## 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 Rachel Savill 76871 Licensing Officer, E	ssex Police			
(Insert name of applicant)				
apply for the review of a premises licence under section 51 the Licensing Act 2003 for the premises described in Part 1 below				
to the premises described in rait 1 below	•			
Part 1 – Premises or club premises details				
Postal address of premises or, if none, or description	dnance survey map reference or			
Indian Villa				
20 Watling street				
Post town Thaxted	Post code (if known) CM6 2PE			
Name of premises licence holder or club l	nolding olub promises sortificate (if			
known)	loiding club premises certificate (ii			
Ashik Miah				
Number of premises licence or club prem	ises certificate (if known)			
PL406	,			
Part 2 - Applicant details				
lam				
	Please tick ✓ yes			
1) an individual, body or business which is no	ot a responsible			
authority (please read guidance note 1, and or (B) below)	complete (A)			
or (b) below)				
2) a responsible authority (please complete (	C) below)			
3) a member of the club to which this applica	tion relates			
(please complete (A) below)				

(A) DETAILS OF IND	(A) DETAILS OF INDIVIDUAL APPLICANT (fill in as applicable)					
Please tick ✓ yes						
Mr	Miss	Ms 🗌	Other title (for example, Rev)			
Surname		First names	;			
I am 18 years old or	over		Please tick ✓ yes			
Current postal address if different from premises address						
Post town		Post Code				
Daytime contact tele	ephone number					
E-mail address (optional)						
(B) DETAILS OF OT	HER APPLICANT					
Name and address						
Telephone number (if	any)					
E-mail address (optio	nal)					

## (C) DETAILS OF RESPONSIBLE AUTHORITY APPLICANT

on behalf of the Chief Officer of Police Essex Police Licensing Department Braintree Police Station Blyths Meadow Braintree CM7 3DJ	
Telephone number (if any) 01245 452035	
E-mail address (optional) Licensing.Applications@essex.pnn.police.uk	
This application to review relates to the following licen	sing objective(s)
1) the prevention of crime and disorder 2) public safety 3) the prevention of public nuisance 4) the protection of children from harm	ease tick one or more boxes ✓
Please state the ground(s) for review (please read guidal The grounds for review are that the crime and disorder of 2003 has been undermined in that police officers discown working illegally on the premises. The statutory crime per 2003 Act includes the prevention of immigration crime at working in licensed premises. In particular, employing a from work by reason of their immigration status is a crime to the Home Office Guidance to the Licensing Act 2003, particularly seriously.	bjective of the Licensing Act ered disqualified persons evention objective in the nd the prevention of illegal person who is disqualified inal activity which, according

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

At approximately 17:00 hours on Friday 21st June 2019 police officers attended Indian Villa situated at 20 Watling Street, Thaxted, Dunmow, CM6 2PE. They exercised their powers under section 179 of the Licensing Act 2003 (as amended) to enter the premises.

Officers conducted checks with immigration and subsequently four persons were arrested and detained under paragraph 17 (1) schedule 2 of the Immigration Act 1971 due to having no right to work in the UK and no leave to remain in the UK. A fifth person was arrested on suspicion of assisting illegal immigrants and obstructing a police officer.

It is the contention of the Police that a review of the licence is necessary as the employment of an illegal worker is a breach of the crime and disorder objective.

An Illegal Working Civil Penalty Referral Notice has been completed and served in respect of the illegal workers.

Essex Police will produce further documentary or other information in support of this application ahead of the hearing and would ask the authority to take this into account as it may do under Regulation 18 of the Licensing Act 2003 (Hearings) Regulations 2005.

In accordance with paragraph 11.9 of the Statutory Guidance Essex Police may amplify its representation at the subsequent hearing.

Furthermore, in accordance with Regulation 8 of those Regulations; Essex Police confirms that its representatives will attend the hearing and additionally requests permission for a Chief Immigration Officer, Immigration Compliance and Enforcement Team, East of England), or his representative, to appear at the hearing so that they may, if necessary, assist the Authority on any matter of immigration policy, procedure or practice arising in relation to the circumstances of the enforcement activity which forms the basis of this review application.

Please tick ✓ yes Have you made an application for review relating to the premises before						
If yes please state the date of that application  Day Month Year						
If you have made representations before relating to the premises please state what they were and when you made them						
and which you made them						

	Please	tick ✓ yes			
<ul> <li>I have sent copies of this form and en authorities and the premises licence premises certificate, as appropriate</li> </ul>					
I understand that if I do not comply w application will be rejected	ith the above requirements my				
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 solice (please read guidance note 5). If signing on what capacity.  Signature					
Date 28106/10	(				
Capacity Licensing Officer					
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)					
Post town	Post Code				
Telephone number (if any)					

## **Notes for Guidance**

address (optional)

1. A responsible authority includes the local police, fire and rescue authority and other statutory bodies which exercise specific functions in the local area.

If you would prefer us to correspond with you using an e-mail address your e-mail

- 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.