alcohol was sold whilst the licence was not in force due to suspension for non payment of ANF

For the latter offence Mr Khan was given a formal caution.

Supporting documentation in relation to both these matters will be submitted before the hearing.

Matters of Concern

The DPS- Ashan Khan is the DPS at a number of other premises ,
Namely;
154 Lytham Road, another premises of concern PL0795
33 Chapel Street, PL0465.

It is clear that the task of being in day to day control of all 3 off licences which are in the high risk saturation areas is beyond him.

The removal of the DPS in these circumstances would be a very light touch response and it is the view of the Licensing Authority that the failings are down to systemic poor company practice which again lies with Mr Khan.

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Please provide as much information as possible to support the application. Continue on a separate sheet if necessary. (Please read guidance note 2 before completing)

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Part 4 – Other relevant information

| | | | |
|--|-------------|--------------|-------------|
| Have you made an application for review relating to this premises before? | Please tick | | |
| | Yes | No | |
| | | ✓ | |
| | Day | Month | Year |
| If yes please state the date of that application | | | |

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 | √ |

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 5 – Signatures (please read guidance note 3)

Signature of applicant or applicant's solicitor or other duly authorised agent. (Please read guidance note 4) If signing on the behalf of the applicant please state in what capacity.

| | |
|-------------------|---|
| Signed | |
| Print Name | Mark Marshall |
| Capacity | Licensing and Health and Safety Manager |
| Date | 22 nd May 2014 |

| | | | | | | |
|---|-----------|------------|-------------|----------------------|------------------|--|
| Contact name and address for correspondence associated with this application. (Where not previously given) (See guidance note 5) | | | | | | |
| Title: | Mr | Mrs | Miss | Ms | Other | |
| Forenames | | | | Surname | | |
| Address for Correspondence associated with this application | | | | | | |
| | | | | | Post Code | |
| | | | | | | |
| Telephone Number | | | | Mobile Number | | |
| E-Mail Address | | | | | | |

Notes for Guidance

1. The grounds for review must be based on one of the licensing objectives.
2. Please list any additional information or details for example dates of problems that 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 that we shall use to correspond with you about this application.