Shaded sections, where possible, to be completed **BEFORE** being allocated to the individual undertaking the assessment. The rest to be completed by the officer undertaking the assessment.

Attach AL 3 to the application form.



To be completed BEFORE:

Premise Licence Application, Police Response Triage Categorisation A/B/C

Name of premises	Address And phone number(s)	Name of applicant (individual or company)	Company name if different to applicant
Baltika Supermarket	33-34 High Street Banbury OX16 5ER		
Date application received & allocated to officer	TVP licensing officer dealing with application	Licensing Authority dealing with application	Type of Application
Received 18/2/13	LM	CDC	Variation*
Allocated	2311		*delete as appropriate

Applicants correspondence address if different to premises	Date assessment process began	Date(s) contact made between licensing and applicant or other:		Other person acting on behalf of applicant
Α	Date Responded	Date	Persons	
	21/2/13			

Application details: .08.00 – 00.00 7 days a week, challenge 25 and CCTV in place, refusals book **Licensing officer comments:** no issues but would want standard CCTV condition on the licence **Officer Comments:**

Thames Valley Police are satisfied with this application and do <u>not</u> wish to make a representation