



Licensing Team  
 North Norfolk District Council  
 Council Offices  
 Holt Road  
 Cromer  
 Norfolk  
 NR27 9EN

Reference number

(office use only)

**Schedule 8**

**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 ..... **apply for the review**  
 (Insert name of applicant)  
**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 if none, ordnance survey map reference or description	
Post town	Post code (if known)

Name of premises licence holder or club holding club premises certificate (if known)
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Number of premises licence or club premises certificate (if known)
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## **Part 2 – Applicant details**

I am

Please tick

1) An individual, body or business which is not a responsible authority (please read guidance note 1)	<input type="checkbox"/> <b>Please complete (A) or (B) below</b>
2) A responsible authority	<input type="checkbox"/> <b>Please complete (C) below</b>
3) A member of the club to which this application relates	<input type="checkbox"/> <b>Please complete (A) below</b>

### **(A) DETAILS OF INDIVIDUAL APPLICANT** (fill in as applicable)

Please tick

**Mr**  **Mrs**  **Miss**  **Ms**  **Other title**   
(please state)

**Surname**

**First names**

I am 18 years old or over

**Yes**

### **Current postal address if different from premises address**

Post Town:	Postcode:

**Daytime contact telephone number**

**E-mail address (optional)**

## B DETAILS OF OTHER APPLICANT

### Name and address

Post Town:	Postcode:

### Daytime contact telephone number (if any)

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### E-mail address (optional)

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## C DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

### Name and address

Post Town:	Postcode:

### Daytime contact telephone number (if any)

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### E-mail address (optional)

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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 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 2)**

**Please provide as much information as possible to support the application  
(please read guidance note 3)**

Please tick ✓  
Yes

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

**Day    Month    Year**

If yes please state the date of that application ..... 

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

# **CHECKLIST**

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, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

## **Part 3 – Signatures**

Please read guidance note 4

**Signature of applicant or applicant’s solicitor or other duly authorised agent.** (See guidance note 5) **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 6)

Post Town:	Postcode:
Telephone number (if any)	
If you would prefer us to correspond with you using e-mail your e-mail address (optional)	

### **Notes for Guidance**

1. **A responsible authority includes the local police, fire and rescue authority and other statutory bodies which exercise specific functions in the local area.**
2. **The ground(s) for review must be based on one of the licensing objectives.**
3. **Please list any additional information or details for example dates of problems which are included in the grounds for review if available.**
4. **The application form must be signed.**
5. **An applicant’s agent (for example Solicitor) may sign the form on their behalf provided that they have actual authority to do so.**
6. **This is the address which we shall use to correspond with you about this application.**